

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

County of Boone

} ca.

December Session of the October Adjourned

Term. 20 18


In the County Commission of said county, on the 27th day of December 20 18
the following, among other proceedings, were had, viz:

Now on this day, the County Commission of Boone County does hereby approve the creation of the job classification, Data and Performance Analyst, classification code 210300, to be placed on pay range 43 of the Boone County Pay Plan.

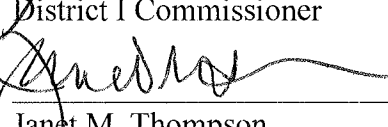
Done this 27th day of December, 2018.

ATTEST:


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


Daniel K. Atwill
Presiding Commissioner


Fred J. Parry
District I Commissioner


Janet M. Thompson
District II Commissioner

Boone County Human Resources

Jenna Redel
Director, Human Resources
and Risk Management



613 E. Ash Street
Columbia, MO 65201
Phone: (573) 886-4405
Fax: (573) 886-4444

December 21, 2018

The Job Classification Committee met on August 21, 2018, and reviewed a request by the Community Services Department to create a new position. The Committee recommends the following:

Create a new position titled Data and Performance Analyst (Classification Code 210300, on Range 43), effective 1/1/2019.

The job description for the new position is attached hereto.



BOONE COUNTY JOB DESCRIPTION

NEW: <input checked="checked" type="checkbox"/>	REVISED: <input type="checkbox"/>	FLSA: <u>Non-Exempt</u>	DATE: <u>12/2018</u>
(Please check one)			
JOB TITLE: <u>Data and Performance Analyst</u>			
REPORTS TO: <u>Director, Community Services</u>			
DEPARTMENT: <u>Community Services</u>		JOB CODE: <u>203</u>	

DEFINITIONS:

The Boone County Community Services Department (BCCS) administers the Children's Services, Community Health/Medical, and Domestic Violence Funds. The Data and Performance Analyst is responsible for expanding and coordinating the system of collecting, maintaining, analyzing and reporting all data that informs the BCCS. This position drives BCCS's analysis of outcomes and the impact of the funded key partner agencies.

ESSENTIAL FUNCTIONS: *(Essential functions, as defined under the Americans with Disabilities Act, may include the following tasks, knowledge, skills, and other characteristics. This list of tasks is ILLUSTRATIVE ONLY and is **not** a comprehensive listing of all functions and tasks performed by incumbents of this class.)*

Design, develop, and maintain data infrastructure, forms, surveys, and custom reports based on team input.

Develop and maintain standard and custom queries for data extraction.

Implement policies and protocols for data management that ensure data integrity, quality, accuracy, completeness, and timeliness.

Collect, compile, analyze, and prepare publications, data reports, and analytics for distribution to internal and external stakeholders.

Provide assistance to key partner agencies for all data and outcome reporting processes.

Assist in the summary, analysis, interpretation, and reporting of common outcome indicator data submitted by key partner agencies.

Collaborate with internal staff and other funders to arrive at community level data that demonstrates collective impact.

Research statistics and trends that could inform the work of BCCS funds and fulfill all data requests related to BCCS and other community research. Performs other duties as assigned.

KNOWLEDGE AND SKILL:

- Proven analytical thinking, project management, and research skills
- Self-starter with strong organizational skills
- Detail and accuracy oriented
- Ability to effectively work collaboratively with internal staff, other funders, key partner agencies, and community groups
- Ability to keep current with a rapidly changing environment and adjust procedures as necessary

PHYSICAL DEMANDS:

The majority of work is performed in a professional office setting and is generally sedentary. Must possess vision to read printed materials and a computer screen; and hearing and speech to communicate in person and over the telephone.

Position requires CONTINUOUS sitting, upward and downward flexion of neck; fine finger dexterity and light to moderate finger pressure to manipulate keyboard, equipment controls, and other office equipment; pinch grasp to manipulate writing utensils. FREQUENT side-to-side turning of neck, walking, standing, bending and stooping, pushing/pulling, twisting at waist, moderate wrist torque to twist equipment knobs and dials; lifting objects weighing up to 25 lbs. from below waist to above shoulders and transporting distances up to 50 yards. OCCASIONAL squatting, kneeling, reaching above and at shoulder height, moderate grasping to manipulate objects; lifting objects weighing 25-35 lbs. from below waist to above shoulders and transporting distances up to 50 feet.

WORK ENVIRONMENT:

This job operates in a professional office environment. Professional attire required. This position routinely uses office equipment such as computers, calculators, multi-line telephones, photocopiers, large format printers and scanners, binding machines, hand-held recording devices, filing cabinets and fax machines. This position is routinely in contact with the public, other Boone County employees, elected officials and members of other entities.

MINIMUM QUALIFICATIONS:

Minimum of a Master's degree in Social Work, Public Health, Public Administration, Statistics, or related field; Minimum of four years' experience working in database management, evaluation, quality improvement, research, or related area; Experience with qualitative and quantitative data analysis; Experience with database and data system design, development, analysis, and management.

APPROVALS:

Department Director: _____ Date: _____
(Signature)

HR Director: _____ Date: _____
(Signature)

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STATE OF MISSOURI

December Session of the October Adjourned

Term. 20 18

County of Boone

} ea.

In the County Commission of said county, on the

27th

day of

December 20 18

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

Now on this day the County Commission of the County of Boone does hereby approve the following budget revision from Information Technology to move funds from Seminars/Conferences/Meetings (37200), Meals & Lodging-Training (37230), and the IT-DCJC/EM Software Service Contract (70050) to Replacement Computer Software (92302), Software Service Contract (70050), and the IT-BCJC/EM Replacement Computer Software (92302) to cover costs for the purchase of FootPrints Software.

Department	Account	Department Name	Account Name	Decrease \$	Increase \$
1170	37200	Information Technology	Seminars/Conference/Meetings	13,000	
1170	37230	Information Technology	Meals & Lodging-Training	5,255	
1170	92302	Information Technology	Replc Computer Software		15,275
1170	70050	Information Technology	Software Service Contract		2,980
2703	70050	IT-BCJC/EM	Software Service Contract	6,465	
2703	92302	IT-BCJC/EM	Replc Computer Software		6,465
				24,720	24,720

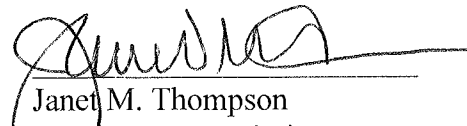
Done this 27th day of December, 2018.

ATTEST:


 Taylor W. Burks
 Clerk of the County Commission


 Daniel K. Atwill
 Presiding Commissioner


 Fred J. Parry
 District I Commissioner


 Janet M. Thompson
 District II Commissioner

**BOONE COUNTY, MISSOURI
REQUEST FOR BUDGET REVISION**

To: County Clerk's Office
Comm Order # 567-2018
Please return purchase req with
back-up to Auditor's Office.

12/20/18
EFFECTIVE DATE

DEC 21 2018

FOR AUDITORS USE

BOONE COUNTY AUDITOR

(Use whole \$ amounts)
Transfer From Transfer To
Decrease Increase

Dept	Account	Fund/Dept Name	Account Name	Transfer From Decrease	Transfer To Increase
1170	37200	Information Technology	Seminars/Conference/Meetings	13,000	
1170	37230	Information Technology	Meals & Lodging-Training	5,255	
1170	92302	Information Technology	Replc Computer Software		15,275
1170	70050	Information Technology	Software Service Contract		2,980
2703	70050	IT-BCJC/EM	Software Service Contract	6,465	
2703	92302	IT-BCJC/EM	Replc Computer Software		6,465
			1170 - 26		
			2703 - 11		
				<u>24,720</u>	<u>24,720</u>

Describe the circumstances requiring this Budget Revision. Please address any budgetary impact for the remainder of this year and subsequent years. (Use an attachment if necessary):

Revise budget for transfer of funds to purchase FootPrints from vendor CDW-G (contract 100614#CDW) for the Boone County Information Technology Department. Purchase total: \$25,971.00 from 1170 class 3 savings and 2703 class 7 savings.

RECLASS FOR FOOTPRINTS SOFTWARE

Do you anticipate that this Budget Revision will provide sufficient funds to compete the year? YES or NO
If not, please explain (use an attachment if necessary):

[Signature]
Requesting Official

TO BE COMPLETED BY AUDITOR'S OFFICE

- ☒ A schedule of previously processed Budget Revisions/Amendments is attached
☒ Unencumbered funds are available for this budget revision.
☐ Comments:

Dec 12/18
[Signature]
Auditor's Office
PRESIDING COMMISSIONER

[Signature]
DISTRICT I COMMISSIONER

[Signature]
DISTRICT II COMMISSIONER

AGENDA



BOONE COUNTY

Department of Information Technology

ROGER B. WILSON BOONE COUNTY GOVERNMENT CENTER

801 E. Walnut, Room 221

Columbia, MO 65201-4890

573-886-4319

Aron Gish

Director

DATE: December 27, 2018

TO: Dan Atwill, Presiding Commissioner
Fred Parry, District I Commissioner
Janet Thompson, District II Commissioner

FROM: Aron Gish

SUBJECT: Administrative Authority to Purchase Service Desk Software Upgrade

The purpose of this request is to seek administrative authority for the Information Technology Department to upgrade our current license of Track-it Helpdesk Software to BMC's next tier Helpdesk Software, Footprints. We are requesting to move funding from savings in our training budget to cover the cost. Track-it was purchased in This software is used by 37 service positions (IT, ECC-IT, ECC-Radio, Sheriff, GIS). The current asset number of the Track-it software is 13228 and it was purchased in 2001 for 5 users. We have outgrown this product and need to upgrade to the next tier of BMC's Helpdesk Software.

Thank you for your consideration.

Aron Gish

QUOTE CONFIRMATION



DEAR ARON GISH,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. [Click here](#) to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
KHRW615	12/20/2018	KHRW615	8935081	\$25,971.00

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
BMC FOOTPRINT NAMED USER AGENT STE Mfg. Part#: LAFBK.0.0.00 FootPrints Named User Agent Suite Electronic distribution - NO MEDIA Contract: Sourcewell Formerly NJPA 100614#CDW Software only (100614#CDW)	37	3449612	\$501.00	\$18,537.00
BMC FOOTPRINT NAMED USER AGENT MNT Mfg. Part#: LAFBK.0.0.00-MNT FootPrints Named User Agent Suite Electronic distribution - NO MEDIA Contract: Sourcewell Formerly NJPA 100614#CDW Software only (100614#CDW)	37	3449613	\$98.00	\$3,626.00
BMC FOOTPRINTS STE Mfg. Part#: LPFBI.0.0.00 FootPrints Suite Software Package Electronic distribution - NO MEDIA Contract: Sourcewell Formerly NJPA 100614#CDW Software only (100614#CDW)	1	3451037	\$3,200.00	\$3,200.00
BMC FOOTPRINT SUITE SOFTWARE PACKAGE Mfg. Part#: LPFBI.0.0.00-MNT FootPrints Suite Software Package Electronic distribution - NO MEDIA Contract: Sourcewell Formerly NJPA 100614#CDW Software only (100614#CDW)	1	3471179	\$608.00	\$608.00

PURCHASER BILLING INFO		SUBTOTAL	\$25,971.00
Billing Address: BOONE COUNTY IT DEPT 801 E WALNUT ST RM 220 COLUMBIA, MO 65201-4890 Phone: (573) 886-4315 Payment Terms: Net 30 Days-Govt State/Local		SHIPPING	\$0.00
		SALES TAX	\$0.00
		GRAND TOTAL	\$25,971.00
DELIVER TO		Please remit payments to:	
Shipping Address: BOONE COUNTY IT DEPT 801 E WALNUT ST RM 220 COLUMBIA, MO 65201-4890 Phone: (573) 886-4315 Shipping Method: ELECTRONIC DISTRIBUTION		CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515	

Need Assistance? CDW•G SALES CONTACT INFORMATION



Tom Doherty

(866) 626-8514

tomdohe@cdwg.com

SUBLSCR BOONE		SUBSIDIARY LEDGER INQUIRY MAIN SCREEN		12/21/18	08:40:34
Year	<u>2018</u>	Original Appropriation		24,205.00	
Dept	<u>1170 INFORMATION TECHNOLOGY</u>	Revisions			
Acct	<u>37200 SEMINARS/CONFERENCE/MEETINGS</u>	Original + Revisions		24,205.00	
Fund	<u>100 GENERAL FUND</u>	Expenditures		10,104.00	
		Encumbrances			
Class/Account	<u>A ACCOUNT</u>	Actual To Date		10,104.00	
Account Type	<u>E EXPENSE</u>	Remaining Balance		14,101.00	
Normal Balance	<u>D DEBIT</u>	Shadow Balance		14,101.00	

Expenditures by Period

January	_____	July	_____
February	_____	August	_____
March	<u>2,144.00</u>	September	_____
April	<u>3,495.00</u>	October	_____
May	<u>2,245.00</u>	November	_____
June	<u>2,220.00</u>	December	_____

F2=Key Scr F3=Exit F5=Ledger Transactions F7=Transactions F9=Budget

SUBLSCR BOONE		SUBSIDIARY LEDGER INQUIRY MAIN SCREEN		12/21/18	08:40:45
Year	<u>2018</u>	Original Appropriation		<u>28,170.00</u>	
Dept	<u>1170 INFORMATION TECHNOLOGY</u>	Revisions			
Acct	<u>37230 MEALS & LODGING-TRAINING</u>	Original + Revisions		<u>28,170.00</u>	
Fund	<u>100 GENERAL FUND</u>	Expenditures		<u>13,055.17</u>	
		Encumbrances			
Class/Account	<u>A ACCOUNT</u>	Actual To Date		<u>13,055.17</u>	
Account Type	<u>E EXPENSE</u>	Remaining Balance		<u>15,114.83</u>	
Normal Balance	<u>D DEBIT</u>	Shadow Balance		<u>15,114.83</u>	

Expenditures by Period

January	<u> </u>	July	<u>1,307.83</u>
February	<u> </u>	August	<u>985.74</u>
March	<u>135.00</u>	September	<u>736.58</u>
April	<u>733.52</u>	October	<u>731.24</u>
May	<u> </u>	November	<u>790.43</u>
June	<u>7,634.83</u>	December	<u> </u>

F2=Key Scr F3=Exit F5=Ledger Transactions F7=Transactions F9=Budget

SUBLSCR BOONE		SUBSIDIARY LEDGER INQUIRY MAIN SCREEN		12/21/18 08:44:56	
Year	2018	Original Appropriation	462,583.00		
Dept	2703 INFORMATION TECHNOLOGY-BCJC/EM	Revisions	59,700.00		
Acct	70050 SOFTWARE SERVICE CONTRACT	Original + Revisions	522,283.00		
Fund	270 911/EM SALES TAX FUND	Expenditures	308,674.21		
		Encumbrances	64,420.44		
Class/Account	A ACCOUNT	Actual To Date	373,094.65		
Account Type	E EXPENSE	Remaining Balance	149,188.35		
Normal Balance	D DEBIT	Shadow Balance	149,188.35		

Expenditures by Period

January	11,441.86	July	8,121.39
February	40.25	August	8,753.21
March	81,141.31	September	9,100.62
April	54,079.94	October	20.85
May	13.90	November	450.00
June	131,413.84	December	4,097.04

F2=Key Scr F3=Exit F5=Ledger Transactions F7=Transactions F9=Budget

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STATE OF MISSOURI

December Session of the October Adjourned

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County of Boone

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In the County Commission of said county, on the

27th

day of

December

20 18

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

Now on this day, the County Commission of Boone County does hereby approve the request by the Blank and Paul Family Living Trust to rezone from A-1P (Planned Agriculture) to A-1 (Agriculture) on 6.0 acres, located at 7851 E Hwy AB, Columbia, Missouri; and by Kerry and Christina Pudenz to rezone from A-1P (Planned Agriculture) to A-1 (Agriculture) on 4.0 acres, more or less, located at 7855 E Hwy AB, Columbia, Missouri.

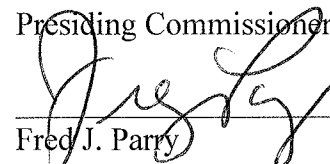
Done this 27th day of December, 2018.

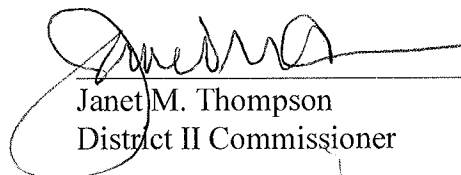
ATTEST:


 Taylor W. Burks
 Clerk of the County Commission

DKB


 Daniel K. Atwill
 Presiding Commissioner


 Fred J. Parry
 District I Commissioner


 Janet M. Thompson
 District II Commissioner

BLANK AND PAUL TRUST & PUDENZ – rezone

This request was considered by the Planning & Zoning Commission during their August 16, 2018 meeting.

The minutes for the Planning and Zoning Commission meeting of August 16, 2018, along with the Boone County Zoning Regulations and Subdivision Regulations are entered into the record of this meeting.

The Planning & Zoning Commission conducted a public hearing on this request during their August 16, 2018 regular meeting. There were eight members of the commission present during the meeting.

The subject properties are located on State Highway AB, approximately 2200 feet west of the intersection of State Highway AB and Rangeline Road, and approximately two miles from both the City of Columbia and the City of Ashland municipal limits. The subject property consists of a 6.00-acre lot and a 4.00-acre lot that were created as part of Pauley Acres Planned Residential Development in 1990. Tract 1 currently has a house and an out-building located on it. Tract 2 is vacant and currently not eligible for any structures. The zoning of the property is considered A-1P (planned agriculture). All the surrounding properties are zoned A-1(Agriculture) and this is all original 1973 zoning.

This proposal is to rezone the two lots back to A-1 and then combine them into a single 10-acre lot, should the rezoning be recommended for approval the request will be held and not proceed to the County Commission until a plat to combine the two Tracts into a single lot is submitted and processed. This is necessary as the current two lots comply with their A-1P zoning but if rezoned back to A-1 and not combined into a single lot neither lot would comply with the 10-acre minimum lot size.

The Boone County Master Plan identifies this area as being suitable for agriculture and rural residential land uses. The Boone County Master Plan designates a sufficiency of resources test for the evaluation of zoning changes where each proposal is evaluated to see if sufficient utility, transportation, and public safety infrastructure is in place to support the change in zoning. The sufficiency of resources test provides a “gatekeeping” function. Failure to pass the test should result in denial of a request. Success in passing the test should result in further analysis.

Utilities: The subject property is located in Consolidated Public Water Service District #1, the Boone Electric Cooperative service area, and the Boone County Fire Protection District. Sewer is from on-site wastewater under the Health Department.

Transportation: The property, when combined, has direct access to State Highway AB.

Public Safety: The property is located in the Boone County Fire Protection District, with the station on Tom Bass Drive being closest for service.

Zoning Analysis

There is no real impact from a rezoning back to A-1 as long as the lots are combined by plat and returns the property to the condition of its surrounding neighbors.

Staff notified 9 property owners about this request. The property scored 48 points on the rating system.

Staff recommended approval of the request.

The Planning & Zoning Commission conducted a public hearing on this request during their August 16, 2018 regular meeting. There were eight members of the commission present during the meeting.

Following the public hearing, a motion was made to recommend approval of the rezoning request. That motion carried unanimously.

Are there any questions about the staff report?

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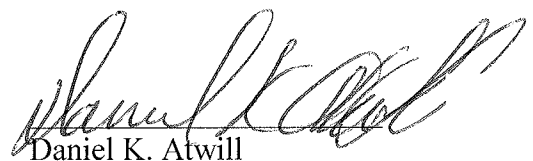
Now on this day the County Commission of the County of Boone does hereby acknowledge the following budget amendment from the 13th Judicial Circuit Court to increase revenue and expenditures for the Fostering Court Improvement JCIP-Sub-Grant for the period of 10/30/18 through 9/30/19.

Department	Account	Department Name	Account Name	Decrease \$	Increase \$
1243	3451	Judicial Grants	State Reimbursement		1,000
1243	37230	Judicial Grants	Meals at Training		1,000
					2,000

Done this 27th day of December, 2018.

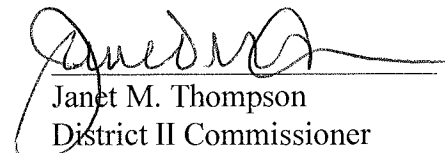
ATTEST:


 Taylor W. Burks
 Clerk of the County Commission



Daniel K. Atwill
 Presiding Commissioner


 Fred J. Parry
 District I Commissioner


 Janet M. Thompson
 District II Commissioner

**BOONE COUNTY, MISSOURI
REQUEST FOR BUDGET AMENDMENT**

RECEIVED

10/29/2018

EFFECTIVE DATE

NOV 30 2018

FOR AUDITORS USE

BOONE COUNTY AUDITOR

(Use whole \$ amounts)

Transfer From	Transfer To
---------------	-------------

Decrease Increase

[illegible]

- 2,000

Describe the circumstances requiring this Budget Amendment. Please address any budgetary impact for the remainder of this year and subsequent years. (Use an attachment if necessary):

To increase revenue and expenditures for the Fostering Court Improvement JCIP Sub-Grant for the period 10/30/18-9/30/19. This will cover lunches for FCI/contract attorney meetings.

Mary Egan
Requesting Official

TO BE COMPLETED BY AUDITOR'S OFFICE

☐ A fund-solvency schedule is attached.

✓ Comments: Budget FCI JCIP Grant FY18

 Agenda

☐ Auditor

Auditor's Office

PRESIDING COMMISSIONER

DISTRICT I COMMISSIONER

DISTRICT II COMMISSIONER

BUDGET AMENDMENT PROCEDURES

- County Clerk schedules the Budget Amendment for a first reading on the commission agenda. A copy of the Budget Amendment and all attachments must be made available for public inspection and review for a period of at least 10 days commencing with the first reading of the Budget Amendment.
- At the first reading, the Commission sets the Public Hearing date (at least 10 days hence) and instructs the County Clerk to provide at least 5 days public notice of the Public Hearing. **NOTE: The 10-day period may not be waived.**
- The Budget Amendment may not be approved prior to the Public Hearing



State of Missouri
Office of State Courts Administrator
Administrative Services Division

Issue Date

November 13, 2018

Award
Amount

\$1,000.00

Contract Period

Nov. 13, 2018, through
September 30, 2019

Fostering Court Improvement JCIP Sub-grant

The Fostering Court Improvement sites are measured on pre-determined outcomes to include permanency, timeliness and child safety measures. Funding is provided to assist in the implementation of strategies to improve services and outcomes for children.

Contract Number

OSCA 16-015-49



Original Contract



Contract Amendment

Federal CFDA # 93.586

Court/Recipient Information:

The Honorable Kevin Crane
Presiding Judge
Thirteenth Judicial Circuit
705 East Walnut
Columbia, Missouri 65201

Project Director:

Ruth McCluskey
Juvenile Officer
607 E. Ash St.
Columbia, MO 65201

OSCA Program Contact

Kim Abbott
573-522-6768

OSCA Fiscal Contact

Shelly Peters
573-522-2751



Special Conditions of this award are attached.



There are no special conditions of this award. Original RFP requirements only.

Funding to cover meals for quarterly FCI/contract attorney meetings.

Requested Funding: \$1,000.00

Awarded Funding: \$1,000.00

Please Sign, Date and Return by Mail to:

Office of State Courts Administrator
Attn: Contracts Unit
P.O. Box 104480
Jefferson City, MO 65110 - 4480

In witness thereof, the parties below hereby execute this agreement.

Appointing Authority

Printed Name

Presiding Judge S

Printed Name

Kevin Crane

Date

11/14/2018

Date

11/14/2018

OSCA Signature

Printed Name

Earl Kraus

Title

Deputy State Courts Administrator

Date

11/14/18

Fostering Court Improvement JCIP Sub-grant: Local Court Enhancements (FY19)

The Fostering Court Improvement sites are measured on pre-determined outcomes including permanency, timeliness, and child safety measures. In addition, the Children's Division Quality Assurance Specialists provide child welfare data to the local project sites. Strategies are then developed to address areas of deficiency which are identified in the outcome measurements. Funding is available up to \$1,000 for each of the project sites to assist them in their ability to implement strategies to improve services and outcomes for children and families. Each site will be required to submit a funding request on this form, along with budgets and justification, for their request in terms of the child welfare goals they hope to achieve and how the funding will support such. Reimbursement would be made in accordance with approved budgets, within OSCA Financial Guidelines, after costs have been incurred.

Budget Request

1. Please break down your funding request:

Budget Line Item	Approximate Cost	Budget Line Item	Approximate Cost
a. Lunches for FCI/contract attorney meetings.	\$1000	e.	
b.		f.	
c.		g.	
d.		h.	

2. Total Budget Request \$ 1000

3. Specific County to be reimbursed: Boone

Justification (attach additional sheets, if necessary)

1. How will this funding enhance your courts ability to meet outcomes for children and families?

Our FCI meetings are held right after a general docket, so we are able to ensure a higher attendance. We use the FCI enhancement grant in order to pay for lunches at our quarterly FCI/contract attorney meetings. Not only does this help ensure a higher rate of attendance, we are able to spend time collaborating while eating lunch. A higher attendance rate from contract attorneys also helps us have more team members for sub-groups.

2. Provide a timeline and description of how the funding will be used.

(Funding must be spent prior to September 30, 2019 and OSCA must be billed prior to October 11, 2019.)

Joint FCI/contract attorney meetings will be held December 2018, March 2019, June 2019, and September 2019.

For OSCA Internal Use Only

Yes

No

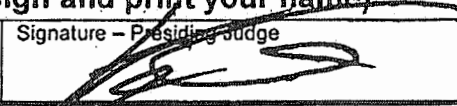

1. Does this request fall within the scope of the Fostering Court Improvement Program?

2. Does this request meet the requirements of the DHHS-ACF requirements for uses of these grant funds?

3. Is it clear that funding will be expended by September 30, 2019 and billed to OSCA before October 11, 2019?

4. Are there any special terms or conditions attached to this award?

Authorization (please both sign and print your name)

Circuit 13	Signature - Presiding Judge 	Date 10/18/18
OSCA OSCA 16-015-49	Deputy State Courts Administrator 	Date 11/14/18

Return to:

Office of State Courts Administrator, Contracts Section
osca.contracts@courts.mo.gov

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

County of Boone

} ea.

December Session of the October Adjourned

Term. 20 18

In the County Commission of said county, on the

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20 18

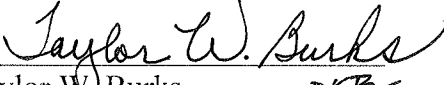
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the utilization of the State of Missouri Contract IFB605CO1800058 for the Sheriff's Department to purchase one (1) 2019 Ford Transit 350, 15-Passenger Van.


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

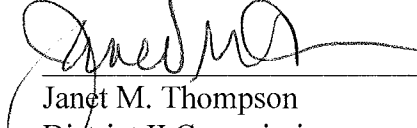
Done this 27th day of December, 2018.

ATTEST:


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


Daniel K. Atwill
Presiding Commissioner


Fred J. Parry
District I Commissioner


Janet M. Thompson
District II Commissioner

Boone County Purchasing

Liz Palazzolo, CPPO, C.P.M
Senior Buyer



613 E. Ash St, Room 110
Columbia, MO 65201
Phone: (573) 886-4392
Fax: (573) 886-4390

MEMORANDUM

TO: Boone County Commission
FROM: Liz Palazzolo, Senior Buyer
DATE: December 20, 2018
RE: Cooperative Contract IFB605CO1800058

Purchasing requests permission to use contract IFB605CO1800058 for Model Year 2018 Light Duty Vehicles established by the State of Missouri Department of Transportation with Joe Machens Ford Lincoln of Columbia, Missouri as a cooperative contract. The Sheriff's Office wishes to purchase one (1) 2019 Ford Transit 350, 15-Passenger Van for a grand total price of \$35,493.00.

The MoDOT contract runs through Model Year 2018 with two (2) renewal options available.

This is a one-time purchase that includes a 3-year or 36,000-miles bumper-to-bumper warranty, and 5 years or 60,000-miles on the power train.

The total purchase price is \$35,493.00, and it will be paid from Department 1255, Corrections - Account 92300, Replacement Machinery & Equipment.

/lp

c: Gary German
Leasa Quick
Contract File

Comm Order # 570-2018

S:\PU\AUDFRMS\Purchase Requisitions 2018\IFB605CO18000560 - 2019 Ford 350 Transit Van 15-Passenger Sheriff.xlsx

PURCHASE AGREEMENT**One (1) 2019 Ford Transit 350 Wagon, 15-Passenger Van
for the Boone County Sheriff's Department**

THIS AGREEMENT dated the 27th day of December 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, herein "County" and **McLarty CMFO, LLC, d/b/a Joe Machens Ford Lincoln**, herein "Vendor."

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

1. **Contract Documents** - This agreement shall consist of this Purchase Agreement for one (1) new 2019 Ford Transit 350 Wagon 15-Passenger Van in compliance with all bid specifications and any addendum issued for the Missouri Department of Transportation Contract IFB605CO1800058, Joe Machens' quote dated November 28, 2018, and Boone County's Standard Terms and Conditions. All such documents shall constitute the contract documents which are incorporated herein by reference. Service or product data, specification and literature submitted with bid response may be permanently maintained in the County Purchasing Office contract file if not attached. In the event of conflict between any of the foregoing documents, this Purchase Agreement, the Missouri Department of Transportation Contract **IFB605CO1800058** and Boone County Standard Terms and Conditions shall prevail and control over the vendor's bid response.

2. **Purchase** - The County agrees to purchase from the Vendor and the Vendor agrees to supply the County with one Ford 350 15-Passenger Transit Wagon (Van), Item #134, with the following specifications:

	<u>Unit Price</u>
2019 Ford Transit 350 Wagon, 15-Passenger Van (U4X)	\$33,507.00
• 15 Passenger (96P)	Std
• High Roof – see below	Std
• Dual Rear Wheels – see below	Std
• Long Wheelbase – Extended Length (148") – see below	Std
• 3.7L V6 Engine (99M)	Std
• Standard Rear Axle	Std
• Automatic Transmission 6-speed	Std
• Front and Rear Heat/AC (57G)	Std
• Privacy Glass (92E)	Std
• Daytime Running Lights (STD)	Std
• Cruise control and Tilt (50S)	Std
• All Season Tires, plus spare	Std
• 4 Wheels ABS	Std
• Standard GVWR	Std
• Cruise control (60C)	Std
• Vinyl seats & Floor (VK)(16E)	Std
• Sliding side door	Std
• Power equipment (windows, locks, mirrors)	Std

- XL 301A Pkg trim level – Base (301A) Std

Include Fixed Price Options from Contract IFB605CO1800058

- **DELETE** Standard High Roof, Dual Rear Wheels, Long Wheelbase – Extended Length (148”) as referenced above and **SUBSTITUTE Medium Roof, Long Wheelbase, SRW** (X2C/135) (\$1,006.00)
- Keys – Two (2) Additional (86F/146) \$ 250.00

AND Include 10% Discounted MSRP Items from Contract IFB605CO1800058

- **XLT/302A – XLT 302A Package** in lieu of XL301A package: Shall include the following: \$1,165.00
 - Chrome Grille
 - Halogen Head Lamps with Auto Lamp
 - Rain-Sensing Automatic Wipers
 - Single-disc CD and Audio Input Jack
 - 8 speakers (4 Front/4 Rear)
 - Carpeted, Front and Rear Floor
 - Rear Dome Lamp with Map Lights & Dimming
 - Rear-Seat(s) Recline and Inboard Armrest
 - Manual Driver-side Lumbar Support
- Autolamps (Std with XLT) (18B) No Charge
- Back-up Alarm (Audible Outside) (43B) \$ 112.00
- Reverse Alarm (Audible Inside) (43R) \$ 265.00
- Short Arm Mirror (Power and Heat) (542) \$ 202.00
- Rear Window Defogger (Included with Privacy Glass) (57N) No Charge
- AM/FM/SGL-CD (Std with XLT) No Charge
- Heavy Duty Alternator (63C) No Charge
- 6.5 X 16 Silver hubcaps (Std with XLT) (64H) No Charge
- Running Board (passenger side rear) (68H) \$ 144.00
- Illuminated Visors (Std w/ XLT) (85C) No Charge
- Spare Tire (Std) (51D) No Charge
- Windows All Around (Std) (17F) No Charge
- Rear Bumper, Black (Std in Medium Roof) (43E) No Charge
- Vinyl Floors (16E) No Charge
- Limited Slip Axle (X7L) \$ 292.00
- Exterior Color: Blue Jeans (N1) \$ 135.00
- Charcoal Cloth with 10-way power driver (CB/21F) \$ 427.00
- Delivery Fees No Charge

GRAND TOTAL FOR 2019 Ford Transit 350 15-Passenger Van \$35,493.00

3. **Purchase Order** – The County will issue a Purchase Order for any order placed from this contract.

4. **Delivery** - Vendor agrees to deliver vehicle as set forth in the bid documents and within 100-130 calendar days after receipt of order. Delivery shall be to the Boone County Sheriff, 2121 County Drive, Columbia, MO 65202.

5. **Title** – Title in the name of: Boone County Sheriff. Address: 613 E. Ash Street, Room 110, Columbia, MO 65201.

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

7. **Warranty** – Warranty coverage shall be three-years/36,000 miles bumper to bumper, including five-years/60,000 miles on the powertrain.


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

9. **Termination** - This agreement may be terminated by the County upon thirty (30) calendar days advance written notice for any of the following reasons or under any of the following circumstances:

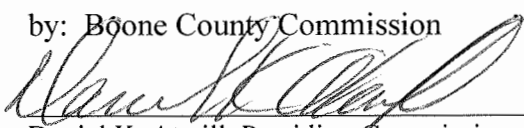
- a. County may terminate this agreement due to material breach of any term or condition of this agreement, or
- b. County may terminate this agreement if in the opinion of the Boone County Commission if delivery of products are delayed or products delivered are not in conformity with bidding specifications or variances authorized by County, or
- c. If appropriations are not made available and budgeted for any calendar year.

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

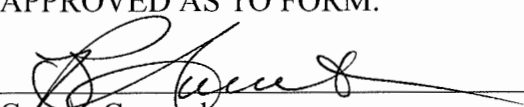
MCLARTY CMFO, LLC
JOE MACHENS FORD LINCOLN

by 
title FIT Mgr.

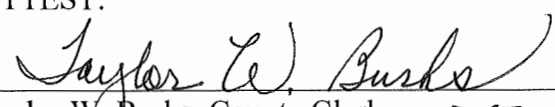
BOONE COUNTY, MISSOURI

by: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:


County Counselor

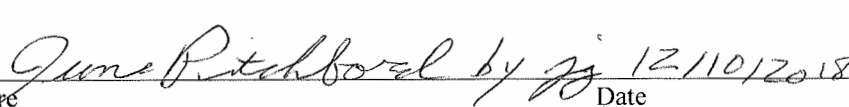
ATTEST:


Taylor W. Burks, County Clerk DKB

AUDITOR CERTIFICATION

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

1255/92300 - \$35,493.00

 by jj 12/10/2018
Signature Date Appropriation Account

STANDARD CONTRACT TERMS AND CONDITIONS - BOONE COUNTY, MISSOURI

1. Contractor shall comply with all applicable federal, state, and local laws and failure to do so, in County's sole discretion, shall give County the right to terminate this Contract.
2. Prices shall include all charges for packing, delivery, installation, etc., (unless otherwise specified) to the Boone County Department.
3. The Boone County Commission has the right to accept or reject any part or parts of all bids, to waive technicalities, and to accept the offer the County Commission considers the most advantageous to the County. Boone County reserves the right to award this bid on an item-by-item basis, or an "all or none" basis, whichever is in the best interest of the County. The Purchasing Director reserves the right, when only one bid has been received by the bid closing date, to delay the opening of bids to another date and time in order to revise specifications and/or establish further competition for the commodity or service required. The one (1) bid received will be retained unopened until the new Closing date, or at request of bidder, returned unopened for re-submittal at the new date and time of bid closing.
4. When products or materials of any particular producer or manufacturer are mentioned in our contracts, such products or materials are intended to be descriptive of type or quality and not restricted to those mentioned.
5. Do not include Federal Excise Tax or Sales and Use Taxes in billing, as law exempts the County from them.
6. The delivery date shall be stated in definite terms.
7. The County Commission reserves the right to cancel all or any part of orders if delivery is not made or work is not started as guaranteed. In case of delay, the Contractor must notify the Purchasing Department.
8. In case of default by the Contractor, the County of Boone will procure the articles or services from other sources and hold the Contractor responsible for any excess cost occasioned thereby.
9. Failure to deliver as guaranteed may disqualify Contractor from future bidding.
10. Prices must be as stated in units of quantity specified, and must be firm.
11. The County of Boone, Missouri expressly denies responsibility for, or ownership of any item purchased until same is delivered to the County and is accepted by the County.
12. The County reserves the right to award to one or multiple respondents. The County also reserves the right to not award any item or group of items if the services can be obtained from a state or other governmental entities contract under more favorable terms. The resulting contract will be considered "Non-Exclusive". The County reserves the right to purchase advertising from other vendors.

13. The County, from time to time, uses federal grant funds for the procurement of goods and services. Accordingly, the provider of goods and/or services shall comply with federal laws, rules and regulations applicable to the funds used by the County for said procurement, and contract clauses required by the federal government in such circumstances are incorporated herein by reference. These clauses can generally be found in the Federal Transit Administration's Best Practices Procurement Manual – Appendix A. Any questions regarding the applicability of federal clauses to a particular bid should be directed to the Purchasing Department prior to bid opening.
14. In the event of a discrepancy between a unit price and an extended line item price, the unit price shall govern.
15. Should an audit of Contractor's invoices during the term of the Agreement, and any renewals thereof, indicate that the County has remitted payment on invoices that constitute an over-charging to the County above the pricing terms agreed to herein, the Contractor shall issue a refund check to the County for any over-charges within 30-days of being notified of the same.
16. **For all titled vehicles and equipment the dealer must use the actual delivery date to the County** on all transfer documents including the Certificate of Origin (COO,) Manufacturer's Statement of Origin (MSO,) Bill of Sale (BOS,) and Application for Title.
17. **Equipment and serial and model numbers** - The contractor is strongly encouraged to include equipment serial and model numbers for all amounts invoiced to the County. If equipment serial and model numbers are not provided on the face of the invoice, such information may be required by the County before issuing payment.

JOE MACHENS FORD LINCOLN

1911 W. Worley • Columbia, MO 65203 • (573) 445-4411 • (800) 745-4454 • www.machens.com

November 28, 2018

MoDOT State Contract # IFB605CO18000580

Boone County

Subject: 2019 Ford Transit 350 Wagon, 15 Passenger, Medium Roof, Long Wheelbase, SRW

To: Whom it May Concern;

As per the requested quote on a 2019 Ford Transit Wagon 15 Passenger, Medium Roof, Long Wheelbase, SRW, Joe Machens Ford proposes the following. The 2019 Ford Transit Passenger Wagon includes the factory standard options. This proposed unit also has the standard options from the state contract and others as noted below.

Item #134 Price – Dealer Code – Option, Included Equipment

\$33,507 – U4X – 2019 Ford Transit 350 (U4X)	Privacy Glass (92E)
15 Passenger (96P)	Daytime Running Lamps (942)
High Roof	All Season Tires plus spare, 4 wheels ABS
Dual Rear Wheels	Std GVWR
Long Wheelbase-Extended Length (148)	Cruise control (60C)
3.7L V6 Engine (99M)	Vinyl Seats & Floor (VK)(16E)
Standard Rear Axle	Sliding Side Door
Automatic Transmission 6 speed	Power Equipment (windows, locks, mirrors)
Front and Rear Heat / AC (57G)	XL 301A Pkg trim level – Base (301A)

Optional equipment (Price – Dealer Code – Option):

(-\$1,006) – X2C/135 – Ford Transit 350 Wagon, 15 Passenger, Medium Roof, Long Wheelbase, SRW
in lieu of High Roof, Dual Rear Wheels, Long Wheelbase – Extended Length (148") above.

\$1,165 – XLT/302A – XLT 302A pkg in lieu of XL 301A pkg, to include... (MSRP = \$1,295)...

- | | |
|---------------------------------------|--|
| - Chrome grille | - Carpeted, front and rear floor |
| - Halogen head lamps w/ Auto Lamp | - Rear Dome Lamp w/ Map Lights & Dimming |
| - Rain-Sensing Automatic Wipers | - Rear-Seat(s) Recline and Inboard Armrest |
| - Single-disc CD and audio input jack | - Manual driver-side lumbar support |
| - 8 Speakers (4 Front/4 Rear) | |

\$0 – 18B – Autolamps (Std w/ XLT)

\$112 – 43B – Back up Alarm (Audible Outside) (MSRP = \$125)

\$265 – 43R – Reverse Alarm (Audible Inside) (MSRP = \$295)

\$202 – 542 – Short Arm Mirror (Power and Heat) (MSRP = \$225)

\$0 – 57N – Rear Window Defogger (Incl w/ Privacy Glass above)

\$0 – 58V – AM/FM/SGL-CD (Std w/ XLT)

\$0 – 63C – Heavy Duty Alternator

\$0 – 64H – 6.5X16 Silver Hubcaps (Std w/ XLT)

\$144 – 68H – Running Board (pass side rear) (MSRP = \$160)

\$0 – 85C – Illuminated Visors (Std w/ XLT)

\$250 – 86F/146 – Keys – 2 Additional

\$0 – 51D – Spare Tire (Std)

\$0 – 17F – Windows All Around (Std)

\$0 – 43E – Rear Bumper – Black (Std in Med Roof)

\$0 – 16E – Vinyl Floors

\$292 – X7L – Limited Slip Axle (MSRP = \$325)

\$135 – N1 – Exterior Color: Blue Jeans (MSRP = \$150)

\$427 – CB/21F – Charcoal Cloth with 10-way power driver (MSRP = \$475)

\$0 – DEL – Delivery / Fees

Total

\$35,493 (XLT) (Price good until 12/30/2018 Only)



JOE MACHENS FORD LINCOLN

1911 W. Worley • Columbia, MO 65203 • (573) 445-4411 • (800) 745-4454 • www.machens.com

Joe Machens Ford appreciates your business and we look forward to servicing your needs in the future. Any questions should be directed to Kelly Sells, Fleet Department Manager.

Thanks,



Kelly Sells
Fleet Manager
Joe Machens Ford
573-445-4411
ksells@machens.com



P. New standard equipped 2018 or Newer Model 12 & 15 Passenger Vans

134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	PUTNAM CHEVROLET INC	CHEVROLET	CG33706		\$26,502.00		(% of Discount Off MSRP) 10	(Delivery Timeframe) 120	(E-85 Compatible?) NO
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	Don Brown Chevrolet Inc.	Chevrolet Express 15 Passenger Extended Length	CG33706		\$26,889.00		(% of Discount Off MSRP) 10%	(Delivery Timeframe) Approx 90 Days	(E-85 Compatible?) no
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	PUTNAM CHEVROLET INC	CHEVROLET	CG33706		\$26,892.00		(% of Discount Off MSRP) 10	(Delivery Timeframe) 120	(E-85 Compatible?) NO
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	Roberts Chevrolet Buick	Chevrolet	CG33706		\$26,959.00	6.0L Gas engine is E85.	(% of Discount Off MSRP) 10	(Delivery Timeframe) 45-75	(E-85 Compatible?) No
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	WK Chevrolet Inc	Chevrolet	Express		\$27,375.00		(% of Discount Off MSRP) 8	(Delivery Timeframe) 65	(E-85 Compatible?) no
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	BLUE SPRINGS FORD SALES INC	Ford	U4X		\$33,457.00		(% of Discount Off MSRP) 5%	(Delivery Timeframe) 30-60 days	(E-85 Compatible?) No
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	Joe Machens Ford Inc	Ford	U4X		\$33,507.00		(% of Discount Off MSRP) 10% unless priced below	(Delivery Timeframe) 80 - 110 days	(E-85 Compatible?) Yes
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	Shawnee Mission Ford	Ford	U4X		\$33,607.00		(% of Discount Off MSRP) 5	(Delivery Timeframe) 90-120	(E-85 Compatible?) NO
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	Lou Fusz Ford	FORD TRANSIT 350 HR DRW	U4X		\$33,755.00		(% of Discount Off MSRP) 2	(Delivery Timeframe) 90-120	(E-85 Compatible?) NO
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	Broadway Ford Truck Sales Inc	Ford			\$33,981.00		(% of Discount Off MSRP) 12%	(Delivery Timeframe) 120 days	(E-85 Compatible?) Yes
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	Republic Ford	ford	U4X		\$34,056.00	Dual rear wheels, High Roof	(% of Discount Off MSRP) 5	(Delivery Timeframe) 90-120	(E-85 Compatible?) No
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	Fleetside Ford LLC	350 TRANSIT WAGON	U4X		\$34,530.00		(% of Discount Off MSRP) 10	(Delivery Timeframe) 90 DAYS	(E-85 Compatible?) NO
134.New std. equipped 2018 or Newer Model 15 Passenger Van with Extended Body	LDP BB1	Midway Ford Truck Center, Inc.	Ford	U4X		\$37,858.00	Dual Rear Wheels 15 Passenger included in Price Quote	(% of Discount Off MSRP) 10%	(Delivery Timeframe) 120 days	(E-85 Compatible?) Yes
135.New std. equipped 2018 or Newer Model 15 Passenger Van, Non-Extended Length, SRW, High Roof	LDP BB2	WK Chevrolet Inc	Not Available	Not Available		\$0.00		(% of Discount Off MSRP) 0	(Delivery Timeframe) na	(E-85 Compatible?) na
135.New std. equipped 2018 or Newer Model 15 Passenger Van, Non-Extended Length, SRW, High Roof	LDP BB2	BLUE SPRINGS FORD SALES INC	Ford	X2X		\$33,712.00		(% of Discount Off MSRP) 5%	(Delivery Timeframe) 60-90 days	(E-85 Compatible?) No
135.New std. equipped 2018 or Newer Model 15 Passenger Van, Non-Extended Length, SRW, High Roof	LDP BB2	Lou Fusz Ford	FORD	X2X		\$33,744.00		(% of Discount Off MSRP) 2	(Delivery Timeframe) 90-120	(E-85 Compatible?) NO
135.New std. equipped 2018 or Newer Model 15 Passenger Van, Non-Extended Length, SRW, High Roof	LDP BB2	Joe Machens Ford Inc	Ford	X2X		\$33,773.00		(% of Discount Off MSRP) 10% unless priced below	(Delivery Timeframe) 80-110 days	(E-85 Compatible?) Yes
135.New std. equipped 2018 or Newer Model 15 Passenger Van, Non-Extended Length, SRW, High Roof	LDP BB2	Shawnee Mission Ford	Ford	X2X		\$33,873.00		(% of Discount Off MSRP) 5	(Delivery Timeframe) 90-120	(E-85 Compatible?) no
135.New std. equipped 2018 or Newer Model 15 Passenger Van, Non-Extended Length, SRW, High Roof	LDP BB2	Broadway Ford Truck Sales Inc	Ford			\$34,247.00		(% of Discount Off MSRP) 12%	(Delivery Timeframe) 120 days	(E-85 Compatible?) Yes
135.New std. equipped 2018 or Newer Model 15 Passenger Van, Non-Extended Length, SRW, High Roof	LDP BB2	Republic Ford	Ford	X2X		\$34,332.00	single rear wheel, high roof	(% of Discount Off MSRP) 5	(Delivery Timeframe) 90-120	(E-85 Compatible?) No
135.New std. equipped 2018 or Newer Model 15 Passenger Van, Non-Extended Length, SRW, High Roof	LDP BB2	Fleetside Ford LLC	FORD TRANSIT WAGON	X2X		\$34,820.00		(% of Discount Off MSRP) 10	(Delivery Timeframe) 90 DAYS	(E-85 Compatible?) NO
135.New std. equipped 2018 or Newer Model 15 Passenger Van, Non-Extended Length, SRW, High Roof	LDP BB2	Midway Ford Truck Center, Inc.	Ford	X2X		\$36,730.00	15 Passenger Option included in Price	(% of Discount Off MSRP) 10%	(Delivery Timeframe) 120 days	(E-85 Compatible?) Yes

146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	PUTNAM CHEVROLET INC	CHEVROLET	CG33706	\$40.00				
146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	Roberts Chevrolet Buick	Chevrolet	SH1	\$40.50	Must be ordered at time of Van order.			
146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	Don Brown Chevrolet Inc.	Chevrolet Express 12 Passenger Van	CG33406	\$49.00				
146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	WK Chevrolet Inc	na	na	\$55.00				
146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	Shawnee Mission Ford	FORD	86F	\$69.00	2 EXTRA KEYS ALL IN ONE			
146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	Republic Ford	ford	xxx	\$69.00				
146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	Lou Fusz Ford	FORD	86F	\$75.00				
146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	Midway Ford Truck Center, Inc.	Ford	86F	\$75.00				
146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	Fleetside Ford LLC	FORD	KEY	\$112.00				
146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	Broadway Ford Truck Sales Inc	Ford	-----	\$138.00				
146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	BLUE SPRINGS FORD SALES INC	Ford	86F	\$150.00				
146.OPTION 6: Additional set of Keys (Ignition and door locks)	LDP OP6	Joe Machens Ford Inc	Ford	PTS	\$250.00				
147.OPTION 7: Back-up camera	LDP OP7	Don Brown Chevrolet Inc.	Chevrolet Express 12 Passenger Van	CG33406	\$0.00	Standard			
147.OPTION 7: Back-up camera	LDP OP7	Broadway Ford Truck Sales Inc	Ford	-----	\$0.00				
147.OPTION 7: Back-up camera	LDP OP7	POTNAM CHEVROLET INC	CHEVROLET	CG33706	\$0.00	STANDARD EQUIPMENT			
147.OPTION 7: Back-up camera	LDP OP7	Joe Machens Ford Inc	Ford	-----	\$0.00				
147.OPTION 7: Back-up camera	LDP OP7	Midway Ford Truck Center, Inc.	Ford	-----	\$0.00	No Charge			
147.OPTION 7: Back-up camera	LDP OP7	BLUE SPRINGS FORD SALES INC	Ford	-----	\$0.00	No Charge			
147.OPTION 7: Back-up camera	LDP OP7	Republic Ford	ford	xxx	\$0.00	standard equipment			
147.OPTION 7: Back-up camera	LDP OP7	Lou Fusz Ford	FORD	STD	\$0.00	STANDARD			
147.OPTION 7: Back-up camera	LDP OP7	WK Chevrolet Inc.	Included	Included	\$0.00				
147.OPTION 7: Back-up camera	LDP OP7	Shawnee Mission Ford	FORD	STD	\$0.00	STANDARD			
147.OPTION 7: Back-up camera	LDP OP7	Fleetside Ford LLC	FORD	101A	\$45.00				
148.OPTION 8: Power windows/power door locks	LDP OP8	Don Brown Chevrolet Inc.	Chevrolet Express 12 Passenger Van	CG33406	\$0.00	Standard			
148.OPTION 8: Power windows/power door locks	LDP OP8	Broadway Ford Truck Sales Inc	Ford	-----	\$0.00				
148.OPTION 8: Power windows/power door locks	LDP OP8	POTNAM CHEVROLET INC	CHEVROLET	CG33706	\$0.00	STANDARD EQUIPMENT			
148.OPTION 8: Power windows/power door locks	LDP OP8	Joe Machens Ford Inc	Ford	-----	\$0.00				
148.OPTION 8: Power windows/power door locks	LDP OP8	Midway Ford Truck Center, Inc.	Ford	-----	\$0.00	No Charge			
148.OPTION 8: Power windows/power door locks	LDP OP8	BLUE SPRINGS FORD SALES INC	Ford	-----	\$0.00	No Charge			
148.OPTION 8: Power windows/power door locks	LDP OP8	Republic Ford	ford	xxx	\$0.00	standard equipment			
148.OPTION 8: Power windows/power door locks	LDP OP8	Lou Fusz Ford	FORD	STD	\$0.00				
148.OPTION 8: Power windows/power door locks	LDP OP8	WK Chevrolet Inc	Included	Included	\$0.00				
148.OPTION 8: Power windows/power door locks	LDP OP8	Shawnee Mission Ford	FORD	STD	\$0.00	Power Windows, Locks, Mirrors & RKE			
148.OPTION 8: Power windows/power door locks	LDP OP8	Fleetside Ford LLC	FORD	101A	\$0.00				

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

December Session of the October Adjourned

Term. 20 18

County of Boone

In the County Commission of said county, on the

27th

day of

December

20 18

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

Now on this day the County Commission of the County of Boone does hereby award bid 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund to the following:

Jefferson City Area Young Men's Christian Association
Healthy Hometown – Southern Boone County
 \$49,942.72

The Food Bank for Central & Northeast Missouri, Inc.
Central Pantry
 \$49,999.98

Voluntary Action Center
VAC Housing Program
 \$10,040.00

Voluntary Action Program
VAC Basic Needs Program
 \$35,275.00

The Salvation Army, an Illinois Corporation
Harbor House Emergency Shelter
 \$54,993.79

The Curators of the University of Missouri (on behalf of MU Adult Day Connection)
MU Adult Day Connection - Adult Day Healthcare and Transportation
 \$22,038.50

Family Health Center of Boone County
Boone County Emergency Dental Referral Program
 \$83,160.00

Columbia Center for Urban Agriculture
Encouraging Healthy Habits at Columbia's New Agriculture Park
 \$76,115.20

Compass Health, Inc.
Behavioral Health Care Programming
\$129,412.00


Independent Living Center of Mid-Missouri
Senior Connect
\$41,893.36

Phoenix Programs, Inc.
Outpatient Substance Use Treatment
\$65,090.00

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

Done this 27th day of December, 2018.

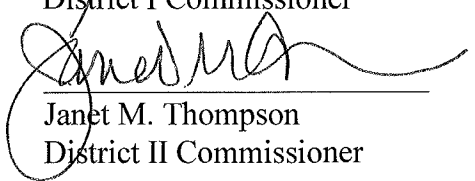
ATTEST:


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



Daniel K. Atwill
Presiding Commissioner


Fred J. Parn
District I Commissioner


Janet M. Thompson
District II Commissioner

Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing



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

MEMORANDUM

TO: Boone County Commission
FROM: Melinda Bobbitt, CPPO, CPPB
DATE: December 17, 2018
RE: RFP Award Recommendation: *36-13SEP18 – Purchase of Service Contracts – Community Health / Medical Fund*

Request for Proposal *36-13SEP18 – Purchase of Service Contracts – Community Health / Medical Fund* closed on September 13, 2018. 14 proposal responses were received.

The 12 programs that are being recommended for award for the period January 1, 2019 through December 31, 2019 with the option for one, one-year renewal include:

Jefferson City Area Young Men's Christian Association
Healthy Hometown – Southern Boone County
\$49,942.72

The Food Bank for Central & Northeast Missouri, Inc.
Central Pantry
\$49,999.98

Voluntary Action Center
VAC Housing Program
\$10,040.00

Voluntary Action Program
VAC Basic Needs Program
\$35,275.00

The Salvation Army, an Illinois Corporation
Harbor House Emergency Shelter
\$54,993.79

The Curators of the University of Missouri (on behalf of MU Adult Day Connection)
MU Adult Day Connection - Adult Day Healthcare and Transportation
\$22,038.50

Family Health Center of Boone County
Boone County Emergency Dental Referral Program
\$83,160.00

Columbia Center for Urban Agriculture
Encouraging Healthy Habits at Columbia's New Agriculture Park
\$76,115.20

Columbia/Boone County Department of Public Health and Human Services
Live Well Boone County
\$116,785.50

Note: These contracts will follow in January to be read for approval

Compass Health, Inc.
Behavioral Health Care Programming
\$129,412.00

Independent Living Center of Mid-Missouri
Senior Connect
\$41,893.36

Phoenix Programs, Inc.
Outpatient Substance Use Treatment
\$65,090.00

The evaluation committee consisted of Janet Thompson, Linda Cooperstock, Barbara Weaver, and Stephanie Browning. Attached are the evaluation committee's review sheets.

Invoices will be paid from department 2130 – Community Health/Med (Hospital Lease), account 71106 – Contracted Services. The total amount funded from this award is \$734,746.05. One million was budgeted.

cc: Proposal File

ATT Evaluation Committee Reports and Score Sheets



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Service Contract
MU Adult Day Connection – Adult Day Healthcare and Transportation

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, herein called "County", and **The Curators of the University of Missouri (on behalf of MU Adult Day Connection)** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **ADC**.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

WHEREAS, ADC has submitted a complete Request for Funding Proposal Application to the County detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY ADC

ADC is expected to the greatest extent possible to maximize funding from all other sources. ADC shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. ADC shall only request reimbursement for services not reimbursable by any other source. ADC shall not invoice the County for units of service invoiced to another funding source. ADC shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

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

2. **Contract Documents.** ADC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #36-13SEP18 (Purchase of Service Contracts), any addenda, and ADC's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over ADC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The County agrees to purchase from the ADC and the ADC agrees to furnish **MU Adult Day Connection – Adult Day Healthcare and Transportation** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the ADC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$22,038.50** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of January 1, 2019 and extend through December 31, 2019 subject to the provisions for termination specified below. ADC agrees and understands that the County may require supplemental information to be submitted at the request of County.

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Adult Day Programming	One day of adult day service	\$91.50	219	\$20,038.50
Transportation	One bus ride	\$10.00	200	\$2,000.00

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

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

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The County shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by ADC to monitor service delivery and program expenditures. ADC agrees to submit to the County an Interim Report by July 31, 2019 for the period of January 1, 2019 through June 30, 2019 and a Year End Final Report by January 31, 2020, for the period of January 1, 2019 through December 31, 2019. Variations on this date may be requested by ADC and, if so stipulated, are noted on this contract document. Payments may be withheld from ADC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. ADC agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** ADC also agrees to make available to the County a copy of its annual audit upon completion by the auditing agency. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. In addition, the County requires that the management report of any audit as it relates to County program activities be made available to the county as part of the required audit. Payment may be withheld from ADC, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

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

10. **Modification or Amendment.** In the event ADC requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County Commission for approval. A board resolution from ADC may be required with the request.

OTHER TERMS OF THIS CONTRACT

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

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

13. **CHF to be used for Services Provided.** ADC agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to ADC's provision of such services.

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

15. **Conflict of Interest.** ADC agrees that any conflicts of interest between its Board and/or employees and ADC shall be appropriately identified and managed.

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

17. **Employment of Unauthorized Aliens Prohibited.** ADC agrees to comply with Missouri State Statute section 285.530. ADC also agrees that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. ADC shall require each subcontractor to affirmatively state in its Agreement

with the ADC that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri.

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

19. **Board Ownership.** If ADC ceases to be funded by the County or ceases to provide programs and services to address community health needs pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the County. In addition, if ADC no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, ADC will need County approval to re-direct the use of such.

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

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

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

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

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

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

Upon receipt of notice of termination, ADC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. County shall reimburse the ADC for outstanding expenses incurred up to the date of termination, including

uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. Insurance Requirements. ADC shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. Worker's Compensation and Employers' Liability Insurance: ADC shall take out and maintain through its self-funded program during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, ADC shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by ADC.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. Comprehensive General Liability Insurance: ADC shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance or self-funded coverage as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. ADC shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice except where there is self-funded coverage. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

Except where there is self-funded coverage,

ADC shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of ADC in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to ADC.

c. **Professional Liability Insurance:** ADC is required to carry Professional Liability Insurance or self-funded coverage with a limit of no less than \$1,000,000.00, ~~and naming Boone County as additional insured.~~



d. **Commercial Automobile Liability:** ADC shall maintain during the life of this contract, Commercial Automobile Liability Insurance or self-funded coverage in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the ADC's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

23. **Indemnification.** To the extent permitted under Missouri law and without waiving sovereign immunity, ADC agrees to hold harmless, defend and indemnify the County, its directors, agents, and employees from and against all claims arising by reason of any negligent act or failure to act, of ADC (meaning anyone, including but not limited to consultants having a contract with ADC or subcontractor for part of the services), or anyone directly or indirectly employed by ADC, or of anyone for whose acts ADC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

24. **Publicity by the ADC.** ADC shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. ADC will acknowledge the County as a funding source whenever publicizing CHF funded programs. ADC will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. ADC agrees to acknowledge the CHF as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

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

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

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

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

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

29. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

Any written notice or communication to ADC shall be mailed or delivered to:

The Curators of the University of Missouri (on behalf of MU Adult Day Connection)

Attn: Jerry Kiesling
137 Clark Hall
Columbia, MO 65211



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

**The Curators of the University of Missouri
(on behalf of MU Adult Day Connection)**

By: T. Vince Cooper
Signature

T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY
By: _____
Printed Name/ Title

Boone County, Missouri

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

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

APPROVED AS TO FORM:

[Signature]
County Counselor

APPROVED
AS TO
LEGAL FORM
[Signature]

ATTEST:

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

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

June Patchford by jg 12/20/2018 (2130/71106/\$22,038.50)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

* Any required legal notices shall be mailed or delivered to:

University of Missouri Health Care
Attn: Executive Director of Payer Strategy & System Contracting
One Hospital Drive, DC 406.00
Columbia, MO 65212

[Signature]



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

Purchase of Service Contracts Community Health/Medical Fund 2018 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymmo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymmo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for **Thursday, August 9, 2018, at 3:00 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, September 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, September 13, 2018** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, September 13, 2018 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by **Thursday, September 13, 2018 at 10:00 a.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Attachment A - Agency Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. **Program Overview:** Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

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

County of _____)
)ss
 State of _____)

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

Printed Name _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

Page 14 of 14

From: Melinda Bobbitt
To: Kristin Cummins; Joanne Nelson; Kelly Wallis
Subject: FW: Boone County Purchasing Bid Opportunity Contract with edits
Date: Tuesday, November 06, 2018 3:41:44 PM
Attachments: [Ins for Boone County Contract.pdf](#)

I am letting him know the attached insurance works.

Thanks,
Melinda

-----Original Message-----

From: Kiesling, Jerry <kieslingjw@health.missouri.edu>
Sent: Tuesday, November 6, 2018 3:22 PM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>
Subject: RE: Boone County Purchasing Bid Opportunity Contract with edits

Hello Melinda,

Here is the insurance letter and certificate prepared for the County. Will this give you what you need?

Thank you and take care,

Jerry

Jerry W. Kiesling, LCSW
MU Adult Day Connection
137 Clark Hall
Columbia, MO 65211
573-882-6027
Fax: 573-884-4797

This electronic communication is from Jerry W. Kiesling and is confidential, privileged and intended only for the use of the recipient(s) named above. If you are not the intended recipient(s) or the employee or agent responsible for delivering this information to the intended recipient(s), unauthorized disclosure, copying, distribution or use of the contents of this transmission is strictly prohibited. If you have received this message in error, please return the material received to the sender and delete all copies from your system.

-----Original Message-----

From: Melinda Bobbitt [<mailto:MBobbitt@boonecountymo.org>]
Sent: Tuesday, October 30, 2018 2:08 PM
To: Kiesling, Jerry <kieslingjw@health.missouri.edu>
Subject: RE: Boone County Purchasing Bid Opportunity Contract with edits

Jerry,

Your edits are acceptable EXCEPT the edit on page 9 for the edit to the 5th paragraph in Section 3.8.1. You need to provide Boone County with a Certificate that is substantially in the form of the attached Certificate that we have for one of your other contracts. Also, the County needs to be named as "additional insured". I have attached revised Insurance Requirements.

Thanks,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org
Phone: (573) 886-4391
Fax: (573) 886-4390

-----Original Message-----

From: Kiesling, Jerry <kieslingjw@health.missouri.edu>
Sent: Tuesday, October 30, 2018 12:02 PM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>
Subject: FW: Boone County Purchasing Bid Opportunity Contract with edits

Hello Melinda,

Here is the contract with proposed changes. Usually if you agree with this and make these changes to a clean document, we can get it signed much quicker for the County.

Thank you
Jerry



RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

Ed Knollmeyer

Ed Knollmeyer
Director, Risk & Insurance Management

EK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/8/2017

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

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

PRODUCER
Arthur J. Gallagher Risk Management Services, Inc.
12444 Powerscourt Drive
Saint Louis MO 63131

CONTACT NAME: Ali Sullta
PHONE (A/C, No, Ext): 630-438-1633 FAX (A/C, No): 630-285-4062
E-MAIL ADDRESS: Ali_Sullta@ajg.com

INSURER(S) AFFORDING COVERAGE
INSURER A: United Educators Ins NAIC # 10020

INSURED UNIVOFM-01
The Curators of the University of Missouri
1105 Carrie Francke Drive
Columbia, MO 65211-3100

INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1207424383

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJEC <input type="checkbox"/> LOC OTHER:		C06-97T	8/1/2017	8/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$100,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPIOP AGG \$1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		C06-97T	8/1/2017	8/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General Liability Self-Insured Retention of \$1,000,000 per claim, ***Automobile Liability Self-Insured Retention of \$1,000,000 per claim***

CERTIFICATE HOLDER

Informational Purposes
University of Missouri
1105 Carrie Francke Dr
Columbia MO 65211
USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

8/1/2019

DATE (MM/DD/YYYY)
7/12/2017

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


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

PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL: _____ ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE INSURER A: Safety National Casualty Corporation NAIC # 15105 INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____	
INSURED 1308583 The Curators of the University of Missouri 1106 Carrie Francke Dr. Columbia MO 65211		

COVERAGES CURUN02 CERTIFICATE NUMBER: 11964743 REVISION NUMBER: XXXXXXXX
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTD	TYPE OF INSURANCE	ADBL INSR	SUBR VWR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Per occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			NOT APPLICABLE			COMBINED SINGLE LIMIT (Per accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	SP-4057430 SIR: \$750,000	8/1/2017	8/1/2019	X PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
11964743 FOR INFORMATIONAL PURPOSES ONLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

ACORD 25 (2018/03)

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The ACORD name and logo are registered marks of ACORD

November 2, 2018

County of Boone, Missouri
C/O Purchasing Department
613 E. Ash Street
Columbia, MO 65201



To Whom It May Concern:

The Curators of the University of Missouri Auto/general liability program is self-insured. The self-insured program is used to provide coverage for exposures and claims arising from the negligence of the University, its officers, agents and employees. The general liability program has a plan limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually through actuarial study. The program is "occurrence" based, versus "claims-made".

The Curators of the University of Missouri maintain a self-insured medical malpractice program for its physicians and staff. The self-insured program covers University Physicians and Health Professions for procedures performed both at the University, and elsewhere, as long as all procedures are within the scope of their responsibilities with the University. Faculty, staff and students enrolled in courses of instruction or practical training offered by, or under the supervision of the University of Missouri, are provided medical professional liability coverage under the University of Missouri Medical Professional Liability self-insured plan. The self-insured medical malpractice program has a plan limit of \$7.5 million per occurrence and \$15 million annual aggregate. Reserves for the program are determined annually through actuarial study. The program is "occurrence" based, versus "claims-made".

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Workers' Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

Ed Knollmeyer

Ed Knollmeyer /pb
Director, Risk & Insurance Management



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

**Purchase of Service Contracts
Community Health/Medical Fund
2018 Application**

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for Thursday, August 9, 2018, at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until 10:00 a.m. Central Time on Thursday, September 13, 2018 via the web-based funding management system.

The Request for Proposal is scheduled to be opened shortly after 1:30 p.m. on Thursday, September 13, 2018 in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Thursday, September 13, 2018 at 1:30 p.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by Thursday, September 13, 2018 at 10:00 a.m. No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Attachment A - Agency Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

2.3. Pre-Proposal Conference

- 2.3.1** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2.** All potential Offerors are strongly encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3.** Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1.** The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2.** The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. Program Overview:** Statement of issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

through its self-funded program
Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. *ME*

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

or self-funded coverage
Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance -** The Contractor shall furnish the County with Certificate(s) of Insurance which name the County of Boone - Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project. *ME*

unless self-funded
— The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold *except where there is self-funded coverage.* *ME*

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance ^{or self-funded coverage} with a limit of no less than \$1,000,000.00 ~~and naming Boone County as additional insured.~~ *VE*

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

3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law ^{and without waiving sovereign immunity}, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent ~~or otherwise~~, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence. *VE*

3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

applicable

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts. Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.
- 4.3. **Competitive Negotiation of Proposals:**
The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:
 - 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
 - 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
 - 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

- Certificate of Corporate Good Standing *Applicable* *ve*
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

The Secretary of State does not issue evidence of corporate good standing for the University of Missouri because UM's corporate status is as a body politic created pursuant to the Missouri Constitution.

T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

Printed Name - Agency Executive Director/President/CEO

Date

J. Vince Cooper

Signature - Agency Executive Director/President/CEO

9/17/18

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

**APPROVED
AS TO
LEGAL FORM**

KSB

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

Name and Title of Authorized Representative

T. Vince Cooper
Signature

9/17/18
Date

ATTACHMENT C

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

County of Boone)
)ss
State of Missouri)

My name is T. Vince Cooper. I am an authorized ^{representative} agent of The Curators of the University of Missouri (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

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

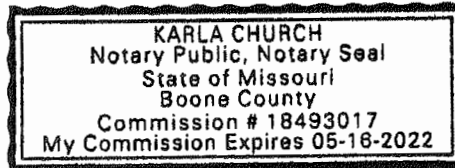
T. Vince Cooper 9/17/18
Affiant Date
T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

Printed Name

Subscribed and sworn to before me this ☒ day of September, 2018.

Karla Church
Notary Public

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





BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #1 - Issued August 13, 2018

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

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheets from the pre-proposal conference held on August 9 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. Audit: We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year. Is this acceptable, or do you require a full audit to have been completed before the proposal is submitted?

Response: If the organization is not required to complete a full audit, an independent financial review will be acceptable.

- b. Background Checks: We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- c. Can we apply for capital funding?

Response: No, the RFP is to purchase health services. However, organizations can submit a request for development or start-up funds within the application but there are no guarantees the request will be awarded by the Community Health Advisory Board.

- d. What should we do when our service does not quite fit into the list of Boone County Impact Group Taxonomy of Services?

Response: We request that you review the Taxonomy of Services and select the service that best fits your proposed service. Be sure to thoroughly describe how the service will be delivered in the Service Description narrative.

- e. Can we still apply for funds if our organization has not received its non-profit status yet?

Response: Yes, you can still apply, however, the organization must have its non-profit status before entering into a contract.

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

OFFEROR has examined Addendum #1 to Request for Proposal# 36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund, receipt of which is hereby acknowledged:

Company Name: Curators of The University of Missouri on behalf of MU Adult Day Connection
Address: 137 Clark Hall
Columbia, Mo. 65211
Phone Number: (573) 882-7070 Fax Number: (573) 882-6067
E-mail: kieswngjw@health.missouri.edu
Authorized Representative Signature: T. Vince Cooper Date: 9/17/18
Authorized Representative Printed Name: T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

**APPROVED
AS TO
LEGAL FORM**
KSB

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 - Purchase of Service Contracts - Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kristin Cummins	Community Health	886-7274	
3.	Kelly Wallis	Community Health	886-7218	
4.	Kristin Embler Barb Gay Litchner	Mary Lee Johnston Community Learning Center	573-449-8400	573-875-1535
5.	Annette Triplett	PedNet Coalition	999-9894	---
6.	Kasey Schachinger	First Chance for Children	777 1815	777 1816
7.	Michelle Brown	All Adult Day Connection	582-7070	
8.	Kip Bahr	Southern Boone Juvenile	573-657-9600	
9.	Louisa Trummel	Southern Boone YMCA	573-690-5397	
10.	Madison Anderson	Services for Independence Living	573 871 1646	
11.	Billy Polanski	CCSA	514 4174	
12.	PAK ASHLEY	Family Health Center	573-886-6761	
13.	Johnnie Miller	Boone County	573-684 3110	
14.	Wanda J. Miller	Boone County Health Services		
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 - Purchase of Service Contracts - Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

22.	Nick Foster	VAC	878-2273	
23.	Cory Schaudt	Compass Health	573-209- 1531	
24.	Tim Rich	Welcome Home	573-443-8001	
25.	Nicole Dean	Great Circle	442-8331	
26.	Emmie Harcourt	The Fund Bank	573-338-4080	
27.	Wintney Sord	St. Raymond's Society	(717) 671-7215	
28.	Helena Knight	St Raymond's Society	573-353-0959	
29.	Melissa Stenut	BEEL	573-356-1001	
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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

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

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

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

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Family Registry if no staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that adhere to the Funding Goals of the RFP, described in Section 1.1, are eligible for funding. No services have been excluded from eligibility for funding.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund. receipt of which is hereby acknowledged:

Company Name: Curators of the University of Missouri on behalf of MU Adult Day Connection

Address: 137 Clark Hall Columbia, Mo. 65211

Phone Number: (573) 882-7070 Fax Number: 573-884-4797

E-mail: kieslingjw@health.missouri.edu

Authorized Representative Signature: J. Vince Cooper Date: 9/17/18

Authorized Representative Printed Name: T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

**APPROVED
AS TO
LEGAL FORM**
KSB



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #3 - Issued September 6, 2018

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

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

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

a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

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

c. Is an electronic signature acceptable?

Response: No

d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval

e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

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

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

OFFEROR has examined Addendum #3 to Request for Proposal# 36-13SEP18 - Purchase of Service Contracts - Boone County Community Health - Medical Fund, receipt of which is hereby acknowledged:

Company Name: University of Mississippi on behalf of All Adult Drug

Address: 131 Clark Hall Columbia, Mo 65211 Connection

Phone Number: 513-882-6227 Fax Number: 513-882-1010

E-mail: kieslingj@boonecountyhealth.org

Authorized Representative Signature: J. Vince Cooper Date: 9/17/18
J VINCE COOPER

Authorized Representative Printed Name: EXECUTIVE DIRECTOR, PAYER STRATEGY

APPROVED
AS TO
LEGAL FORM
KSB



BOONE COUNTY, MISSOURI

Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund

ADDENDUM #4 - Issued September 7, 2018

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

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

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

- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #4 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name:

Curators of the University of Missouri on behalf of

Address:

137 Clark Hall

Columbia, Mo 65211

MU Adult Day Connection

RFP #: 36-13SEP18

9/7/18

Phone Number: 573-882-7070

Fax Number: (573) 884-4797

E-mail: kuesling.jw@health.missouri.edu

Authorized Representative Signature: J. Vince Cooper Date: 9/17/18

Authorized Representative Printed Name: T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

**APPROVED
AS TO
LEGAL FORM**

KSB

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click **Save Record** on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click **Save Record** you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

The Curators of the University of Missouri (on behalf of MU Adult Day Connection)

DBA:

MU Adult Day Connection

Federal EIN Number:

43-6003859

Organization Type:

Governmental

Organization Contact Information

Address

137 Clark Hall

City

Columbia

State

Missouri

County

Boone

Zip

65211

Organization Phone Number:

573-882-7070

Website:

<http://www.adultdayconnection.com>

Head of Organization

Jerry W. Kiesling, LCSW

Head of Organization Phone:

573-882-6027

Address

137 Clark Hall

City

Columbia

State

Missouri

County

Boone

Zip

65211

Organization Fax Number:

573-884-4797

Email:

kieslingjw@health.missouri.edu

Head of Organization Title (e.g. Director, President, CEO)

Program Director

Head of Organization Email:

kieslingjw@health.missouri.edu

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

MU Adult Day Connection

Local Organization Fax:

573-884-4797

Address

137 Clark Hall

City

Columbia

State

Missouri

County

Boone

Zip

65211

Local Contact Name:

Jerry W. Kiesling

Local Contact Email:

kieslingjw@health.missouri.edu

Address

137 Clark Hall

City

Columbia

State

Missouri

County

Boone

Zip

65211

Local Contact Title:

Program Director

Local Contact Phone:

573-882-7070

General Information

Provide your organization's mission statement. (600 character limit)

Organization MU Adult Day Connection is a university-community partnership that provides exceptional care for older adults and adults with disabling conditions. Each weekday, the center improves quality of life and provides care that is otherwise unavailable or unaffordable to our consumers. The care provided relieves caregiver stress and allows care partners to continue working or take a day off.

Mission

Statement (Purpose):

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Organization

History: Since 1986 individuals wanted to have quality Adult Day Services available in Columbia, MO. In 1989 (almost 30 years ago) the University of Missouri's School of Health Professions agreed to provide Adult Day Health Care in Columbia, MO. These services benefit the communities of Boone County and the surrounding areas. Since that time, MU Adult Day Connection (previously known as Eldercare) has been providing health care during the day for up to 24 persons. The care allowed almost 700 families to keep their loved ones at home and delay nursing home placement.

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Brief Statement of Organization's Major Goals: The primary goal of MU Adult Day Connection is to minimize the effects of dementia and health conditions on the participants and their care partners. Through providing nurse visits, special diets, meaningful activities and safety, individuals find belonging and a sense of purpose. As a care partner with the family, most caregivers have less stress and more time to continue their careers and rest. The care provided lengthens the amount of time individuals are able to live at home.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of Incorporation: /document/download/filename/1469634297_30405_ArticlesofIncorporation.pdf/

Provide a copy of the organization's Articles of Incorporation.

Bylaws (MUST BE IN PDF FORMAT)

Bylaws: /document/download/filename/1469632586_34051_CollectedRulesandRegulations.pdf/

Provide a copy of the organization's Bylaws.

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational Chart: /document/download/filename/1499710734_30406_AdultDayConnectionOrganizationalChart2017.docx/

(must be for the entire organization):

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan: /document/download/filename/1540392628_42846_ADCFY2019StrategicPlan.docx/

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Service Area: MU Adult Day Connection is located in Columbia, Missouri. Over 93% of the participants live in Boone County and within 15 miles of the center. Any individual that has transportation to the center may attend.

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
ADC provides care to adults, over the age of 18 who have a physical or intellectual disability and need care. The majority of individuals served by the center are over 65. About 70% of the persons served have a type of dementia. The largest group of participants are over 85.

Conflict of Interest Policy: **Does your organization have a written Conflict of Interest policy?**
yes

Whistleblower Policy: **Does your organization have a written Whistleblower policy?**
yes

Business Continuity Plan: **Does your organization have a written Business Continuity plan?**
yes

Records Retention Policy: **Does your organization have a written Records Retention policy?**
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):

3-5 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Jon T. Sundvold	Board member	01/01/2017	12/31/2019	Board of Curators Office 316 University Hall Columbia, MO 65211		Added on 08/22/2017
Julia G. Brncic	Board Member	01/01/2017	01/01/2021	Board of Curators Office 316 University Hall Columbia, MO 65211		Added on 08/18/2017
Jeff Layman	Board Member	01/01/2017	01/01/2023	Board of Curators Office; 316 University Hall; Columbia, MO 65211		Added on 07/10/2017
Jamie Farmer	Board Member	01/01/2017	01/01/2023	Board of Cuators Office; 316 University Hall; Columbia, MO 65211		Added on 07/10/2017
Darryl Chatmann	Board Member	01/01/2017	01/01/2023	Board of Curators; 316 University Hall; Columbia, MO 65211		Added on 07/10/2017
Maurice B. Graham	Board member	01/01/2015	01/01/2021	316 University Hall Columbia, MO 65211		Added on 08/04/2015
Phillip H. Snowden	Board Member	01/01/2015	01/01/2021	316 University Hall Columbia, MO 65211		Added on 08/04/2015
John R. Phillips	Board member	01/01/2013	01/01/2019	316 University Hall Columbia, MO 65211		Added on 08/04/2015
David L. Steelman	Board Member	01/01/2014	01/01/2019	316 University Hall Columbia, MO 65211		Added on 08/04/2015

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

4 years

Describe the function of the Advisory Board as it relates to the work of your organization:

In conjunction with the Associate Dean for the School of Health Professions, Advisory Board members review the budget and recommend changes to service policies for Adult Day Connection. Their involvement ensures Adult Day Connection is attentive to community needs, best practices, matters of quality and fundraising.

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Advisory Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Active	Date
Stephanie Reid-Arndt	Board Meber -Permanent Ex Officio Member	01/01/2018	01/01/2023	School of Health Professions 514 Lewis Hall Columbia, MO 65211		Added on 06/02/2015
Barbara Schneider	President, Outreach Committee Chair	03/01/2016	02/28/2019	807 Forrest Hill Ct. Columbia, MO 65203		Added on 02/16/2016
Gloria Crull	Board Member	01/01/2018	01/01/2022	2301 Limerick Lane Columbia, MO 65203		Added on 06/02/2015
Barbara Favazza	Board member	01/01/2015	01/01/2019	1808 South Fairview Rd. Columbia, MO 65203		Added on 06/02/2015
Laurie Schanot	Board Member	12/01/2015	11/30/2018	7 Kipling Way #104 Columbia, MO 65201		Added on 02/16/2016

Total Active Links:5, Total Deactivated Links:9, Current Active Links:5, Current Deactivated Links:9

Financial Information

Organization Fiscal Year:

July 1 through June 30

If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the filing date: MM/DD/YYYY

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1469557763_29953_taxexemptletter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1519155136_29954_FY17UniversityofMissouriFinancials.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1499713900_29955_2015990-T.pdf/

Financial Policies and Procedures:
Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Monthly the CAC reviews the service operations financials with the director. Concerns about the financials are recorded in the minutes of the meeting and are forwarded to the Dean, Associate Dean and the Business Manager of the School of Health Professions.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation			Link Info			
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Program Manager	Master's degree and experience in a health care setting	1.00	\$63,400.00	\$23,775.00	<input checked="" type="checkbox"/>	Added on 06/12/2015
Administrative Assistant	Years of Experience	1.00	\$36,004.00	\$13,501.50	<input checked="" type="checkbox"/>	Added on 03/14/2017
Licensed Practical Nurse II	LPN license and years of experience	1.00	\$38,601.80	\$14,475.68	<input checked="" type="checkbox"/>	Added on 06/12/2015
Healthcare Program Specialist (Activity/Volunteer Coordinator)	BS or Years of experience	1.00	\$41,787.40	\$15,670.28	<input checked="" type="checkbox"/>	Added on 07/10/2017
LPN I	LPN	1.00	\$37,918.40	\$14,219.40	<input checked="" type="checkbox"/>	Added on 07/10/2017
Total Active Links:5, Total Deactivated Links:3, Current Active Links:5, Current Deactivated Links:3						

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

State of Missouri, Department of Health and Senior Services - Adult Day Care Program provider. License #1239. License granted on 4/9/2017 and is in effect until 4/8/2019

Accreditation 2:

United States Veterans Administration - Adult Day Health Care Provider, January 2018. Relicensure is due in January or February, 2019.

Accreditation 3:

NA

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

no

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

/document/download/filename/1469631998_30026_2016ADASelfEvaluation.pdf/

Transition Plan (MUST BE IN PDF FORMAT)

/document/download/filename/1531769417_30027_FY2018TransitionPlan.docx/

Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Local Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and *Third Party Financial Statement Review or **Audit (*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / **Audit required for Organizations reporting \$250,000 or more in annual revenue).

/document/download/filename/1499793283_32839_FY18C4870012pt2.xlsx/

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a *Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) *Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)



/document/download/filename/1499793283_32678_RIMEvidence.pdf/

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	The Curators of the University of Missouri (on behalf of MU Adult Day Connection)	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		Added on 09/10/2018
City of Columbia- RFP FY2019 Social Services (Proposal Revisions)	The Curators of the University of Missouri (on behalf of MU Adult Day Connection)	Social Services FY2019	City of Columbia	FY2019		Added on 08/22/2018

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Community Health/Medical Fund - POS #26-15JUN15 (Final Reporting ends 04/06/2018 11:59 AM CDT)	Curators of the University of Missouri on behalf of its	Community Health/Medical Fund -- POS	Boone County	RFP #26-15JUN15		Added on 06/03/2015
City of Columbia- RFP FY2016 Social Services (Year End Reporting ends 04/30/2018 12:01 PM CDT)	The Curators of the University of Missouri (on behalf of ITS)	Social Services FY2016	City of Columbia	2016		Added on 06/29/2015

Total Active Links:4, Total Deactivated Links:0, Current Active Links:4, Current Deactivated Links:0

System Fields

Record ID

12688

Modification Date

Proposal Cover Sheet

Proposal Request Information

Grant

Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)

Organization Name (will auto-populate)

The Curators of the University of Missouri (on behalf of MU Adult Day Connection)

Fund Source

Community Health/Medical Fund - RFP #36-13SEP18

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

MU Adult Day Connection - Adult Day Healthcare and Transportation

Amount of Request

\$22,038.50

Program Information

Program Website (will default to Organization website)

<http://www.adultdayconnection.com>

Address

137 Clark Hall

City

Columbia

State

Missouri

County

Boone

Zip

65211

Program Administrator Name

Jerry W. Kiesling

Phone Number

573-882-7070

Address

137 Clark Hall

City

Columbia

State

Missouri

County

Boone

Zip

65211

Program Administrator Title

Program director

Email

kieslingjw@health.missouri.edu

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1542232787_30421_AttachmentA.pdf/

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

/document/download/filename/1537296349_30420_2018BooneCounty36-13SEP18AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1537296349_30419_2018BooneCounty36-13SEP18AttachmentC.pdf/

Signed Addendums

/document/download/filename/1537297079_30418_AllAddendums.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Profile Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Record ID	Active	Date
Organization Name (the offi... of Missouri (on behalf of MU Adult Day Connection)	Organization Mailing Address: Hall	Head of Organization Jerry W. Kiesling, LCSW	Record ID 12688	Active ✓	Date Created on 09/10/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-6003859

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)

Link Instructions -1

Linked 'Agreement Form - V2' Records

Link Instructions Agreement Form V2

Linked 'Interim Report - V3' Records

Link Instructions Interim Report

Linked 'Interim Report - V3 (Services 6-15)' Records

Link Instructions - V3 (6-15)

Linked 'Interim Report - YHP' Records

Link Instructions - 2

Linked 'Agreement Form - V3 (Services 16-20)' Records

Link Instructions - Agreement form

Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'

Link Instructions 3

Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records

Link Instructions 4

Linked 'Year End Report - V3' Records



Link Instructions YER Svcs 1-5

Linked 'Year End Report - V3 (Services 6-15)' Records

Link Instructions YER Svcs 6-15

Linked 'Agreement Form - V3.1' Records

Link Instructions Agreement Form 3.1

Proposal Cover Sheet					Agreement Form - V3.1			Link Info			
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	The Curators of the University of Missouri (on behalf of MU Adult Day Connection)	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	The Curators of the University of Missouri (on behalf of MU Adult Day Connection)	MU Adult Day Connection - Adult Day Healthcare and Transportation	10/30/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Agreement Form - V3.1 (Services 11-20)' Records

Link Instructions

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

- Certificate of Corporate Good Standing *Applicable* *ve*
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

The Secretary of State does not issue evidence of corporate good standing for the University of Missouri because UM's corporate status is as a body politic created pursuant to the Missouri Constitution.

T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

Printed Name - Agency Executive Director/President/CEO

Date

T. Vince Cooper
Signature - Agency Executive Director/President/CEO

9/17/18
Date

Barbara Schneider
Printed Name - Agency Board Chair

10/18/2018
Date

Barbara Schneider
Signature - Agency Board Chair

10/18/2018
Date

**APPROVED
AS TO
LEGAL FORM**

KSB

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

Name and Title of Authorized Representative

T. Vince Cooper
Signature

9/17/18
Date

ATTACHMENT C

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

County of Boone)
)ss
State of Missouri)

My name is T. Vince Cooper. I am an authorized ^{representative} agent of the Curators of the University of Missouri (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

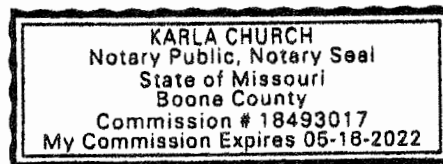
Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the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

T. Vince Cooper 9/17/18
Affiant Date
T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY
Printed Name

Subscribed and sworn to before me this 17 day of September, 2018.

Karla Church
Notary Public

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



Company ID Number: 62231

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **The Curators of the University of Missouri** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

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

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

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

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

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

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

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

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

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

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

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
 - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
 - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

Company ID Number: 62231

rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (1)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

Company ID Number: 62231

a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

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

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

Company ID Number: 62231

ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

Company ID Number: 62231

the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

Company ID Number: 62231

without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer The Curators of the University of Missouri

Dona R McKinney

Name (Please type or print)

Title

Electronically Signed

10/17/2007

Signature

Date

Department of Homeland Security – Verification Division

Company ID Number: 62231

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: **The Curators of the University of Missouri**

Company Facility Address: **Office of Sponsored Program Administration**
310 Jesse Hall, UMC
Columbia, MO 65211-1230

Company Alternate Address: _____

County or Parish: **BOONE**

Employer Identification Number: **436003859**

North American Industry
Classification Systems Code: **611**

Parent Company: _____

Number of Employees: **1,000 to**
2,499 Number of Sites Verified for: **1**

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Dona R McKinney**
Telephone Number: **(573) 882 - 7560**
E-mail Address: **grantsdc@missouri.edu**

Fax Number: **(573) 884 - 4078**

Company ID Number: 62231

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

10/17/2007

Signature

Date



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #1 - Issued August 13, 2018

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

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

I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.

II. Sign-In Sheets from the pre-proposal conference held on August 9 are attached for informational purpose.

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

- a. Audit: We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year. Is this acceptable, or do you require a full audit to have been completed before the proposal is submitted?

Response: If the organization is not required to complete a full audit, an independent financial review will be acceptable.

- b. Background Checks: We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- c. Can we apply for capital funding?

Response: No, the RFP is to purchase health services. However, organizations can submit a request for development or start-up funds within the application but there are no guarantees the request will be awarded by the Community Health Advisory Board.

- d. What should we do when our service does not quite fit into the list of Boone County Impact Group Taxonomy of Services?

Response: We request that you review the Taxonomy of Services and select the service that best fits your proposed service. Be sure to thoroughly describe how the service will be delivered in the Service Description narrative.

- e. Can we still apply for funds if our organization has not received its non-profit status yet?

Response: Yes, you can still apply, however, the organization must have its non-profit status before entering into a contract.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 36-13SEP18 - Purchase of Service Contracts - Boone County Community Health - Medical Fund, receipt of which is hereby acknowledged:

Company Name: Curators of The University of Missouri on behalf of
Address: 137 Clark Hall Mid Adult Day Connection
Columbia, Mo. 65211
Phone Number: (573) 882 7070 Fax Number: (573) 882-6667
E-mail: hcsu.ng@health.missouri.edu
Authorized Representative Signature: T. Vince Cooper Date: 9/17/18
Authorized Representative Printed Name: T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

APPROVED
AS TO
LEGAL FORM
KSB

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 - Purchase of Service Contracts - Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Beane County Purchasing	886-4391	886-4390
2.	Kristin Cummings	Community Health	886-7274	
3.	Kelly Wells	Community Health	886-7218	
4.	Kristin Embser An Gay Littlejohn	Mary Lee Johnston Community Learning Center	573-449 5600	573 875 15 35
5.	Annette Triplett	PedNet Coalition	999-9894	-
6.	Kasey Schaefer	First Choice for Children	777 1815	777 1816
7.	Michelle Brown	All Adult Day Connection	882-7676	
8.	Kip Bantz	Southern Gateway	573-657-9600	
9.	Louisa Trevino	Southern Boone YMCA	573-690-5397	
10.	Madison Anderson	Services for Independence Living	573 874 1646	
11.	Billy Polanski	C.C.A	514 4174	
12.	PKR ASHLEY	Family Health Center	573-886-6761	
13.	Johnnie Miller	Pro-Ed	513-881 316	
14.	Wanda Miller	W.B. Miller & Son		
15.				
16.				
17.				
18.				
19.				
20.				
21.				

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 - Purchase of Service Contracts - Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

22	Nick Foster	VAC	877-2273	
23	Gary Schacht	Compass Health	573-209- 531	
24	Tim Rich	Welcom Home	573-493-8001	
25	Nicole Deam	Great Circle	442-8331	
26	Emmie Harcourt	The First Bank	573-388-4000	
27	Wendy Sord	St. Raymond's Society	On 677-7215	
28	Holman Knight	St. Raymond's Society	573-353-0959	
29	Melissa Schacht	BCEC	573-358-1057	
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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

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

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

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

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Family Registry if no staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that adhere to the funding goals of the RFP are eligible for funding. No services have been excluded from being funded.

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

OFFEROR has examined Addendum #2 to Request for Proposal# 36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund, receipt of which is hereby acknowledged:

Company Name: Curators of the University of Missouri on behalf of MU Adult Day Connection

Address: 137 Clark Hall Columbia, Mo. 65211

Phone Number: (573) 882-7070 Fax Number: 573-884-4797

E-mail: kieslingjw@health.missouri.edu

Authorized Representative Signature: T. Vince Cooper Date: 9/17/18
T VINCE COOPER

Authorized Representative Printed Name: EXECUTIVE DIRECTOR, PAYER STRATEGY

**APPROVED
AS TO
LEGAL FORM
VSB**



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #3 - Issued September 6, 2018

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

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

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

a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal scan all of addendums into one PDF and upload into Apricot.

b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

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

c. Is an electronic signature acceptable?

Response: No

d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval

e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 36-13SEP18 - Purchase of Service Contracts - Boone County Community Health - Medical Fund, receipt of which is hereby acknowledged:

Company Name: University of Missouri on behalf of All Adult Day

Address: 131 Clark Hill Columbia, Mo 65211 Connection

Phone Number: 513-882-6427 Fax Number: 513-882-1011

E-mail: hessingj@boonehealth.com

Authorized Representative Signature: J. Vince Cooper Date: 9/17/18
J. VINCE COOPER

Authorized Representative Printed Name: EXECUTIVE DIRECTOR, PAYER STRATEGY

APPROVED
AS TO
LEGAL FORM
KSB



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

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

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

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

- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 **PREVENTIVE DENTAL EXAM**. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 **DENTAL TREATMENT** or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #4 to Request for Proposal# 36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund, receipt of which is hereby acknowledged:

Company Name:

Curators of the University of Missouri on behalf of
137 Clark Hall MU Adult Day Connection
Columbia, Mo 65211

Address:

RFP #: 36-13SEP18

1

9/7/18

Phone Number: 573-882-7070

Fax Number: (573) 884-4797

E-mail: kuesling.jw@health.missouri.edu

Authorized Representative Signature: J. Vince Cooper Date: 9/17/18

Authorized Representative Printed Name: T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

**APPROVED
AS TO
LEGAL FORM**

KSB

Program Overview (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of MU Adult Day Connection)
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	MU Adult Day Connection - Adult Day Healthcare and Transportation
Amount of Request	\$22,038.50
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org/>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Nearly 12% of the population in Boone County is elderly (BIG, 2018). Seniors have high incidences of cognitive decline and physical disabilities requiring care from another person. The Alzheimer's Association (2018) reports that 10% of people have Alzheimer's Disease, this increases to one third in persons over age 85. About one third of seniors have physical deficits requiring care (Brault, 2012). Boone Hospital's Community Health Needs Assessment (2016) indicates a concern that the community may need to have more options for our community's seniors with dementia and physical disabilities. The report also shows that seniors, especially African-American seniors, have high incidences of hypertension, diabetes heart disease, stroke and higher incidences of depression that can lead to death. About one third of seniors live in poverty and are housing burdened (BIG, 2018). Seniors and persons with disabilities in our community need more care and are twice as likely to exhaust their finances as others (Alzheimer's Association, 2018). As a result, individuals and their caregivers are more reluctant to spend money on outside care that will increase health and provide socialization, such as adult day healthcare. Although some individuals will qualify for Medicaid, their spend down (copayment) can be \$300 to \$800 or more per month. Seniors and Persons with Disabilities and in poverty need scholarships to pay for Adult Day Healthcare.

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

It is estimated that over 6,700 seniors in Boone County, Missouri will need some care, given that one third of individuals over 80 and with disabilities need assistance (BIG, 2007; Brault, 2012). 90% of persons currently attending ADC are over 60 years. 70% have a dementia and all are cared for at home by a caregiver. Participants require supervision, socialization and support throughout the day because of dementia, physical limitations, advanced age and monitoring of health conditions (Centers for Disease Control, 2016). One third of the caregivers are employed and utilize adult day services that allows them to continue working (MU Adult Day Connection, 2017). Individuals with a disabling condition and having incomes at or less than 200% of poverty level in the program will qualify for scholarship days under this request. Scholarships will fund 219 days of care each year to seniors and persons with disabilities.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Individuals in Boone County who have a need for care and limited income will be able to attend ADC while remaining at home longer. Participants will report higher life satisfaction and caregivers of the participants will report less stress.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

Adult Day Services/Healthcare: Missouri Department of Health and Senior Services describes the program as "continuous care and supervision for disabled adults in a care setting for up to 10 hours per day . . . services include but are not limited to assistance with activities of daily living, planned group activities, food services, client observation, [and] skilled nursing service as specified by the plan of care" (Missouri Department of Health and Senior Services, 2005). The program works in two domains of influence: psychosocial well-being and physical function of clients (Bull and McShane, 2008). A robust activity program is designed to promote belonging through large and small group interaction. Engaging in the groups allows individuals to develop friendships and reduce declines in mobility. MU Physical Therapy students interact with participants to increase endurance, safety and mobility. Meals promote better nutrition and nurses provide nurse assessments. Caregiver teaching is provided to limit caregiver stress and burnout. Staff and students use Person-Centered care (Maslow, 2013) with a team approach to provide choices with all services based on the life details of the person being served. Each day staff provides many individual activities to participants. These activities include reminiscence, trivia, Music and Memory (Music and Memory, 2018) and art.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Individuals residing in Boone County more than 18 years old and receiving care from another person may be enrolled in the program. Currently persons in the program are mostly over 60 years of age and have dementia (70% of current participants having dementia) or a physical disability. All persons using the program are at risk for social isolation and require a safe environment that promotes cognitive stimulation and support for their physical disabilities. While in the center, individuals with physical disabilities will be assisted by one staff person. 34% of participants have a working caregiver that needs respite care in order to continue working. A larger percentage of individuals are over 85 years old and have greater physical and health needs that require increased nursing intervention. Currently, one third of the participants have incomes at or below 200% of poverty (reflecting the demographics on Boone Indicators, 2018). Individuals to be served in the program will be male, female, majority and minority persons.

b. Why will these particular consumers be served? (1500 character limit)

Zarit (1999) found that older adults and persons with disabilities are at a higher risk to enter a nursing home and the stay lasts about 2.5 years on average. Given current cost for nursing home care, that could mean a price tag close to \$100,000 (Genworth Financial, Inc. 2017). Delaying entry into 24 hour care even a few months can have a large economic and psychosocial benefit. Cohen-Mansfield and Wirtz (2007) describe that families who use adult day services often see the service as a stepping stone to nursing home placement, which may reduce caregiver guilt, sadness and a sense of failure when placement happens. While adult day services do not completely delay entry into a nursing home for many (Cohen-Mansfield and Wirtz, 2007), the cognitive stimulation and physical activity improve life satisfaction for the participant and reduce caregiver burnout (Debalco-Schoeny and King, 2010). The center's mission is to improve quality of life for persons with disabilities and seniors and their families in our community.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Seniors rely on public transportation or another person to navigate the community (Jansuwan, Christensen, and Chen, 2013). All of the programs participants rely on another person to get to the program. Many individuals attending the center have health and cognitive concerns that would qualify them as "Frail Elderly" (Family Caregiver Alliance, 2018; Lally & Crome, 2007). As a result, health concerns and emotional response to dementia can increase absenteeism and result in high cost hospitalization. Recently Medicaid increased the requirements to qualify for adult day service coverage.

d. Total number of unduplicated individuals to be served by the proposed program:

75

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

6462.53

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

68

City of Columbia

42

Cooper County

1

Howard County

0

Other Counties

6

Residence Total

75

Record Lock

1

Race

White (alone)

60

Black or African American (alone)

10

Multiple Races

0

Asian (alone)

2

Native American Indian or Alaskan Native

0

Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

0

Race Total

72

Ethnicity

Hispanic or Latino (of any race)

3

Not Hispanic or Latino

72

Ethnicity Total

75

Gender

Female

30

Male

45

Other

0

Gender Total

75

Income**At or below 200% of Federal Poverty Level**

26

Over 200% of Federal Poverty Level

49

Income Total

75

Age (City-Social Services/County-Health/HMUW-RFP)**Under 5 years**

0

5-19 years

0

20-59 years

7

60 years and over

68

Age Total (1)

75

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

This does not apply.

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

The curators will provide Adult Day Healthcare at 137 Clark Hall, Columbia, MO. The days/hours of operations are Monday-Friday, 7:30 a.m. - 5:00 p.m. each day.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Individuals over 18 years of age with a need for personal assistance (that requires only one person) and social stimulation may be admitted to the program. Individuals with income at or below 200% of the Federal Poverty Level (according to <https://aspe.hhs.gov/poverty-guidelines>) and who reside in Boone County, Missouri are eligible to use Boone County Scholarships when funds are available. The scholarships proposed will cover 100% of the program fee for the individual. Persons having income above 200% of the poverty level will be charged a fee or may use their Long Term Care insurance.

c. Will program consumers be charged a fee for the proposed program service(s)?

Yes

Provide a description of and rationale for the program fee. (600 character limit)

The fee closely relates to the cost of providing the program service. Fees cover salaries, benefits and supplies. The fee is also about half of the daily rate for skilled nursing in the area (Genworth Financial, Inc. 2017). In addition, the fee is the same as the Veterans Administration rate for adult day services.

Will the proposed program utilize a sliding fee schedule?

Yes

Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

The attached sliding scale form will be used by center staff. The Federal Poverty Level will be used and updated the first of April each year. It is vital that individuals with limited incomes and who are housing burdened be able to conserve as much income as they can to pay for housing, medication, food and transportation. Individuals with incomes at or below 200% of poverty level may qualify for Medicaid with a spend down, but some of the spend downs are \$300 to \$800 per month. The remaining income may not be enough to maintain a household.

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

/document/download/filename/1536681229_40756_FY2019SlidingScaleForm.pdf/

Program Quality**a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)**

The center must remain licensed by Missouri Dept. of Health and Seniors Services (DHSS) as an Adult Day Program and abide by the regulations set forth. Regulations require Adult Day Programs to have a program director, a nurse on site during the hours of operation, provide nutritious meals and snacks, provide oversight and safety while participants are present, develop a plan of care with the participant and his/her family and assist in providing or arranging transportation (State of Missouri, 2005).

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

Provide the name of the accreditation agency. (300 character limit)

ADC is licensed by Missouri Department of Health and Senior Services as an Adult Day Care Program. Veterans Administration annually accredits the center based on federal requirements.

Provide the most recent dates of accreditation (including expiration date): (300 character limit)

Missouri Department of Health and Senior Services license runs from April 9, 2017 through April 8, 2019 - License number 1396. Veterans Administration's certification runs from January 5, 2018 through January 4, 2019.

Provide a description of the accreditation process: (600 character limit)

DHSS staff utilizes chart review, interviews with current participants, closed record review, review of policies and processes, and thorough inspection of the physical environment to assess the program. Veteran's Administration staff also uses these methods, with a stronger focus on fire safety.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Group and individual activities are closely tied to the two domains of influence: Psychosocial well-being and physical function (Bull and McShane, 2008). Utilizing person-centered approach, staff uses cognitively stimulating interactions in the program. Relying on what staff understands about the person's life experience improves the sense of belonging and validates the person (Maslow, 2013). Increasing exercise has also been found to slow the progression of dependency on caregivers (Arthritis Foundation, 2009). Danner and McGuire (2010) recommends the use of the "Best Friends" approach.

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

Schmitt, et al. (2009) found that initially, persons planning to attend adult day services have greater numbers of depressive symptoms, lower mental status scores, decreased physical functioning and higher comorbidities. However, after six months in the adult day program, the depression, limited physical function and health status improved more than persons who did not attend a center. Quality of life improved for individuals attending adult day. Henning-Smith (2016) found that a change in living environment precipitated by cognitive or physical decline can also add to stress in seniors. Reduction in cognition and health status often result in a change in living environment. She found that maintaining a strong connection to the community, like adult day, can minimize the effect of the stress and depression. Having social connections, empowering relationships, and enjoyable activities through adult day services is linked to improvement in psychosocial well-being and decreased dependence on the caregiver (Dabelko-Schoeney & King, 2010). In addition to the participant needing service, the caregiver is also at risk for high stress and burnout that place them at risk for poor health outcomes. Klein et al. (2016) found that caregivers produce much less stress hormone on days when their loved ones attended adult day services.

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)

Social isolation and limited physical activity have been shown to increase depression, decreased sense of well-being and faster physical decline in seniors requiring care. In addition, this trajectory increases caregiver response to stress and ultimately burnout (Alzheimer's Association, 2018; Cohen & Mansfield, 2007; Henning-Smith, 2016; Kellet, 1000; Schmitt, et al., 2009; Zarit, et al., 2011; Zarit, et al., 1998). Providing interventions in the adult day setting are shown to reduce depression, increase well-being and slow the move to long term care (Wallace, 2015; Zarit, et al., 2011). Prolonging caregiver health and well-being is associated with lengthening the caregiver's ability to remain effective and delay entry of the senior into high cost 24 hour care settings (Cohen-Mansfield & Wirtz, 2007, Kellet, 2009).

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

More research is available now than ever to show what may work to support persons with dementia (PWD). The center is certified in Music and Memory (2018). The program utilizes mobile devices, speakers, sing along groups and musical performances to connect individuals to their favorite music. After attending training, staff implemented the program. Participants respond positively to having their own music playlists and singing more often. ADC implemented the Roger S. Williams Scholars program. Two Physical Therapy students spend time in the program providing home exercise to individuals that need more strengthening. The increased exercise is benefitting participants and reducing some decline. Culture Change (Pioneer Network, 2018) uses person-directed values and practices to give voice to the participants. Culture Change has been around for many years in nursing facilities, but is moving to adult day services. Recently ADC embraced new foods and menus closely based on participant choice and input (principles of culture change).

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

ADC utilizes information gathered from stakeholders, organizations (local, state and national) and University of Missouri resources. Staff, participants

and the Community Advisory Council members work together to develop a strategic plan every two years. Time is spent ensuring the plan closely relates to the center's mission. Recent initiatives include increasing kitchen efficiency, change in quality and variety of food service, increased training to staff, upgrading policies to include recent best practices and more. The center staff uses the Core Capacity Assessment Tool, provided through Heart of Missouri United Way, and the trainings related to the tool. As a result, the center staff has embraced different ways of using the space, increased efficiencies with tasks that are not face to face with participants and much more Community Advisory Council involvement and decision making.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

ADC completes the Caregiver Evaluation annually to gather feedback from caregivers and participants. Information about the participant's psychosocial response to life and whether or not the individual maintained or improved physically helps staff understand the effectiveness of services provided. The evaluation also gathers information about caregiver stress. Further, the evaluation assesses for general satisfaction with service delivery. The information informs staff where changes need to occur. In addition to the Caregiver evaluations, staff regularly talks with participants about food and activity choices. The information from these conversations is implemented right away in menus and the activity calendars. All information gathered is shared with staff and the Community Advisory Council

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

MU Adult Day Connection utilizes subcontractors as transportation providers. OATS, Inc. and Services for Independent Living contract with the program to provide rides for participants. This service is door to door and offers supervision and safety for the participants. Families that take advantage of the transportation report they receive an additional 45 minutes of care per trip and this lengthens the effect of a day of care (ADC Caregiver Evaluation, 2017). Comments in the Caregiver Evaluation indicate some participants have a greater sense of independence when they use the bus to move in the community without their caregiver. Staff documented reduced absences when participants have reliable transportation. The collaboration with the Alzheimer's Association has strengthened our service delivery by allowing individuals in our community to attend Alzheimer's Association trainings at the center. The Program Director continues to have a close relationship with the director of Meals on Wheels. This relationship provides the director with collaboration as a non-profit leader.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1536676071_40691_OatsServiceAgreementFY19ADC.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1536676071_40764_SILContract.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Program Director	MQ1 Masters Degree in Nursing, Social Work or Human Services	FTE1 1.00	SR1 FROM \$79,750.00	SR1 TO \$101,750.00
P2 LPN	MQ2 LPN Course with Licensure	FTE2 1.00	SR2 FROM \$46,475.00	SR2 TO \$60,060.00
P3 LPN	MQ3 LPN Course with Licensure	FTE3 1.00	SR3 FROM \$46,475.00	SR3 TO \$60,060.00
P4 Healthcare Specialist	MQ4 Bachelors Degree of Four (4) years experience	FTE4 1.00	SR4 FROM \$51,480.00	SR4 TO \$62,920.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO

Adult Living Specialist - Nutrition Assistant	One (1) year experience in personal care and preparing foods	1.00	\$31,460.00	\$40,040.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
Administrative Assistant	One (1) year experience in bookkeeping	1.00	\$41,470.00	\$48,620.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
Independent Living Specialist	CNA and experience	1.00	\$27,885.00	\$36,465.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Program Director will have a Master's Degree in Nursing, Social Work or Human Services and ensure knowledge of community and individual service delivery, non-profits and interventions that lead to high quality outcomes. He/she will plan and implement the program.

LPN's are licensed to administer medications and do nurse assessments.

Healthcare Specialist - A Bachelor's degree or experience ensures the specialist has an understanding of human behavior and development, person-centered service delivery and work with activity programs. The employee will plan, develop and implement the Activity and Volunteer programs.

Nutrition Assistant - experience allows the individual to understand the personal care and nutritional needs of seniors and persons with disabilities. The employee will plan and implement menus, assist with some personal care, and lead small or individual group activities.

Administrative Assistant - requires an understanding of accounting principles related to billing, bill paying and maintenance of records. The employee works with School of Health Professions' business staff to pay bills, complete billing and maintain documentation for the center.

Independent Living Specialist - CNA and experience ensures the employee can provide ADL assistance and lead large, small and individual activities. The employee will plan and lead Morning Group and late afternoon activities and assist as needed with the toileting and personal care of participants.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

	PROPOSED	% OF PROPOSED TOTAL
--	----------	---------------------

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)

NA	1A	1A%
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	\$0.00	0
--	--------	---

B. Other United Ways (300 character limit)

NA	1B	1B%
----	----	-----

	\$0.00	0
--	--------	---

C. Capital Campaigns (300 character limit)

ADC will celebrate 30 years in 2019. It is likely Friends of Adult Day Connection will make contributions in this amount	1C	1C%
--	----	-----

	\$10,500.00	2
--	-------------	---

D. Grants (non-governmental) (300 character limit)

Once or twice a year, ADC will submit a grant for activity and kitchen equipment	1D	1D%
--	----	-----

	\$2,000.00	0
--	------------	---

E. Fund Raising & Other Direct Support (300 character limit)

Annual Mum Fundraiser, Gifts from individuals, and gifts in kind (equipment/supplies).	1E	1E%
--	----	-----

	\$24,500.00	5
--	-------------	---

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)

NA	2A	2A %
----	----	------

	\$0.00	0
--	--------	---

B. Boone County - Community Health Funding (300 character limit)

	2B	2B %
--	----	------

Boone County Community/Health/Medical Fund proposed for 2019 to cover days of Adult Day Healthcare and some transportation.	\$22,038.50	4
C. Boone County- Other Funding (300 character limit)	2C	2C %
NA	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
NA	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Proposed funding for 2019 for scholarships	\$20,000.00	4
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
NA	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
NA	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
NA	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
NA	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Medicaid (Missouri HealthNet), Veterans Administration, CMAAA and CACFP (food program monies.	\$247,000.00	49
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
NA	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
NA	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Individuals attending the center paying for their own services.	\$143,235.00	28
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Estimated income from Brinton and Friends of Adult Day Connection accounts.	\$4,450.00	1
5. Other Revenue Items (300 character limit)	5.	5 %
Reimbursement from School of health Professions to pay for staff time spent administering the student learning program at the center.	\$30,000.00	6
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	503723.5	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$390,690.00	81
Personnel Narrative (300 character limit)		
Salaries and Benefits for staff listed above and Consultant Dietitian, Registered Nurse and as needed staff.		
2. Non-Personnel	2.	2. %
	\$94,000.00	19
Non-Personnel Narrative (300 character limit)		
This amount includes \$64,000.00 for food, office, medical and miscellaneous supplies. The remaining \$30,000 is for gift and capital campaign monies to cover unreimbursed care.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	484690	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

The center continues to utilize Medicaid (although reimbursement is limited) and Central Missouri Area Agency on Aging (CMAAA) respite care funds. Staff will be reapplying to the City of Columbia Social Services funding for scholarship monies. Recently staff met with a local civic organization that may be interested in starting a scholarship for one day a week.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association's detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

References:

Alzheimer's Association (2018). Alzheimer's disease facts and figures. Retrieved from https://www.alz.org/alzheimers-dementia/facts-figures?utm_source=google&utm_medium=paidsearch&utm_campaign=google_grants&utm_content=alzheimers&gclid=EAlaQobChMI86fox9CS3QIVCbXACH2i2wEE

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Wallace, S. P. (2015). Equity and social determinants of health among older adults. Journal of the American Society on aging (38)4, 6-11.

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Linked 'Agreement Form - V3' Records

Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
The Curators of the University of Missouri (on behalf of MU Adult Day Connection)	MU Adult Day Connection - Adult Day Healthcare and Transportation	10/30/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of MU Adult Day Connection)
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	MU Adult Day Connection - Adult Day Healthcare and Transportation
Amount of Request	\$22,038.50
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$22,038.50

b. Describe how the funds will be utilized. (600 character limit)

If awarded, monies will be used for 219 days of adult day healthcare and 200 bus rides for persons residing in Boone County, Missouri with incomes at or below 200% of Poverty Level.

c. Provide justification for the request for one-time funding. (600 character limit)

NA

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

9.1 Adult Day Programming

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Care for aging adults and/or adults with disabilities in a setting with social and recreational activities

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

MU Adult Day Connection will provide care for up to 24 adults within the center. The adults attending will be persons with disabilities and seniors. Currently most persons attending are seniors. Participants will come to the center to engage in activities, exercise and socialization as their ability and desire allows. Each participant will have an individualized plan of care developed with input from the participant, his/her family and staff. The plan of care will inform staff about the person's goals in the program and the interventions needed to reach those goals. To promote socialization, staff will plan activities and exercises that provide group and individual interaction related to the participants' interests. Staff will support individuals in the center to overcome cognitive, physical and sensory limitations. When participants require assistance with mobility and toileting, staff will assist as needed. Nurses will administer medications and monitor vital signs. The program will include a nutrition program with balanced meals and snacks based on the Child and Adult Care Food Program (CACFP). The foods served will fit into special diets and will incorporate participants' choices. A dietitian and Social Worker are available for consultation. Staff will link participants and their families to the Alzheimer's Association, community support groups, counseling, transportation, and financial resources as needed. The program will contract with Services for Independent Living and Oats, Inc. to provide transportation to participants within a 15 miles radius of the center. Nurses and staff will closely work with caregivers and serve as a support to each caregiver in order to limit caregiver stresses. The student volunteer and internship program will enhance the program by having individual attention provided by the students.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 day of adult day service

b. Unit Rate (#1)

\$91.50

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

Yes

Indicate the publicly available rate and describe the source. (#1) (600 character limit)

Veterans Administration's rate for adult day service is currently \$91.50, which closely relates to the cost of each day of care.

d. Total Number of Units of Service to be Provided (#1)

4200

e. Total Number of Unduplicated Individuals (#1)

75

f. Average Number of Units of Service per Unduplicated Individual (#1)

56

g. Average Cost of Service per Individual (#1)

5124

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

Yes

Provide a description of and a rationale for the proposed service fee. (#1) (600 character limit)

The program is supported by revenues collected when days of service are provided. The fee is set to reflect the cost of professional staff and supplies needed to provide high quality interactions. Currently the Veteran's Administration reimbursement is the same as the fee charged to all participants. The fee is about 1/2 of the local private room rate in a nursing facility. Boone County scholarships will help individuals with a financial need pay this fee.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#1)

/document/download/filename/1536781471_41196_FY2019SlidingScaleForm.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

Individuals that do not have Long Term Care insurance or Medicaid do not have coverage for the fee. Medicare and other health insurance carriers consider adult day services custodial care and do not include coverage for this service. Custodial care is care that addresses dressing, toileting socialization and meals.

Service #1 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)**

Yes (complete the Other Funders Chart below)

Service #1 - Local Funding Chart

FUNDERS (#1)	UNIT RATE (#1)	CONTRACTED UNITS (#1)	TOTAL AMOUNT CONTRACTED (#1)
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$86.50	1b2. 116	1b3. \$10,000.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$86.50	1c2. 231	1c3. \$20,000.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)**

\$20,038.50

b. Proposed Number of Units of Service (#1)

219

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

As the numbers of seniors and disabled persons increases in Boone County (BIG, 2018), more individuals are requesting financial assistance. The number of persons at or below 200% of poverty level and needing care continue to grow in our community. Given Missouri Medicaid's increase in the number of points needed to qualify for coverage, fewer citizens are approved for Home and Community Based Service (which includes adult day services). Over the past 18 months, several individuals that requested the center's service did not meet the new level of care required by Medicaid.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Improved well-being of participants	90% of caregivers will report their loved one has increased or maintained well-being after attending the center	Questions included in the Annual Caregiver Evaluation
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Decreased level of caregiver stress	80% of caregivers will report decreased stress related to caregiving.	Questions included in the Annual Caregiver Evaluation

Additional Outcome (1-3) Additional Indicator (1-3)

Additional Method (1-3)

Additional Outcome (1-4) Additional Indicator (1-4)

Additional Method (1-4)

Additional Outcome (1-5) Additional Indicator (1-5)

Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

The primary goal of MU Adult Day Connection is to minimize the effects of dementia and health conditions on the participants and their caregivers. The indicators will show if the interventions provided at the center are limiting the negative impact of dementia and chronic disabling conditions on participants. Indicator 1-2 will measure whether or not the interventions are lightening the burden of care for the caregiver.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

As an individual progresses through a chronic illness or the dementia journey, it is inevitable that he/she will have increased emotional and health needs. Individuals enrolled in the center often decline in cognitive function and physical movement over time. The increased needs have a profound effect on well-being of the participant and tend to increase caregiver stress (Zarit, et al, 1998).

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Although most participants will experience a decline in cognition and physical function that leads to increased dependence on caregivers, ADC strives to limit the impact the effect on the participants and his/her caregiver. Having the measurements set at this level will ensure that participants and caregivers have a better life satisfaction when using the program.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

1-1. The response to one's illness effects the amount of dependence one has on the caregiver (Zarit, et al., 1998). Through person-centered cognitive stimulation and physical movement, ADC can have a significant impact on a person's well-being.

1-2. High caregiver stress is directly linked to use of long-term care, a high cost service. Measuring the stress of caregivers is important to ensure the center is meeting the individual needs of each care partner.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

1.22 Transportation

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provision of transportation

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

As persons age, they are less able to drive and access transportation. This negatively impacts the individual's ability to access care. Individuals attending the center and reside in Boone County with incomes less than 200% of poverty level may have a scholarship for transportation when funds are available. The program contracts with OATS, Inc. and Services for Independent Living to provide the transportation. The transportation will be from door to door with a staff escort to the vehicle. While being transported to the center, the person will have supervision from the driver.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

1 bus trip.

b. Unit Rate (#2)

\$10.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

Yes

Indicate the publicly available rate and describe the source. (#2) (600 character limit)

The rate closely relates to rates charged by OATS, Inc. and Services For Independent Living.

d. Total Number of Units of Service to be Provided (#2)

200

e. Total Number of Unduplicated Individuals (#2)

18

f. Average Number of Units of Service per Unduplicated Individual (#2)

11.11

g. Average Cost of Service per Individual (#2)

111.11

Service #2 - Service Fee**a. Will the proposed service consumers be charged a fee? (#2)**

Yes

Provide a description of and a rationale for the proposed service fee. (#2) (600 character limit)

Each individual using transportation arranged through OATS, Inc. and Services for Independent Living will be charged a fee. The fee will cover costs of door to door transportation. Individuals at or below 200% of Federal Poverty Level who reside in Boone County may use the funding to pay this fee.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#2)

/document/download/filename/1536784542_40829_FY2019SlidingScaleForm.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

No

Explain why the proposed service is not billable to a third-party payor. (#2) (600 character limit)

Individuals attending the center that are covered by Veteran's Administration or Medicaid have coverage for transportation. Other persons do not have the coverage. Medicare and other health insurance plans do not cover transportation to adult day services.

Service #2 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)**

Yes (complete the Other Funder's Chart below)

Service #2 - Local Funding Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$10.00	200	\$2,000.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)**

\$2,000.00

b. Proposed Number of Units of Service (#2)

200

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

ADC currently receives funding for transportation. The center is on schedule in 2018 to use all of the funding prior to the year end. Maintaining the current level of funding is necessary to ensure our community members can access the care they need. Lack of transportation is the largest factor in high absenteeism when attending the program. It is vitally important to reduce absenteeism because if someone is not at the program they cannot receive the services that increase well-being and reduce caregiver stress.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Reduced absenteeism due to limited access to transportation	75% of persons utilizing subsidized transportation will indicate fewer absences at ADC.	Caregiver Evaluation
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

In order to receive socialization and health care interventions, it is necessary for the individual to attend. There is a limited amount of public transportation in Boone County. The available public transportation is provided to persons that do not need supervision. This transportation will provide door to door service and supervision. Attendance regularly enough to make an impact is vital in order for the participant and caregiver to receive the positive benefits from the program.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Some individuals eligible for the transportation assistance may not accept it.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

In order to have an impact on absences and missed days, it is necessary for staff to assist as many individuals as possible. Assisting 3 out of 4 individuals to reduce absences is important.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The caregiver evaluation is conducted yearly. This instrument will contain questions related to absences and transportation.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

b. Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

- a. Will the proposed service consumers be charged a fee? (#3)
- b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

Service #3 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Funding Request

- a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)
\$0.00
- b. Proposed Number of Units of Service (#3)
0
- c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)
- d. Provide a rationale for each method of measurement. (#3) (600 character limit)

Service #4 - Name, Definition, and Description

- a. Service #4 - Taxonomy of Service Name (300 character limit)
- b. Service #4 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service consumers be charged a fee? (#4)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

Service #4 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Service #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

a. Service #5 - Taxonomy of Service Name (300 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate tied to an established public funding rate? (#5)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service consumers be charged a fee? (#5)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Service #5 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

44077

Linked 'Agreement Form - V3' Records


Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

Link Info

Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
The Curators of the University of Missouri (on behalf of MU Adult Day Connection)	MU Adult Day Connection - Adult Day Healthcare and Transportation	10/30/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

The Curators of the University of Missouri (on behalf of MU Adult Day Connection)
Attn: Jerry Kiesling, Program Director
137 Clark Hall
Columbia, MO 65211
kieslingjw@health.missouri.edu

RE: Written Clarification #1 to 36-13SEP18 – *Community Health/Medical Fund*

Dear Mr. Kiesling:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 36-13SEP18 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Table, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

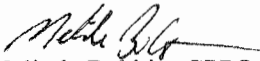
If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 5:00 p.m. October 26, 2018 by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymtmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Community Health Advisory Council Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

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

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

Organization	The Curators of the University of Missouri (on behalf of MU Adult Day Connection)
Name of Program	MU Adult Day Connection – Adult Day Healthcare and Transportation

Organization Profile	
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1. The Strategic Plan for MU Adult Day Connection seems close to expiring.
Action Required: Upload a more recent copy of the strategic plan or provide information the development of an updated plan.

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Proposal Cover Sheet	
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2. Addendum A is missing the Agency Board Chair signature.
Action Required: Provide an updated copy of Addendum A with both signatures.

--

Program Overview Form	
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3. The total in the Race Demographic section does not match the other totals listed in the Consumer Demographics Section.
Action Required: Complete the following table so that the total for Race total matches the other sections or provide an explanation on why the total does not match the other sections.

White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native	
Native Hawaiian or other Pacific Islander (alone)	
Some Other Race	
Race Total	

Narrative:

4. The Consumer Demographics listed a few residents outside Boone County.

Action Required: Provide clarification on the funding source utilized to pay for Non-Boone County Residents.

5. The total revenues exceed expenses by \$19,033.50.

Action Required: Provide information on the excess revenues. See the attached Program Budget to make any changes.

Program Services Form (1-5)

Program Service 1 – Adult Day Programming

6. The total number of units seems low for the number of unduplicated individuals receiving day program services for a year. The Outputs should be for the whole program, regardless of funding.

Action Required: Provide clarification on the total number of units to be provided. Complete the attached *Service Change Table* to correct the outputs for Adult Day Programming.

7. Performance measures utilize the Annual Caregiver Evaluation to collect information on well-being and stress levels. Are there any additional outcomes/indicators that can be reported on for the program?

Action Required: Provide any additional performance measures in the attached *Service Change Table* or provide information explaining limitations below.

Program Service – Transportation

8. The total number of units seems low for the number of unduplicated individuals receiving transportation services for a year. The Outputs should be for the whole program, regardless of funding.

Action Required: Provide clarification on the total number of units to be provided. Complete the attached *Service Change Table* to correct the outputs for Transportation.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
--	---------------------------

9. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

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

Budget Amendment	
TOTAL PROGRAM REVENUE	PROPOSED AMOUNT
1. DIRECT SUPPORT	
A. Heart of Missouri United Way	\$
Narrative:	
B. Other United Ways	\$
Narrative:	
C. Capital Campaigns	\$
Narrative:	
D. Grants (non-governmental)	\$
Narrative:	
E. Fund Raising & Other Direct Support	\$
Narrative:	
2. GOVERNMENT CONTRACTS/SUPPORT:	
A. Boone County - Children's Services Funding	\$
Narrative:	
B. Boone County - Community Health Funding	\$
Narrative:	
C. Boone County - Other Funding	\$
Narrative:	
D. Funding from Other Counties	\$
Narrative:	
E. City of Columbia - Social Service Funding	\$
Narrative:	
F. City of Columbia - CDGB/Home Funding	\$
Narrative:	
G. City of Columbia - CHDO Funding	\$
Narrative:	
H. City of Columbia - Other Funding	\$
Narrative:	
I. Funding from Other Cities	\$
Narrative:	
J. Federal (Medicaid, Title III, etc.)	\$
Narrative:	
K. State (Purchase of Services, Grants, etc.)	\$
Narrative:	
L. Other (Schools, Courts, etc.)	\$
Narrative:	
3. Program Service Fees	\$
Narrative:	

4. Investment Income (realized & unrealized)	\$	
Narrative:		
5. Other Revenue Items	\$	
Narrative:		
TOTAL PROGRAM REVENUE	\$	
PROGRAM EXPENSES	PROPOSED YEAR	
1. Personnel	\$	
Narrative:		
2. Non-Personnel	\$	
Narrative:		
TOTAL PROGRAM EXPENSES	\$	

Service Change Table			
Organization Name: The Curators of the University of Missouri (on behalf of MU Adult Day Connection)			
Program Name: MU Adult Day Connection – Adult Day Healthcare and Transportation			
Service #1 – Taxonomy of Service Name: Adult Day Programming			
Service #1 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One day of adult day service	\$91.50		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Improved well-being of participants	90% of caregivers will report their loved one has increased or maintained well-being after attending the center		Questions included in the Annual Caregiver Evaluation
Decreased level of caregiver stress	80% of caregivers will report decreased stress related to caregiving.		Questions included in the Annual Caregiver Evaluation

Service Change Table			
Organization Name: The Curators of the University of Missouri (on behalf of MU Adult Day Connection)			
Program Name: MU Adult Day Connection – Adult Day Healthcare and Transportation			
Service #2 – Taxonomy of Service Name: Transportation			
Service #2 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One bus ride	\$10.00		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Information provided in proposal	Information provided in proposal		Information provided in proposal

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: The Curators of the University of Missouri (on behalf of MU Adult Day Connection)				
Program Name: MU Adult Day Connection – Adult Day Healthcare and Transportation				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Adult Day Programming	One of adult day programming	\$91.50		
Transportation	One bus ride	\$10.00		

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Adult Day Programming		
Transportation		
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

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

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

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 Community Health Medical Fund

CLARIFICATION FORM #1

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

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

Company Name: The Curators of the University of Missouri (on behalf of MU Adult Day Connection)
Address: 137 Clark Hall
Columbia, Mo 65211
Telephone: (573) 882 7070 Fax: 573-884-4797
Federal Tax ID (or Social Security #): 43-6003859
Print Name: T VINCE COOPER Title: EXECUTIVE DIRECTOR, PAYER STRATEGY
Signature: J. Vince Cooper Date: 10/24/18
E-mail: kreslingjw@health.missouri.edu

APPROVED
AS TO
LEGAL FORM
RLH 11/22/18

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

- Certificate of Corporate Good Standing *Applicable* *ve*
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

The Secretary of State does not issue evidence of corporate good standing for the University of Missouri because UM's corporate status is as a body politic created pursuant to the Missouri Constitution.

T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

Printed Name - Agency Executive Director/President/CEO

Date

T. Vince Cooper
Signature - Agency Executive Director/President/CEO

9/17/18
Date

Barbara Schneider
Printed Name - Agency Board Chair

10/18/2018
Date

Barbara Schneider
Signature - Agency Board Chair

10/18/2018
Date

**APPROVED
AS TO
LEGAL FORM**

KSB

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

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

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

Organization	The Curators of the University of Missouri (on behalf of MU Adult Day Connection)
Name of Program	MU Adult Day Connection – Adult Day Healthcare and Transportation

Organization Profile	
-----------------------------	--

1. The Strategic Plan for MU Adult Day Connection seems close to expiring.

Action Required: Upload a more recent copy of the strategic plan or provide information the development of an updated plan.

Please see the recent copy of the strategic plan uploaded in the Organization Profile.

Proposal Cover Sheet	
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2. Addendum A is missing the Agency Board Chair signature.

Action Required: Provide an updated copy of Addendum A with both signatures.

Attached is the updated Addendum A with the Community Advisory Council Chair's signature

Program Overview Form	
------------------------------	--

3. The total in the Race Demographic section does not match the other totals listed in the Consumer Demographics Section.

Action Required: Complete the following table so that the total for Race total matches the other sections or provide an explanation on why the total does not match the other sections.

White (alone)	60
Black or African American (alone)	10
Multiple Races	0
Asian (alone)	2
Native American Indian or Alaskan Native	0
Native Hawaiian or other Pacific Islander (alone)	0
Some Other Race	3
Race Total	75

Narrative:

The RFP should have reflected the statistics provided in the table above.

4. The Consumer Demographics listed a few residents outside Boone County.

Action Required: Provide clarification on the funding source utilized to pay for Non-Boone County Residents.

When completing the RFP, the information should have stated:

Individuals residing in the Central Missouri area more than 18 years old and receiving care from another person may be enrolled in the program. Individuals residing in Boone County may be eligible for scholarship assistance if monies are made available through the RFP.

Individuals attending ADC and who live outside Boone County utilize Medicaid, VA, private funds and Long Term Care Insurance to pay for adult day services.

5. The total revenues exceed expenses by \$19,033.50.

Action Required: Provide information on the excess revenues. See the attached Program Budget to make any changes.

Please see the amended budget. The budget as amended now indicates the total revenues will exceed expenses by \$9,233.50

The amended budget reflects the following reductions in revenue and additional expenses not initially anticipated when preparing the budget:

Reduction in revenue:

\$2,000 ADC's mum fundraiser did not net as much revenue as anticipated.

Increased expenses:

\$1,800 Increased food expenses (ADC moved from using frozen meals to purchasing more fresh foods. Food costs have increased about a \$500.00 per month since beginning the new menus.

\$1,200 Floor care – stripping/waxing and maintaining the 30 year old tile throughout the year.

\$2,000 Increased transportation cost due to higher cost of fuel and the need for the transportation provider to pay raises to employees in the tight labor market. The cost per mile rose by almost 20%.

\$300 Fees paid for kitchen inspection and consultation by the environmental sanitarian.

Total additional expenses: \$5,300.00

The program budget proposes a positive margin of \$9,233.50 and ADC staff requested just over \$20,000 in Boone County funding through this RFP. Having a budget without a positive margin does not leave monies to build a meaningful operating reserve. GrantSpace indicates "a commonly used reserve goal is 3-6 months' expenses"

(<https://grantspace.org/resource/knowledge-base/operating-reserves/>). Given this recommendation, ADC would need to maintain \$121,000.00 in the Operating Reserve for three months of Expenses in order to make up for income shortfalls, delayed payments, unexpected repairs or replacement of equipment. In 2018 ADC began the year with

\$79,498.14 in its operating reserve. Throughout the fiscal year, \$31,109.40 was utilized from the reserve to pay salaries, benefits, and general expenses. The center finished the year with \$48,288.74 in the operating reserve (not the recommended minimum of over \$100,000 for three months of expenses). ADC utilized \$19,755.41 of the operating reserve in FY 2017 (a total of \$50,884 over the two years). Without the Operating Reserve, the center would not have been able to meet payroll or purchase food, cleaning supplies and pay for transportation. Over the next three years, it is vital that ADC be able to grow the operating reserve closer to the minimum recommendation of about \$120,000.00. Therefore the requested \$22,038.50 in funding from Boone County remains necessary to make the service available to county residents with financial need.

Program Services Form (1-5)

Program Service 1 – Adult Day Programming

6. The total number of units seems low for the number of unduplicated individuals receiving day program services for a year. The Outputs should be for the whole program, regardless of funding.

Action Required: Provide clarification on the total number of units to be provided. Complete the attached *Service Change Table* to correct the outputs for Adult Day Programming.

Assumptions utilized in calculating the proposed 4,200 days of service (total number of days of care provided regardless of funding):

ADC will likely provide 242 days of care throughout FY 19.

365 total days in the year

8 holidays subtracted

110 weekend days with no care provided

5 winter leave break days with no care provided.

Total days of care anticipated: 242

This year's total days of care anticipated is 5 less than in previous years due to the Winter Leave Break. When considering the average daily census of $17.36 \times 5 \text{ days} = 86.80$ fewer days of care that will be provided.

It is necessary to provide staff with a break in order to have rejuvenation and rest.

Average daily attendance:

ADC staff reviewed the average daily attendance from past years:

FY 2018	15.47	Number of days provided per year	3856
FY 2017	17.93		4504
FY 2016	18.79		4742
FY 2015	17.81		4451

With most years showing attendance in the 17 range and with a lower average to start FY 2019, staff utilized a projected average daily census of 17.36 for this year.

Therefore, the calculation of anticipated days was made as follows:

242 service days per year x 17.36 participants per day = 4200

In addition to the historical ADC fiscal information, staff reviewed external factors affecting participants' ability to pay:

1) MoHealthNet Increased the level of care from 21 points to 24 points (explained at <https://health.mo.gov/seniors/hcbs/info.php>). It is anticipated that fewer Medicaid recipients will qualify for Adult Day service paid by MoHealthNet. As a result, ADC has seen a reduction in persons qualified for MoHealthNet payments from an average of 6-7 to 3. Total number of unduplicated participants is anticipated to be 75.

Persons attending ADC may attend from one half day to 5 full days per week. The number of days used per person varies widely and is highly influenced by availability of MoHealthNet (Medicaid funding), availability of scholarships, feeling of financial security when housing burdened, and many other factors. With increased requirements for funding, it is expected the individual participant will use fewer days of care each week.

ADC staff anticipates the average participant will attend fewer days on average regardless of the individual's need.

Therefore, ADC anticipates the program will provide 4,200 days of care to 75 unduplicated individuals.

7. Performance measures utilize the Annual Caregiver Evaluation to collect information on well-being and stress levels. Are there any additional outcomes/indicators that can be reported on for the program?

Action Required: Provide any additional performance measures in the attached *Service Change Table* or provide information explaining limitations below.

ADC annually collects data on the participant and their family's rating of environment, communication with staff, support from staff, numbers and types of staff, professionalism of staff, quality of activities and cost of the service. The center also obtains an overall rating of quality from participants and their caregivers. The overall rating of the center's quality can be tracked, reported and evaluated to ensure the consumers are provided high quality services. This will provide a measure that directly speaks to how services are delivered in the center.

Program Service – Transportation

8. The total number of units seems low for the number of unduplicated individuals receiving transportation services for a year. The Outputs should be for the whole program, regardless of funding.

Action Required: Provide clarification on the total number of units to be provided. Complete the attached *Service Change Table* to correct the outputs for Transportation.

Numbers submitted in the RFP only included anticipated persons using Boone County scholarships to pay for bus rides. The Service Change Table now indicates number of anticipated rides to be 2,100 to 20 unduplicated participants.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--	---------------------------

9. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

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

Budget Amendment		
TOTAL PROGRAM REVENUE		PROPOSED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$ 0.00
Narrative:	NA	
B. Other United Ways		\$ 0.00
Narrative:		
C. Capital Campaigns		\$ 10,500.00
Narrative:	ADC will celebrate 30 years in 2019, and it is likely Friends of Adult Day Connection will make contributions in this amount.	
D. Grants (non-governmental)		\$ 2,000.00
Narrative:	Once or twice a year, ADC will submit a grant for activity and kitchen equipment.	
E. Fund Raising & Other Direct Support		\$ 22,500.00
Narrative:	Annual Mum Fundraiser, Gifts from individuals, and gifts in kind (equipment/supplies). Amount amended to reflect fewer actual funds raised in the mum fundraiser.	
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding		\$ 0.00
Narrative:	NA	
B. Boone County - Community Health Funding		\$ 22,038.50
Narrative:	Boone County Community/Health/Medical Fund Proposed for 2019 to cover days of Adult Day Healthcare and bus trips.	
C. Boone County - Other Funding		\$ 0.00
Narrative:	NA	
D. Funding from Other Counties		\$ 0.00
Narrative:	NA	
E. City of Columbia - Social Service Funding		\$ 20,000.00
Narrative:	Proposed funding for 2019 scholarships.	
F. City of Columbia - CDGB/Home Funding		\$ 0.00
Narrative:	NA	
G. City of Columbia - CHDO Funding		\$ 0.00
Narrative:	NA	
H. City of Columbia - Other Funding		\$ 0.00
Narrative:	NA	
I. Funding from Other Cities		\$ 0.00
Narrative:		
J. Federal (Medicaid, Title III, etc.)		\$ 247,000.00
Narrative:	Medicaid (Missouri Health Net), Veterans Administration, CMAAA and CACFP (food program) monies.	
K. State (Purchase of Services, Grants, etc.)		\$ 0.00
Narrative:	NA	

L. Other (Schools, Courts, etc.)	\$ 0.00	
Narrative:	NA	
3. Program Service Fees	\$ 143,235.00	
Narrative:	Individuals attending the center paying for their own services.	
4. Investment Income (realized & unrealized)	\$ 4,450.00	
Narrative:	Estimated income from Brinton and Friends of Adult Day Connection accounts.	
5. Other Revenue Items	\$ 30,000.00	
Narrative:	Reimbursement from School of Health Professions to pay for staff time spent administering the student learning program at the center.	
TOTAL PROGRAM REVENUE	\$	\$501,723.50
PROGRAM EXPENSES	PROPOSED YEAR	
1. Personnel	\$ 393,190.00	
Narrative:	Salaries and Benefits for staff listed above and Consultant Dietitian, Registered Nurse and PRN/Agency Staff. Amended to reflect \$2,500 additional expenses projected to pay for staffing when staff is ill or has the day off.	
2. Non-Personnel	\$ 99,300.00	
Narrative:	This amount includes \$64,000.00 for food, office, medical and miscellaneous supplies. The remaining \$30,000 is for gift and capital campaign monies to cover unreimbursed care. Amended to reflect additional food costs of \$1,800, floor care costs of \$1,200, increased transportation cost of \$2,000 and food service consultation fees of \$300.	
TOTAL PROGRAM EXPENSES		\$492,490.00

Service Change Table			
Organization Name: The Curators of the University of Missouri (on behalf of MU Adult Day Connection)			
Program Name: MU Adult Day Connection – Adult Day Healthcare and Transportation			
Service #1 – Taxonomy of Service Name: Adult Day Programming			
Service #1 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One day of adult day service	\$91.50	4,200	75
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Improved well-being of participants	90% of caregivers will report their loved one has increased or maintained well-being after attending the center		Questions included in the Annual Caregiver Evaluation
Decreased level of caregiver stress	80% of caregivers will report decreased stress related to caregiving.		Questions included in the Annual Caregiver Evaluation
Increased satisfaction with adult day services provided.	85% of participants and their caregivers will rate the Overall Quality of services provided as VERY GOOD or Excellent.		Ratings provided in the Annual Caregiver Evaluation

Service Change Table			
Organization Name: The Curators of the University of Missouri (on behalf of MU Adult Day Connection)			
Program Name: MU Adult Day Connection – Adult Day Healthcare and Transportation			
Service #2 – Taxonomy of Service Name: Transportation			
Service #2 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One bus ride	\$10.00	2,100	20
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Information provided in proposal	Information provided in proposal		Information provided in proposal

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: The Curators of the University of Missouri (on behalf of MU Adult Day Connection)				
Program Name: MU Adult Day Connection – Adult Day Healthcare and Transportation				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Adult Day Programming	One of adult day programming	\$91.50	4200	75
Transportation	One bus ride	\$10.00	2100	20

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Adult Day Programming	\$20,038.50	219
Transportation	\$2,000.00	200
Development/Start Up Service Funding	\$0.00	
Total Amount Requested to Boone County:	\$22,038.50	

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

- Certificate of Corporate Good Standing *Applicable* *ve*
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

The Secretary of State does not issue evidence of corporate good standing for the University of Missouri because UM's corporate status is as a body politic created pursuant to the Missouri Constitution.

T VINCE COOPER
EXECUTIVE DIRECTOR, PAYER STRATEGY

Printed Name - Agency Executive Director/President/CEO

Date

T. Vince Cooper
Signature - Agency Executive Director/President/CEO

9/17/18
Date

Barbara Schneider
Printed Name - Agency Board Chair

10/18/2018
Date

Barbara Schneider
Signature - Agency Board Chair

10/18/2018
Date

**APPROVED
AS TO
LEGAL FORM**

KSB

The Curators of the University of Missouri (on behalf of MU Adult Day Connection)

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program's proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click "Submit Agreement" once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.

my apricot help center

MU Adult Day Connection
Organizations
Collapse All

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Additional Documents

Program Overview (V3) (1 records)

Boone County (includes City of Columbia residents)

TOTAL REVENUE

2.

Complete

68

604723.5

\$64,000.00

Page 1 of 1 20 records per page

Program Services 1-5 (V3) (1 records)

a. Service #1 - Taxonomy of Service Name (300 character limit)

Record ID

Complete

9.1 Adult Day Programming

22161

Page 1 of 1 20 records per page

Program Services 6-10 (V3)

Program Services 11-15 (V3)

Program Services 16-20 (V3)

Agreement Form - V3.1 (1 records)

Organization Name

Program Name

Date Completed

Complete

The Curators of the University of Missouri (on behalf of MU Adult Day Connection)

MU Adult Day Connection - Adult Day Healthcare and Transcription

Page 1 of 1 20 records per page

Agreement Form - V3.1 (Services 11-20)

Interim Report -V3

Interim Report - V3 (Services 6-15)

Folder Actions

- Edit Proposal Cover
- Return to Search
- Application Overview
- Print Records
- Copy Records
- Record History

Grant Actions

- Submit Agreement
- Required Fields



Follow-up is needed for the Agreement Form:

Agreement Form Section	Items Updated	Action Required:
Program Budget	1. The Program Budget has been updated according to responses provided in the Written Clarification. Thank you for the information regarding excess revenues.	1. Please review the budget and make updates as needed.
Consumer Demographic Narrative	1. Demographics in the Race section have been updated.	1. Please review the budget and make updates as needed.
Program Service 1 – Adult Day Programming	1. Thank you for providing thorough explanation on how the total number of units was determined. 2. Additional performance measure regarding participant and caregiver satisfaction was added to the Performance Measure Chart.	1. Please review Service 1 Outputs. 2. Please review and make updates as needed.
Program Service 2 – Transportation	1. The outputs have been updated according to the Written Clarifications.	1. Please review and make updates as needed.

Agreement Form - V3.1

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of MU Adult Day Connection)
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	MU Adult Day Connection - Adult Day Healthcare and Transportation
Amount of Request	\$22,038.50
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

The Curators of the University of Missouri (on behalf of MU Adult Day Connection)

Program Name

MU Adult Day Connection - Adult Day Healthcare and Transportation

Date Completed

10/30/2018

Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

*** Indicates Required Field**

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way	(A) 1A. \$0.00
B. Other United Ways	(A) 1B. \$0.00
C. Capital Campaigns	(A) 1C. \$10,500.00
D. Grants (non-governmental)	(A) 1D. \$2,000.00
E. Fund Raising & Other Direct Support	(A) 1E. \$22,500.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding	(A) 2A. \$0.00
B. Boone County - Community Health Funding	(A) 2B. \$22,038.50
C. Boone County - Other Funding	(A) 2C. \$0.00
D. Funding from Other Counties	(A) 2D. \$0.00
E. City of Columbia - Social Service Funding	(A) 2E. \$20,000.00
F. City of Columbia - CDGB/Home Funding	(A) 2F. \$0.00
G. City of Columbia - CHDO Funding	(A) 2G. \$0.00
H. City of Columbia - Other Funding	(A) 2H. \$0.00
I. Funding from Other Cities	(A) 2I. \$0.00
J. Federal (Medicaid, Title III, etc.)	(A) 2J. \$247,000.00
K. State (Purchase of Services, Grants, etc.)	(A) 2K. \$0.00
L. Other (Schools, Courts, etc.)	(A) 2L. \$0.00
3. Program Service Fees	(A) 3. \$143,235.00
4. Investment Income (realized & unrealized)	(A) 4. \$4,450.00

5. Other Revenue Items**(A) 5.**

\$30,000.00

TOTAL PROGRAM REVENUE

(A) Total Revenue

501723.5

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$393,190.00

2. Non-Personnel**(A) 2.**

\$99,300.00

TOTAL PROGRAM EXPENSES

(A) Total Expenses

492490

Residence**RESIDENCE****AGREEMENT RESIDENCE (A)**

City of Columbia

(A) City of Columbia

42

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

68

Cooper County

(A) Cooper County

1

Howard County

(A) Howard County

0

Other Counties

(A) Other Counties

6

RESIDENCE TOTAL

(A) Residence Total:

75

Race**RACE****AGREEMENT RACE (A)**

White (alone)

(A) White (alone)

60

Black or African American (alone)

(A) Black or African American (alone)

10

Multiple Races

(A) Multiple Races

0

Asian (alone)

(A) Asian (alone)

2

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

Native Hawaiian or other Pacific Islander (alone)

0

(A) Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

(A) Some Other Race

3

RACE TOTAL**(A) Race Total**

75

EthnicityETHNICITY

AGREEMENT ETHNICITY (A)

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

3

Not Hispanic or Latino

(A) Not Hispanic or Latino

72

ETHNICITY TOTAL**(A) Ethnicity Total**

75

GenderGENDER

AGREEMENT GENDER (A)

Female

(A) Female

30

Male

(A) Male

45

Other Gender

(A) Other Gender

0

GENDER TOTAL**(A) Gender Total**

75

IncomeINCOME

AGREEMENT INCOME (A)

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL

26

Over 200% of FPL

(A) Over 200% of FPL

49

INCOME TOTAL**(A) Income Total**

75

Age (City-Social Services/County-Health/HMUW)

AGE

AGREEMENT AGE (A):

Under 5 years

(A) Under 5 years

0

5-19 years

(A) 5-19 years

0

20-59 years

(A) 20-59 years

7

60 years and over

(A) 60 years and over

68

AGE TOTAL

(A) Age Total

75

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.

Individuals Trained

AGREEMENT (A)

Individuals to be Trained

(A) Individuals to be Trained

0

Program Service and Performance

Instructions: Update the Agreement(A) Column with updated figures finalized through the approved contract.

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested**(A) Amount Requested**

\$0.00

Description of Funds**(A) Description of Funds**

Program Service #1 - Outputs

Program Service #1 - Outputs:

#1 Agreement (A)

Service #1 Name

(A) Service #1

Adult Day Programming

Total # of Units Provided #1

(A) Units #1

4200

Unit Measure #1

(A) Unit Measure #1

1 day of adult day service

Unit Rate #1

(A) Unit Rate #1

\$91.50

Total # of Unduplicated Individuals Served #1

(A) Unduplicated Individuals #1

75

Program Service #1 - Funding

Funding Amount #1

(A) Agreement Amount #1

\$20,038.50

Units #1

(A) Agreement Units #1

219

Program Service #1 - Performance Measures (Agreement)(A) Program Service 1
Outcomes:

(A) Program Service 1 Indicators:

(A) Program Service 1
Method of Measurements:**(A) Outcome 1-1**

Improved well-being of participants

(A) Indicator 1-1

90% of caregivers will report their loved one has increased or maintained well-being after attending the center

(A) Method of Measurement 1-1

Questions included in the Annual Caregiver Evaluation

(A) Additional Outcome 1-2

Decreased level of caregiver stress

(A) Additional Indicator 1-2

80% of caregivers will report decreased stress related to caregiving.

(A) Additional Method 1-2

Questions included in the Annual Caregiver Evaluation

(A) Additional Outcome 1-3

Participants and caregivers will be satisfied with adult day services

(A) Additional Indicator 1-3

85% of participants and their caregivers will rate the Overall Quality of services provided as "Very Good" or "Excellent".

(A) Additional Method 1-3

Ratings provided in the Annual Caregiver Evaluation

(A) Additional Outcome 1-4**(A) Additional Indicator 1-4****(A) Additional Method 1-4****(A) Additional Outcome 1-5****(A) Additional Indicator 1-5****(A) Additional Method 1-5****Program Service #2 - Outputs**

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Transportation

Total # of Units #2

(A) Units #2

2100

Unit Measure #2

(A) Unit Measure #2

1 bus ride

Unit Rate #2

(A) Unit Rate #2

\$10.00

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

20

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$2,000.00

Units #2

(A) Agreement Units #2

200

Program Service #2 - Performance Measures (Agreement)

(A) Program Service 2 Outcomes:

(A) Program Service 2 Indicators:

(A) Program Service 2 Method of Measurement

(A) Outcome 2-1

Reduced absenteeism due to limited access to transportation

(A) Indicator 2-1

75% of persons utilizing subsidized transportation will indicate fewer absences at ADC.

(A) Method of Measurement 2-1

Caregiver Evaluation

(A) Additional Outcome 2-2**(A) Additional Indicator 2-2****(A) Additional Method 2-2****(A) Additional Outcome 2-3****(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3

Total # of Units #3

(A) Units #3

0

Unit Measure #3

(A) Unit Measure #3

Unit Rate #3

(A) Unit Rate #3

\$0.00

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

0

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$0.00

Units #3

(A) Agreement Units #3

0

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes: (A) Program Service 3 Indicators: (A) Program Service 3 Method of Measurement.:

(A) Outcome 3-1	(A) Indicator 3-1	(A) Method of Measurement 3-1
(A) Additional Outcome 3-2	(A) Additional Indicator 3-2	(A) Additional Method 3-2
(A) Additional Outcome 3-3	(A) Additional Indicator 3-3	(A) Additional Method 3-3
(A) Additional Outcome 3-4	(A) Additional Indicator 3-4	(A) Additional Method 3-4
(A) Additional Outcome 3-5	(A) Additional Indicator 3-5	(A) Additional Method 3-5

Program Service #4 - Outputs

Program Service 4 Outputs:	#4 Agreement (A)
Service #4 Name	(A) Service #4
Total # of Units #4	(A) Units #4 0
Unit Measure #4	(A) Unit Measure #4
Unit Rate #4	(A) Unit Rate #4 \$0.00
Total # of Unduplicated Individuals Served #4	(A) Unduplicated Individuals #4 0

Program Service #4 - Funding

Funding Amount #4	(A) Agreement Amount #4 \$0.00
Units #4	(A) Agreement Units #4 0

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes: (A) Program Service 4 Indicators: (A) Program Service 4 Method of Measurements:

(A) Outcome 4-1	(A) Indicator 4-1	(A) Method of Measurement 4-1
(A) Additional Outcome 4-2	(A) Additional Indicator 4-2	(A) Additional Method 4-2
(A) Additional Outcome 4-3	(A) Additional Indicator 4-3	(A) Additional Method 4-3
(A) Additional Outcome 4-4	(A) Additional Indicator 4-4	(A) Additional Method 4-4
(A) Additional Outcome 4-5	(A) Additional Indicator 4-5	(A) Additional Method 4-5

Program Service #5 - Outputs

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

(A) Service #5

Total # of Units Provided #5

(A) Units #5
0

Unit Measure #5

(A) Unit Measure #5

Unit Rate #5

(A) Unit Rate #5
\$0.00

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5
0**Program Service #5 - Funding**

Funding Amount #5

(A) Agreement Amount #5
\$0.00

Units #5

(A) Agreement Units #5
0**Program Service #5 - Performance Measures (Agreement)**

(A) Program Service 5 Outcomes:

(A) Program Service 5 Indicators:

(A) Program Service 5 Method of Measurements:

(A) Outcome 5-1**(A) Indicator 5-1****(A) Method of Measurement 5-1****(A) Additional Outcome 5-2****(A) Additional Indicator 5-2****(A) Additional Method 5-2****(A) Additional Outcome 5-3****(A) Additional Indicator 5-3****(A) Additional Method 5-3****(A) Additional Outcome 5-4****(A) Additional Indicator 5-4****(A) Additional Method 5-4****(A) Additional Outcome 5-5****(A) Additional Indicator 5-5****(A) Additional Method 5-5****Program Service #6 - Outputs**

Program Service 6 Outputs:

#6 Agreement (A):

Service #6 Name:

(A) Service #6

Total # of Units #6:

(A) Units #6
0

Unit Measure #6:

(A) Unit Measure #6

Unit Rate #6:

(A) Unit Rate #6
\$0.00

Total # of Unduplicated Individuals Served #6:

(A) Unduplicated Individuals #6
0

Program Service #6 - Funding

Funding Amount #6	(A) Agreement Amount #6 \$0.00
Units #6	(A) Agreement Units #6 0

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes: (A) Program Service 6 Indicators: (A) Program Service 6 Method of Measurements:

(A) Outcome 6-1	(A) Indicator 6-1	(A) Method of Measurement 6-1
(A) Additional Outcome 6-2	(A) Additional Indicator 6-2	(A) Additional Method 6-2
(A) Additional Outcome 6-3	(A) Additional Indicator 6-3	(A) Additional Method 6-3
(A) Additional Outcome 6-4	(A) Additional Indicator 6-4	(A) Additional Method 6-4
(A) Additional Outcome 6-5	(A) Additional Indicator 6-5	(A) Additional Method 6-5

Program Service #7 - Outputs

Program Service 7 Outputs:	#7 Agreement (A)
Service #7 Name	(A) Service #7
Total # of Units #7	(A) Units #7 0
Unit Measure #7	(A) Unit Measure #7
Unit Rate #7	(A) Unit Rate #7 \$0.00
Total # of Unduplicated Individuals Served #7	(A) Unduplicated Individuals #7 0

Program Service #7 - Funding

Funding Amount #7	(A) Agreement Amount #7 \$0.00
Units #7	(A) Agreement Units #7 0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes: (A) Program Service 7 Indicators: (A) Program Service 7 Method of Measurements:

(A) Outcome 7-1	(A) Indicator 7-1	(A) Method of Measurement 7-1
(A) Additional Outcome 7-2	(A) Additional Indicator 7-2	(A) Additional Method 7-2
(A) Additional Outcome 7-3	(A) Additional Indicator 7-3	(A) Additional Method 7-3
(A) Additional Outcome 7-4	(A) Additional Indicator 7-4	(A) Additional Method 7-4
(A) Additional Outcome 7-5	(A) Additional Indicator 7-5	(A) Additional Method 7-5

Program Service #8 - Outputs

Program Service #8 - Outputs:	#8 Agreement (A)
Service #8 Name	(A) Service #8
Total # of Units Provided #8	(A) Units #8 0
Unit Measure #8	(A) Unit Measure #8
Unit Rate #8	(A) Unit Rate #8 \$0.00
Total # of Unduplicated Individuals Served #8	(A) Unduplicated Individuals #8 0

Program Service #8 - Funding

Funding Amount #8	(A) Agreement Amount #8 \$0.00
Units #8	(A) Agreement Units #8 0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes:	(A) Program Service 8 Indicators:	(A) Program Service 8 Method of Measurements:
(A) Outcome 8-1	(A) Indicator 8-1	(A) Method of Measurement 8-1
(A) Additional Outcome 8-2	(A) Additional Indicator 8-2	(A) Additional Method 8-2
(A) Additional Outcome 8-3	(A) Additional Indicator 8-3	(A) Additional Method 8-3
(A) Additional Outcome 8-4	(A) Additional Indicator 8-4	(A) Additional Method 8-4
(A) Additional Outcome 8-5	(A) Additional Indicator 8-5	(A) Additional Method 8-5

Program Service #9 - Outputs

Program Service #9 - Outputs:	#9 Agreement (A)
Service #9 Name	(A) Service #9

Total # of Units Provided #9	(A) Units #9 0
Unit Measure #9	(A) Unit Measure #9
Unit Rate #9	(A) Unit Rate #9 \$0.00
Total # of Unduplicated Individuals Served #9	(A) Unduplicated Individuals #9 0

Program Service #9 - Funding

Funding Amount #9	(A) Agreement Amount #9 \$0.00
Units #9	(A) Agreement Units #9 0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes:	(A) Program Service 9 Indicators:	(A) Program Service 9 Method of Measurements:
(A) Outcome 9-1	(A) Indicator 9-1	(A) Method of Measurement 9-1
(A) Additional Outcome 9-2	(A) Additional Indicator 9-2	(A) Additional Method 9-2
(A) Additional Outcome 9-3	(A) Additional Indicator 9-3	(A) Additional Method 9-3
(A) Additional Outcome 9-4	(A) Additional Indicator 9-4	(A) Additional Method 9-4
(A) Additional Outcome 9-5	(A) Additional Indicator 9-5	(A) Additional Method 9-5

Program Service #10 - Outputs

Program Service 10 Outputs:	#10 Agreement (A)
Service Name #10	(A) Service #10
Total # of Units Provided #10	(A) Units #10 0
Unit Measure #10	(A) Unit Measure #10
Unit Rate #10	(A) Unit Rate #10 \$0.00
Total # of Unduplicated Individuals Served #10	(A) Unduplicated Individuals #10 0

Program Service #10 - Funding

(A) Agreement Amount #10

Funding Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes: (A) Program Service 10 Indicators: (A) Program Service 10 Method of Measurements:

(A) Outcome 10-1

(A) Indicator 10-1

(A) Method of Measurement 10-1

(A) Additional Outcome 10-2

(A) Additional Indicator 10-2

(A) Additional Method 10-2

(A) Additional Outcome 10-3

(A) Additional Indicator 10-3

(A) Additional Method 10-3

(A) Additional Outcome 10-4

(A) Additional Indicator 10-4

(A) Additional Method 10-4

(A) Additional Outcome 10-5

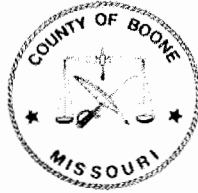
(A) Additional Indicator 10-5

(A) Additional Method 10-5

Total Funding Amount - Services 1-10**Total Funding Request for Services 1-10**

22038.5

Links for Agreement Form (V3)



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Services Contract *Outpatient Substance Use Treatment*

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **Phoenix Programs, Inc.** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **Phoenix**.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

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

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY PHOENIX

Phoenix is expected to the greatest extent possible to maximize funding from all other sources. Phoenix shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. Phoenix shall only request reimbursement for services not reimbursable by any other source. Phoenix shall not invoice the County for units of service invoiced to another funding source. Phoenix shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

1. **Contract Documents.** Phoenix will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #36-13SEP18 (Purchase of Services) and Phoenix's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over Phoenix's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

2. **Purchase.** The County agrees to purchase from Phoenix and Phoenix agrees to furnish the **Outpatient Substance Use Treatment** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the Phoenix's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$65,090.00** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested.

3. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. Phoenix agrees and understands that the County may require supplemental information to be submitted at the request of the County.

This contract may at the sole discretion of the County and with the agreement of Phoenix be renewed for **an additional one-year period**. Phoenix agrees and understands that the County may require supplemental information to be submitted by Phoenix prior to any renewal of this agreement.

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Individual Therapy – Adult	One hour	\$56.60	1,150	\$65,090.00

All billing shall be invoiced to the County monthly by the 10th of the month following the month for which services were provided. The County agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of Phoenix, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

6. **Reporting.** The County shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by Phoenix to monitor service delivery and program expenditures. Phoenix agrees to submit to the County an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by Phoenix and, if so stipulated, are noted on this contract document. Payments may be withheld from Phoenix if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. Phoenix agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

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

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

9. **Modification or Amendment.** In the event Phoenix requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County for

approval. A board resolution from Phoenix may be required with the request. For consideration of a request to modify or amend the contract, requests should be submitted to the Director of the Community Services Department for consideration.

OTHER TERMS OF THIS CONTRACT

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

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

12. ***CHF to be used for Services Provided.*** Phoenix agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to Phoenix's provision of such services.

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

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

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

16. ***Employment of Unauthorized Aliens Prohibited.*** Phoenix agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of

Missouri. Phoenix shall require each subcontractor to affirmatively state in its Agreement with the Phoenix that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide Phoenix a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

18. **Board Ownership.** If Phoenix ceases to be funded by the County or ceases to provide programs and services to address community health needs, pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the Phoenix. In addition, if Phoenix no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, Phoenix will need County approval to re-direct the use of such.

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

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

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

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

c. The County may terminate this agreement should Phoenix fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

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

21. **Insurance Requirements.** Phoenix shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. **Worker's Compensation and Employers' Liability Insurance:** Phoenix shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, Phoenix shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by Phoenix.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. **Comprehensive General Liability Insurance:** Phoenix shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. Phoenix shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

Phoenix shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of Phoenix in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below,

subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to Phoenix.

c. **Professional Liability Insurance:** Phoenix is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

23. **Publicity by the PHOENIX.** Phoenix shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. Phoenix will acknowledge the County as a funding source whenever publicizing CHF funded programs. Phoenix will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. Phoenix agrees to acknowledge the Community Health Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

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

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

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

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

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

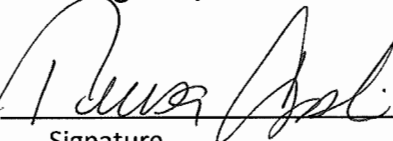
Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to Phoenix Programs, Inc. shall be mailed or delivered to:

Phoenix Programs, Inc.
Attn: Rhiannon Ross
90 E. Leslie Lane
Columbia, MO 65202

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

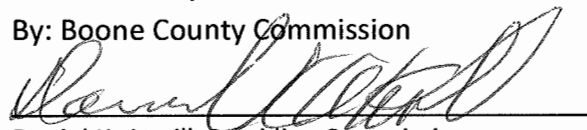
Phoenix Programs, Inc.

By: 
Signature

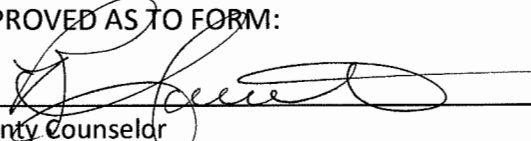
By: Teresa Goslin
Printed Name/Title

Boone County, Missouri

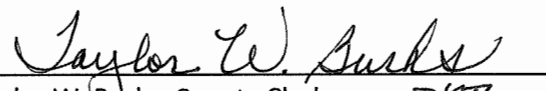
By: Boone County Commission


Daniel K. Atwill, Presiding Commissioner

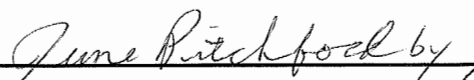
APPROVED AS TO FORM:


County Counselor

ATTEST:


Taylor W. Burks, County Clerk DKB

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

 by jj 12/20/2018 (2130/71106/\$65,090.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

Purchase of Service Contracts Community Health/Medical Fund 2018 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for **Thursday, August 9, 2018, at 3:00 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, September 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, September 13, 2018** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing/Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, September 13, 2018 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by **Thursday, September 13, 2018 at 10:00 a.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Attachment A - Agency Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@booncountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. **Program Overview:** Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

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

County of _____)
)ss
 State of _____)

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

Affiant _____ Date _____

Printed Name _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

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

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Phoenix Programs, Inc.

DBA:

Phoenix Health Programs

Federal EIN Number:

431047634

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Phone Number:

573-875-8880

Website:

<http://www.phoenixhealthprograms.com>

Head of Organization

Teresa Goslin

Head of Organization Phone:

573-875-8880

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Fax Number:

573-442-3830

Email:**Head of Organization Title (e.g. Director, President, CEO)**

Executive Director

Head of Organization Email:

tgoslin@phoenixhealthprograms.com

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:**Local Organization Fax:****Address****Address**

City
State
County
Zip

City
State
County
Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose):	<p>Provide your organization's mission statement. (600 character limit)</p> <p>We provide effective treatment for those seeking recovery from drug and alcohol addiction.</p>
Organization History:	<p>Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)</p> <p>Phoenix Programs is a non-profit social service agency that has successfully provided education and treatment for persons in mid-Missouri with alcohol and drug addictions and mental health issues for 43 years. Our agency is a leader in the recovery movement and our treatment programs are rooted in evidence based practices.</p>
Brief Statement of Organization's Major Goals:	<p>Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)</p> <p>Our goal is to restore dignity and respect to persons who have experienced significant losses due to the result of alcohol and/or drug problems in order to help our clients become fully functioning members of society.</p>
Articles of Incorporation: Provide a copy of the organization's Articles of Incorporation.	<p>Articles of Incorporation (MUST BE IN PDF FORMAT)</p> <p>/document/download/filename/1433183892_30405_ArticlesofIncorporation.pdf/</p>
Bylaws: Provide a copy of the organization's Bylaws.	<p>Bylaws (MUST BE IN PDF FORMAT)</p> <p>/document/download/filename/1463506806_34051_By-Laws.pdf/</p>
Organizational Chart (must be for the entire organization):	<p>Organizational Chart (MUST BE IN PDF FORMAT)</p> <p>/document/download/filename/1530651045_30406_Orgchart5-22-18.pdf/</p>
Strategic Plan:	<p>Strategic Plan (MUST BE IN PDF FORMAT)</p> <p>/document/download/filename/1500650354_42846_StrategicPlan.pdf/</p>
Service Area:	<p>Briefly describe the geographic area in which your organization provides services. (600 character limit)</p> <p>Phoenix Programs provides services mainly to mid-Missouri counties, but we also provide services to the entire state of Missouri for clients who are seeking treatment or services that our agency offers.</p>
Population Served:	<p>Briefly describe the population(s) served by your organization. (600 character limit)</p> <p>The population served by our agency is diverse. We serve adolescents ages 12-19 years of age, adult males and females of all ages and all ethnic races.</p>
Conflict of Interest Policy:	<p>Does your organization have a written Conflict of Interest policy?</p> <p>yes</p>
Whistleblower Policy:	<p>Does your organization have a written Whistleblower policy?</p> <p>yes</p>
Business Continuity Plan:	<p>Does your organization have a written Business Continuity plan?</p> <p>yes</p>

Records Retention
Policy:

Does your organization have a written Records Retention policy?

yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

3-4 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Pat Concannon	Vice President	09/01/2018	08/31/2021	1308 Strathmore Dr. Columbia, MO 65203		Added on 01/04/2016
Greg Deline	President	08/01/2015	07/31/2019	7850 S. Rt N Columbia, MO 65203		Added on 06/01/2015
Dan Hanneken	Member	01/01/2018	01/01/2020	3104 Fox Trot		Added on 07/21/2017
Christopher Wolfe	Member	03/01/2017	03/01/2020	8351 Ramblind Rose Dr.		Added on 06/01/2015
Steve Santoyo	Member	01/01/2017	01/01/2020	1123 Wilkes Blvd. Suite 250		Added on 06/01/2015
Carrie Brown	Member	11/01/2016	11/01/2019	1600 A.W. Amos Drive		Added on 06/01/2015
James Howard	Member	11/01/2016	11/01/2019	1103 Torrey Pines Dr.		Added on 06/01/2015
Randy Minchew	Member	03/01/2017	02/28/2020	2000 E. Broadway, Suite 148 Columbia, MO 65203		Added on 06/01/2015
Larry Colgin	Treasurer	03/01/2017	02/28/2020	303 E. Briarwood Ln. Columbia, MO 65203		Added on 06/01/2015

Total Active Links:9, Total Deactivated Links:3, Current Active Links:9, Current Deactivated Links:3

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

3 years

Describe the function of the Advisory Board as it relates to the work of your organization:

N/A

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the

July-June

filing date: MM/DD/YYYY

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1433183965_29953_501%28c%29statusfromtheIRS.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1531251648_29954_PhoenixProgramsAuditReport2017%281%29.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1531251560_29955_16-17PhoenixTaxReturn.pdf/

Financial Policies and Procedures:
Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The board of directors has a meeting each month and the CFO presents information at each meeting in regard to the finances of the agency. The agency also conducts a yearly external fiscal audit in order to ensure fiscal compliance and oversight.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation				Link Info		
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Grants Management & Writing	Masters degree	1.00	\$45,760.00	\$11,440.00		Added on 06/08/2015
Chief Financial Officer	Masters with 4 years experience	1.00	\$67,500.00	\$16,875.00		Added on 06/08/2015
Executive Director	Bachelors Degree	1.00	\$72,000.00	\$18,000.00		Added on 08/04/2015
Director of Core Services	Bachelor	1.00	\$53,497.60	\$13,374.40		Added on 06/08/2015
Prevention Specialist	Masters with 3 years experience	1.00	\$47,944.00	\$11,986.00		Added on 06/08/2015

Total Active Links:5, Total Deactivated Links:1, Current Active Links:5, Current Deactivated Links:1

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Commission on Accreditation of Rehabilitation Facilities (CARF) May 2016 to May 2019 (3 year accreditation) for 5 programs: Adolescent outpatient treatment, Adult outpatient treatment, Adult inpatient treatment, Rapid rehousing and homeless prevention and Case management/services coordination.

Accreditation 2:

Certified substance abuse treatment facility with the Missouri Department of Mental Health since 1978.

Accreditation 3:**Certifications:**

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and *Third Party Financial Statement Review or **Audit (*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / **Audit required for Organizations reporting \$250,000 or more in annual revenue).

/document/download/filename/1522408638_32839_UW-OrgBudgetPhoenixPrograms%282018%29.pdf/

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a *Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) *Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

/document/download/filename/1541184885_53318_AccountingandReportingPoliciesandProceduresQuestionnaire.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1539977974_32678_1819Certificate%28WCrenewed91618%29-HeartofMissouriUnitedWay.pdf/

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 15 Links

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
HMUW - Health RFP: JUL2017 Cycle (Year End Report ends 09/10/2018 11:59 AM CDT)	Phoenix Programs, Inc.	HMUW Health RFP	Heart of Missouri United Way	JUL2017 - JUN2020		Added on 01/23/2017
Community Health/Medical Fund - RFP #36-13SEP18 (Agreement Form (V3) ends 12/31/2018 5:00 AM CST)	Phoenix Programs, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		Added on 08/07/2018
City of Columbia- RFP FY2019 Social Services (Proposal Revisions)	Phoenix Programs, Inc.	Social Services FY2019	City of Columbia	FY2019		Added on 08/07/2018
Community Health/Medical Fund - POS #26-15JUN15 (Interim Reporting ends 12/07/2018 12:00 PM CST)	Phoenix Programs, Inc.	Community Health/Medical Fund - POS	Boone County	RFP #26-15JUN15		Added on 06/01/2015
HMUW - Basic Needs RFP: JUL2018 Cycle (Closed ends 08/31/2021 11:59 AM CDT)	Phoenix Programs, Inc.		Heart of Missouri United Way	July 1, 2018 - June 30, 2019		Added on 12/12/2017

Total Active Links:15, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

| Next

System Fields

Record ID

12711

Modification Date

11/02/2018 1:54 PM CDT

Modified By

Phoenix Programs Inc ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Community Health/Medical Fund - RFP #36-13SEP18 (Agreement Form (V3) ends 12/31/2018 5:00 AM CST)

Organization Name (will auto-populate)

Phoenix Programs, Inc.

Fund Source

Community Health/Medical Fund - RFP #36-13SEP18

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

Outpatient Substance Use Treatment

Amount of Request

\$65,090.00

Program Information

Program Website (will default to Organization website)

<http://www.phoenixhealthprograms.com>

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Name

Rhiannon Ross

Phone Number

573-875-8880

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Title

CFO

Email

rross@phoenixprogramsinc.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1536791914_30421_AttachmentA.pdf/

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

/document/download/filename/1536791914_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1536791914_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1536706084_30418_1.BooneCountyAddendums.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Profile	Organization Mailing Address:	Head of Organization	Record ID	Active	Date
Organization Name (the offi... Phoenix Programs, Inc.	Organization Mail...g Address: 90 E. Leslie Lane	Head of Organization Teresa Goslin	Record ID 12711	Active	Dated on 08/07/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

431047634

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)

Link Instructions -1

Linked 'Agreement Form - V2' Records

Link Instructions Agreement Form V2

Linked 'Interim Report - V3' Records

Link Instructions Interim Report

Linked 'Interim Report - V3 (Services 6-15)' Records

Link Instructions - V3 (6-15)

Linked 'Interim Report - YHP' Records

Link Instructions - 2

Linked 'Agreement Form - V3 (Services 16-20)' Records

Link Instructions - Agreement form

Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'

Link Instructions 3

Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records

Link Instructions 4

Linked 'Year End Report - V3' Records



Link Instructions YER Svcs 1-5

Linked 'Year End Report - V3 (Services 6-15)' Records

Link Instructions YER Svcs 6-15

Linked 'Agreement Form - V3.1' Records



Link Instructions Agreement Form 3.1

Proposal Cover Sheet					Agreement Form - V3.1			Link Info			
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Agreement Form (V3) ends 12/31/2018 5:00 AM CST)	Phoenix Programs, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	Phoenix Programs, Inc.	Outpatient Substance Use Treatment	11/28/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Agreement Form - V3.1 (Services 11-20)' Records

Link Instructions Agreement Form - V3.1 (Services 11-20)

Proposal Cover Sheet					Agreement Form - V3.1 (Services 11-20)			Link Info			
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Agreement Form (V3) ends 12/31/2018 5:00 AM CST)	Phoenix Programs, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	Phoenix Programs, Inc.	Outpatient Substance Use Treatment	11/28/2018				Added on 11/20/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Year End Report - YHP' Records

Link Instructions YER HYP

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Rhannon Ross -CFO
Printed Name - Agency Executive Director/President/CEO

9-11-18
Date

Rhannon Ross -CFO
Signature - Agency Executive Director/President/CEO

9-11-18
Date

Greg DeLise
Printed Name - Agency Board Chair

9/11/18
Date

[Signature]
Signature - Agency Board Chair

9/11/18
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Rhannon Ross - CFO
Name and Title of Authorized Representative

Rhannon Ross - CFO
Signature

9-11-18
Date



Employment Eligibility Verification

Welcome
Mindy StuckUser ID
MSTU0856Last Login
00:23 AM - 05/02/2014 Log OutClick any  for help[Home](#)[My Cases](#)[New Case](#)[View Cases](#)[Search Cases](#)[My Profile](#)[Edit Profile](#)[Change Password](#)[Change Security Questions](#)[My Company](#)[Edit Company Profile](#)[Add New User](#)[View Existing Users](#)[Close Company Account](#)[My Reports](#)[View Reports](#)[My Resources](#)[View Essential Resources](#)[Take Tutorial](#)[View User Manual](#)[Share Ideas](#)[Contact Us](#)

Company Information

Company Name: Phoenix Programs, Inc.

[View / Edit](#)

Company ID Number: 304583

Doing Business As (DBA) Name:

DUNS Number:

Physical Location:

Address 1: 90 E. Leslie Lane

Address 2:

City: Columbia

State: MO

Zip Code: 65202

County: BOONE

Mailing Address:

Address 1:

Address 2:

City:

State:

Zip Code:

Additional Information:

Employer Identification Number: 431047634

Total Number of Employees: 20 to 99

Parent Organization:

Administrator:

Organization Designation:

Employer Category: None of these categories apply

NAICS Code: 624 - SOCIAL ASSISTANCE

[View / Edit](#)

Total Hiring Sites: 1

[View / Edit](#)

Total Points of Contact: 1

[View / Edit](#)[View MOU](#)



Company ID Number: 304583

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

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

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

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

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



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304583

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

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

C. RESPONSIBILITIES OF THE EMPLOYER

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

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

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

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

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

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

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

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



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304583

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

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

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

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

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



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304583

contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.



Company ID Number: 304583

after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take



Company ID Number: 304583

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Phoenix Programs, Inc.

Judy Prevo

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date



Name: Judy A Prevo
Telephone Number: (573) 875 - 8880 ext. 2143 Fax Number: (573) 442 - 8095
E-mail Address: jprevo@phoenixprogramsinc.org



BOONE COUNTY, MISSOURI

Request for Proposal #: 35-13SEP18 – Crisis Intervention Programs

ADDENDUM #1 - Issued August 13, 2018

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

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheet from the pre-proposal conference held on August 9 is attached for informational purpose.
- III. The County received the following questions at the pre-proposal conference and is providing a response below:
 - a. Can you provide a timeline of when fundings decisions will be made?

Response: Department staff and the Children's Services Board will review applications. The Board will make decisions by November with contract negotiations occurring for the remainder of the year. Funding will begin January 1, 2019.

- b. We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year.

Response: If the organization is not required to complete a full audit an independent financial review will be acceptable.

- c. We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- d. Could funds be used to off-set case management with nursing and older youth transitioning out, so they could have access to a Nurse Practitioner?

Response: Any program that provides treatment services to children, youth, or families in crisis is eligible to apply.

- e. Could you define non-conflicted referral for follow-up care referenced in paragraph 3.4. of the proposal?

Response: Non-conflicted referral for follow-up care is defined as informing clients of all treatment and follow-up care options and ensuring clients are connected to a provider.

- f. Is there a limit on the amount of funding a program may request?

Response: There is no limit within the funding amount available.

- g. If we have a contract with the State of Missouri and that program is not fully funded, can we apply for that gap in funding?

Response: Using funds to cover gap fundings is dependant on the state contract. Typically, gap funding is not allowed. However, additional supportive services not covered by the state can be purchased by the Children's Services Fund.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **35-13SEP18 – Crisis Intervention Programs**, receipt of which is hereby acknowledged:

Company Name: Phoenix Programs Inc

Address: 90 E Leslie Lane Columbia MO 65202

Phone Number: 573-878-8880

Fax Number: 573-442-3830

E-mail: tgoslin@phoenixprogramsin.org

Authorized Representative Signature: Teresa Goslin

Date: 9/11/18

Authorized Representative Printed Name: Teresa Goslin

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
35-13SEP18 – Crisis Intervention Programs
August 9, 2018, 10:00 a.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Joanne Nelson	Children's Services	886-7219	
3.	Kelly Wallis	Children's Services	886-7218	
4.	Kari Hopkins	Coyote Hill	874-0179	875-0510
5.	Beth Vasser	Central Missouri Community Action	573-443-8706	573-874-0993
6.	Jennifer Graves	True North of Columbia	573-875-0508	573-875-0518
7.	Megan Steen	Burrell	573-777-8450	
8.	Nicole Dean	Great Circle	442-8331	442-8330
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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

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

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

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

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety registry for staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP, described in Section 3.4, are eligible for funding. No services have been excluded from eligibility for funding.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Phoenix Programs Inc
Address: 90 E. Heslie Lane, Columbia MO 65202
Phone Number: 573-875-8880 Fax Number: 573-324-3830
E-mail: tgoslin@phoenixprogramsinc.org
Authorized Representative Signature: Teresa Goslin Date: 9/11/18
Authorized Representative Printed Name: Teresa Goslin



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #3 - Issued September 6, 2018

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

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

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

- a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

- b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

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

- c. Is an electronic signature acceptable?

Response: No

- d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval.

- e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Phoenix Programs, Inc

Address:

90 E Leslie Lane, Columbia MO 65202

Phone Number:

573-875-8880

Fax Number:

573-324-3830

E-mail:

EGoslin@phoenixprogramsinc.org

Authorized Representative Signature:

Teresa Goslin

Date:

9/11/18

Authorized Representative Printed Name:

Teresa Goslin



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

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

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

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

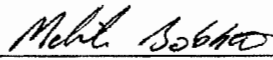
- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

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

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #4** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Phoenix Program, Inc

Address:

90 E Keshe Lane, Columbia Mo 65202

Phone Number: 573-875-8886

Fax Number: 573-324-3830

E-mail: ross@phoenixprogramsinc.org

Authorized Representative Signature: Rhannon Ross Date: 9-11-18

Authorized Representative Printed Name: Rhannon Ross - CFO

Program Overview (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Agreement Form (V3) ends 12/31/2018 5:00 AM CST)
Organization Name (will aut...	Phoenix Programs, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Outpatient Substance Use Treatment
Amount of Request	\$65,090.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

An absence of treatment programs, a shortage of treatment beds and lack of coordinated response by service providers continues to foster an inadequate and fragmented system of care. Four significant barriers to treatment were cited by Boone County consumers and providers who were surveyed in 2014 and again in 2016 and include: 1) Lack of integration of services among agencies; 2) Transportation and inaccessibility of services; 3) Cost and availability of specific types of services; and 4) Inability of the person to recognize when formal help or treatment is needed (Boone County Mental Health Needs Assessment, 2014). Individuals experiencing with SUD and COD, lack access to medical care, including substance use treatment, putting them at risk for a host of other problems. Nationally, approximately 3% of the population is affected by a co-occurring mental health and substance abuse disorder; an estimated 10 million people in the U.S. have co-occurring addictive and mental disorders (SAMHSA, 2003). According to a national study (Kessler et al. 2007), 52% of a representative national sample of community respondents with a history of alcohol disorders and 59% of those with a history of illicit drug disorders also reported a history of at least one mental disorder.

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

Addiction impacts one out of every ten people – in our country, in our state and in our community. Nearly half of Americans know someone with a problem with substance dependence. Unlike many other illnesses, addictions carry a stigma, which makes treatment and recovery very difficult. No other disease goes untreated to the extent addiction does and that lack of treatment creates risk for the entire community. According to County Health Rankings 49% of Boone County driving deaths compared to 35% state average and 14% for top US performers. The Community Health Status Assessment for Boone County identified 1,534 alcohol and 1,188 drug ER visits, an increase over the previous two years by 27% and 72% respectively. Also in 2010 there were 1,639 DUIs and 1,135 drug arrests, as well as 15 meth labs, each a potential toxic waste site. The Columbia Tribune reported a rise in the average purity of heroin in the region from police seizures rose from 11% in 2008 to the current 43%, with 90% purity levels common. Heroin seizures have increased in the region in both quantity and amount. This high level drug dealing is a major contributor to violent crime. Columbia's

Mayor's Task Force on Community Violence found: "Drugs and alcohol are major contributing factors" to homicide. In 11 of the 22 homicides in the previous 5 years drugs were the major factor and media review of the 22 homicides found drugs were present directly or in the background of the offenders in almost each situation.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The purpose of the project is to expand and enhance substance abuse treatment capacity for serving adults with Substance Use Disorder and/or Co-Occurring Disorder through evidence-based practices within a recovery-oriented system of care.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The Outpatient Substance Use Treatment Program aims to improve quality of health and life for adults with Substance Use Disorder (SUD) by making access to treatment and recovery possible & promoting sustained health, wellness and dual-recovery within a chronic care approach for adults with SUD and COD.

Objectives include the following:

- 1: Provide outreach to homeless population through partnering agencies to identify and enroll program participants with SUD.
- 2: Engage partnering agencies in the community to identify opportunities for active participants and provide clients the wraparound services needed to sustain recovery.
- 3: Provide 75% clients per year with approximately 12 hours per month of outpatient substance use treatment services.
- 4: Provide recovery-oriented, wraparound services in a person-centered, culturally-competent and strengths-based manner, including life skills training, benefits acquisition, linkage to medical care and social support and case management for program participants, their family and support network.
- 5: Provide 24 hour crisis intervention by a team member who is familiar with the program participant and their personal recovery journey.
- 6: Provide individualized, culturally competent, integrated mental health and substance abuse treatment in the community for participants and their families.
- 7: Link clients to peer support organizations.
- 8: Provide sustained outreach and engagement to maintain clients in spite of relapse and/or continued use.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The consumers who will be served by the proposed program are adults diagnosed with substance use disorder and co-occurring disorder in Boone County, Missouri. Many served will be on probation or parole; others receiving services from a domestic violence and/or a homeless shelter/program. An over-representation of veterans, racial, ethnic and sexual minorities and individuals with disabilities is anticipated. Most will have temporary jobs at best; will not be receiving cash assistance from the government; and all will be uninsured. Boone is one of 114 Counties in Missouri; growing at a rate more than double the rate for MO as a whole (12.5% vs. 5%). The population of Boone County is 152,435. Over half the population resides in Columbia (county seat: population 94,428). Boone County residents are 83.5% Caucasian, 8.6% African American, 3.3% Asian, 2.5% Latino/Latina, 0.4% American Indian/Alaska Native and 1.9% Multi-Racial. American English is the primary language. The median household income is \$44,936, on par with MO but lower than the U.S. average by approximately \$5,000. The poverty rate in Boone County is 16%, higher than the State and National averages of 13.3% and 13% respectively.

b. Why will these particular consumers be served? (1500 character limit)

This population will be served because of their poor work history, lack of social supports, their alcohol and drug problems and their mental or physical health problems make it difficult for them to identify and secure employment and other services in order to be a productive member of society. There continues to be a stigma for those who have a substance abuse or mental health issue, which makes it difficult for these individuals to recover from addictions, find employment and reconnect with family, friends and society. Substance abuse leads to a huge societal cost and statistics show that the average cost to treat a substance addicted individual is \$1,346 versus a \$17,300 cost to society to NOT treat the substance addicted individual. There is also a cost for alcohol and drug related hospital and emergency room visits, alcohol and drug related crashes and loss of property suffered by Missourians due to drug and alcohol related crimes. Substance abuse affects not only the addicted individual, but also affects their family members due to strained relationships and the community due to low worker productivity. Substance abuse can also lead to dysfunction in the family home, unemployment and possibly even homelessness. Evidence based and effective substance abuse treatment can put individuals on the road to recovery and give them the tools to increase functioning and be a productive member of society.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

There are numerous challenges to adequately serve low income individuals with substance use disorders. Rarely does SUD exist in isolation of other severe problems including mental health disorders, physical health challenges, criminal justice involvement, homelessness, a lack of social support and transportation difficulties. Individuals served by multiple providers need an increased amount of service coordination. A paucity of state funding for the indigent creates long waits for assessment and instigation of treatment services leading to difficulties in early engagement and intervention.

d. Total number of unduplicated individuals to be served by the proposed program:

1260

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

1401.12

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

806

City of Columbia

717

Cooper County

169

Howard County

57

Other Counties

228

Residence Total

1260

Record Lock

1

Race

White (alone)

953

Black or African American (alone)

239

Multiple Races

38

Asian (alone)

6

Native American Indian or Alaskan Native

4

Native Hawaiian or other Pacific Islander (alone)

4

Some Other Race

16

Race Total

1260

Ethnicity

Hispanic or Latino (of any race)

8

Not Hispanic or Latino

1252

Ethnicity Total

1260

Gender**Female**

380

Male

878

Other

2

Gender Total

1260

Income**At or below 200% of Federal Poverty Level**

931

Over 200% of Federal Poverty Level

329

Income Total

1260

Age (City-Social Services/County-Health/HMUW-RFP)**Under 5 years**

0

5-19 years

146

20-59 years

1019

60 years and over

95

Age Total (1)

1260

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

N/A

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

The location of services will be provided at our treatment facility located at 90 East Leslie Lane in Columbia, Missouri. The hours of operation for outpatient treatment begin at 8:00 AM Monday- Saturday and end at 8:00 PM on Monday, 7:00 PM Tuesday-Thursday, 5:00 PM Friday, & 12:00 on Saturday.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

The participant eligibility criteria will consist of the following: 1) adults ages 18 or older, both males and females; 2) participants live and reside in Columbia; 3) target those with low or very low incomes, although we will accept participants at any income level participants are screened for insurance status and ability to pay; 4) all admission into the program will be voluntary and participants may discontinue services at any time; 5) participants will have a substance abuse issue or a substance abuse issue with a co-occurring mental health issue.

c. Will program consumers be charged a fee for the proposed program service(s)?

Yes

Provide a description of and rationale for the program fee. (600 character limit)

Services offered at the agency are on a sliding fee scale and target those often excluded by racial and ethnic health disparities, underinsured and uninsured. The use and structure of the fee schedule has been recommended by MO DMH to insure access to services by underserved populations.

Will the proposed program utilize a sliding fee schedule?

Yes

Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Services are offered on sliding fee scale as recommended by DMH to insure access to services for all populations, especially the underserved. The fee schedule is based upon the current Federal Poverty Levels.

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

/document/download/filename/1536792029_40756_Slidingscale.pdf/

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Phoenix Programs meets the certification standards of the Missouri Department of Mental Health Division of Alcohol and Drug Abuse which includes all major components of the program and mandates that 60% of counselors be certified or qualified substance abuse counselors. In addition, both our adult outpatient and adult inpatient substance abuse treatment programs are accredited by the Commission on Accreditation of Rehabilitation Facilities.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

Provide the name of the accreditation agency. (300 character limit)

Missouri Department of Mental Health, Division of Alcohol and Drug Abuse
Commission on Accreditation of Rehabilitation Facilities

Provide the most recent dates of accreditation (including expiration date): (300 character limit)

Missouri Department of Mental Health, Division of Alcohol and Drug Abuse--2018
Commission on Accreditation of Rehabilitation Facilities--2016 (renewed every 3 years)

Provide a description of the accreditation process: (600 character limit)

The accreditation process begins with the agency adhering to over 2000 best practice evidence based standards. The agency conducts a self survey and when the agency is in conformance with the standards a 3 day onsite review from CARF will be requested. The onsite review is a consultative approach where the agency proves conformance with the CARF standards and commitment to the process.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

We use evidence based practices (EBP) to meet the needs of diverse consumers. We provide Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, and Dialectical Behavioral Therapy interventions. We Mindfulness based programming while continuing long practiced successful models of treatment like Motivational Interviewing, and the Community Reinforcement Approach. We use certified substance abuse counselors, licensed counselors & social workers. All staff have gone through trauma-informed service delivery in order to interact sensitively with all clients.

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

All of the program elements in our outpatient substance abuse treatment program are identified as evidence based practices in the Substance Abuse and Mental Health Administration's National Registry of Evidence Based Practices and Programs. This list is the "gold standard" for interventions where there is strong evidentiary support of efficacy. This fidelity to evidence based practices demonstrates itself in Department of Mental Health (DMH) outcome data for 2014 which allows comparison to peer agencies in Missouri. Phoenix retains clients in treatment an average of 100.1 days exceeding the state average of 96.4 and the National Institute on Drug Abuse recommendation to exceed 90 days.

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)

Abstinence rates for enrollments at least 90 days show an absolute change of 22.3% at Phoenix outpatient in comparison to the statewide average of only 4.6%. Secondary effects include an increase in being employed or enrolled in school increasing by 15.7% at Phoenix compared to a state average of 6%. Our own outcome data based on follow up surveys 6 months post treatment shows even stronger long term effects including: Reducing alcohol use within 30 days from 60% to 30%; drug use within 30 days from 53% to 14%; attendance at self help groups from 14% to 66%; while 91% of participants reported Phoenix prepared them for a successful recovery.

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

In addition to expanding our cutting edge and highly effective outpatient program for more high need primarily low income Boone County residents, increased funding will allow several innovative enhancements to service delivery. Currently our state funded outpatient program can have up to a two month wait for an outpatient assessment, except for identified "priority populations" (pregnant women, IV drug users, high need Department of Corrections clients) who are offered an assessment within 72 hours. Boone County funds will allow us to add two more priority populations to increase the community wide impact of our outpatient services. Homeless veterans who do not qualify for VA benefits referred by Welcome Home will allow

Phoenix to provide the high quality integrated substance abuse and mental health treatment afforded to most veterans by the VA. Discharge status, length of stay, or only serving in the National Guard leave these veterans without robust supports. Rapid and intense coordinated treatment with Welcome Home will allow for homeless veterans to stay sheltered and focus on their recovery. Individuals enrolled in Job Point employment programs will also be added as priority populations. Rapid treatment will allow at risk program participants to continue their path forward in job training while they address their problems with substances. As part of this initiative Phoenix will deliver an onsite substance abuse education course paid for by Federal funds.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

We use multiple methods to collect data including consumer feedback. Phoenix Programs maintains suggestions/comment boxes throughout the agency where consumer can submit anonymous feedback regarding ANY program. The agency periodically conduct needs assessments on consumers in various programs in order to obtain feedback, including bi-annual focus groups. The agency currently uses an outcomes measure for every program, the You-Feedback by Individuals for Responsiveness, Satisfaction and Trust, that is completed by consumers at intake and 6 month follow up. Phoenix Programs is a CARF accredited agency which requires consistent Quality Improvement and data collection.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

All outcome data collection will be conducted via face-to-face interviews; process evaluation data will be collected via a yearly site visit. The grantee will comply with collecting and reporting all required performance measures. Data via agency outcomes measures will be collected at intake (by treatment staff), at discharge and at 6-month follow-up (by treatment and outcomes staff). Phoenix Programs, Inc. staff will enter data monthly. Phoenix Programs, Inc. data manager will insure that all data is appropriately entered into the appropriate system. Tracking clients for the 6-month follow-up interview begins at the time the client is admitted into the program. Tracking efforts for future interviews include letters, phone calls, personal visits, checking "hang-out" locations, talking to family, friends, social service providers, and checking the publicly available Department of Corrections websites in Missouri and Illinois. A dedicated project cell phone for data collectors and the evaluation coordinator will also be used as we have found that it enables clients to easily contact data collection staff, as will utilizing data collectors that can be flexible in times/locations for interviews. Data will be reported in different ways. First, all data will be regularly input into the required systems and project databases. Second, data will be reported through the quarterly reporting schedule. Finally, updates on intake, discharge, and follow-up interviews will occur regularly.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Phoenix will serve those the VA cannot and will provide an integral part of our County's combined effort to end veteran's homelessness. Job Point and Phoenix Programs will strengthen our collaborative relationship through co-locating services and coordinating substance abuse and vocational services to transform lives and reduce poverty. Job Point will also increase their marketing efforts for vocational programming for Phoenix outpatient participants. Services for Independent Living (SIL) will provide transportation for Phoenix clients. It serves to ensure that individuals with physical disabilities can easily access high quality substance use treatment and that Phoenix participants with physical disabilities are made aware of the assistance SIL can provide. Phoenix will also continue to partner with probation and parole, law enforcement, the medical community, and other behavioral providers to show leadership in the continued development of wraparound service providers.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Executive Director	Masters with 4 years experience	0.15	\$59,384.00	\$72,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO

Chief Financial Officer	Masters with 3 years experience	0.15	\$59,384.00	\$67,500.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Grants Manager	Bachelors with 3 years experience	0.15	\$43,451.00	\$45,760.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Technology Support	Bachelors with 2 years experience	0.10	\$33,280.00	\$35,360.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
Outcomes Manager	Bachelors with 2 years experience	0.50	\$35,360.00	\$41,600.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
Substance Abuse Counselors	LPC or LCSW with 2 years experience	9.00	\$29,640.00	\$42,000.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
Case Manager and/or Peer Specialist	Experience with addiction and recovery	6.00	\$27,040.00	\$33,280.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Phoenix Programs employs staff consistent with the applicable requirement of the certification standards of the Missouri Department of Mental Health. All staff providing substance use disorder treatment are appropriately licensed, certified or credentialed and are competent in the cultural, racial and ethnic patterns of the population served. Staff are fully trained in the delivery of the evidence based practices used by the programs and continue to receive ongoing training and continuing education. Counselor salaries range from \$29,640-\$42,000 which is comparable to other providers.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
Heart of Missouri United Way - Enhanced Opioid Program	\$87,000.00	5
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Donations & special event (\$22,650) AHAP tax Credits (\$18,500)	\$41,150.00	2
2. GOVERNMENT CONTRACTS/SUPPORT:		

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
	\$0.00	0
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Outpatient Substance Abuse Treatment Program	\$65,090.00	4
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Outpatient Substance Abuse Treatment Program	\$65,090.00	4
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
CSTAR Medicaid (\$454,643) - Secured - fee for service	\$454,643.00	26
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Department of Mental Health ADA contract (\$368,436) - Secured - fee for service Justice Reinvestment Initiative (JRI) (\$230,203) - Contract secured - fee for service State Targeted Response (STR) (\$284,370) - Contract secured - fee for service EPICC - Recovery coach - (\$55,771)	\$938,780.00	53
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
DWI court (\$2,745)	\$2,745.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Private insurance and private pay (\$48,918) HSI Ryan White Fund (\$62,000)	\$110,918.00	6
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	1765416	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$706,167.00	40
Personnel Narrative (300 character limit)		
Personnel expenses directly related to the running of the program. Includes fringe benefits.		
2. Non-Personnel	2.	2. %
	\$1,059,249.00	60
Non-Personnel Narrative (300 character limit)		
Non personnel expenses include program expenses such as office supplies, facility expenses, program maintenance, basic items, program supplies and other expenses directly related to the program.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	1765416	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

Phoenix Programs intends to use the proposed funding for project expansion and has identified strategies to secure resources to continue the project at the end of the project period. The agency currently has funding that will compliment this program and ensure longevity of the program. The project will continue beyond the life of the grant through a combination of local, state and private funding sources. The funding utilization order is 1. 3rd party payers 2. Federal/State 3. HMUW/City/County.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Garner, B.R., Knight, K., Flynn, P.M., Morey, J.T., & Simpson, D.D. (2007). Measuring offender attributes and engagement in treatment using the client evaluation of self and treatment. *Criminal Justice and Behavior*, 34, 1113-1130.

Kessler, R., McGonagle, K., & Zhao, S. e. (2007). Lifetimes and 12 month prevalence of DSM-IV-R psychiatric disorders in the United States. *Archives of General Psychiatry*, 51, 8-19.

Pearson, F. S., & Lipton, D. S. (2009). A meta-analytic review of the effectiveness of correction-based treatment for drug abuse. *The Prison Journal*, 79(4), 384-410.

Solomon, A. L., Jannett, J., Elderbroom, B., Winterfield, L., Osborne, J., Burke, P., Stroker, R.P., Rhine, E.E., Burrell, W.D., (2008)., Putting Public Safety First 13 Strategies for Successful Supervision and Reentry. Washington DC: Urban Institute.



Solomon, A., Visser, C., La Vigne, N., & Osborne, J. (2012). Understanding the challenges of prisoner reentry: Research findings from the Urban Institute's prisoner reentry portfolio. Washington, DC: Urban Institute Press.

Substance Abuse and Mental Health Services Administration. (2003). New Treatment Improvement Protocol Designed for Substance Abuse Treatment Counselors and Mental Health Providers for People with Co-Occurring Disorders. US Department of Health and Human Services.

Sullivan, C.J., McKendrick, K., Sacks, S. & Banks, S.M. (2007). Modified TC for MICA Offenders: Substance Use Outcomes. *American Journal of Drug & Alcohol Abuse*, accepted for publication.

Taxman, F. S. (2012). Supervision: Exploring the dimension of effectiveness. *Federal probation*, 66(2), 14-27.

Linked 'Agreement Form - V3' Records**Link Instructions - Agreement Form - V3****Linked 'Agreement Form - V3.1' Records****Link Instructions Agreement Form - V3.1**

Agreement Form - V3.1				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Phoenix Programs, Inc.	Outpatient Substance Use Treatment	11/28/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Agreement Form (V3) ends 12/31/2018 5:00 AM CST)
Organization Name (will aut...	Phoenix Programs, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Outpatient Substance Use Treatment
Amount of Request	\$65,090.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for **expenses and equipment required in order to deliver the proposed program service(s)**. One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)**c. Provide justification for the request for one-time funding. (600 character limit)**

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

4.18 Individual Therapy - Adult

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for an adult in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The consumers which will be served includes Columbia residents age 18 and older; veterans and homeless veterans with addictions and mental illnesses; low income individuals enrolled in vocational programs; and homeless individuals with addictions and/or mental disorders and persons at risk of homelessness. Outpatient services begin with a detailed assessment. Clients receive reminder calls the day before and bus tickets are routinely provided. Counselors attend training and professional development to keep abreast of the latest techniques and approaches. Motivational Interviewing, a best practice in SUD counseling, most informs our counseling practice. Other evidence-based practices are used as they are shown to be effective and we have staff attend national conferences to receive direction and training from the originators of new theories of treatment. Clinical staff meet before appointments begin on a daily basis to review demanding cases and prepare strategies with the support of peers. Counselors routinely help individuals cope with difficult issues like the grief of losing family to addiction, the harsh reality of losing custody of a child, and real fears about finances and threatened job loss. To keep the most objective and professional perspective, counselors rely on one another to stay resilient while facing these challenges each day with clients. Individual counseling sessions are generally one hour long and can be held from two or more times per week and up to a month apart for individuals tapering down from services. Intensity is based on individual need and the agreement the consumer has arranged with their primary counselor. Annual training in ethical practice is required and counselors maintain a courteous and professional relationship with clients. Sessions are held in a comfortable and private setting. Counselors focus on engaging clients and ask open-ended, nonjudgmental questions intended to elicit positive change statements. Counselors actively listen and encourage clients to identify their own solutions increasing client buy in. These are reflected back to the individual in a way that maximizes the individual's commitment to change. Within the first few sessions a treatment plan is established in collaboration with the client which serves as a road map of the treatment agenda. Client strengths are identified and built upon and individuals are empowered to work towards moving to their own view of a happy and healthy life rather than merely trying to solve problems. The client's stage of change for the issue at hand is assessed and appropriate interventions are chosen based upon that stage of change. Argument, power struggles, and a directive approach are all avoided as counterproductive.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 hour of outpatient substance abuse individual counseling

b. Unit Rate (#1)

\$56.60

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

Yes

Indicate the publicly available rate and describe the source. (#1) (600 character limit)

The use and structure of the fee schedule used by our agency has been recommended by the Missouri Department of Mental Health (DMH) to insure access to treatment and services for underserved populations and the fee schedule is also based upon Federal Poverty Levels.

d. Total Number of Units of Service to be Provided (#1)

18720

e. Total Number of Unduplicated Individuals (#1)

1260

f. Average Number of Units of Service per Unduplicated Individual (#1)

14.86

g. Average Cost of Service per Individual (#1)

840.91

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

Yes

Provide a description of and a rationale for the proposed service fee. (#1) (600 character limit)

Services offered at the agency are on a sliding fee scale and target those often excluded by racial and ethnic health disparities, underinsured and uninsured. The use and structure of the fee schedule has been recommended by MO DMH to insure access to services by underserved populations.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#1)

/document/download/filename/1536686027_41196_SlidingScale.pdf

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If a consumer has commercial insurance, we would bill that insurance company for treatment services. The eligibility criteria is typically dictated through the insurance company. We verify the consumer is active with insurance and obtain benefit information and also determine if the treatment service is billable to the insurance.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

For those that are uninsured or underinsured we offer financing through two different independent external lending firms. Treatment services may be billed to insurance providers as long as the insurance carrier accepts outpatient substance abuse treatment as a billable service. We also have DMH funding for uninsured and underinsured and for those who qualify based on income levels.

Service #1 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funders Chart below)

Service #1 - Local Funding Chart

FUNDERS (#1)	UNIT RATE (#1)	CONTRACTED UNITS (#1)	TOTAL AMOUNT CONTRACTED (#1)
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$54.92	1b2. 1160	1b3. \$63,707.20
c. City of Columbia - Social Services Funding (#1)	1c1. \$54.92	1c2. 1184	1c3. \$65,000.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$54.92	1e2. 1584	1d4. \$87,000.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$65,090.00

b. Proposed Number of Units of Service (#1)

1150

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

Phoenix Health Programs brings in over \$3 million annually in funding for a variety of services to the community. Our programs and services continue to expand to meet the unique needs of the individuals with drug, alcohol and mental health disorders, while our DMH contracts continue to stay stagnant or identify a specific population. Through the additional funding provided by the City of Columbia the agency can continue to serve more high-risk and underserved populations and expand our treatment services which will result in a decrease in our waiting lists for those seeking treatment services.

Service #1- Performance Measures

Outcome (1-1) Participants will report a decrease in the use of alcohol.	Indicator (1-1) The number of participants reporting alcohol use will decrease from 60% at intake to 25% at 6 month follow up.	Method of Measurement (1-1) The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.
Additional Outcome (1-2) Participants will report a decrease in the use of drugs.	Additional Indicator (1-2) The number of participants reporting drug use will decrease from 53% at intake to 20% at 6 month follow up.	Additional Method (1-2) The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Each outcome is attributed to the program goals in order to see each participant succeed and progress in their substance abuse treatment and recovery.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Measurement of the outcomes will be collected using the GPRA core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Government Performance and Results Act (GPRA) core outcomes data will be collected in order to measure outcomes for the evidence based treatment program.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

4.13 Substance Use Disorder Assessment

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Assessment that determines the severity, frequency, pattern, and history of substance use to develop a treatment plan for intervention.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The consumers which will be served include Missouri residents age 18 and older; veterans and homeless veterans with addictions and mental illnesses; low income individuals enrolled in vocational programs; and homeless individuals with addictions and/or mental disorders and persons at risk of homelessness. Outpatient services begin with a detailed assessment. The assessment is an Addiction Severity Index (ASI). It is a standardized Missouri Department of Mental Health approved interview that will review all areas of an individuals life including substance use, employment, family, legal status and medical needs. The counselor will use the ASI to development a treatment plan and determine the direction of treatment.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

One Addiction Severity Index assessment

b. Unit Rate (#2)

\$365.66

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

Yes

Indicate the publicly available rate and describe the source. (#2) (600 character limit)

The use and structure of the fee schedule used by our agency has been recommended by the Missouri Department of Mental Health (DMH) to insure access to treatment and services for underserved populations and the fee schedule is also based upon Federal Poverty Levels.

d. Total Number of Units of Service to be Provided (#2)

1260

e. Total Number of Unduplicated Individuals (#2)

1260

f. Average Number of Units of Service per Unduplicated Individual (#2)

1

g. Average Cost of Service per Individual (#2)

365.66

Service #2 - Service Fee**a. Will the proposed service consumers be charged a fee? (#2)**

Yes

Provide a description of and a rationale for the proposed service fee. (#2) (600 character limit)

Services offered at the agency are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities, the underinsured and uninsured. The use and structure of the fee schedule has been recommended by Missouri Department of Mental Health to insure access to services by underserved populations.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#2)

/document/download/filename/1536686027_40829_SlidingScale.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#2) (600 character limit)

If a consumer has commercial insurance, we would bill that insurance company for treatment services. The eligibility criteria is typically dictated through the insurance company. We verify the consumer is active with insurance and obtain benefit information and also determine if the treatment service is billable to the insurance.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

For those that are uninsured or underinsured we offer financing through two different independent external lending firms. Treatment services may be billed to insurance providers as long as the insurance carrier accepts outpatient substance abuse treatment as a billable service. We also have DMH funding for uninsured and underinsured and for those who qualify based on income levels.

Service #2 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)**

No

Service #2 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)**

\$0.00

b. Proposed Number of Units of Service (#2)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)**Service #2 - Performance Measures****Outcome (2-1)**

Participants will report a decrease in the use of alcohol.

Indicator (2-1)

The number of participants reporting alcohol use will decrease from 60% at intake to 25% at 6 month follow up.

Method of Measurement (2-1)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (2-2)

Participants will report a decrease in the use of drugs.

Additional Indicator (2-2)

The number of participants reporting drug use will decrease from 53% at intake to 10% at 6 month follow up.

Additional Method (2-2)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

Each outcome is attributed to the program goals in order to see each participant succeed and progress in their substance abuse treatment and recovery.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

Measurement of the outcomes will be collected using the in-house outcome/satisfaction core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Client in-house outcome/satisfaction data will be collected in order to measure outcomes for the evidence based treatment program.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

4.15 Family Therapy

b. Service #3 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The consumers which will be served include Missouri residents age 18 and older; veterans and homeless veterans with addictions and mental illnesses; low income individuals enrolled in vocational programs; and homeless individuals with addictions and/or mental disorders and persons at risk of homelessness. Family services begin with a detailed assessment. The agency has designated family counselors who attend training and professional development to keep abreast of the latest techniques and approaches. Motivational Interviewing, a best practice in SUD counseling, most informs our counseling practice. Other evidence-based practices are used as they are shown to be effective and we have staff attend national conferences to receive direction and training from the originators of new theories of treatment. Clinical staff meet before appointments begin on a daily basis to review demanding cases and prepare strategies with the support of peers. Counselors routinely help individuals cope with difficult issues like the grief of losing family to addiction, the harsh reality of losing custody of a child, and real fears about finances and threatened job loss. Family counseling sessions are generally one hour long and can be held from two or more times per week and up to a month apart for individuals tapering down from services. Intensity is based on need and the agreement the consumer has arranged with their primary counselor. Annual training in ethical practice is required and counselors maintain a courteous and professional relationship with clients. Sessions are held in a comfortable and private setting. Counselors focus on engaging clients and ask open-ended, nonjudgmental questions intended to elicit positive change statements. Counselors actively listen and encourage clients to identify their own solutions increasing client buy in. These are reflected back to the individual in a way that maximizes the individual's commitment to change. Within the first few sessions a treatment plan is established in collaboration with the client which serves as a road map of the treatment agenda. Client strengths are identified and built upon and individuals are empowered to work towards moving to their own view of a happy and healthy life rather than merely trying to solve problems. The client's stage of change for the issue at hand is assessed and appropriate interventions are chosen based upon that stage of change. Argument, power struggles, and a directive approach are all avoided as counterproductive.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

1 hour of outpatient substance abuse family therapy

b. Unit Rate (#3)

\$73.24

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

Yes

Indicate the publicly available rate and describe the source. (#3) (600 character limit)

The use and structure of the fee schedule used by our agency has been recommended by the Missouri Department of Mental Health (DMH) to insure access to treatment and services for underserved populations and the fee schedule is also based upon Federal Poverty Levels.

d. Total Number of Units of Service to be Provided (#3)

192

e. Total Number of Unduplicated Individuals (#3)

42

f. Average Number of Units of Service per Unduplicated Individual (#3)

4.57

g. Average Cost of Service per Individual (#3)

334.81

Service #3 - Service Fee**a. Will the proposed service consumers be charged a fee? (#3)**

Yes

Provide a description of and a rationale for the service. (#3) (600 character limit)

Services offered at the agency are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities, the underinsured and uninsured. The use and structure of the fee schedule has been recommended by Missouri Department of Mental Health to insure access to services by underserved populations.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#3)

/document/download/filename/1536686027_40862_SlidingScale.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#3) (600 character limit)

If a consumer has commercial insurance, we would bill that insurance company for treatment services. The eligibility criteria is typically dictated through the insurance company. We verify the consumer is active with insurance and obtain benefit information and also determine if the treatment service is billable to the insurance.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#3) (600 character limit)

For those that are uninsured or underinsured we offer financing through two different independent external lending firms. Treatment services may be billed to insurance providers as long as the insurance carrier accepts outpatient substance abuse treatment as a billable service. We also have DMH funding for uninsured and underinsured and for those who qualify based on income levels.

Service #3 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)**

No

Service #3 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)**

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)**Service #3 - Performance Measures****Outcome (3-1)**

Participants will report a decrease in the use of alcohol.

Indicator (3-1)

The number of participants reporting alcohol use will decrease from 60% at intake to 25% at 6 month follow up.

Method of Measurement (3-1)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (3-2)

Participants will report a decrease in the use of drugs.

Additional Indicator (3-2)

The number of participants reporting drug use will decrease from 53% at intake to 20% at 6 month follow up.

Additional Method (3-2)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (3-3)**Additional Indicator (3-3)****Additional Method (3-3)**

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)

Each outcome is attributed to the program goals in order to see each participant succeed and progress in their substance abuse treatment and recovery.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

Measurement of the outcomes will be collected using the GPRA core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

Government Performance and Results Act (GPRA) core outcomes data will be collected in order to measure outcomes for the evidence based treatment program.

Service #4 - Name, Definition, and Description

a. Service #4 - Taxonomy of Service Name (300 character limit)

4.16 Group Therapy - Adult

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for adults with a related problem arranged in a group format with a qualified mental health professional. Group Therapy places focus on all group members.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The consumers which will be served include Missouri residents age 18 and older; veterans and homeless veterans with addictions and mental illnesses; low income individuals enrolled in vocational programs; and homeless individuals with addictions and/or mental disorders and persons at risk of homelessness. Group services begin with a detailed assessment. The agency has over 50 hours a week of structured groups. The group schedule consists of education groups, counseling groups, trauma groups, relapse prevention, process groups and other relevant topics. The agency has designated staff who facilitate the groups based on experience and credentials. Group sessions range between 45 minutes and 2 hours long and will be held from morning until evening so the consumers have a variety of options. Sessions are held in a comfortable setting. Large groups are held in the main classroom and smaller groups are held in area that provide privacy and confidentiality. Staff focus on engaging clients and ask open-ended, nonjudgmental questions intended to elicit positive change statements. Staff actively listen and encourage clients to identify their own solutions increasing client buy in.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

15 minutes of substance abuse group therapy

b. Unit Rate (#4)

\$2.74

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)

Yes

Indicate the publicly available rate and describe the source. (#4) (600 character limit)

The use and structure of the fee schedule used by our agency has been recommended by the Missouri Department of Mental Health (DMH) to insure access to treatment and services for underserved populations and the fee schedule is also based upon Federal Poverty Levels.

d. Total Number of Units of Service to be Provided (#4)

17832

e. Total Number of Unduplicated Individuals (#4)

860

f. Average Number of Units of Service per Unduplicated Individual (#4)

20.73

g. Average Cost of Service per Individual (#4)

56.81

Service #4 - Service Fee**a. Will the proposed service consumers be charged a fee? (#4)**

Yes

Provide a description of and a rationale for the service fee. (#4) (600 character limit)

Services offered at the agency are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities, the underinsured and uninsured. The use and structure of the fee schedule has been recommended by Missouri Department of Mental Health to insure access to services by underserved populations.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#4)

/document/download/filename/1536686027_40895_SlidingScale.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If a consumer has commercial insurance, we would bill that insurance company for treatment services. The eligibility criteria is typically dictated through the insurance company. We verify the consumer is active with insurance and obtain benefit information and also determine if the treatment service is billable to the insurance.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#4) (600 character limit)

For those that are uninsured or underinsured we offer financing through two different independent external lending firms. Treatment services may be billed to insurance providers as long as the insurance carrier accepts outpatient substance abuse treatment as a billable service. We also have DMH funding for uninsured and underinsured and for those who qualify based on income levels.

Service #4 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)**

No

Service #4 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)**

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)**Service #4 - Performance Measures****Outcome (4-1)**

Participants will report a decrease in the use of alcohol.

Indicator (4-1)

The number of participants reporting alcohol use will decrease from 60% at intake to 25% at 6 month follow up.

Method of Measurement (4-1)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (4-2)

Participants will report a decrease in the use of drugs.

Additional Indicator (4-2)

The number of participants reporting drug use will decrease from 53% at intake to 20% at 6 month follow up.

Additional Method (4-2)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (4-3)**Additional Indicator (4-3)****Additional Method (4-3)****Additional Outcome (4-4)****Additional Indicator (4-4)****Additional Method (4-4)****Additional Outcome (4-5)****Additional Indicator (4-5)****Additional Method (4-5)**

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

Each outcome is attributed to the program goals in order to see each participant succeed and progress in their substance abuse treatment and recovery.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

Measurement of the outcomes will be collected using the GPRA core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Government Performance and Results Act (GPRA) core outcomes data will be collected in order to measure outcomes for the evidence based treatment program.

Service #5 - Name, Definition, and Description

a. Service #5 - Taxonomy of Service Name (300 character limit)

4.20 Psychiatric Treatment

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Implementation of a mental health treatment plan that may include psychotherapy and medication adjustments and performed by a licensed psychiatrist.

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The consumers which will be served include Missouri residents age 18 and older; veterans and homeless veterans with addictions and mental illnesses; low income individuals enrolled in vocational programs; and homeless individuals with addictions and/or mental disorders and persons at risk of homelessness. Phoenix Programs currently has a contract with two doctors and one nurse practitioner who all have a DEA-waiver to prescribe buprenorphine. The total amount of combined clinic time each week is 3.5 days between the doctors and nurse, however, they are available via phone for emergencies. Phoenix Programs has also added telehealth services through ARCA which has increased clinic capacity to 5 days per week and could add an additional 12 hours per week, as needed.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

1 Psychiatric Doctor visit

b. Unit Rate (#5)

\$182.44

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate tied to an established public funding rate? (#5)

Yes

Indicate the publicly available rate and describe the source. (#5) (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

1560

e. Total Number of Unduplicated Individuals (#5)

320

f. Average Number of Units of Service per Unduplicated Individual (#5)

4.88

g. Average Cost of Service per Individual (#5)

889.4

Service #5 - Service Fee

a. Will the proposed service consumers be charged a fee? (#5)

Yes

Provide a description of and a rationale for the service fee. (#5) (600 character limit)

Services offered at the agency are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities, the underinsured and uninsured. The use and structure of the fee schedule has been recommended by Missouri Department of Mental Health to insure access to services

by underserved populations.

if the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#5)

/document/download/filename/1536686027_40928_SlidingScale.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

Yes

Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If a consumer has commercial insurance, we would bill that insurance company for treatment services. The eligibility criteria is typically dictated through the insurance company. We verify the consumer is active with insurance and obtain benefit information and also determine if the treatment service is billable to the insurance.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#5) (600 character limit)

For those that are uninsured or underinsured we offer financing through two different independent external lending firms. Treatment services may be billed to insurance providers as long as the insurance carrier accepts outpatient substance abuse treatment as a billable service. We also have DMH funding for uninsured and underinsured and for those who qualify based on income levels.

Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

No

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)

Participants will report a decrease in the use of alcohol.

Indicator (5-1)

The number of participants reporting alcohol use will decrease from 60% at intake to 25% at 6 month follow up.

Method of Measurement (5-1)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (5-2)

Participants will report a decrease in the use of drugs.

Additional Indicator (5-2)

The number of participants reporting drug use will decrease from 53% at intake to 20% at 6 month follow up.

Additional Method (5-2)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

Each outcome is attributed to the program goals in order to see each participant succeed and progress in their substance abuse treatment and recovery.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

Measurement of the outcomes will be collected using the GPRA core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.



d. Provide a rationale for each method of measurement (#5) (600 character limit)

Government Performance and Results Act (GPRA) core outcomes data will be collected in order to measure outcomes for the evidence based treatment program.

Total Amount Requested for Start-Up and Service #1 - Service #5**Total Amount Requested for Start-Up and Service #1 - Service - #5**

65090

Linked 'Agreement Form - V3' Records**Link Instructions - Agreement Form - V3****Linked 'Agreement Form - V3.1' Records****Link Instructions - Agreement Form - V3.1**

Agreement Form - V3.1				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Phoenix Programs, Inc.	Outpatient Substance Use Treatment	11/28/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 6-10 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Agreement Form (V3) ends 12/31/2018 5:00 AM CST)
Organization Name (will aut...	Phoenix Programs, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Outpatient Substance Use Treatment
Amount of Request	\$65,090.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in My Shared Files. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #6 - Name, Definition, and Description

a. Service #6 - Taxonomy of Service Name (300 character limit)

5.15 Rental Assistance

b. Service #6 - Taxonomy Definition of Service (300 character limit)

Provision of financial assistance to households for rent.

c. Provide a detailed description of the proposed service (#6). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The consumers which will be served include Missouri residents age 18 and older; veterans and homeless veterans with addictions and mental illnesses; low income individuals enrolled in vocational programs; and homeless individuals with addictions and/or mental disorders and persons at risk of homelessness. Rental assistance is provided for eligible clients who are interested in residing or currently reside in a sober living property. This includes oxford houses and also privately owned property that operates as a sober house. The property must pass an inspection prior to rental assistance being provided. The JRI and STR programming has an additional requirement of only providing rental assistance if the property is a NARR accredited recovery house. The process is extensive to become a certified property and Columbia currently has one agency (In2Action) that has passed the certification. The per night per diem rate is \$35 per person per night per room. This is a huge incentive for landlords to get accredited.

Record Lock

1

Service #6 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#6)

\$1.00 (Rental Assistance)

b. Unit Rate (#6)

\$1.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#6)

c. Is the proposed Unit Rate tied to an established public funding rate? (#6)

Yes

Indicate the publicly available rate and describe the source. (#6) (600 character limit)

The use and structure of the fee schedule used by our agency has been recommended by the Missouri Department of Mental Health (DMH) to insure access to treatment and services for underserved populations and the fee schedule is also based upon Federal Poverty Levels.

d. Total Number of Units of Service to be Provided (#6)

172200

e. Total Number of Unduplicated Individuals (#6)

175

f. Average Number of Units of Service per Unduplicated Individual (#6)

984

g. Average Cost of Service per Individual (#6)

984

Service #6 - Service Fee

a. Will the proposed service consumers be charged a fee? (#6)

Yes

Provide a description of and a rationale for the proposed service fee. (#6) (600 character limit)

Services offered at the agency are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities, the underinsured and uninsured. The use and structure of the fee schedule has been recommended by Missouri Department of Mental Health to insure access to services by underserved populations.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#6)

/document/download/filename/1536696919_41710_SlidingScale.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#6)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#6) (600 character limit)

If a consumer has commercial insurance, we would bill that insurance company for treatment services. The eligibility criteria is typically dictated through the insurance company. We verify the consumer is active with insurance and obtain benefit information and also determine if the treatment service is billable to the insurance.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#6) (600 character limit)

For those that are uninsured or underinsured we offer financing through two different independent external lending firms. Treatment services may be billed to insurance providers as long as the insurance carrier accepts outpatient substance abuse treatment as a billable service. We also have DMH funding for uninsured and underinsured and for those who qualify based on income levels.

Service #6 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#6)

No

Service #6 - Local Funding Chart

Funders (#6)	Unit Rate (#6)	# of Units Funded (#6)	Total Amount Contracted (#6)
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a. Boone County - Children's Services Funding (#6)	6a1. \$0.00	6a2. 0	6a3. \$0.00
b. Boone County - Community Health Funding (#6)	6b1. \$0.00	6b2. 0	6b3. \$0.00
c. City of Columbia - Social Services Funding (#6)	6c1. \$0.00	6c2. 0	6c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#6)	6d1. \$0.00	6d2. 0	6d3. \$0.00
e. Heart of Missouri United Way Funding (#6)	6e1. \$0.00	6e2. 0	6d4. \$0.00

Service #6 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#6)

\$0.00

b. Proposed Number of Units of Service (#6)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#6) (600 character limit)

Service #6 - Performance Measures

Outcome (6-1)

Participants will report a decrease in the use of alcohol.

Indicator (6-1)

The number of participants reporting alcohol use will decrease from 60% at intake to 25% at 6 month follow up.

Method of Measurement (6-1)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (6-2)

Participants will report a decrease in the use of drugs.

Additional Indicator (6-2)

The number of participants reporting drug use will decrease from 53% at intake to 20% at 6 month follow up.

Additional Method (6-2)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (6-3)

Increase permanent housing and stability for low or no income Missourians in order to meet the housing needs of that population.

Additional Indicator (6-3)

75% will transition to or remain in permanent housing over the course of the program.

Additional Method (6-3)

Data is collected by case managers and inputted into HMIS. Data collected at intake, updated quarterly and at discharge.

Additional Outcome (6-4)

Increase self-sufficiency through an increase or maintenance of income for low or no income Missourians in order to promote self-sustained permanent housing.

Additional Indicator (6-4)

50% of participants who leave the program or stay will report an increase in income levels, or if they already report income, will maintain current income levels.

Additional Method (6-4)

Data is collected by case managers and inputted into HMIS. Data collected at intake, updated quarterly and at discharge.

Additional Outcome (6-5)

Additional Indicator (6-5)

Additional Method (6-5)

Service #6 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#6) (600 character limit)

Each outcome is attributed to the program goals in order to see each participant succeed and progress in their substance abuse treatment and recovery.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#6) (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator. (#6) (600 character limit)

Measurement of the outcomes will be collected using the GPRA core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.

d. Provide a rationale for each method of measurement. (#6) (600 character limit)

Government Performance and Results Act (GPRA) core outcomes data will be collected in order to measure outcomes for the evidence based treatment

program.

Service #7 - Name, Definition, and Description

a. Service #7 - Taxonomy of Service Name (300 character limit)

10.11 Case Management

b. Service #7 - Taxonomy Definition of Service (300 character limit)

A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective in

c. Provide a detailed description of the proposed service (#7). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Case management services to meet the needs of individuals and families who are homeless, at risk of homelessness or with very low incomes in order to help get them connected to stable and affordable housing opportunities and get them connected to other supportive services. The case management services for the program will be the planning and coordination of health and social services that will be individualized to meet the particular needs of the consumer. This service includes components needed to assist consumers with successful transition into the community: access to entitlement programs, medical care, comprehensive substance use treatment, criminal thinking education, mental health treatment, vocational programming, linkage to peer-support and self-help organizations, transportation, case management, housing, and involvement of family members and other supports based on the individual's needs. Case managers provide service coordination/case management for clients enrolled in program, develop and implement an outreach plan for obtaining referrals, develop permanent housing resources in the community, and assure rental properties meet quality, suitability and accessibility standards.

Service #7 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#7)

15 minutes

b. Unit Rate (#7)

\$11.76

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#7)

c. Is the proposed Unit Rate tied to an established public funding rate? (#7)

Yes

Indicate the publicly available rate and describe the source. (#7) (600 character limit)

The use and structure of the fee schedule used by our agency has been recommended by the Missouri Department of Mental Health (DMH) to insure access to treatment and services for underserved populations and the fee schedule is also based upon Federal Poverty Levels.

d. Total Number of Units of Service to be Provided (#7)

16128

e. Total Number of Unduplicated Individuals (#7)

392

f. Average Number of Units of Service per Unduplicated Individual (#7)

41.14

g. Average Cost of Service per Individual (#7)

483.84

Service #7- Service Fee

a. Will the proposed service consumers be charged a fee? (#7)

Yes

Provide a description of and a rationale for the proposed service fee. (#7) (600 character limit)

Services offered at the agency are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities, the underinsured and uninsured. The use and structure of the fee schedule has been recommended by Missouri Department of Mental Health to insure access to services by underserved populations.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#7)

/document/download/filename/1536696919_41413_SlidingScale.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#7)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#7) (600 character limit)

If a consumer has commercial insurance, we would bill that insurance company for treatment services. The eligibility criteria is typically dictated through the insurance company. We verify the consumer is active with insurance and obtain benefit information and also determine if the treatment service is billable to the insurance.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#7) (600 character limit)

For those that are uninsured or underinsured we offer financing through two different independent external lending firms. Treatment services may be billed to insurance providers as long as the insurance carrier accepts outpatient substance abuse treatment as a billable service. We also have DMH funding for uninsured and underinsured and for those who qualify based on income levels.

Service #7 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#7)

No

Service #7 - Local Funding Chart

<u>Funders (#7)</u>	<u>Unit Rate (#7)</u>	<u># of Units Funded (#7)</u>	<u>Total Amount Contracted (#7)</u>
a Boone County - Children's Services Funding (#7)	7a1. \$0.00	7a2. 0	7a3. \$0.00
b. Boone County - Community Health Funding (#7)	7b1. \$0.00	7b2. 0	7b3. \$0.00
c. City of Columbia - Social Services Funding (#7)	7c1. \$0.00	7c2. 0	7c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#7)	7d1. \$0.00	7d2. 0	7d3. \$0.00
e. Heart of Missouri United Way Funding (#7)	7e1. \$0.00	7e2. 0	7e3. \$0.00

Service #7 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#7)

\$0.00

b. Proposed Number of Units of Service (#7)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#7) (600 character limit)

Service #7 - Performance Measures

Outcome (7-1)	Indicator (7-1)	Method of Measurement (7-1)
Participants will report a decrease in the use of alcohol.	The number of participants reporting alcohol use will decrease from 60% at intake to 25% at 6 month follow up.	The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.
Additional Outcome (7-2)	Additional Indicator (7-2)	Additional Method (7-2)
Participants will report a decrease in the use of drugs.	The number of participants reporting drug use will decrease from 53% at intake to 20% at 6 month follow up.	The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (7-3)	Additional Indicator (7-3)	Additional Method (7-3)
Additional Outcome (7-4)	Additional Indicator (7-4)	Additional Method (7-4)
Additional Outcome (7-5)	Additional Indicator (7-5)	Additional Method (7-5)

Service #7 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (7) (600 character limit)

Each outcome is attributed to the program goals in order to see each participant succeed and progress in their substance abuse treatment and recovery.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (7) (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator. (7) (600 character limit)

Measurement of the outcomes will be collected using the GPRA core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.

d. Provide a rationale for each method of measurement (7). (600 character limit)

Government Performance and Results Act (GPRA) core outcomes data will be collected in order to measure outcomes for the evidence based treatment program.

Service #8 - Name, Definition and Description

a. Service #8 - Taxonomy of Service Name (300 character limit)

4.6 Non-Prescription Medication

b. Service #8 - Taxonomy Definition of Service (300 character limit)

Provision of non-prescription medication.

c. Provide a detailed description of the proposed service (#8). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The agency provides Narcan training and Narcan supplies to high risk clients. The agency has multiple staff who are trained as trainers. This service is provided as a harm reduction effort.

Service #8 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#8)

\$1 (non-prescription medication)

b. Unit Rate (#8)

\$1.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#8)

c. Is the proposed Unit Rate tied to an established public funding rate? (#8)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#8) (600 character limit)

The rate is the purchase price from a pharmacy.

d. Total Number of Units of Service to be Provided (#8)

250

e. Total Number of Unduplicated Individuals (#8)

250

f. Average Number of Units of Service per Unduplicated Individual (#8)

1

g. Average Cost of Service per Individual (#8)

1

Service #8 - Service Fee

a. Will the proposed service consumers be charged a fee? (#8)

Yes

Provide a description of and a rationale for the service. (#8) (600 character limit)

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#8)

/document/download/filename/1536696919_41452_Slidingscale.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#8)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#8). (600 character limit)

If a consumer has commercial insurance, we would bill that insurance company for treatment services. The eligibility criteria is typically dictated through the insurance company. We verify the consumer is active with insurance and obtain benefit information and also determine if the treatment service is billable to the insurance.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#8) (600 character limit)

For those that are uninsured or underinsured we offer financing through two different independent external lending firms. Treatment services may be billed to insurance providers as long as the insurance carrier accepts outpatient substance abuse treatment as a billable service. We also have DMH funding for uninsured and underinsured and for those who qualify based on income levels.

Service #8 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#8)

No

Service #8 - Local Funding Chart

<u>Funders (#8)</u>	<u>Unit Rate (#8)</u>	<u># of Units Funded (#8)</u>	<u>Total Amount Contracted (#8)</u>
a Boone County - Children's Services Funding (#8)	8a1. \$0.00	8a2. 0	8a3. \$0.00
b. Boone County - Community Health Funding (#8)	8b1. \$0.00	8b2. 0	8b3. \$0.00
c. City of Columbia - Social Services Funding (#8)	8c1. \$0.00	8c2. 0	8c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#8)	8d1. \$0.00	8d2. 0	8d3. \$0.00
e. Heart of Missouri United Way Funding (#8)	8e1. \$0.00	8e2. 0	8e3. \$0.00

Service #8 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#8)

\$0.00

b. Proposed Number of Units of Service (#8)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#8) (600 character limit)

Service #8 - Performance Measures

Outcome (8-1)	Indicator (8-1)	Method of Measurement (8-1)
Participants will report a decrease in the use of alcohol.	The number of participants reporting alcohol use will decrease from 60% at intake to 25% at 6 month follow up.	The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.
Additional Outcome (8-2)	Additional Indicator (8-2)	Additional Method (8-2)
Participants will report a decrease in the use of drugs.	The number of participants reporting drug use will decrease from 53% at intake to 20% at 6 month follow up.	The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.
Additional Outcome (8-3)	Additional Indicator (8-3)	Additional Method (8-3)
Additional Outcome (8-4)	Additional Indicator (8-4)	Additional Method (8-4)
Additional Outcome (8-5)	Additional Indicator (8-5)	Additional Method (8-5)

Service #8 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#8) (600 character limit)

Each outcome is attributed to the program goals in order to see each participant succeed and progress in their substance abuse treatment and recovery.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#8) (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator. (#8) (600 character limit)

Measurement of the outcomes will be collected using the GPRA core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.

d. Provide a rationale for each method of measurement. (#8) (600 character limit)

Government Performance and Results Act (GPRA) core outcomes data will be collected in order to measure outcomes for the evidence based treatment program.

Service #9 - Name, Definition, and Description

a. Service #9 - Taxonomy of Service Name (300 character limit)

4.7 Prescription Medication

b. Service #9 - Taxonomy Definition of Service (300 character limit)

Provision of prescription medication.

c. Provide a detailed description of the proposed service (#9). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The consumers which will be served include Missouri residents age 18 and older; veterans and homeless veterans with addictions and mental illnesses; low income individuals enrolled in vocational programs; and homeless individuals with addictions and/or mental disorders and persons at risk of homelessness. If the consumer has 3rd party private insurance or does not meet the sliding scale requirements they will not be able to receive this service. The consumer is referred to their physician or another provider. Prescription medications such as Suboxone are prescribed by the physician contracted with Phoenix. Phoenix clinic staff coordinate the pick up of the medications and work with the client to ensure the clients understands the dosage and instructions.

Service #9 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#9)

\$1 (Prescription Medication)

b. Unit Rate (#9)

\$1.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#9)

c. Is the proposed Unit Rate tied to an established public funding rate? (#9)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#9) (600 character limit)

The rate is the purchase price from a pharmacy.

d. Total Number of Units of Service to be Provided (#9)

480000

e. Total Number of Unduplicated Individuals (#9)

220

f. Average Number of Units of Service per Unduplicated Individual (#9)

2181.82

g. Average Cost of Service per Individual (#9)

2181.82

Service #9 - Service Fee

a. Will the proposed service consumers be charged a fee? (#9)

Yes

Provide a description of and a rationale for the service fee. (#9) (600 character limit)

Services offered at the agency are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities, the underinsured and uninsured. The use and structure of the fee schedule has been recommended by Missouri Department of Mental Health to insure access to services by underserved populations.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#9)

/document/download/filename/1536696919_41490_SlidingScale.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#9)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#9) (600 character limit)

If a consumer has commercial insurance, we would bill that insurance company for treatment services. The eligibility criteria is typically dictated through the insurance company. We verify the consumer is active with insurance and obtain benefit information and also determine if the treatment service is billable to the insurance.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#9) (600 character limit)

For those that are uninsured or underinsured we offer financing through two different independent external lending firms. Treatment services may be billed to insurance providers as long as the insurance carrier accepts outpatient substance abuse treatment as a billable service. We also have DMH funding for uninsured and underinsured and for those who qualify based on income levels.

Service #9 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#9)

No

Service #9 - Local Funding Chart

<u>Funders (#9)</u>	<u>Unit Rate (#9)</u>	<u># of Units Funded (#9)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#9)	9a1. \$0.00	9a2. 0	9a3. \$0.00
b. Boone County - Community Health Funding (#9)	9b1. \$0.00	9b2. 0	9b3. \$0.00
c. City of Columbia - Social Services Funding (#9)	9c1. \$0.00	9c2. 0	9c3. \$0.00
	9d1. \$0.00	9d2. 0	9d3. \$0.00

d. City of Columbia - CDBG/Home/CHDO Funding (#9)

e. Heart of Missouri United Way Funding (#9)	9e1. \$0.00	9e2. 0	9d4. \$0.00
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Service #9 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#9)

\$0.00

b. Proposed Number of Units of Service (#9)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#9) (600 character limit)

Services #9 - Performance Measures

Outcome (9-1)

Participants will report a decrease in the use of alcohol.

Indicator (9-1)

The number of participants reporting alcohol use will decrease from 60% at intake to 25% at 6 month follow up.

Method of Measurement (9-1)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (9-2)

Participants will report a decrease in the use of drugs.

Additional Indicator (9-2)

The number of participants reporting drug use will decrease from 53% at intake to 20% at 6 month follow up.

Additional Method (9-2)

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (9-3)

Additional Indicator (9-3)

Additional Method (9-3)

Additional Outcome (9-4)

Additional Indicator (9-4)

Additional Method (9-4)

Additional Outcome (9-5)

Additional Indicator (9-5)

Additional Method (9-5)

Service #9 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#9) (600 character limit)

Each outcome is attributed to the program goals in order to see each participant succeed and progress in their substance abuse treatment and recovery.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#9) (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator (#9). (600 character limit)

Measurement of the outcomes will be collected using the GPRA core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.

d. Provide a rationale for each method of measurement. (#9) (600 character limit)

Government Performance and Results Act (GPRA) core outcomes data will be collected in order to measure outcomes for the evidence based treatment program.

Service #10 - Name, Definition, and Description

a. Service #10 - Taxonomy of Service Name (300 character limit)

4.32 General Medical Care

b. Service #10 - Taxonomy Definition of Service (300 character limit)

Routine health care provided by a qualified health care professional to detect health problems and provide procedures and/or other therapeutic services.

c. Provide a detailed description of the proposed service (#10). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

This service will provide medical care. The medical care will be different from the psychiatric treatment units that follow a mental health treatment plan. The consumers which will be served include Missouri residents age 18 and older; veterans and homeless veterans with addictions and mental illnesses; low income individuals enrolled in vocational programs; and homeless individuals with addictions and/or mental disorders and persons at risk of homelessness. If the consumer has 3rd party private insurance or does not meet the sliding scale requirements they will not be able to receive this service. The consumer is referred to their physician or another provider. Consumers eligible for this service will receive Medicated Assisted Treatment. The agency has multiple programs that are medication first programs. Phoenix Programs currently has a contract with two doctors and one nurse practitioner who all have a DEA-waiver to prescribe buprenorphine. The total amount of combined clinic time each week is 3.5 days between the doctors and nurse, however, they are available via phone for emergencies. Phoenix Programs has also added telehealth services through ARCA which has increased clinic capacity to 5 days per week and could add an additional 12 hours per week, as needed.

Service #10 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#10)

1 doctor visit (physician not a psychiatrist)

b. Unit Rate (#10)

\$101.36

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#10)

c. Is the proposed Unit Rate tied to an established public funding rate? (#10)

Yes

Indicate the publicly available rate and describe the source. (#10) (600 character limit)

The use and structure of the fee schedule used by our agency has been recommended by the Missouri Department of Mental Health (DMH) to insure access to treatment and services for underserved populations and the fee schedule is also based upon Federal Poverty Levels.

d. Total Number of Units of Service to be Provided (#10)

300

e. Total Number of Unduplicated Individuals (#10)

125

f. Average Number of Units of Service per Unduplicated Individual (#10)

2.4

g. Average Cost of Service per Individual (#10)

243.26

Service #10 - Service Fee

a. Will the proposed service consumers be charged a fee? (#10)

Yes

Provide a description of and a rationale for the service fee. (#10) (600 character limit)

Services offered at the agency are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities, the underinsured and uninsured. The use and structure of the fee schedule has been recommended by Missouri Department of Mental Health to insure access to services by underserved populations.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#10)

/document/download/filename/1536696919_41528_SlidingScale.pdf/

b. Is this proposed service billable to a third party-payor(s) (e.g. health insurance, state subsidy, etc.) (#10)

Yes

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#10) (600 character limit)

If a consumer has commercial insurance, we would bill that insurance company for treatment services. The eligibility criteria is typically dictated through the insurance company. We verify the consumer is active with insurance and obtain benefit information and also determine if the treatment service is billable to the insurance.

Explain why the proposed service is not billable to a third-party payor. (#10) (600 character limit)

For those that are uninsured or underinsured we offer financing through two different independent external lending firms. Treatment services may be billed to insurance providers as long as the insurance carrier accepts outpatient substance abuse treatment as a billable service. We also have DMH funding for uninsured and underinsured and for those who qualify based on income levels.

Service #10 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#10)

No

Service #10 - Local Funding Chart

<u>Funders (#10)</u>	<u>Unit Rate (#10)</u>	<u># of Units Funded (#10)</u>	<u>Total Amount Contracted (#10)</u>
a. Boone County - Children's Services Funding (#10)	10a1. \$0.00	10a2. 0	10a3. \$0.00
b. Boone County - Community Health Funding (#10)	10b1. \$0.00	10b2. 0	10b3. \$0.00
c. City of Columbia - Social Services Funding (#10)	10c1. \$0.00	10c2. 0	10c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#10)	10d1. \$0.00	10d2. 0	10d3. \$0.00
e. Heart of Missouri United Way (#10)	10e1. \$0.00	10e2. 0	10e3. \$0.00

Service #10 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#10)
\$0.00

b. Proposed Number of Units of Service (#10)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#10) (600 character limit)

Service #10 - Performance Measures

Outcome (10-1)	Indicator (10-1)	Method of Measurement (10-1)
Participants will report a decrease in the use of alcohol.	The number of participants reporting alcohol use will decrease from 60% at intake to 25% at 6 month follow up.	The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.
Additional Outcome (10-2)	Additional Indicator (10-2)	Additional Method (10-2)
Participants will report a decrease in the use of drugs.	The number of participants reporting drug use will decrease from 53% at intake to 20% at 6 month follow up.	The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.
Additional Outcome (10-3)	Additional Indicator (10-3)	Additional Method (10-3)
Additional Outcome (10-4)	Additional Indicator (10-4)	Additional Method (10-4)
Additional Outcome (10-5)	Additional Indicator (10-5)	Additional Method (10-5)

Service #10 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#10) (600 character limit)

Each outcome is attributed to the program goals in order to see each participant succeed and progress in their substance abuse treatment and recovery.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#10) (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator (#10). (600 character limit)

Measurement of the outcomes will be collected using the GPRA core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.

d. Provide a rationale for each method of measurement (#10). (600 character limit)

Government Performance and Results Act (GPRA) core outcomes data will be collected in order to measure outcomes for the evidence based treatment program.


Total Amount Requested for Services #6 - Service #10**Total Amount Requested for Services #6 - Service #10**

0

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
22140	11/28/2018 12:23 PM CST	Apricot Subsystem	09/11/2018 3:15 PM CDT	Phoenix Programs Inc ORG

Linked 'Agreement Form - V3 (Services 6-15)' Records**Link Instructions - Agreement Form - V3 (Services 6-15)****Linked 'Agreement Form - V3.1' Records****Link Instructions - Agreement Form - V3.1**

Agreement Form - V3.1				Link Info	
Organization Name	Program Name	Date Completed	Record Lock	Description	Active Date
Phoenix Programs, Inc.	Outpatient Substance Use Treatment	11/28/2018			Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

Phoenix Programs, Inc.
Attn: Rhiannon Ross, CFO
90 E. Leslie Lane
Columbia, MO 65202
rross@phoenixprogramsinc.org

RE: Written Clarification #1 to 36-13SEP18 – *Community Health/Medical Fund*

Dear Ms. Ross:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 36-13SEP18 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Table, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 5:00 p.m. October 26, 2018 by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Community Health Advisory Council Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

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

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

Organization	Phoenix Programs, Inc.
Name of Program	Outpatient Substance Use Treatment

Organization Profile	
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1. The 990 is from 2016.

Action Required: Update the 990 on the Organization Profile

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Program Overview Form	
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2. There are program services that describe a psychiatrist or a physician providing the service. However, these positions are not listed in the Program Personnel table.

Action Required: Add information on the psychiatrist and physician, including any other positions for this program that may have been excluded. Provide a narrative describing responsibilities or whether these services are contracted out and not provided by an internal staff member.

Narrative:

--

Position/Title	Minimum Qualifications	FTE	Full Time Salary Range From:	Full Time Salary Range To:

3. The sliding fee scale appears to be dated for April 1, 2011.

Action Required: Provide clarification on whether this scale is up to date and whether there are plans to update it. Also, provide information on whether this scale is utilized for each service listed in the program.

Program Services Form (1-5)	
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Program Service 1

4. The program description provides a thorough explanation of how the service and program is delivered. The description mentions a detailed assessment being completed. Time spent conducting assessments need to be listed as a separate service.

Action Required: Provide clarification in the field below on whether the total number of units for Individual Therapy – Adult includes any time to perform assessments. If so, make adjustments to the outputs in the *Service Change Table*.

--

5. The performance measures lack outcomes showing clients make progress on achieving personal goals. The service description also mentions assessing clients to identify stages of change for their presenting issue.

Action Required: Provide performance measures in the *Service Change Table* that include the items listed above. The proposed performance measures should still be included in the *Service Change Table*.

--

6. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

--

7. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

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Service 2 – Substance Use Disorder Assessment

8. The performance measures do not pertain to assessments but rather improvements made through treatment.

Action Required: Update the performance measures in the *Service Change Table* that demonstrate clients receive a treatment plan and are connected to follow up services/treatment.

--

9. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

--

Service 3 – Family Therapy

10. The performance measures do not describe improvements made for individuals attending Family Therapy.

Action Required: Update the performance measures in the *Service Change Table* that describe clients making progress on identified goals and improved family relationships.

--

11. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

--

12. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

Service 4 – Group Therapy – Adult

13. The performance measures lack specific outcomes/indicators related to Group Therapy.
Action Required: Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to Group Therapy.

14. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.
Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

15. The response for d. in the Performance Measures Narrative did not provide sufficient information.
Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

Service 5 – Psychiatric Treatment

16. The performance measures lack specific outcomes/indicators related to Psychiatric Treatment.
Action Required: Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to Psychiatric Treatment.

17. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

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18. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

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Program Services Form (6-10)	
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Service 6 – Rental Assistance

19. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

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20. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

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Service 7 – Case Management

21. The total number of individuals to be served seems low when this appears to be a general service for all consumers.

Action Required: Update the outputs in the *Service Change Table*. Provide clarification in the field below.

22. The performance measures lack specific outcomes/indicators related to Case Management.

Action Required: Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to Case Management.

23. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

24. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

Service 8 – Non-Prescription Medication

25. The total number of units is the same as the total number of unduplicated individuals. The unit measure is also listed as \$1.00.

Action Required: Provide clarification on why the units and unduplicated individuals to be served is the same. Update the outputs in the *Service Change Table* for any errors.

26. The performance measures lack specific outcomes/indicators related to Non-Prescription Medication.

Action Required: Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to Non-Prescription Medication.

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27. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

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28. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

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Program Service 9 – Prescription Medication

29. The performance measures lack specific outcomes/indicators related to Prescription Medication.

Action Required: Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to Prescription Medication.

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30. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

31. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

Program Service 10 – General Medical Care

32. The performance measures lack specific outcomes/indicators related to General Medical Care.
33. *Action Required:* Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to General Medical Care.

34. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

35. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

Invoicing	
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36. The Community Health Advisory Council has noted the issues in submitting invoices within the contracted deadline throughout the current contract.

Action Required: Provide a thorough description of how invoices will meet the contracted deadline and improve timeliness of correspondence with Community Services Department staff.

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

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

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #1 – Taxonomy of Service Name: Individual Therapy – Adult			
Service #1 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$56.60		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table

Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #2 – Taxonomy of Service Name: Substance Use Disorder Assessment			
Service #2 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One assessment	\$365.66		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #3 – Taxonomy of Service Name: Family Therapy			
Service #3 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$73.24		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #4 – Taxonomy of Service Name: Group Therapy - Adult			
Service #4 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$2.74		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #5 – Taxonomy of Service Name: Psychiatric Treatment			
Service #5 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One visit	\$182.44		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #6 – Taxonomy of Service Name: Rental Assistance			
Service #6 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
\$1.00 rental assistance	\$1.00		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #7 – Taxonomy of Service Name: Case Management			
Service #7 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$11.76		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #8 – Taxonomy of Service Name: Non-Prescription Medication			
Service #8 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
\$1.00 non-prescription medication	\$1.00		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #9 – Taxonomy of Service Name: Prescription Medication			
Service #9 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
\$1.00 prescription medication	\$1.00		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #10 – Taxonomy of Service Name: General Medical Care			
Service #10 - Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One visit	\$101.36		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Individual Therapy – Adult	one hour	\$56.60		
Substance Use Disorder Assessment	one assessment	\$365.66		
Family Therapy	one hour	\$73.24		
Group Therapy – Adult	15 minutes	\$2.74		
Psychiatric Treatment	one visit	\$182.44		
Rental Assistance	\$1.00 rental assistance	\$1.00		
Case Management	15 minutes	\$11.76		
Non-Prescription Medication	\$1.00 non-prescription medication	\$1.00		
Prescription Medication	\$1.00 prescription medication	\$1.00		
General Medical Care	one visit	\$101.36		

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Individual Therapy – Adult		
Substance Use Disorder Assessment		
Family Therapy		
Group Therapy – Adult		
Psychiatric Treatment		
Rental Assistance		
Case Management		
Non-Prescription Medication		
Prescription Medication		
General Medical Care		
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

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

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

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

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

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

Company Name: Phoenix Programs, Inc.

Address: 90 E. Leslie Ln.

Telephone: 573-875-8880 Fax: _____

Federal Tax ID (or Social Security #): 43-1047634

Print Name: Rhiannon Ross Title: CFO

Signature: Rhiannon Ross Date: 11/2/18

E-mail: rross@phoenixprogramsinc.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

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

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

Organization	Phoenix Programs, Inc.
Name of Program	Outpatient Substance Use Treatment

Organization Profile	
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1. The 990 is from 2016.

Action Required: Update the 990 on the Organization Profile

The agency fiscal year is July 1st –June 30th. The 990 2016 is for the period 7/1/16-6/30/17. The next period is 7/1/17-6/30/18 and we have yet to have the 990 and audit completed. This is the most recent tax return available.

Program Overview Form	
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2. There are program services that describe a psychiatrist or a physician providing the service. However, these positions are not listed in the Program Personnel table.

Action Required: Add information on the psychiatrist and physician, including any other positions for this program that may have been excluded. Provide a narrative describing responsibilities or whether these services are contracted out and not provided by an internal staff member.

Narrative:

The agency does not employ any doctors. We contract with the University of Missouri for psychiatry doctors and the fees are \$170 an hour. This will be increasing to \$180 an hour this month. We contract with Dr Early with Namaste Health care for physician services and the fee is \$200 an hour with an on call fee of \$50 per day. We also use ARCA telehealth services for psychiatry and physician services. The fees for telehealth are directly billed to the Department of Mental Health by ARCA we do not bill for those services. All other positions have previously been listed.

Position/Title	Minimum Qualifications	FTE	Full Time Salary Range From:	Full Time Salary Range To:

3. The sliding fee scale appears to be dated for April 1, 2011.

Action Required: Provide clarification on whether this scale is up to date and whether there are plans to update it. Also, provide information on whether this scale is utilized for each service listed in the program.

The sliding scale is the sliding scale used by the Department of Mental Health for our services that are billable under that contract. Each program used that sliding scale. I will change the date it is a current scale.

Program Services Form (1-5)	
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Program Service 1

4. The program description provides a thorough explanation of how the service and program is delivered. The description mentions a detailed assessment being completed. Time spent conducting assessments need to be listed as a separate service.

Action Required: Provide clarification in the field below on whether the total number of units for Individual Therapy – Adult includes any time to perform assessments. If so, make adjustments to the outputs in the *Service Change Table*.

The number of units for Individual Therapy – Adult does not include the assessment. The assessment is a Substance Use Disorder Assessment and is listed as service #2. We are not asking Boone County to fund that service.

5. The performance measures lack outcomes showing clients make progress on achieving personal goals. The service description also mentions assessing clients to identify stages of change for their presenting issue.

Action Required: Provide performance measures in the *Service Change Table* that include the items listed above. The proposed performance measures should still be included in the *Service Change Table*.

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6. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

External factors or variables that may affect the outcomes is a consumer's decision making if they still want to be engaged in services. Also the consumers may be difficult to reach as phone numbers change and many are often homeless or not in stable housing.

7. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

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Service 2 – Substance Use Disorder Assessment

8. The performance measures do not pertain to assessments but rather improvements made through treatment.

Action Required: Update the performance measures in the *Service Change Table* that demonstrate clients receive a treatment plan and are connected to follow up services/treatment.

100% of program participants receiving an SUD assessment will engage in assessment and mutually agree upon treatment goals and placement into appropriate level of treatment services.
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9. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

External factors or variables can may affect the outcomes is a consumers decision making if they still want to be engaged in services. Also the consumers may be difficult to reach as phone numbers change and many are often homeless or not in stable housing. Transportation can be an external factor that prevents consumers receiving that initial assessment.

Service 3 – Family Therapy

10. The performance measures do not describe improvements made for individuals attending Family Therapy.

Action Required: Update the performance measures in the *Service Change Table* that describe clients making progress on identified goals and improved family relationships.

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11. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

- a. The proposed outcomes may be affected by consumers who leave treatment and are unreachable. Also family members may not want to attend the sessions.

12. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

The method of measurement used is an in-house survey called the YouFirst that is first completed at in-take and then 6 month follow up. The YouFirst is based on a survey that in previous years Department of Mental Health required. This was previously called a GPRA (Government Performance and Results Act) survey and was used to collect core outcomes data for evidence based treatment programs. The agency survey utilized questions on the GPRA and also added in additional questions needed to collect meaningful data.

Service 4 – Group Therapy – Adult

13. The performance measures lack specific outcomes/indicators related to Group Therapy.

Action Required: Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to Group Therapy.

14. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

The proposed outcomes may be affected by consumers who leave treatment and are unreachable.

15. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

The method of measurement used is an in-house survey called the YouFirst that is first completed at in-take and then 6 month follow up. The YouFirst is based on a survey that in previous years Department of Mental Health required. This was previously called a GPRA (Government Performance and Results Act) survey and was used to collect core outcomes data for evidence based treatment programs. The agency survey utilized questions on the GPRA and also added in additional questions needed to collect meaningful data.

Service 5 – Psychiatric Treatment

16. The performance measures lack specific outcomes/indicators related to Psychiatric Treatment.

Action Required: Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to Psychiatric Treatment.

17. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

The proposed outcomes may be affected by consumers who leave treatment and are unreachable.

18. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

The method of measurement used is an in-house survey called the YouFirst that is first completed at in-take and then 6 month follow up. The YouFirst is based on a survey that in previous years Department of Mental Health required. This was previously called a GPRA (Government Performance and Results Act) survey and was used to collect core outcomes data for evidence based treatment programs. The agency survey utilized questions on the GPRA and also added in additional questions needed to collect meaningful data.

Program Services Form (6-10)

Service 6 – Rental Assistance

19. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

The proposed outcomes may be affected by consumers who leave treatment and are unreachable.

20. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

The method of measurement used is an in-house survey called the YouFirst that is first completed at in-take and then 6 month follow up. The YouFirst is based on a survey that in previous years Department of Mental Health required. This was previously called a GPRA (Government Performance and Results Act) survey and was used to collect core outcomes data for evidence based treatment programs. The agency survey utilized questions on the GPRA and also added in additional questions needed to collect meaningful data.

Service 7 – Case Management

21. The total number of individuals to be served seems low when this appears to be a general service for all consumers.

Action Required: Update the outputs in the *Service Change Table*. Provide clarification in the field below.

--

22. The performance measures lack specific outcomes/indicators related to Case Management.

Action Required: Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to Case Management.

The measurement levels are based on historical agency data and estimations realistic to the measurement.

23. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

The proposed outcomes may be affected by consumers who leave treatment and are unreachable.

24. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

The method of measurement used is an in-house survey called the YouFirst that is first completed at in-take and then 6 month follow up. The YouFirst is based on a survey that in previous years Department of Mental Health required. This was previously called a GPRA (Government Performance and Results Act) survey and was used to collect core outcomes data for evidence based treatment programs. The agency survey utilized questions on the GPRA and also added in additional questions needed to collect meaningful data. Additional community impact questions have been added to the YouFirst survey in an effort to continue gathering meaningful data.

Service 8 – Non-Prescription Medication

25. The total number of units is the same as the total number of unduplicated individuals. The unit measure is also listed as \$1.00.

Action Required: Provide clarification on why the units and unduplicated individuals to be served is the same. Update the outputs in the *Service Change Table* for any errors.

It might be better tracked if the unit measure is 1 box of Narcan the unit rate would then be \$150. \$150 is about the average price before any insurance or discounts.

26. The performance measures lack specific outcomes/indicators related to Non-Prescription Medication.

Action Required: Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to Non-Prescription Medication.

Participants will report a decreased number of overdoses
Participants will report a reduction in the number of times Narcan is administered
Participants will report a reduction in the number of times paramedics were called for an overdose

27. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

The proposed outcomes may be affected by consumers who leave treatment and are unreachable.

28. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

The method of measurement used is an in-house survey called the YouFirst that is first completed at in-take and then 6 month follow up. The YouFirst is based on a survey that in previous years Department of Mental Health required. This was previously called a GPRA (Government Performance and Results Act) survey and was used to collect core outcomes data for evidence based treatment programs. The agency survey utilized questions on the GPRA and also added in additional questions needed to collect meaningful data. Additional community impact questions have been added to the YouFirst survey in an effort to continue gathering meaningful data.

Program Service 9 – Prescription Medication

29. The performance measures lack specific outcomes/indicators related to Prescription Medication.

Action Required: Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to Prescription Medication.

Clients will adhere to medication regimen as prescribed by physician.

30. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

The proposed outcomes may be affected by consumers who leave treatment and are unreachable.

31. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

The method of measurement used is an in-house survey called the YouFirst that is first completed at in-take and then 6 month follow up. The YouFirst is based on a survey that in previous years Department of Mental Health required. This was previously called a GPRA (Government Performance and Results Act) survey and was used to collect core outcomes data for evidence based treatment programs. The agency survey utilized questions on the GPRA and also added in additional questions needed to collect meaningful data. The method of measurement will also include Information collected via quarterly reporting through Credible Electronic Health Records System.

Program Service 10 – General Medical Care

32. The performance measures lack specific outcomes/indicators related to General Medical Care.
33. *Action Required:* Update the performance measures in the *Service Change Table* to include outcomes/indicators that specifically relate to General Medical Care.

The proposed outcomes may be affected by consumers who leave treatment and are unreachable.

34. The proposal did not provide information on external factors or variables that may affect the proposed outcomes.

Action Required: Provide sufficient information describing factors or variables that may affect the proposed outcomes for this service.

The proposed outcomes may be affected by consumers who leave treatment and are unreachable.

35. The response for d. in the Performance Measures Narrative did not provide sufficient information.

Action Required: Provide more information on the Government Performance and Results Act (GPRA) and the rationale for using this as a method of measurement. The GPRA was mentioned in the narrative but was not included as a method of measurement in the Performance Measure Section.

The method of measurement used is an in-house survey called the YouFirst that is first completed at in-take and then 6 month follow up. The YouFirst is based on a survey that in previous years Department of Mental Health required. This was previously called a GPRA (Government Performance and Results Act) survey and was used to collect core outcomes data for evidence based treatment programs. The agency survey utilized questions on the GPRA and also added in additional questions needed to collect meaningful data. The method of measurement will also include Information collected via quarterly reporting through Credible Electronic Health Records System.

36. The Community Health Advisory Council has noted the issues in submitting invoices within the contracted deadline throughout the current contract.

Action Required: Provide a thorough description of how invoices will meet the contracted deadline and improve timeliness of correspondence with Community Services Department staff.

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

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

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #1 – Taxonomy of Service Name: Individual Therapy – Adult			
Service #1 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$56.60		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Table

Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #2 – Taxonomy of Service Name: Substance Use Disorder Assessment			
Service #2 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One assessment	\$365.66		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #3 – Taxonomy of Service Name: Family Therapy			
Service #3 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$73.24		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #4 – Taxonomy of Service Name: Group Therapy - Adult			
Service #4 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$2.74		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #5 – Taxonomy of Service Name: Psychiatric Treatment			
Service #5 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One visit	\$182.44		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #6 – Taxonomy of Service Name: Rental Assistance			
Service #6 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
\$1.00 rental assistance	\$1.00		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #7 – Taxonomy of Service Name: Case Management			
Service #7 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$11.76		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #8 – Taxonomy of Service Name: Non-Prescription Medication			
Service #8 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Box of narkan	\$150		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #9 – Taxonomy of Service Name: Prescription Medication			
Service #9 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
\$1.00 prescription medication	\$1.00		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Table			
Organization Name: Phoenix Programs, Inc.			
Program Name: Outpatient Substance Use Treatment			
Service #10 – Taxonomy of Service Name: General Medical Care			
Service #10 - Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One visit	\$101.36		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Individual Therapy – Adult	one hour	\$56.60	18,720	1,260
Substance Use Disorder Assessment	one assessment	\$365.66	1,260	1,260
Family Therapy	one hour	\$73.24	192	42
Group Therapy – Adult	15 minutes	\$2.74	17832	860
Psychiatric Treatment	one visit	\$182.44	1560	320
Rental Assistance	\$1.00 rental assistance	\$1.00	17220	175
Case Management	15 minutes	\$11.76	16128	392
Non-Prescription Medication	\$1.00 non-prescription medication	\$150.00	250	250
Prescription Medication	\$1.00 prescription medication	\$1.00	480000	220
General Medical Care	one visit	\$101.36	300	125

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Individual Therapy – Adult	65,090	1150
Substance Use Disorder Assessment		
Family Therapy		
Group Therapy – Adult		
Psychiatric Treatment		
Rental Assistance		
Case Management		
Non-Prescription Medication		
Prescription Medication		
General Medical Care		
Development/Start Up Service Funding		
Total Amount Requested to Boone County:	65,090	1150

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts*

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

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

Organization	Phoenix Programs, Inc.
Name of Program	Outpatient Substance Use Treatment

Program Services Form (6-10)	
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1. The service description for Non-Prescription Medication is unclear on why Narcan is listed as a non-prescription.
Action Required: Provide clarification on why Narcan isn't listed as a Prescription Medication. Also, provide more information on the activities and non-prescription medications listed in this service.

--

2. You did not provide a response or information for numerous questions in Written Clarifications #1 pertaining to performance measures.

Action Required: Complete the following tables that provide performance measures that are directly related to the service. We will not accept the same performance measures for this service describing consumers not using drugs or alcohol at 3-/6- month follow up for the following services.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
---	---------------------------

3. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

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

Service Change Table		
Organization Name: Phoenix Programs, Inc.		
Program Name: Outpatient Substance Use Treatment		
Service #5 – Taxonomy of Service Name: Psychiatric Treatment		
Performance Measures		
Outcome:	Indicator:	Method of Measurement:

Service Change Table		
Organization Name: Phoenix Programs, Inc.		
Program Name: Outpatient Substance Use Treatment		
Service #8 – Taxonomy of Service Name: Non-Prescription Medication		
Performance Measures		
Outcome:	Indicator:	Method of Measurement:

Service Change Table		
Organization Name: Phoenix Programs, Inc.		
Program Name: Outpatient Substance Use Treatment		
Service #9 – Taxonomy of Service Name: Prescription Medication		
Performance Measures		
Outcome:	Indicator:	Method of Measurement:

Service Change Table		
Organization Name: Phoenix Programs, Inc.		
Program Name: Outpatient Substance Use Treatment		
Service #10 – Taxonomy of Service Name: General Medical Care		
Performance Measures		
Outcome:	Indicator:	Method of Measurement:

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 7, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #2

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

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

Company Name: Phoenix Programs Inc

Address: 90 E. heslie lane
Columbia Mo 65201

Telephone: 573-875-8880 Fax: 573-⁴⁴²~~354~~-3830

Federal Tax ID (or Social Security #): 43-1047634

Print Name: Rhannon Ross Title: CFO

Signature: Rhannon Ross Date: 11-7-18

E-mail: rross@phoenixprogramsinc.org

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #2**

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

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

Organization	Phoenix Programs, Inc.
Name of Program	Outpatient Substance Use Treatment

1. The service description for Non-Prescription Medication is unclear on why Narcan is listed as a non-prescription.

Action Required: Provide clarification on why Narcan isn't listed as a Prescription Medication. Also, provide more information on the activities and non-prescription medications listed in this service.

Narcan is provided to uninsured clients and "collateral dependents" (family members) at high-risk of overdose without a prescription. According to aggregate data collected from Phoenix Programs clients, 277 overdoses have been reported by clients and narcan was administered 111 of those times. The availability of Narcan is crucial to the survivability of clients with Opioid Use Disorder (OUD).

2. You did not provide a response or information for numerous questions in Written Clarifications #1 pertaining to performance measures.

Action Required: Complete the following tables that provide performance measures that are directly related to the service. We will not accept the same performance measures for this service describing consumers not using drugs or alcohol at 3-/6- month follow up for the following services.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--	---------------------------

3. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

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

Service Change Table		
Organization Name: Phoenix Programs, Inc.		
Program Name: Outpatient Substance Use Treatment		
Service #5 – Taxonomy of Service Name: Psychiatric Treatment		
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Approximately 95% of clients at Phoenix Programs, Inc. have a co-occurring disorder (both a substance use disorder AND mental health disorder) that requires psychiatric treatment. Psychiatric treatment includes having a mental health evaluation with a licensed physician and often being prescribed medication by said physician. Follow-up appointment for medication management are an important component of psychiatric treatment.	Clients receiving psychiatric treatment will attend 100% of scheduled doctor's appointments.	The Government Performance and Results Act (GPRA) was designed by the Substance Abuse and Mental Health Services Administration. Phoenix Programs, Inc. adapted a version of the GPRA and added areas of measurement such as community impact and recovery capital in order to assess clients' areas of strength, areas for improvement, and areas in which clients and Phoenix Programs, Inc. is positively and negatively impacted the community. With this information we believe we can customize our programming to be an effective change agent in the Columbia and Boone County community and to the clients we serve.
Approximately 95% of clients at Phoenix Programs, Inc. have a co-occurring disorder (both a substance use disorder AND mental health disorder) that requires psychiatric treatment. Psychiatric treatment includes having a mental health evaluation with a licensed physician and often being prescribed medication by said physician. Follow-up appointment for medication management are an important component of psychiatric treatment.	Clients receiving psychiatric treatment will maintain medication compliance at 100% unless consulted with a physician.	The Government Performance and Results Act (GPRA) was designed by the Substance Abuse and Mental Health Services Administration. Phoenix Programs, Inc. adapted a version of the GPRA and added areas of measurement such as community impact and recovery capital in order to assess clients' areas of strength, areas for improvement, and areas in which clients and Phoenix Programs, Inc. is positively and negatively impacted the community. With

		this information we believe we can customize our programming to be an effective change agent in the Columbia and Boone County community and to the clients we serve.

Service Change Table		
Organization Name: Phoenix Programs, Inc.		
Program Name: Outpatient Substance Use Treatment		
Service #8 – Taxonomy of Service Name: Non-Prescription Medication		
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Client's in treatment often do not have access to over-the-counter medication such as allergy medication, acid reflux medication, melatonin (supplemental sleep aid), and NSAID's (ibuprofen).	100% of Phoenix Clients will have non-prescription medications available while active in treatment.	The Government Performance and Results Act (GPRA) was designed by the Substance Abuse and Mental Health Services Administration. Phoenix Programs, Inc. adapted a version of the GPRA and added areas of measurement such as community impact and recovery capital in order to assess clients' areas of strength, areas for improvement, and areas in which clients and Phoenix Programs, Inc. is positively and negatively impacted the community. With this information we believe we can customize our programming to be an effective change agent in the Columbia and Boone County community and to the clients we serve.
Narcan is a vital piece to preventing opioid overdose. This non-prescription medication is especially crucial for clients with Opioid Use Disorder (OUD) and their family members.	100% of Phoenix Clients and their family members diagnosed with OUD will be offered and supplied with Narcan.	The Government Performance and Results Act (GPRA) was designed by the Substance Abuse and Mental Health Services Administration. Phoenix Programs, Inc. adapted a version of the GPRA and added areas of measurement such as community impact and recovery capital in order to assess clients' areas of strength, areas for improvement, and areas in which clients and Phoenix Programs, Inc. is positively and negatively impacted the community. With

		this information we believe we can customize our programming to be an effective change agent in the Columbia and Boone County community and to the clients we serve.


Service Change Table		
Organization Name: Phoenix Programs, Inc.		
Program Name: Outpatient Substance Use Treatment		
Service #9 – Taxonomy of Service Name: Prescription Medication		
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Prescription medication such as antibiotics are especially important to clients in treatment. The availability of prescription drugs such as antibiotics can be a deciding factor in whether a clients stays in treatment or leaves.	100% of clients in need of prescription medication will be assisted in obtaining needed medication through available funding and/or case management.	The Government Performance and Results Act (GPRA) was designed by the Substance Abuse and Mental Health Services Administration. Phoenix Programs, Inc. adapted a version of the GPRA and added areas of measurement such as community impact and recovery capital in order to assess clients' areas of strength, areas for improvement, and areas in which clients and Phoenix Programs, Inc. is positively and negatively impacted the community. With this information we believe we can customize our programming to be an effective change agent in the Columbia and Boone County community and to the clients we serve.

Service Change Table		
Organization Name: Phoenix Programs, Inc.		
Program Name: Outpatient Substance Use Treatment		
Service #10 – Taxonomy of Service Name: General Medical Care		
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Clients in treatment often have multiple medical concerns including hepatitis, abscesses, and lack of general medical wellness exams. At intake, 77% of Phoenix clients report not having regular medical care/access to primary health care.	100% of clients requesting medical care will be assisted with obtaining needed medical care through available funds and/or case management services.	The Government Performance and Results Act (GPRA) was designed by the Substance Abuse and Mental Health Services Administration. Phoenix Programs, Inc. adapted a version of the GPRA and added areas of measurement such as community impact and recovery capital in order to assess clients' areas of strength, areas for improvement, and areas in which clients and Phoenix Programs, Inc. is positively and negatively impacted the community. With this information we believe we can customize our programming to be an effective change agent in the Columbia and Boone County community and to the clients we serve.

Phoenix Programs, Inc.

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program's proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click "Submit Agreement" once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.

 my apricot help center

Organizations Collapse All

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18...
Quick View Information

Additional Documents

Program Overview (V3) (1 records) ▾

Boone County (includes City of Columbia residents) %	TOTAL REVENUE %	2. %	Complete
806	1765416	\$1 059 249 00	

Page 1 of 1 20 records per page

Program Services 1-5 (V3) (1 records) ▾

a. Service #1 - Taxonomy of Service Name (300 character limit) %	Record ID %	Complete
4 18 Individual Therapy - Adult	21967	

Page 1 of 1 20 records per page

Program Services 6-10 (V3) (1 records) ▾

a. Service #6 - Taxonomy of Service Name (300 character limit) %	Record ID %	Complete
5 15 Rental Assistance	22140	

Page 1 of 1 20 records per page

Program Services 11-15 (V3)

Program Services 16-20 (V3)

Agreement Form - V3.1 (1 records) ▾

Organization Name %	Program Name %	Date Completed %	Complete
Phoenix Programs, Inc.	Outpatient Substance Use Treatment		

Folder Actions ▾

Edit Proposal Cover

Return to Search

Application Overview

Print Records

Copy Records


Record History

Grant Actions ▾

Submit Agreement

Required Forms ✓

Required Fields ✓



Follow-up is needed for the Agreement Form:

Agreement Form Section	Items Updated	Action Required:
Program Budget	1. The program budget has been linked from the proposal.	1. Please review the budget and make updates as needed.
Consumer Demographics	1. The demographics have been linked from the proposal.	1. Please review the demographics and make updates as needed.
Service 1 – Individual Therapy - Adult	1. Performance measures have been updated to reflect information requested from Written Clarifications. The outcomes were rewritten to fit with the Stages of Change model.	1. Review and add percentages for indicators and method of measurements 1-1 and 1-2.
Service 2 – Substance Use Disorder Assessment	1. Performance measures have been updated according to what was requested in the Written Clarifications.	1. Review and provide a method of measurement for 2-1 and 2-2. Provide a percentage for Indicator 2-2.
Service 3 – Family Therapy	1. Performance measures have been updated to reflect information requested from Written Clarifications.	1. Add a percentage for Indicator 3-1 and provide a method of measurement.
Service 4 – Group Therapy – Adult	1. Performance measures have been updated to reflect information requested from Written Clarifications.	1. Add a percentage for Indicator 4-1 and provide a method of measurement.
Service 5 – Psychiatric Treatment	1. Performance measures have been updated and modified from Written Clarifications #2.	1. Please review. Add time intervals the indicator will be collected in Method of Measurement 5-1.
Service 6 – Rental Assistance	1. Performance measures have been rewritten for clarity.	1. Review and make changes, if necessary.
Service 7 – Case Management	1. Performance measures have been updated to reflect information requested from Written Clarifications.	1. Add a percentage for Indicator 7-1 and provide a method of measurement.
Service 8 – Non-Prescription Medication	1. The outputs have been changed to have a unit measure of \$1.00 since the cost of Narcan can vary. 2. The performance measures have been updated according to the Written Clarifications #2 response. 3. Additional indicators were added about OUD clients.	1. Review the changes made to the outputs section. Update the total number of units, if necessary. 2. Please review. Add time intervals the indicator will be collected in Method of Measurement 8-1 and 8-2.

		3. Provide a percentage for the indicators in Additional Indicator 8-2.
Service 9 – Prescription Medication	<ol style="list-style-type: none"> 1. The unit measure can remain as \$1.00 since the cost of prescriptions could vary. 2. The performance measures have been updated according to Written Clarifications #2. 	<ol style="list-style-type: none"> 1. Please review the outputs. 2. Please review. Add time intervals the indicator will be collected in Method of Measurement 9-1
Service 10 – General Medical Care	<ol style="list-style-type: none"> 1. The performance measures have been updated according to Written Clarifications #2. 	<ol style="list-style-type: none"> 1. Please review. Add time intervals the indicator will be collected in Method of Measurement 10-1

From: Melinda Bobbitt
To: Rhiannon Ross
Cc: Tony Arterberry; Danielle Ryals; Kristin Cummins
Subject: RE: Agreement Form for Boone County
Date: Thursday, November 29, 2018 3:30:10 PM

Rhiannon,

Yes that will work great. The address is Children's Community Services, 605 E. Walnut, Suite A, Columbia, MO.

Thanks,
Melinda

From: Rhiannon Ross <rross@phoenixprogramsinc.org>
Sent: Thursday, November 29, 2018 3:25 PM
To: Melinda Bobbitt <MBobbitt@boonecountymmo.org>
Cc: Tony Arterberry <tarterberry@phoenixprogramsinc.org>; Danielle Ryals <dryals@phoenixprogramsinc.org>; Kristin Cummins <KCummins@boonecountymmo.org>
Subject: RE: Agreement Form for Boone County

Can we do Thursday 9:00-10am?

From: Melinda Bobbitt <MBobbitt@boonecountymmo.org>
Sent: Thursday, November 29, 2018 3:10 PM
To: Rhiannon Ross <rross@phoenixprogramsinc.org>
Cc: Tony Arterberry <tarterberry@phoenixprogramsinc.org>; Danielle Ryals <dryals@phoenixprogramsinc.org>; Kristin Cummins <KCummins@boonecountymmo.org>
Subject: RE: Agreement Form for Boone County

Rhiannon,

We would like to schedule a meeting with Phoenix to discuss your Agreement Form. There's quite a few questions remaining and issues that would be better to discuss in person. The earliest we could meet is Tuesday. We will meet in the Community Services office. Which of these dates would work for you for a one-hour meeting?

- Tuesday, December 4 between 3:00-5:00pm
- Wednesday, December 5 between 8:30-10:00am or 1:00-3:30pm
- Thursday, December 6 between 8:30-10:00am

Thanks,
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymmo.org
Phone: (573) 886-4391

Fax: (573) 886-4390



From: Rhiannon Ross <rross@phoenixprogramsinc.org>
Sent: Thursday, November 29, 2018 1:14 PM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>
Cc: Tony Arterberry <tarterberry@phoenixprogramsinc.org>; Danielle Ryals <dryals@phoenixprogramsinc.org>
Subject: RE: Agreement Form for Boone County

Hi Melinda,

In looking at our responses further and the outcomes that were revised we have a few issues. Please see my comments below. Thank you

Program Service # 1

Service 1 – Individual Therapy - Adult	1. Performance measures have been updated to reflect information requested from Written Clarifications. The outcomes were rewritten to fit with the Stages of Change model.	1. Review and add percentages for indicators and method of measurements 1-1 and 1-2. Percentages for indicator 1-1 and 1-2 have been updated. Method of Measurement has been added to 1-1, 1-2 and 1-3.
--	---	---

Outcome

The outcome 1-1 is not trackable with alcohol and drug combined they should be separate. Some of our clients use only alcohol and some use only drugs and some use a combination.

The outcome 1-2 is not a quantifiable outcome. It is not entered in to our system in a way that is accessible for aggregate data retrievable.

The outcome 1-3 progress is not a quantifiable outcome. There is no data point.

Service 4 – Group Therapy – Adult	1. Performance measures have been updated to reflect information requested from Written Clarifications.	1. Add a percentage for Indicator 4-1 and provide a method of measurement. Percentage for indicator 4-1
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		has been updated. Method of Measurement has been added to 4-1.
--	--	--

Outcome 4-1 progress is not a quantifiable outcome. There is no data point.

Service 5 – Psychiatric Treatment	1. Performance measures have been updated and modified from Written Clarifications #2.	1. Please review. Add time intervals the indicator will be collected in Method of Measurement 5-1. Method of Measurement has been added to 5-1.
---	--	--

Indicator 5-1 the percentage should be 75% for 1) and 2).

Service 7 – Case Management	1. Performance measures have been updated to reflect information requested from Written Clarifications.	1. Add a percentage for Indicator 7-1 and provide a method of measurement. Percentage for indicator 7-1 has been updated. Method of Measurement has been added to 7-1.
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Outcome 7-1 progress is not a quantifiable outcome. There is no data point.

Could use 100% of clients requesting services provided by case managers will be referred to case management services.

Service 9 – Prescription Medication	1. The unit measure can remain as \$1.00 since the cost of prescriptions could vary. 2. The performance measures have been updated according to Written Clarifications #2.	1. Please review the outputs. 2. Please review. Add time intervals the indicator will be collected in Method of Measurement 9-1 Percentages for indicators 8-1, 8-2 and 8-3 has been updated. Method of Measurement has been added to 8-1 and 8-2.
---	---	---

Indicator 8-2. This is a liability to the agency. We can not be responsible for overdose deaths and how could we quantify that if there is an overdose death.

2.) 25% of clients in treatment will survive an overdose.

From: Melinda Bobbitt <MBobbitt@boonecountymo.org>
Sent: Wednesday, November 28, 2018 3:17 PM
To: Rhiannon Ross <rross@phoenixprogramsinc.org>; Tony Arterberry <tarterberry@phoenixprogramsinc.org>
Subject: Agreement Form for Boone County

Rhiannon and Tony,

Thank you for making updates to the Agreement Form in Apricot. There were a few items that need clarification or corrected:

1. The percentage provided for Service 1 (Individual Therapy) for making progress on goals is listed at 35% but the percentage in Service 7 (Case Management) is 85%. Please provide clarification on why the percentage in the indicators vary so much between Individual Therapy and Case Management. Should the percentage be the same between both services?
2. Please add time intervals in Method of Measurement 10-1 describing how often information is collected.
3. The County has reviewed the sliding fee scale and have several concerns that will need to be addressed. The County is requesting that Phoenix will update the sliding fee scale to follow current Federal Poverty Guidelines and provide clarity on the order services are billed between private, public, and local funding sources. If Phoenix agrees, this will be discussed further in early 2019.
Please provide an email response on whether Phoenix agrees to update/discuss the sliding fee scale.

We need these updates and response provided ASAP.

Thanks,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



From: [Melinda Bobbitt](#)
To: [Kristin Cummins](#); [Joanne Nelson](#); [Kelly Wallis](#)
Subject: FW: Agreement Form for Boone County
Date: Friday, December 07, 2018 3:50:44 PM
Attachments: [image002.png](#)

From: Danielle Ryals <dryals@phoenixprogramsinc.org>
Sent: Friday, December 7, 2018 3:39 PM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>; Rhiannon Ross <rross@phoenixprogramsinc.org>
Cc: Tony Arterberry <tarterberry@phoenixprogramsinc.org>
Subject: Re: Agreement Form for Boone County

I was still unable to edit the document. I do apologize. In order to expedite the process, please find my response below.

Method of Measurement 8-2: Narcan distributed to clients and families at risk for opioid overdose is tracked in an electronic medication log. The electronic medication log is securely located in the Opioid clinic at Phoenix Programs, Inc. and is accessible only to clinic staff.

Thank you for your assistance, Melinda!

Danielle E. Ryals

CRADC, MA, MS
Grant Writer/Outcomes



90 E Leslie Ln | Columbia, MO 65202
p 573-875-8880 x 2160 | f 573-442-3830 | w phoenixprogramsinc.org

"Every human being strives for significance, but people always make mistakes if they do not recognize that their significance lies in their contribution to the lives of others."

--Alfred Adler

From: Melinda Bobbitt <MBobbitt@boonecountymo.org>

Sent: Friday, December 7, 2018 1:52:00 PM

To: Danielle Ryals; Rhiannon Ross

Cc: Tony Arterberry

Subject: RE: Agreement Form for Boone County

Danielle,

The Agreement Form has been updated with the information provided in Danielle's email response. There wasn't a clear method of measurement provided in the response for Service 8. The Agreement Form is unlocked. Please provide specific information on the method of measurement for Indicator 8-2. Let us know when this has been completed.

Thanks,

Melinda Bobbitt, CPPO, CPPB

Director of Purchasing

613 E. Ash Street, Room 110

Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



From: Danielle Ryals <dryals@phoenixprogramsinc.org>

Sent: Friday, December 7, 2018 12:47 PM

To: Melinda Bobbitt <MBobbitt@boonecountymo.org>; Rhiannon Ross <rross@phoenixprogramsinc.org>

Cc: Tony Arterberry <tarterberry@phoenixprogramsinc.org>

Subject: Re: Agreement Form for Boone County

Good afternoon. I was unable to access the form in Apricot as it was locked. Below are the updated version of our services per our meeting yesterday. Thank you!

Below are my answers to the County follow-up email. I can enter them into Apricot, but

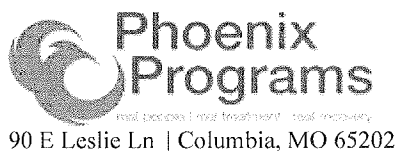
wanted to send them to both of you for review first. Thanks!

1. Service 1. **Individual Therapy** will be measured using the YouFirst at intake and 6-month follow-up. In addition, we will implement the "YouFirst--short version". This survey consists of 15 questions regarding current drug/alcohol use, overdose information, social supports, mental health, and group education impact. This survey is required for every consumer and is conducted along with the DLA-20 at every level of service change.
2. Service 4. **Group Therapy** will now be measure using the "YouFirst--short version". This survey consists of 15 questions regarding current drug/alcohol use, overdose information, social supports, mental health, and group education impact. This survey is required and is conducted along with the DLA-20 at every level of service change.
3. Service 7. **Case Management** will be measured using the Phoenix Case Management Client Progress Survey. This survey is completed approximately once a month and is designed to reflect the individual progress of each client in the areas of employment, health, family, social, financial, and housing goals.
4. Service 8. **Non-Prescription Medication** 100% of clients diagnosed with Opioid Use Disorder (OUD) will be offered a Narcan Rescue Kit. 100% of clients and family members receiving the Narcan Rescue Kit will be educated on overdose risk factors, signs and symptoms, and administration of narcan. *Note--Phoenix Programs, Inc. currently receives Narcan through the MO-Hope Project and can administer Narcan to any uninsured individual through that program. Individuals with insurance can also obtain Narcan over the counter at any pharmacy. Phoenix has a standing order from Dr. Daniel Vinson for the opioid reversal drug, Narcan. Clients given Narcan are tracked through our STR/SOR program. Additionally, opioid-related overdose information is collected via our in-house YouFirst survey at intake and again at 6-month follow-up.

Please let me know if there are additional questions.

Danielle E. Ryals

CRADC, MA, MS
Grant Writer/Outcomes



"Every human being strives for significance, but people always make mistakes if they do not recognize that their significance lies in their contribution to the lives of others."

--Alfred Adler

From: Melinda Bobbitt <MBobbitt@boonecountymo.org>

Sent: Thursday, December 6, 2018 10:52:13 AM

To: Rhiannon Ross

Cc: Tony Arterberry; Danielle Ryals

Subject: Agreement Form for Boone County

Rhiannon,

Thank you for meeting with us this morning to discuss the Agreement Form and sliding fee scale. Please see the following information on items that need to be updated in the Agreement Form:

1. Service 1 – Individual Therapy – Adult
 - a. We removed the performance measure regarding goals since this is covered under case management.
 - i. Update Required: Review the performance measures and update the method of measurement. Please be specific on the measurement tool that is used and the time intervals the indicators are measured.
2. Service 4 – Group Therapy
 - a. We agreed that a question will be added to the survey completed by participants following Group Therapy asking whether attending group is benefitting their overall improvement.
 - i. Update Required: Review the performance measures and update the method of measurement. Please be specific on the measurement tool that is used and the time intervals the indicator is measured.
3. Service 7 – Case Management
 - a. We agreed that a question will be added to the participants' Progress Notes completed by the Case Manager asking whether they are making progress on achieving their goals.
 - i. Update Required: Review the performance measures and update the method of measurement. Please be specific on the measurement tool that is used and the time intervals the indicator is measured.
4. Service 8 – Non-Prescription Medication
 - a. We removed the additional indicators that were specific to Narcan use and overdoses. We also updated Outcome and Indicator 8-2.
 - i. Update Required: Review Outcome/Indicator 8-2 and provide a percentage for the indicator. Also update Method of Measurement 8-2 and be specific on the measurement tool that is used and the time intervals the indicator is measured.
 - ii. Update Required: Danielle mentioned adding information that participants

have a standing doctors order to administer Narcan. I've included this as an indicator in Additional Indicator 8-2. Please be specific on the measurement tool that is used and the time intervals the indicator is measured.

5. Sliding Fee Scale

- a. We discussed the sliding fee scale and Rhiannon agreed to discussing and potentially updating the scale following the implementation of the contract.

Please let us know when the Agreement Form has been completed so we may review it. We ask that this is done ASAP in order implement the contract by January 1, 2019.

Thanks,
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



Agreement Form - V3.1

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Agreement Form (V3) ends 12/31/2018 5:00 AM CST)
Organization Name (will aut...	Phoenix Programs, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Outpatient Substance Use Treatment
Amount of Request	\$65,090.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Phoenix Programs, Inc.

Program Name

Outpatient Substance Use Treatment

Date Completed

11/28/2018

Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way	(A) 1A. \$87,000.00
B. Other United Ways	(A) 1B. \$0.00
C. Capital Campaigns	(A) 1C. \$0.00
D. Grants (non-governmental)	(A) 1D. \$0.00
E. Fund Raising & Other Direct Support	(A) 1E. \$41,150.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding	(A) 2A. \$0.00
B. Boone County - Community Health Funding	(A) 2B. \$65,090.00
C. Boone County - Other Funding	(A) 2C. \$0.00
D. Funding from Other Counties	(A) 2D. \$0.00
E. City of Columbia - Social Service Funding	(A) 2E. \$65,090.00
F. City of Columbia - CDGB/Home Funding	(A) 2F. \$0.00
G. City of Columbia - CHDO Funding	(A) 2G. \$0.00
H. City of Columbia - Other Funding	(A) 2H. \$0.00
I. Funding from Other Cities	(A) 2I. \$0.00
J. Federal (Medicaid, Title III, etc.)	(A) 2J. \$454,643.00
K. State (Purchase of Services, Grants, etc.)	(A) 2K. \$938,780.00
L. Other (Schools, Courts, etc.)	(A) 2L. \$2,745.00
3. Program Service Fees	(A) 3. \$110,918.00
4. Investment Income (realized & unrealized)	(A) 4. \$0.00

5. Other Revenue Items**(A) 5.**

\$0.00

TOTAL PROGRAM REVENUE

(A) Total Revenue

1765416

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$706,167.00

2. Non-Personnel**(A) 2.**

\$1,059,249.00

TOTAL PROGRAM EXPENSES

(A) Total Expenses

1765416

Residence**RESIDENCE****AGREEMENT RESIDENCE (A)**

City of Columbia

(A) City of Columbia

717

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

806

Cooper County

(A) Cooper County

169

Howard County

(A) Howard County

57

Other Counties

(A) Other Counties

228

RESIDENCE TOTAL

(A) Residence Total:

1260

Race**RACE****AGREEMENT RACE (A)**

White (alone)

(A) White (alone)

953

Black or African American (alone)

(A) Black or African American (alone)

239

Multiple Races

(A) Multiple Races

38

Asian (alone)

(A) Asian (alone)

6

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

	4
Native Hawaiian or other Pacific Islander (alone)	(A) Native Hawaiian or other Pacific Islander (alone)
	4
Some Other Race	(A) Some Other Race
	16
RACE TOTAL	(A) Race Total
	1260

Ethnicity

<u>ETHNICITY</u>	AGREEMENT ETHNICITY (A)
Hispanic or Latino (of all race)	(A) Hispanic or Latino (of any race)
	8
Not Hispanic or Latino	(A) Not Hispanic or Latino
	1252
ETHNICITY TOTAL	(A) Ethnicity Total
	1260

Gender

<u>GENDER</u>	AGREEMENT GENDER (A)
Female	(A) Female
	380
Male	(A) Male
	878
Other Gender	(A) Other Gender
	2
GENDER TOTAL	(A) Gender Total
	1260

Income

<u>INCOME</u>	AGREEMENT INCOME (A)
At or below 200% of FPL (Federal Poverty Level)	(A) At or below 200% of FPL
	931
Over 200% of FPL	(A) Over 200% of FPL
	329
INCOME TOTAL	(A) Income Total
	1260

Age (City-Social Services/County-Health/HMUW)

AGE

AGREEMENT AGE (A):

Under 5 years

(A) Under 5 years

0

5-19 years

(A) 5-19 years

146

20-59 years

(A) 20-59 years

1019

60 years and over

(A) 60 years and over

95

AGE TOTAL

(A) Age Total

1260

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.

Individuals Trained

AGREEMENT (A)

Individuals to be Trained

(A) Individuals to be Trained

0

Program Service and Performance

Instructions: **Update the Agreement(A) Column with updated figures finalized through the approved contract.**

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested**(A) Amount Requested**

\$0.00

Description of Funds**(A) Description of Funds**

Program Service #1 - Outputs

Program Service #1 - Outputs:

#1 Agreement (A)

Service #1 Name

(A) Service #1

Individual Therapy - Adult

Total # of Units Provided #1

(A) Units #1

18720

Unit Measure #1

(A) Unit Measure #1

One hour

Unit Rate #1

(A) Unit Rate #1

\$56.60

Total # of Unduplicated Individuals Served #1

(A) Unduplicated Individuals #1

1260

Program Service #1 - Funding

Funding Amount #1

(A) Agreement Amount #1

\$65,090.00

Units #1

(A) Agreement Units #1

1150

Program Service #1 - Performance Measures (Agreement)(A) Program
Service 1
Outcomes:(A) Program
Service 1
Indicators:

(A) Program Service 1 Method of Measurements:

(A) Outcome 1-1

Participants will be active in abstaining from alcohol or drug use while receiving treatment.

(A) Indicator 1-11.) 75% of participants will abstain from alcohol use during treatment.

2.) 80% of participants will abstain from drug use during treatment.**(A) Method of Measurement 1-1**

YouFirst at intake and 6-month follow-up. In addition, we will implement the "YouFirst--short version". This survey consists of 15 questions regarding current drug/alcohol use, overdose information, social supports, mental health, and group education impact. This survey is required for every consumer and is conducted along with the DLA-20 at every level of service change.

(A) Additional Outcome 1-2

Participants will maintain progress in abstaining from alcohol or drug use.

(A) Additional Indicator 1-21.) 75% of participants will report abstaining from alcohol use at 6 month follow up.

2.) 80% of participants will report abstaining from drug use at 6 month follow up.**(A) Additional Method 1-2**

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection. Information will also be collected via quarterly reporting through Credible Electronic Health Records System.

(A) Additional Outcome 1-3**(A) Additional Indicator 1-3****(A) Additional Method 1-3****(A) Additional Outcome 1-4****(A) Additional Indicator 1-4****(A) Additional Method 1-4****(A) Additional Outcome 1-5****(A) Additional Indicator 1-5****(A) Additional Method 1-5****Program Service #2 - Outputs**

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Substance Use Disorder Assessment

Total # of Units #2

(A) Units #2

1260

Unit Measure #2

(A) Unit Measure #2

One assessment

Unit Rate #2

(A) Unit Rate #2

\$365.66

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

1260

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$0.00

Units #2

(A) Agreement Units #2

0

Program Service #2 - Performance Measures (Agreement)(A)
Program
Service 2
Outcomes:

(A) Program Service 2 Indicators:

(A) Program Service 2 Method of Measurement

(A) Outcome 2-1Participants
will receive a
treatment
plan**(A) Indicator 2-1**100% of participants will receive information
on their diagnosis and recommended
treatment plan following a substance use
disorder assessment.**(A) Method of Measurement 2-1**The agency conducts in-house outcome/satisfaction surveys on every client in the
program at intake. At 6 month follow up clients are contacted again for follow up data
collection. Information will also be collected via quarterly reporting through Credible
Electronic Health Records System.**(A) Additional Outcome 2-2**Participants
will engage in
treatment**(A) Additional Indicator 2-2**65% of participants will engage in a
recommended treatment plan following a
substance use disorder assessment.**(A) Additional Method 2-2**The agency conducts in-house outcome/satisfaction surveys on every client in the
program at intake. At 6 month follow up clients are contacted again for follow up data
collection. Information will also be collected via quarterly reporting through Credible
Electronic Health Records System.**(A) Additional Outcome 2-3****(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name	(A) Service #3 Family Therapy
Total # of Units #3	(A) Units #3 192
Unit Measure #3	(A) Unit Measure #3 One hour
Unit Rate #3	(A) Unit Rate #3 \$73.24
Total # of Unduplicated Individuals Served #3	(A) Unduplicated Individuals #3 42

Program Service #3 - Funding

Funding Amount #3	(A) Agreement Amount #3 \$0.00
Units #3	(A) Agreement Units #3 0

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:	(A) Program Service 3 Indicators:	(A) Program Service 3 Method of Measurement.:
(A) Outcome 3-1 Participants will report improved family relationships	(A) Indicator 3-1 65% of participants will report improved family relationships.	(A) Method of Measurement 3-1 The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection. Information will also be collected via quarterly reporting through Credible Electronic Health Records System.
(A) Additional Outcome 3-2	(A) Additional Indicator 3-2	(A) Additional Method 3-2
(A) Additional Outcome 3-3	(A) Additional Indicator 3-3	(A) Additional Method 3-3
(A) Additional Outcome 3-4	(A) Additional Indicator 3-4	(A) Additional Method 3-4
(A) Additional Outcome 3-5	(A) Additional Indicator 3-5	(A) Additional Method 3-5

Program Service #4 - Outputs

Program Service 4 Outputs:	#4 Agreement (A)
Service #4 Name	(A) Service #4 Group Therapy - Adult
Total # of Units #4	(A) Units #4 17832
Unit Measure #4	(A) Unit Measure #4 15 minutes

Unit Rate #4

(A) Unit Rate #4

\$2.74

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

860

Program Service #4 - Funding

Funding Amount #4

(A) Agreement Amount #4

\$0.00

Units #4

(A) Agreement Units #4

0

Program Service #4 - Performance Measures (Agreement)(A)
Program
Service 4
Outcomes:(A) Program Service 4
Indicators:

(A) Program Service 4 Method of Measurements:

(A) Outcome 4-1

Participants benefit from group therapy

(A) Indicator 4-1

90% of participants report that group therapy benefits their overall improvement.

(A) Method of Measurement 4-1

"YouFirst--short version". This survey consists of 15 questions regarding current drug/alcohol use, overdose information, social supports, mental health, and group education impact. This survey is required and is conducted along with the DLA-20 at every level of service change.

(A) Additional Outcome 4-2**(A) Additional Indicator 4-2****(A) Additional Method 4-2****(A) Additional Outcome 4-3****(A) Additional Indicator 4-3****(A) Additional Method 4-3****(A) Additional Outcome 4-4****(A) Additional Indicator 4-4****(A) Additional Method 4-4****(A) Additional Outcome 4-5****(A) Additional Indicator 4-5****(A) Additional Method 4-5****Program Service #5 - Outputs**

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

(A) Service #5

Psychiatric Treatment

Total # of Units Provided #5

(A) Units #5

1560

Unit Measure #5

(A) Unit Measure #5

One visit

Unit Rate #5

(A) Unit Rate #5

\$182.44

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5

320

Program Service #5 - Funding

Funding Amount #5	(A) Agreement Amount #5 \$0.00
Units #5	(A) Agreement Units #5 0

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes:	(A) Program Service 5 Indicators:	(A) Program Service 5 Method of Measurements:
(A) Outcome 5-1 Clients will follow psychiatric treatment protocols.	(A) Indicator 5-1 1.) 75% of clients receiving psychiatric treatment will attend 100% of scheduled doctor's appointments. 2.) 75% of clients will maintain medication compliance unless consulted with a physician.	(A) Method of Measurement 5-1 The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection. Information will also be collected via quarterly reporting through Credible Electronic Health Records System.
(A) Additional Outcome 5-2	(A) Additional Indicator 5-2	(A) Additional Method 5-2
(A) Additional Outcome 5-3	(A) Additional Indicator 5-3	(A) Additional Method 5-3
(A) Additional Outcome 5-4	(A) Additional Indicator 5-4	(A) Additional Method 5-4
(A) Additional Outcome 5-5	(A) Additional Indicator 5-5	(A) Additional Method 5-5

Program Service #6 - Outputs

Program Service 6 Outputs:	#6 Agreement (A):
Service #6 Name:	(A) Service #6 Rental Assistance
Total # of Units #6:	(A) Units #6 172200
Unit Measure #6:	(A) Unit Measure #6 \$1.00
Unit Rate #6:	(A) Unit Rate #6 \$1.00
Total # of Unduplicated Individuals Served #6:	(A) Unduplicated Individuals #6 175

Program Service #6 - Funding

Funding Amount #6	(A) Agreement Amount #6 \$0.00
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Units #6

(A) Agreement Units #6

0

Program Service #6 - Performance Measures (Agreement)**(A) Program Service 6 Outcomes:****(A) Program Service 6 Indicators:****(A) Program Service 6 Method of Measurements:****(A) Outcome 6-1**

Participants will increase self-sufficiency

(A) Indicator 6-1

1.) 50% of participants will report an increase or maintain income levels.

2.) 75% will transition to or remain in permanent housing over the course of the program.

(A) Method of Measurement 6-1

Data is collected by case managers and entered into HMIS. Data collected at intake, updated quarterly and at discharge.

(A) Additional Outcome 6-2**(A) Additional Indicator 6-2****(A) Additional Method 6-2****(A) Additional Outcome 6-3****(A) Additional Indicator 6-3****(A) Additional Method 6-3****(A) Additional Outcome 6-4****(A) Additional Indicator 6-4****(A) Additional Method 6-4****(A) Additional Outcome 6-5****(A) Additional Indicator 6-5****(A) Additional Method 6-5****Program Service #7 - Outputs**

Program Service 7 Outputs:

#7 Agreement (A)

Service #7 Name

(A) Service #7

Case Management

Total # of Units #7

(A) Units #7

16128

Unit Measure #7

(A) Unit Measure #7

15 minutes

Unit Rate #7

(A) Unit Rate #7

\$11.76

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7

392

Program Service #7 - Funding

Funding Amount #7

(A) Agreement Amount #7

\$0.00

Units #7

(A) Agreement Units #7

0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes: (A) Program Service 7 Indicators: (A) Program Service 7 Method of Measurements:

(A) Outcome 7-1

Participants will accomplish individual goals.

(A) Indicator 7-1

85% of participants will make progress on achieving individual goals.

(A) Method of Measurement 7-1

Phoenix Case Management Client Progress Survey. This survey is completed approximately once a month and is designed to reflect the individual progress of each client in the areas of employment, health, family, social, financial, and housing goals.

(A) Additional Outcome 7-2**(A) Additional Indicator 7-2****(A) Additional Method 7-2****(A) Additional Outcome 7-3****(A) Additional Indicator 7-3****(A) Additional Method 7-3****(A) Additional Outcome 7-4****(A) Additional Indicator 7-4****(A) Additional Method 7-4****(A) Additional Outcome 7-5****(A) Additional Indicator 7-5****(A) Additional Method 7-5****Program Service #8 - Outputs**

Program Service #8 - Outputs:

#8 Agreement (A)

Service #8 Name

(A) Service #8

Non-Prescription Medication

Total # of Units Provided #8

(A) Units #8

37500

Unit Measure #8

(A) Unit Measure #8

\$1.00

Unit Rate #8

(A) Unit Rate #8

\$1.00

Total # of Unduplicated Individuals Served #8

(A) Unduplicated Individuals #8

250

Program Service #8 - Funding

Funding Amount #8

(A) Agreement Amount #8

\$0.00

Units #8

(A) Agreement Units #8

0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes:

(A) Program Service 8 Indicators:

(A) Program Service 8 Method of Measurements:

(A) Outcome 8-1

Clients will have access to over-the-counter medications while in treatment.

(A) Indicator 8-1

100% of clients will have non-prescription medication available while active in treatment.

(A) Method of Measurement 8-1

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection. Information will also be collected via quarterly reporting through Credible Electronic Health Records System.

(A) Additional Outcome 8-2**(A) Additional Indicator 8-2****(A) Additional Method 8-2**

Clients with Opioid Use Disorder will have access and will be educated on administering Narcan.

- 1.) 100% of clients diagnosed with Opioid Use Disorder (OUD) will be offered a Narcan Rescue Kit.
- 2.) 100% of clients and family members receiving the Narcan Rescue Kit will be educated on overdose risk factors, signs and symptoms, and administration of narcan.

Narcan distributed to clients and families at risk for opioid overdose is tracked in an electronic medication log. The electronic medication log is securely located in the Opioid clinic at Phoenix Programs, Inc. and is accessible only to clinic staff.

(A) Additional Outcome 8-3

(A) Additional Indicator 8-3

(A) Additional Method 8-3

(A) Additional Outcome 8-4

(A) Additional Indicator 8-4

(A) Additional Method 8-4

(A) Additional Outcome 8-5

(A) Additional Indicator 8-5

(A) Additional Method 8-5

Program Service #9 - Outputs

Program Service #9 - Outputs:

#9 Agreement (A)

Service #9 Name

(A) Service #9

Prescription Medication

Total # of Units Provided #9

(A) Units #9

480000

Unit Measure #9

(A) Unit Measure #9

\$1.00

Unit Rate #9

(A) Unit Rate #9

\$1.00

Total # of Unduplicated Individuals Served #9

(A) Unduplicated Individuals #9

220

Program Service #9 - Funding

Funding Amount #9

(A) Agreement Amount #9

\$0.00

Units #9

(A) Agreement Units #9

0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes:

(A) Program Service 9 Indicators:

(A) Program Service 9 Method of Measurements:

(A) Outcome 9-1

Clients will have access to over-the-counter medications while in treatment.

(A) Indicator 9-1

100% of clients will have prescription medication available while active in treatment.

(A) Method of Measurement 9-1

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection. Information will also be collected via quarterly reporting through Credible Electronic Health Records System.

(A) Additional Outcome 9-2

(A) Additional Indicator 9-2

(A) Additional Method 9-2

(A) Additional Outcome 9-3

(A) Additional Indicator 9-3

(A) Additional Method 9-3

**(A) Additional
Outcome 9-4****(A) Additional Indicator
9-4****(A) Additional Method 9-4****(A) Additional
Outcome 9-5****(A) Additional Indicator
9-5****(A) Additional Method 9-5****Program Service #10 - Outputs**

Program Service 10 Outputs:

#10 Agreement (A)

Service Name #10

(A) Service #10

General Medical Care

Total # of Units Provided #10

(A) Units #10

300

Unit Measure #10

(A) Unit Measure #10

15 minutes

Unit Rate #10

(A) Unit Rate #10

\$101.36

Total # of Unduplicated Individuals Served #10

(A) Unduplicated Individuals #10

125

Program Service #10 - Funding

Funding Amount #10

(A) Agreement Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0

Program Service #10 - Performance Measures (Agreement)**(A) Program
Service 10
Outcomes:****(A) Program
Service
10 Indicators:****(A) Program Service 10 Method of Measurements:****(A) Outcome 10-1**

Clients will have access to medical care while in treatment.

(A) Indicator 10-1

100% of clients in treatment will have access to medical care.

(A) Method of Measurement 10-1

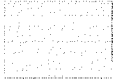

The agency conducts in-house outcome/satisfaction surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection. Information will also be collected via quarterly reporting through Credible Electronic Health Records System.

**(A) Additional
Outcome 10-2****(A) Additional
Indicator 10-2****(A) Additional Method 10-2****(A) Additional
Outcome 10-3****(A) Additional
Indicator 10-3****(A) Additional Method 10-3****(A) Additional
Outcome 10-4****(A) Additional
Indicator 10-4****(A) Additional Method 10-4****(A) Additional
Outcome 10-5****(A) Additional
Indicator 10-5****(A) Additional Method 10-5****Total Funding Amount - Services 1-10****Total Funding Request for Services 1-10**

65090



Links for Agreement Form (V3)

*Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info		
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Agreement Form (V3) ends 12/31/2018 5:00 AM CST)	Phoenix Programs, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18			Added on 10/18/2018



Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

*Link to Program Overview (V3)

Program Overview (V3)				Link Info		
Boone County (includes City...	TOTAL REVENUE	2.	TOTAL EXPENSES	Description	Active	Date
806	1765416	\$1,059,249.00	1765416			Added on 10/18/2018



Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Link to Program Services 1-5 (V3)

Program Services 1-5 (V3)		Link Info		
a. Service #1 - Taxonomy of...	Record ID	Description	Active	Date
4.18 Individual Therapy - Adult	21967			Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Link to Program Services 6-10 (V3)

Program Services 6-10 (V3)		Link Info		
a. Service #6 - Taxonomy of...	Record ID	Description	Active	Date
5.15 Rental Assistance	22140			Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Agreement Form - V3.1 (Services 11-20)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Agreement Form (V3) ends 12/31/2018 5:00 AM CST)
Organization Name (will aut...	Phoenix Programs, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Outpatient Substance Use Treatment
Amount of Request	\$65,090.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Phoenix Programs, Inc.

Program Name

Outpatient Substance Use Treatment

Date Completed

11/28/2018

Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Service and Performance

Instructions: Update the Agreement(A) Column with updated figures finalized through the approved contract.

Program Service #11 - Outputs

Program Service #11 - Outputs:

#11 Agreement (A)

Service #11 Name

(A) Service #11

Peer Support

Total # of Units Provided #11

(A) Units #11

5658

Unit Measure #11

(A) Unit Measure #11

15 minutes

Unit Rate #11

(A) Unit Rate #11

\$20.45

Total # of Unduplicated Individuals Served #11

(A) Unduplicated Individuals #11

150

Program Service #11 - Funding

Funding Amount #11

(A) Agreement Amount #11

\$0.00

Units #11

(A) Agreement Units #11

0

Program Service #11 - Performance Measures (Agreement)

(A) Program Service 11 Outcomes:

(A) Program Service 11 Indicators:

(A) Program Service 11 Method of Measurements:

(A) Outcome 11-1

Increased positive community and family engagement

(A) Indicator 11-1

1.) 60% of participants will increase their level of social engagement.

2.) 65% of participants will increase their level of engagement with family.

(A) Method of Measurement 11-1

The method of measurement used is an in-house survey called the YouFirst that is first completed at intake and then 6-month follow-up. The survey is based on a survey that in previous years was called the GPRA survey and used to collect data for evidence based treatment programs.

(A) Additional Outcome 11-2**(A) Additional Indicator 11-2****(A) Additional Method 11-2****(A) Additional Outcome 11-3****(A) Additional Indicator 11-3****(A) Additional Method 11-3****(A) Additional Outcome 11-4****(A) Additional Indicator 11-4****(A) Additional Method 11-4****(A) Additional Outcome 11-5****(A) Additional Indicator 11-5****(A) Additional Method 11-5**

Program Service #12 - Outputs

Program Service 12 Outputs:

#12 Agreement (A)

Service #12 Name

(A) Service #12

Total # of Units #12

(A) Units #12

0

Unit Measure #12

(A) Unit Measure #12

Unit Rate #12

(A) Unit Rate #12
\$0.00

Total # of Unduplicated Individuals Served #12

(A) Unduplicated Individuals #12
0**Program Service #12 - Funding**

Funding Amount #12

(A) Agreement Amount #12
\$0.00

Units #12

(A) Agreement Units #12
0**Program Service #12 - Performance Measures (Agreement)**

(A) Program Service 12 Outcomes: (A) Program Service 12 Indicators: (A) Program Service 12 Method of Measurement

(A) Outcome 12-1**(A) Indicator 12-1****(A) Method of Measurement 12-1****(A) Additional Outcome 12-2****(A) Additional Indicator 12-2****(A) Additional Method 12-2****(A) Additional Outcome 12-3****(A) Additional Indicator 12-3****(A) Additional Method 12-3****(A) Additional Outcome 12-4****(A) Additional Indicator 12-4****(A) Additional Method 12-4****(A) Additional Outcome 12-5****(A) Additional Indicator 12-5****(A) Additional Method 12-5****Program Service #13 - Outputs**

Program Service 13 Outputs:

#13 Agreement (A)

Service #13 Name

(A) Service #13

Total # of Units #13

(A) Units #13
0

Unit Measure #13

(A) Unit Measure #13

Unit Rate #13

(A) Unit Rate #13
\$0.00

Total # of Unduplicated Individuals Served #13

(A) Unduplicated Individuals #13
0**Program Service #13 - Funding**

Funding Amount #13

(A) Agreement Amount #13
\$0.00

Units #13

(A) Agreement Units #13

0

Program Service #13 - Performance Measures (Agreement)

(A) Program Service 13 Outcomes: (A) Program Service 13 Indicators: (A) Program Service 13 Method of Measurement.:

(A) Outcome 13-1**(A) Indicator 13-1****(A) Method of Measurement 13-1****(A) Additional Outcome 13-2****(A) Additional Indicator 13-2****(A) Additional Method 13-2****(A) Additional Outcome 13-3****(A) Additional Indicator 13-3****(A) Additional Method 13-3****(A) Additional Outcome 13-4****(A) Additional Indicator 13-4****(A) Additional Method 13-4****(A) Additional Outcome 13-5****(A) Additional Indicator 13-5****(A) Additional Method 13-5****Program Service #14 - Outputs**

Program Service 14 Outputs:

#14 Agreement (A)

Service #14 Name

(A) Service #14

Total # of Units #14

(A) Units #14

0

Unit Measure #14

(A) Unit Measure #14

Unit Rate #14

(A) Unit Rate #14

\$0.00

Total # of Unduplicated Individuals Served #14

(A) Unduplicated Individuals #14

0

Program Service #14 - Funding

Funding Amount #14

(A) Agreement Amount #14

\$0.00

Units #14

(A) Agreement Units #14

0

Program Service #14 - Performance Measures (Agreement)

(A) Program Service 14 Outcomes: (A) Program Service 14 Indicators: (A) Program Service 14 Method of Measurements:

(A) Outcome 14-1**(A) Indicator 14-1****(A) Method of Measurement 14-1****(A) Additional Outcome 14-2****(A) Additional Indicator 14-2****(A) Additional Method 14-2****(A) Additional Outcome 14-3****(A) Additional Indicator 14-3****(A) Additional Method 14-3****(A) Additional Outcome 14-4****(A) Additional Indicator 14-4****(A) Additional Method 14-4****(A) Additional Outcome 14-5****(A) Additional Indicator 14-5****(A) Additional Method 14-5**

Program Service #15 - Outputs

Program Service 15 Outputs:	#15 Agreement (A)
Service Name #15	(A) Service #15
Total # of Units Provided #15	(A) Units #15 0
Unit Measure #15	(A) Unit Measure #15
Unit Rate #15	(A) Unit Rate #15 \$0.00
Total # of Unduplicated Individuals Served #15	(A) Unduplicated Individuals #15 0

Program Service #15 - Funding

Funding Amount #15	(A) Agreement Amount #15 \$0.00
Units #15	(A) Agreement Units #15 0

Program Service #15 - Performance Measures (Agreement)

(A) Program Service 15 Outcomes: (A) Program Service 15 Indicators: (A) Program Service 15 Method of Measurements:

(A) Outcome 15-1	(A) Indicator 15-1	(A) Method of Measurement 15-1
(A) Additional Outcome 15-2	(A) Additional Indicator 15-2	(A) Additional Method 15-2
(A) Additional Outcome 15-3	(A) Additional Indicator 15-3	(A) Additional Method 15-3
(A) Additional Outcome 15-4	(A) Additional Indicator 15-4	(A) Additional Method 15-4
(A) Additional Outcome 15-5	(A) Additional Indicator 15-5	(A) Additional Method 15-5

Program Service #16 - Outputs

Program Service 16 Outputs:	#16 Agreement (A):
Service #16 Name:	(A) Service #16
Total # of Units #16:	(A) Units #16 0
Unit Measure #16:	(A) Unit Measure #16
Unit Rate #16:	(A) Unit Rate #16 \$0.00

Total # of Unduplicated Individuals Served #16:

(A) Unduplicated Individuals #16
0**Program Service #16 - Funding**

Funding Amount #16

(A) Agreement Amount #16
\$0.00

Units #16

(A) Agreement Units #16
0**Program Service #16 - Performance Measures (Agreement)**

(A) Program Service 16 Outcomes: (A) Program Service 16 Indicators: (A) Program Service 16 Method of Measurements:

(A) Outcome 16-1**(A) Indicator 16-1****(A) Method of Measurement 16-1****(A) Additional Outcome 16-2****(A) Additional Indicator 16-2****(A) Additional Method 16-2****(A) Additional Outcome 16-3****(A) Additional Indicator 16-3****(A) Additional Method 16-3****(A) Additional Outcome 16-4****(A) Additional Indicator 16-4****(A) Additional Method 16-4****(A) Additional Outcome 16-5****(A) Additional Indicator 16-5****(A) Additional Method 16-5****Program Service #17 - Outputs**

Program Service 17 Outputs:

#17 Agreement (A)

Service #17 Name

(A) Service #17

Total # of Units #17

(A) Units #17
0

Unit Measure #17

(A) Unit Measure #17

Unit Rate #17

(A) Unit Rate #17
\$0.00

Total # of Unduplicated Individuals Served #17

(A) Unduplicated Individuals #17
0**Program Service #17 - Funding**

Funding Amount #17

(A) Agreement Amount #17
\$0.00

Units #17

(A) Agreement Units #17
0**Program Service #17 - Performance Measures (Agreement)**

(A) Program Service 17 Outcomes: (A) Program Service 17 Indicators: (A) Program Service 17 Method of Measurements:

(A) Outcome 17-1	(A) Indicator 17-1	(A) Method of Measurement 17-1
(A) Additional Outcome 17-2	(A) Additional Indicator 17-2	(A) Additional Method 17-2
(A) Additional Outcome 17-3	(A) Additional Indicator 17-3	(A) Additional Method 17-3
(A) Additional Outcome 17-4	(A) Additional Indicator 17-4	(A) Additional Method 17-4
(A) Additional Outcome 17-5	(A) Additional Indicator 17-5	(A) Additional Method 17-5

Program Service #18 - Outputs

Program Service #18 - Outputs: #18 Agreement (A)

Service #18 Name

(A) Service #18

Total # of Units Provided #18

(A) Units #18

0

Unit Measure #18

(A) Unit Measure #18

Unit Rate #18

(A) Unit Rate #18

\$0.00

Total # of Unduplicated Individuals Served #18

(A) Unduplicated Individuals #18

0

Program Service #18 - Funding

Funding Amount #18

(A) Agreement Amount #18

\$0.00

Units #18

(A) Agreement Units #18

0

Program Service #18 - Performance Measures (Agreement)

(A) Program Service 18 Outcomes: (A) Program Service 18 Indicators: (A) Program Service 18 Method of Measurements:

(A) Outcome 18-1	(A) Indicator 18-1	(A) Method of Measurement 18-1
(A) Additional Outcome 18-2	(A) Additional Indicator 18-2	(A) Additional Method 18-2
(A) Additional Outcome 18-3	(A) Additional Indicator 18-3	(A) Additional Method 18-3
(A) Additional Outcome 18-4	(A) Additional Indicator 18-4	(A) Additional Method 18-4
(A) Additional Outcome 18-5	(A) Additional Indicator 18-5	(A) Additional Method 18-5

Program Service #19 - Outputs

Program Service #19 - Outputs: #19 Agreement (A)

Service #19 Name	(A) Service #19
Total # of Units Provided #19	(A) Units #19 0
Unit Measure #19	(A) Unit Measure #19
Unit Rate #19	(A) Unit Rate #19 \$0.00
Total # of Unduplicated Individuals Served #19	(A) Unduplicated Individuals #19 0

Program Service #19 - Funding

Funding Amount #19	(A) Agreement Amount #19 \$0.00
Units #19	(A) Agreement Units #19 0

Program Service #19 - Performance Measures (Agreement)

(A) Program Service 19 Outcomes: (A) Program Service 19 Indicators: (A) Program Service 19 Method of Measurements:

(A) Outcome 19-1	(A) Indicator 19-1	(A) Method of Measurement 19-1
(A) Additional Outcome 19-2	(A) Additional Indicator 19-2	(A) Additional Method 19-2
(A) Additional Outcome 19-3	(A) Additional Indicator 19-3	(A) Additional Method 19-3
(A) Additional Outcome 19-4	(A) Additional Indicator 19-4	(A) Additional Method 19-4
(A) Additional Outcome 19-5	(A) Additional Indicator 19-5	(A) Additional Method 19-5

Program Service #20 - Outputs

Program Service 20 Outputs:	#20 Agreement (A)
Service Name #20	(A) Service #20
Total # of Units Provided #20	(A) Units #20 0
Unit Measure #20	(A) Unit Measure #20
Unit Rate #20	(A) Unit Rate #20 \$0.00
Total # of Unduplicated Individuals Served #20	(A) Unduplicated Individuals #20 0

Program Service #20 - Funding

Funding Amount #20	(A) Agreement Amount #20 \$0.00
Units #20	(A) Agreement Units #20 0

Program Service #20 - Performance Measures (Agreement)

(A) Program Service 20 Outcomes: (A) Program Service 20 Indicators: (A) Program Service 20 Method of Measurements:

(A) Outcome 20-1	(A) Indicator 20-1	(A) Method of Measurement 20-1
(A) Additional Outcome 20-2	(A) Additional Indicator 20-2	(A) Additional Method 20-2
(A) Additional Outcome 20-3	(A) Additional Indicator 20-3	(A) Additional Method 20-3
(A) Additional Outcome 20-4	(A) Additional Indicator 20-4	(A) Additional Method 20-4
(A) Additional Outcome 20-5	(A) Additional Indicator 20-5	(A) Additional Method 20-5

Total Funding Amount - Services 11-20

Total Funding Request for Services 11-20
0

Links for Agreement Form (V3)

*Link to Proposal Cover Sheet

Proposal Cover Sheet

Grant	Organization		Funder	Funding Cycle	Link Info		
	Name (will aut...	Fund Source			Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Agreement Form (V3) ends 12/31/2018 5:00 AM CST)	Phoenix Programs, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		<input checked="" type="checkbox"/>	Added on 11/20/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0



PHOEPRO-02

WCOLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/19/2018

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

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

PRODUCER Winter-Dent 2700 Forum Blvd Columbia, MO 65203	CONTACT NAME: Wendy Cole	
	PHONE (A/C, No, Ext): (573) 449-8100 1227	FAX (A/C, No):
INSURED Phoenix Programs Inc 90 E Leslie Lane Columbia, MO 65202	E-MAIL ADDRESS: wendy.cole@winter-dent.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Philadelphia Insurance Company	
	INSURER B: MO Employers Mutual Ins. Co.	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
23850		
10191		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		PHPK1641875	04/22/2018	04/22/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 SEXUAL OR PHYSI \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		PHPK1641875	04/22/2018	04/22/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB580783	04/22/2018	04/22/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	MEG0004213	09/16/2017	09/16/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liab			PHPK1641875	04/22/2018	04/22/2019	Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Boone County Community Services Department
605 E Walnut Suite A
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Services Contract
Boone County Emergency Dental Referral Program

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **Family Health Center of Boone County** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **FHC**.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

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

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY FHC

FHC is expected to the greatest extent possible to maximize funding from all other sources. FHC shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. FHC shall only request reimbursement for services not reimbursable by any other source. FHC shall not invoice the County for units of service invoiced to another funding source. FHC shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

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

2. **Contract Documents.** FHC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal **#36-13SEP18** (Purchase of Services) and FHC's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over FHC's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The County agrees to purchase from FHC and FHC agrees to furnish the **Boone County Emergency Dental Referral Program** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the FHC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$83,160.00** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. FHC agrees and understands that the County may require supplemental information to be submitted at the request of the County.

This contract may at the sole discretion of the County and with the agreement of FHC be renewed for **an additional one-year period**. FHC agrees and understands that the County may require supplemental information to be submitted by FHC prior to any renewal of this agreement.

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Preventive Dental Exam	One exam	\$89.00	252	\$22,428.00
Oral Health Screening	One screening	\$32.00	504	\$16,128.00
Preventive Treatment	One treatment	\$177.00	252	\$44,604.00

All billing shall be invoiced to the County monthly by the 10th of the month following the month for which services were provided. The County agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing

dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of FHC, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The County shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by FHC to monitor service delivery and program expenditures. FHC agrees to submit to the County an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by FHC and, if so stipulated, are noted on this contract document. Payments may be withheld from FHC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. FHC agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

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

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

10. **Modification or Amendment.** In the event FHC requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County for approval. A board resolution from FHC may be required with the request. For consideration of a request to modify or amend the contract, requests should be submitted to the Director of the Community Services Department for consideration.

OTHER TERMS OF THIS CONTRACT

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

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

13. **CHF to be used for Services Provided.** FHC agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to FHC's provision of such services.

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

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

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

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

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

19. **Board Ownership.** If FHC ceases to be funded by the County or ceases to provide programs and services to address community health needs, pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the FHC. In addition, if FHC no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, FHC will need County approval to re-direct the use of such.

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

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

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

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

c. The County may terminate this agreement should FHC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

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

22. Insurance Requirements. FHC shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. Worker's Compensation and Employers' Liability Insurance: FHC shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, FHC shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by FHC.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. Comprehensive General Liability Insurance: FHC shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. FHC shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

FHC shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of FHC in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a

combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to FHC.

c. **Professional Liability Insurance:** FHC is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

24. **Publicity by the FHC.** FHC shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. FHC will acknowledge the County as a funding source whenever publicizing CHF funded programs. FHC will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. FHC agrees to acknowledge the Community Health Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

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

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

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

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

29. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

Any written notice or communication to FHC shall be mailed or delivered to:

Family Health Center of Boone County
Jack Kelly
401 West Boulevard North, Suite A/B
Columbia, MO 65203-2600

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

Family Health Center of Boone County

By: Jan Kelly
Signature

By: Jack Kelly / CEO
Printed Name/Title

Boone County, Missouri

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

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

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

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

June Richford by jg 12/20/2018 (2130/71106/\$83,160.00)
Signature Date Appropriation Account



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

Purchase of Service Contracts Community Health/Medical Fund 2018 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for **Thursday, August 9, 2018, at 3:00 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, September 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, September 13, 2018** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, September 13, 2018 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by **Thursday, September 13, 2018 at 10:00 a.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
 - 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Project Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Agency Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. **Program Overview:** Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A
2018 AGENCY ASSURANCE SHEET
(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

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

Page 14 of 14

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Family Health Center of Boone County

DBA:

Family Health Center

Federal EIN Number:

43-1709422

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

401 West Boulevard North

Suite A/B

City

Columbia

State

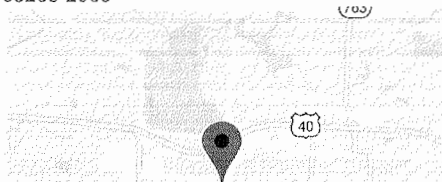
Missouri

County

Boone County

Zip

65203-2600



Google

Map data ©2018 Google

Organization Phone Number:

573-886-6784

Website:**Address**

401 West Boulevard North

Suite A/B

City

Columbia

State

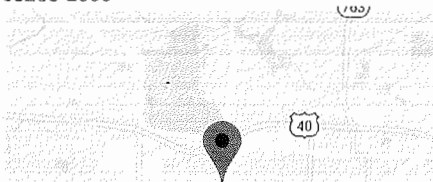
Missouri

County

Boone County

Zip

65203-2600



Google

Map data ©2018 Google

Organization Fax Number:

573-814-2784

Email:

<http://www.fhcmo.org>pberger@fhcmo.org**Head of Organization****Head of Organization Title (e.g. Director, President, CEO)**

Jack Kelly

CEO

Head of Organization Phone:**Head of Organization Email:**

573-886-6713

jkelly@fhcmo.org**Local Organization Contact Information (If there is a local office with differen****Local Organization Name:****Local Organization Fax:****Address****Address****City****City****State****State****County****County****Zip****Zip****Local Contact Name:****Local Contact Title:****Local Contact Email:****Local Contact Phone:****General Information****Organization****Provide your organization's mission statement. (600 character limit)****Mission**

Family Health Center exists to provide access to primary medical, dental and mental health services for community members, with emphasis on the medically underserved, to improve the health of the community and to train future health care providers.

Statement**(Purpose):****Organization****Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)****History:**

Family Health Center was established in 1992 as a community effort to provide primary and preventive health care to the medically underserved, and to improve the health status of families. Services were targeted to uninsured and underinsured Boone County families who had not established care with a provider and who used emergency rooms when care was necessary. In 1995, the Center organized itself as a not-for-profit corporation with a local governing board. The board consists of 13 voting members and 2 consulting members. Patients of the Center comprise 51% of the membership of the board.

Brief Statement**of Organization's****Major Goals:****Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**

Family Health Center (FHC) aims to provide access to primary medical, dental, and mental health services to uninsured and underinsured people in FHC's ten-county service area. Our focus on prevention promotes overall community health and avoids costlier treatment alternatives. FHC strives to overcome barriers to these services, including financial, coverage, and geographic barriers. The Center also aims to train future health care providers by serving as a resident training site for MU's Department of Medicine, Department of Pediatrics, and Department of Family and Community Medicine.

Articles of**Incorporation:****Articles of Incorporation (MUST BE IN PDF FORMAT)**

/document/download/filename/1443046408_30405_FamilyHealthCenterArticlesofIncorporation.pdf/

**Provide a copy
of the
organization's
Articles of
Incorporation.**

Bylaws:

**Provide a copy
of the
organization's
Bylaws.**

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1501101295_34051_Bylaws-17threvision3-28-17.pdf/

**Organizational
Chart**

(must be for the

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1533577864_30406_OrganizationalChartJul-2018.pdf/

entire
organization):

Strategic Plan: **Strategic Plan (MUST BE IN PDF FORMAT)**

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
Family Health Center serves a ten-county service area in Mid-Missouri. Counties served include Boone, Linn, Chariton, Randolph, Howard, Cooper, Moniteau, Cole, Callaway, and Audrain. While FHC focuses services to meet the needs of the population within this geographic area, the Center accepts patients regardless of geographic location. Family Health Center has physical locations in Boone, Chariton, and Linn counties.

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
Family Health Center provides services to all members of the community, however special emphasis is given to the provision of services to medically underserved individuals (i.e. low-income persons without insurance and persons with prohibitively high deductibles). In 2015, Family Health Center served 17,714 patients and provided 48,588 visits.

Conflict of Interest Policy: **Does your organization have a written Conflict of Interest policy?**
yes

Whistleblower Policy: **Does your organization have a written Whistleblower policy?**
yes

Business Continuity Plan: **Does your organization have a written Business Continuity plan?**
yes

Records Retention Policy: **Does your organization have a written Records Retention policy?**
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):
2 terms of 3 years; partial terms in some cases

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Jennifer Maddox	Member	07/01/2018	06/30/2021	6101 S River Hills Road Columbia, MO 65203		Added on 08/06/2018
Judy Budde	Member (CONSUMER)	07/01/2018	06/30/2021	620 S Poplar Salisbury, MO 65281		Added on 08/06/2018
Brian Baker	Member	07/01/2018	06/30/2021	910 N Kansas Ave., Marcelline, MO 64658		Added on 01/22/2018
Lynn Barnett	Past President	07/01/2016	06/30/2019	2012 S Deerborn Circle Columbia, MO 65203		Added on 05/28/2015
Gary Carlson	President (CONSUMER)	07/01/2018	06/30/2021	417 East Howell Avenue Marcelline, MO 64658		Added on 08/18/2016

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Kristy Bryant	Member	07/01/2018	06/30/2020	601 Medavista Dr. Columbia, MO 65203		Added on 08/06/2018
Diana Morris	Member (CONSUMER)	07/01/2017	06/30/2020	36088 Hamden Rd Salisbury, MO 65281		Added on 05/28/2015
Jessica Macy	Treasurer (CONSUMER)	07/01/2017	06/30/2020	2401 E Oakland Ridge Dr. Columbia, MO		Added on 05/28/2015
Karen Lumley	Secretary	07/01/2017	06/30/2020	901 Dolly Varden Dr. Columbia, MO 6520		Added on 05/28/2015
Mary Martin	Member	07/01/2017	06/30/2020	1609 Pickard Way Columbia, MO 65203		Added on 05/28/2015
Robert Dawson	Vice President (CONSUMER)	07/01/2016	06/30/2019	601 Jackson St. Columbia, MO 65203		Added on 08/18/2016
Arnulfo Peat	Member (CONSUMER)	07/01/2016	06/30/2019	2507 Black Oak Dr Columbia, MO 65203		Added on 08/18/2016
Shelia Shaffer	Member (CONSUMER)	07/01/2016	06/30/2019	1603 Bold Ruler Ct. Columbia, MO 65202		Added on 05/28/2015

Total Active Links:13, Total Deactivated Links:10, Current Active Links:13, Current Deactivated Links:10

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")**

No term limit

Describe the function of the Advisory Board as it relates to the work of your organization:

Consultative to voting board members

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member**Advisory Board Member**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Link Info	
					Active	Date
Melody Freeman	Consulting Member			2801 D2 W. Broadway Columbia, MO 65203		Added on 05/28/2015

Total Active Links:1, Total Deactivated Links:5, Current Active Links:1, Current Deactivated Links:5

Financial Information**Organization Fiscal Year:**

March 1 - February 28

If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the filing date: MM/DD/YYYY**IRS Tax Exempt Status Determination Letter:****If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.****IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)**

/document/download/filename/1432836126_29953_TaxExemptLetter-Federal501%28c%29%283%29.pdf/

Financial Statement:**Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).****Financial Statement (MUST BE IN PDF FORMAT)**

/document/download/filename/1539627542_29954_29955_FamilyHC18cc%281%29.pdf/

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1539627615_29955_FHC-PDC.PDF/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

Financial Policies and Procedures: Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Per the FHC Board of Directors Bylaws, the Board assumes the fiduciary responsibility for FHC and establishes policy to ensure that the Center is managed in such a way as to carry out the mission of the Center. The Board approves FHC's budget and approves all federal funding applications. The Finance Committee is a Board-level committee charged with monitoring the financial condition of the Center, anticipating cash and other resource requirements for the next fiscal year, and with reviewing the annual budget. The Finance Committee also ensures that an annual external audit is conducted.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation				Link Info		
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Physician	MD	1.00	\$187,925.00	\$5,730.00		Added on 05/28/2015
Dentist	DDS	1.00	\$182,861.00	\$3,560.00		Added on 05/28/2015
Physician	MD	1.00	\$196,950.00	\$5,848.00		Added on 05/28/2015
Medical Director	MD	1.00	\$205,971.00	\$6,579.00		Added on 05/28/2015
Dentist	DMD	1.00	\$222,035.00	\$6,446.00		Added on 05/28/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Family Health Center's Worley location is recognized by the National Committee for Quality Assurance (NCQA) as a Level III Patient-Centered Medical Home (PCMH). The NCQA PCMH model combines access, teamwork and technology to deliver quality care. NCQA's PCMH recognition is evidence that FHC has the resources to provide patients with the right care at the right time. Corporate recognition has been awarded through 2019. The

accreditation process requires demonstration of access, population health management, care management, self-care support, care coordination, and performance improvement.

Accreditation 2:

Text

Accreditation 3:

Text

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Local Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and *Third Party Financial Statement Review or **Audit (*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / **Audit required for Organizations reporting \$250,000 or more in annual revenue).

/document/download/filename/1540324596_32839_REV%26EXPSummary02.28.18-UWay.pdf/

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a *Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) *Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1540324596_32678_ACORDForm20181023-091753.pdf/

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
HMUW - Health RFP: JUL2017 Cycle (Year End Report ends 09/10/2018 11:59 AM CDT)	Family Health Center of Boone County	HMUW Health RFP	Heart of Missouri United Way	JUL2017 - JUN2020		Added on 01/24/2017
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Family Health Center of Boone County	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		Added on 09/04/2018
City of Columbia-CDBG/HOME (CDC Review ends 06/14/2017 11:59 PM CDT)	Family Health Center of Boone County	CDBG/HOME	City of Columbia	2018		Added on 03/23/2017
Community Health/Medical Fund - POS #26-15JUN15 (Final Reporting ends 04/06/2018 11:59 AM CDT)	Family Health Center of Boone County	Community Health/Medical Fund - POS	Boone County	RFP #26-15JUN15		Added on 05/21/2015

Total Active Links:4, Total Deactivated Links:0, Current Active Links:4, Current Deactivated Links:0

System Fields

Record ID

15540

Modification Date

10/23/2018 2:56 PM CDT

Modified By

Family Health Center of Boone County ORG

Creation Date

05/21/2015 9:06 PM CDT

Created By

The Community Montessori AutoLogin

Proposal Cover Sheet

Proposal Request Information

Grant

Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)

Organization Name (will auto-populate)

Family Health Center of Boone County

Fund Source

Community Health/Medical Fund - RFP #36-13SEP18

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

Boone County Emergency Dental Referral Program

Amount of Request

\$83,160.00

Program Information

Program Website (will default to Organization website)

<http://www.fhcmo.org>

Address

401 West Boulevard North

Suite A/B

City

Columbia

State

Missouri

County

Boone County

Zip

65203-2600


Program Administrator Name

Jack Kelly

Phone Number

573-886-6713

Address

401 West Boulevard North

Suite A/B

City

Columbia

State

Missouri

County

Boone County

Zip

65203-2600


Program Administrator Title

CEO

Email

jkelly@fhcmo.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1536769781_30421_AttachmentAFamilyHealthCenter.pdf/

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

/document/download/filename/1536769782_30420_AttachmentBFamilyHealthCenter.pdf/

Attachment C Work Authorization Certification


/document/download/filename/1536769782_30419_AttachmentCFamilyHealthCenter.pdf/

Signed Addendums

/document/download/filename/1536769782_30418_SignedAddendumsFamilyHealthCenter.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile				Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Record ID	Active	Date
Family Health Center of Boone County	401 West Boulevard North	Jack Kelly	15540		Added on 09/04/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-1709422

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)

Link Instructions -1

Linked 'Agreement Form - V2' Records

Link Instructions Agreement Form V2

Linked 'Interim Report - V3' Records

Link Instructions Interim Report

Linked 'Interim Report - V3 (Services 6-15)' Records

Link Instructions - V3 (6-15)

Linked 'Interim Report - YHP' Records


Link Instructions - 2

Linked 'Agreement Form - V3 (Services 16-20)' Records

Link Instructions - Agreement form

Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'

Link Instructions 3**Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records****Link Instructions 4****Linked 'Year End Report - V3' Records****Link Instructions YER Svcs 1-5****Linked 'Year End Report - V3 (Services 6-15)' Records****Link Instructions YER Svcs 6-15****Linked 'Agreement Form - V3.1' Records****Link Instructions Agreement Form 3.1****Proposal Cover Sheet****Agreement Form - V3.1****Link Info**

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Family Health Center of Boone County	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	Family Health Center of Boone County	Boone County Emergency Dental Referral Program	11/05/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Agreement Form - V3.1 (Services 11-20)' Records**Link Instructions**

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Jack Kelly

Printed Name - Agency Executive Director/President/CEO

9/9/18

Date

Jack Kelly

Signature - Agency Executive Director/President/CEO

9/9/18

Date

GARY CARLSON

Printed Name - Agency Board Chair

9/5/18

Date

Gary Carlson

Signature - Agency Board Chair

9/5/18

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Jack Kelly, CEO

Name and Title of Authorized Representative

Jack Kelly

Signature

9/9/18

Date

ATTACHMENT C

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

County of Boone)
)ss
State of Missouri)

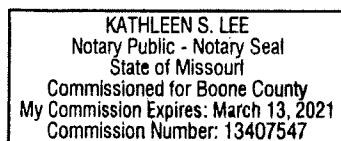
My name is Jack Kelly. I am an authorized agent of Family Health Center of Boone County (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any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

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

Jack Kelly 9/10/18
Affiant Date

Jack Kelly
Printed Name

Subscribed and sworn to before me this 10th day of September, 2018.



Kathleen S. Lee
Notary Public

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



Company ID Number: 232324

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

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

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

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

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



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

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

B. RESPONSIBILITIES OF DHS

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

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

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

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

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

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

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

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



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

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

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.
 - B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.
5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
 - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.



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

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

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

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



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

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

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

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

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



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

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the



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contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.



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ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible



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after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take



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mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



E-VERIFY IS A SERVICE OF DHS

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To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Family Health Center of Boone County

Gloria Crull

Name (Please Type or Print)

Title

Electronically Signed

Signature

07/22/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

07/22/2009

Date



Company ID Number: 232324

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Family Health Center of Boone County

Company Facility Address: 1001 West Worley

Columbia, MO 65203

Company Alternate
Address:

County or Parish: BOONE

Employer Identification

Number: 43170942

North American Industry
Classification Systems

Code: 621

Parent Company:

Number of Employees: 20 to 99

Number of Sites Verified

for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- MISSOURI 1 site(s)



Company ID Number: 232324

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Vicky Burns**
Telephone Number: **(573) 214 - 2314**
E-mail Address: **vburns@fhcmo.org**

Fax Number: **(573) 814 - 2784**

Name: **Gloria Crull**
Telephone Number: **(573) 886 - 6713**
E-mail Address: **gcrull@fhcmo.org**

Fax Number:

E-Verify *Employment Eligibility Verification*[Online Resources](#) | [Tutorial](#) | [Home](#) | [Contact Us](#) | [Exit](#)**Case Administration**[Initial Verification](#)[View Cases](#)**User Administration**[Change Password](#)[Pwd Challenge Q&A](#)[Change Profile](#)**Site Administration**[Add User](#)[View Users](#)[Maintain Company](#)[Terminate Company Participation](#)**Reports**[View Reports](#)**Company Information****Company Name:** Family Health Center of Boone County[View/Edit](#)**Company ID Number:** 232324**Physical Location:****Address 1:** 1001 West Worley**Address 2:****City:** Columbia**State:** MO**Zip Code:** 65203**County:** BOONE**Mailing Address:****Address 1:****Address 2:****City:****State:****Zip Code:****Employer Identification Number:** 431709422**Total Number of Employees:** 20 to 99**Corporate / Parent Company:****Organization Designation:****Employer Category:** Federal Contractor without FAR E-Verify Clause**NAICS Code:** 621 - AMBULATORY HEALTH CARE SERVICES[View/Edit](#)**Total Hiring Sites:** 1[View/Edit](#)**Total Points of Contact:** 2[View/Edit](#)



BOONE COUNTY, MISSOURI

Request for Proposal #: 35-13SEP18 – Crisis Intervention Programs

ADDENDUM #1 - Issued August 13, 2018

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

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheet from the pre-proposal conference held on August 9 is attached for informational purpose.
- III. The County received the following questions at the pre-proposal conference and is providing a response below:
 - a. Can you provide a timeline of when fundings decisions will be made?

Response: Department staff and the Children's Services Board will review applications. The Board will make decisions by November with contract negotiations occurring for the remainder of the year. Funding will begin January 1, 2019.

- b. We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year.

Response: If the organization is not required to complete a full audit an independent financial review will be acceptable.

- c. We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- d. Could funds be used to off-set case management with nursing and older youth transitioning out, so they could have access to a Nurse Practitioner?

Response: Any program that provides treatment services to children, youth, or families in crisis is eligible to apply.

- e. Could you define non-conflicted referral for follow-up care referenced in paragraph 3.4. of the proposal?

Response: Non-conflicted referral for follow-up care is defined as informing clients of all treatment and follow-up care options and ensuring clients are connected to a provider.

- f. Is there a limit on the amount of funding a program may request?

Response: There is no limit within the funding amount available.

- g. If we have a contract with the State of Missouri and that program is not fully funded, can we apply for that gap in funding?

Response: Using funds to cover gap fundings is dependant on the state contract. Typically, gap funding is not allowed. However, additional supportive services not covered by the state can be purchased by the Children's Services Fund.

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

OFFEROR has examined Addendum #1 to Request for Proposal# 35-13SEP18 – Crisis Intervention Programs, receipt of which is hereby acknowledged:

Company Name: Family Health Center of Boone County

Address: 401 West Blvd, N., Columbia, MO 65203

Phone Number: 573-214-2314

Fax Number: 573-814-2784

E-mail: jkelly@fhcma.org

Authorized Representative Signature: Jack Kelly Date: 9/10/18

Authorized Representative Printed Name: Jack Kelly

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
35-13SEP18 – Crisis Intervention Programs
August 9, 2018, 10:00 a.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Joanne Nelson	Children's Services	886-7219	
3.	Kelly Wallis	Children's Services	886-7218	
4.	Kari Hopkins	Coyote Hill	874-0179	875-0510
5.	Beth Vasser	Central Missouri Community Action	573-448-8706	573-874-6993
6.	Jennifer Graves	True North of Columbia	573-875-0508	573-875-0518
7.	Megan Steen	Burrell	573-777-8450	
8.	Nicole Dean	Great Circle	442-8331	442-8330
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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

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

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

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

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety registry for staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP, described in Section 3.4, are eligible for funding. No services have been excluded from eligibility for funding.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Family Health Center of Boone County
Address: 401 West. Blvd, N., Columbia, MO 65203
Phone Number: 573-214-2314 Fax Number: 573-814-2784
E-mail: jkelly@fhcmo.org
Authorized Representative Signature: Jack Kelly Date: 9/10/18
Authorized Representative Printed Name: Jack Kelly



BOONE COUNTY, MISSOURI

Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts – Boone County Community Health – Medical Fund

ADDENDUM #3 - Issued September 6, 2018

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

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

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

- a. Do we return addendums as we receive them?**

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

- b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?**

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

- c. Is an electronic signature acceptable?**

Response: No

- d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?**

Response: Attachment A does not require documentation of board approval.

- e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service**

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Family Health Center of Boone County

Address:

401 West Blvd, N., Columbia, MO 65203

Phone Number: 573-214-2314

Fax Number: 573-814-2784

E-mail: jkelly@fhcmo.org

Authorized Representative Signature:

Jack Kelly

Date:

9/10/18

Authorized Representative Printed Name:

Jack Kelly



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

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

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

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

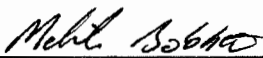
- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

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

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #4 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name:

Family Health Center of Boone County

Address:

401 West Blvd, N., Columbia, MO 65203

Phone Number: 573-214-2314

Fax Number: 573-814-2784

E-mail: jkelly@hema.org

Authorized Representative Signature: Jack Kelly Date: 9/10/18

Authorized Representative Printed Name: Jack Kelly

Program Overview (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

According to an issue brief "A Costly Destination" by The Pew Center on the States, "A major driver of dental-related hospital visits is a failure by states to ensure that disadvantaged people have access to routine preventive care from dentists and other providers" (2012). In Missouri, there are approximately 60,000 annual emergency department visits as a result of non-traumatic dental complaints which costs our state upwards of \$17.5 million annually (MODHSS, 2014). Further, "...inpatient hospitalizations due to non-traumatic dental complaints are associated with about \$13.5 million in hospital charges annually," according to the Missouri Department of Health and Senior Services (2014). As a local community needs assessment states "...the availability of dental care for adults is still extremely limited" (Boone Hospital Center, 2016). This needs assessment also identified dental care as the health need with the highest level of concern, tied with diabetes (Boone Hospital Center, 2016). Locally, according to the Missouri Public Health Information Management System, there were 1,561 self-pay patients who presented to Boone County emergency rooms in 2015 (MODHSS Emergency Room MICA). Emergency rooms are ill-equipped to address the root cause of acute dental pathology and are the most expensive place to receive care (MODHSS, 2014).

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

Data provided by the Missouri Information for Community Assessment (MICA) indicates that the population affected by poor access to dental services in Boone County shares common characteristics. Approximately 7.4% of Boone County residents under 65 are uninsured and 17% of all residents live in poverty (Boone Indicators Dashboard, 2018; Missourians to End Poverty Coalition, 2018). The number of Boone County emergency room visits for self-pay patients presenting for "disorders of teeth and jaw" has increased from 484 in 2002 to 1,561 in 2015 (MODHSS Emergency Room MICA, 2015). During this same period, the percentage of patients presenting to Boone County ERs with this diagnosis without health insurance has increased from 7% to 23% (MODHSS Emergency Room MICA, 2015). This population is slightly more represented by females (60%) than males (40%) (MODHSS Emergency Room MICA, 2015). This population represents working-age residents who often miss days at work or are less productive at work while experiencing acute dental pain, which further exacerbates their already strained financial situation. "Access to services" and "lack of health insurance" have been cited as major obstacles to medical services in Boone County (Schumaker et al., 2014).

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The proposed program aims to refer identified consumers directly to an appropriate dental care environment, to address the consumer's acute dental needs, to offer an ongoing source of preventive dental care, to realize cost savings, and to prevent subsequent avoidable ER visits.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

With the collaboration of Boone County's three major emergency departments (University Hospital, Women's and Children's Hospital, and Boone Hospital Center) and Boone County's only federally qualified health center, Family Health Center (Family Dental Center is a service of Family Health Center), this established program has served hundreds of Boone County residents. The proposed program was initially implemented in December 2015.

Patients routinely seek care for acute dental pain in the emergency department and the volume of these patients continues to increase each year. The proposed program will refer self-pay patients who present to these Boone County ERs with acute dental pain to Family Dental Center for assessment and treatment. Those patients with acute dental pain will first be stabilized by a physician in the ER, then the patient will be asked if he/she is a self-pay patient upon discharge. All self-pay patients will be provided a referral sheet describing the Boone County Emergency Dental Referral Program which will include Family Dental Center's contact information. The referral sheet will also indicate that the patient has seven days to make an appointment at Family Dental Center. Family Dental Center will prioritize these patients and schedule them for the next available appointment. The patient will present themselves at Family Dental Center and receive an exam and those services required of their acute condition (e.g. x-rays, tooth extraction, etc.).

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Consumers served by the Boone County Emergency Dental Referral Program must lack dental insurance, be in acute need of dental services, and present themselves at one of three Columbia emergency departments: Boone Hospital Center, University Hospital, or Women's and Children's Hospital. According to the Missouri Department of Health and Senior Services, there were 1,561 self-pay visits to Boone County emergency rooms for "disorders of teeth and jaw" in 2015 (MODHSS Emergency Room MICA). This program targets these individuals, who are often low-income and lack a usual source of dental care (MODHSS, 2014). The vast majority of these consumers are anticipated to be Boone County residents.

b. Why will these particular consumers be served? (1500 character limit)

The consumers targeted by the Boone County Emergency Dental Referral Program often wait until the pain from their dental condition forces them to the emergency room (Trikhacheva, et al., 2015). Without dental professionals on staff, emergency room personnel can only address the symptoms of the dental condition and prescribe antibiotics and/or pain medications, and, in some cases, these patients require costly inpatient hospitalization. As the most expensive source of treatment for non-traumatic dental issues, such hospital and emergency department visits cost taxpayers dearly (The Pew Center, 2012). This program aims to continue to serve this population in an appropriate setting and link consumers with a source of preventive dental care for the long term. Not only will patients receive care that will address the cause of their symptoms, taxpayers will benefit from cost savings associated with reductions in uncompensated care provided at our tax-supported county and university hospitals. Current program data indicates some early successes of the program. Since its inception, the program has seen a decrease in referrals from Boone County emergency departments by approximately 29%.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Historically, the consumers identified by the proposed program have been difficult to reach in the community. Limited coverage options for dental services among low-income Boone County residents precludes them from seeking dental services (McKenna, 2010). That is, these consumers intentionally avoid services and the resulting charges for which they would be fully responsible. The ED referral arrangement grants access to services and connects consumers to discounted preventive services moving forward.

d. Total number of unduplicated individuals to be served by the proposed program:

252

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

522.14

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

212

Cooper County

0

Howard County

0

Other Counties

40

Residence Total

252

Record Lock

1

City of Columbia

204

Race**White (alone)**

121

Black or African American (alone)

64

Multiple Races

5

Asian (alone)

3

Native American Indian or Alaskan Native

0

Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

59

Race Total

252

Ethnicity**Hispanic or Latino (of any race)**

5

Not Hispanic or Latino

247

Ethnicity Total

252

Gender**Female**

149

Male

103

Other

0

Gender Total

252

Income

At or below 200% of Federal Poverty Level

252

Over 200% of Federal Poverty Level

0

Income Total

252

Age (City-Social Services/County-Health/HMUW-RFP)**Under 5 years**

6

5-19 years

11

20-59 years

230

60 years and over

5

Age Total (1)

252

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

N/A

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

Services will be provided at Family Dental Center (a service of Family Health Center) at 1101 North Providence Road, Columbia, Missouri 65203. Family Dental Center is open Monday through Thursday: 7:00 am to 6:00 pm, Friday: 8:00 am to 5:00 pm. Family Dental Center is closed on Saturday and Sunday.

Service will also be offered at Family Health Center's East location at 2475 Broadway Bluffs Drive, Suite 200, Columbia, MO 65201. This location's dental service is open Monday through Friday: 8:00 am to 5:00 pm.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Patients must first present at Boone Hospital Center emergency room, Women's and Children's Hospital emergency room, or University Hospital emergency room with an acute dental issue. Eligible patients will be uninsured or under-insured, meaning they have no source of dental coverage. Presentation to Boone County ERs and insurance status are the key eligibility determination criteria. Data suggest that these criteria will identify Boone County residents with low incomes between the ages of 19 and 64.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Data from Family Dental Center's electronic dental record indicate that patients who present to the Dental Center under urgent circumstances typically require, on average, a limited exam, 2 x-rays, and a tooth extraction. These services cost approximately \$330. This program will provide these initial services (up to \$500) at no cost to the patient. These patients lack dental coverage and the waiver of these initial fees eliminates financial barriers to treatment. For services on a patient's treatment plan beyond \$500, patients will be invited to apply to FHC's sliding fee discount program.

Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

If patients require services with charges in excess of \$500, then they will apply to the Dental Center's sliding fee discount program.

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

/document/download/filename/1536594989_40756_FHC2018SlidingFeeDental.pdf/

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

As a federally qualified health center, the Health Resources and Services Administration requires that Family Health Center's providers be credentialed and privileged by the FHC board of directors. All dentists providing services under this program are licensed to practice in the state of Missouri by the Missouri Dental Board and meet the minimum requirements for Federal Torts Claims Act coverage.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

Provide the name of the accreditation agency. (300 character limit)

The Health Resources and Services Administration grants Family Health Center status as a federally qualified health center.

Provide the most recent dates of accreditation (including expiration date): (300 character limit)

Family Health Center is currently in a three year project period (February 2017 - March 2020).

Provide a description of the accreditation process: (600 character limit)

Every three years, the organization submits a federal grant (Service Area Competition) to the Health Resources and Services Administration Bureau of Primary Health Care. On an annual basis, FHC submits Budget Period Renewals to HRSA as project updates. Once per project period (three years) HRSA conducts an on-site Operational Site Visit with a three member review team with governance, fiscal, and clinical experts to evaluate the health center's compliance with the requirements of the federal health center program.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Emergency room referrals of dental disease to dentists is a commonly-cited best practice (ADA, 2014). The enhancement of the ER/dentist relationship enables ER staff to redirect patients to a more appropriate care setting (Trikhacheva, et al., 2015). Further barriers to dental access are reduced when such relationships are established with dental practices with sliding fee scales or "safety net" providers (Trikhacheva, et al., 2015). This program incorporates both an ER-to-dentist referral relationship and a safety net dental provider.

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

The American Dental Association cites a number of case studies which have resulted in reduced ER visits, cost savings, and improved care to patients (2014). Waldo County General Hospital began screening dental ER patients with an internal dental hygienist, which resulted in 105 successful referrals to local dentists in the first five months of operation (ADA, 2014). A referral program at the Bronson Battle Creek hospital system referred patients to local dentists and realized a 70% reduction in dental ER cases (ADA, 2014). In a study in the Kansas Journal of Medicine, Trikhacheva and others conducted an evaluation of dental-related emergency department visits. This study identified a need for safety net clinics to prioritize ER-referred patients and cited limited access to discounted services as a barrier to patient care (Trikhacheva, et al., 2015).

The proposed program will continue to fund an established referral relationship with three Boone County ERs for self-pay patients who present with acute dental disease. These patients will be prioritized with "ER" slots built into the daily schedule. These patients will also be invited to apply for Family Health Center's sliding fee discount scale to promote access to comprehensive primary care services and inform these patients of discount availability.

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)

This innovative collaboration has proven effective in this community and communities across the country (ASTDD Best Practices Committee, 2015). The health care system is ill-equipped to diagnose and treat oral health issues and dental ER visits by self-pay patients ultimately cost taxpayers. The continuation of this established program in Boone County is a logical investment of Community Health/Medical Fund resources. Program stakeholders at partner hospitals are grateful for this dental partnership and the program's patients greatly appreciate the enhanced access to care.

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Serving low income medically under-served persons is central to Family Dental Center's mission. Once connected to Family Dental Center (FDC), patients gain access to quality services at affordable discounted rates. The Center makes intentional efforts to identify and reach out to this population, however opportunities to link new community members with FDC's services still exist. Avoidable dental visits to Boone County ERs by self-pay patients has been and continues to be a persistent problem in Boone County (MODHSS Emergency Room MICA, 2015). Without a long term, targeted and collaborative approach, this problem will only continue to grow. In its 23 years of operation, the Center has established a number of formal and informal collaborative relationships with community partners to fulfill its mission of service. This program proposes to enhance existing informal relationships with Boone County emergency rooms to identify individuals who would benefit from FDC's services, treat their acute needs in an appropriate setting, and offer them ongoing affordable preventive dental care.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

This program falls under the purview of Family Health Center's organization-wide quality improvement efforts. This program, among others, is monitored on an on-going basis and data is shared with the Quality Improvement Committee for review every two months. These data include measures of clinical practice, operational efficiency, and patient satisfaction. Program beneficiaries participate in FHC's patient satisfaction survey process.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Program participants participate in FHC's organization-wide patient satisfaction process which occurs twice annually. Each June and December, approximately 25 surveys are distributed and collected for each provider. Results of these surveys are then shared with each dentist, the Dental Directors and Dental Office Manager. Additionally, 10 program beneficiaries will receive telephone surveys to elicit program feedback from the consumer perspective. These data will be shared with the Dental Directors and Dental Office Manager. To date, the incorporation of consumer feedback has been used to improve program processes and information sharing among the stakeholders.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Continued collaboration with the Boone Hospital Center emergency room, Women's and Children's emergency room, and University Hospital emergency room will ensure enhanced access to patients who will benefit from this program. As the program has matured over time, these collaborations have strengthened and improved operational efficiencies.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
N/A	N/A	0.00	\$0.00	\$0.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
		0.00	\$0.00	\$0.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
		0.00	\$0.00	\$0.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
		0.00	\$0.00	\$0.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

In an effort to simplify the implementation of the proposed program, individual salaries will not be charged to this grant. Rather, charges for services from Family Dental Center's existing charge list will be used to provide services to program consumers. Services may be provided by any of Family Dental Center's board certified general dentists in Columbia.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
	\$0.00	0
B. Boone County - Community Health Funding (300 character limit) 252 self-pay emergency room referral patients x \$330 = \$83,160; funding from the Health Fund will fully support this program	2B	2B %
	\$83,160.00	67
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit) 126 emergency room referral patients with Medicaid x \$330 = \$41,580	2J	2J %
	\$41,580.00	33
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0

4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	124740	

PROGRAM EXPENSES

1. Personnel	1.	1 %
	\$0.00	0
Personnel Narrative (300 character limit)		
N/A		
2. Non-Personnel	2.	2 %
	\$131,580.00	100
Non-Personnel Narrative (300 character limit)		
Program services are charged according FHC's charge list.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	131580	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

Approximately one third of referred patients who follow through with an appointment have Medicaid insurance with dental benefits. These services are charged to the patient's insurance.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

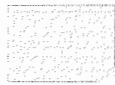

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- The Pew Center on the States. (2012). A costly dental destination: Hospital care means states pay dearly. Washington, DC.
- Trikhacheva, A., Page, M., Gault, H., Ochieng, R., Barth, B. E., Cannon, C. M., ..., & Engelman, K. K. (2015). Dental related emergency department visits and community dental care resources for emergency room patients. Kansas Journal of Medicine, 8(2), 6172.

Linked 'Agreement Form - V3' Records

[Link Instructions](#)

Linked 'Agreement Form - V3.1' Records

[Link Instructions](#)

Agreement Form - V3.1				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Family Health Center of Boone County	Boone County Emergency Dental Referral Program	11/05/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Family Health Center of Boone County
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Boone County Emergency Dental Referral Program
Amount of Request	\$83,160.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

N/A

c. Provide justification for the request for one-time funding. (600 character limit)

N/A

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

10.3 INFORMATION AND REFERRAL

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Provides accurate information about and referrals to appropriate resources.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

This service is an emergency room referral of self-pay dental patients to Family Dental Center. After completing an assessment with a physician in the emergency room, a Social Worker in the emergency department completes the FDC referral form and faxes it to the dental center. The patient is then given a copy of the referral, complete with directions to the dental center, and guidance on the program's procedures. The patient has seven days to contact the dental center to schedule an appointment. There is no cost associated with this service.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

one referral

b. Unit Rate (#1)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

Referrals are not reimbursable.

d. Total Number of Units of Service to be Provided (#1)

900

e. Total Number of Unduplicated Individuals (#1)

658

f. Average Number of Units of Service per Unduplicated Individual (#1)

1.37

g. Average Cost of Service per Individual (#1)

0

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

No

Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Referrals are not reimbursable.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

Referrals are not reimbursable.

Service #1 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funders Chart below)

Service #1 - Local Funding Chart

FUNDERS (#1)	UNIT RATE (#1)	CONTRACTED UNITS (#1)	TOTAL AMOUNT CONTRACTED (#1)
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 1200	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$0.00

b. Proposed Number of Units of Service (#1)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

While this service is not reimbursable, the inter-agency referral is an essential component of this program.

For budgetary purposes, "referrals" as a program service was not included in to the total unduplicated consumers count (252) in the Program Overview. That is, referred consumers who do not follow through with their dental appointment do not incur program expenses.

Service #1- Performance Measures

Outcome (1-1) Indicator (1-1)

Referral of ER dental patient to Family Dental Center 100% (n=900) of all uninsured patients who present to Boone County ERs seeking treatment for dental pathology will be offered a referral to Family Dental Center (an estimated 252 unduplicated patients will complete the referral process)

Additional Outcome (1-2) Additional Indicator (1-2)

Additional Outcome (1-3) Additional Indicator (1-3)

Additional Outcome (1-4) Additional Indicator (1-4)

Additional Outcome (1-5) Additional Indicator (1-5)

Method of Measurement (1-1)

Patients who present to the ER will have a referral sheet faxed to Family Dental Center; these will be counted by front office staff and documented in the tracking spreadsheet

Additional Method (1-2)

Additional Method (1-3)

Additional Method (1-4)

Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Collaborative efforts by Boone County ERs to Family Dental Center are critical services of the proposed program. The referral ensures that patients

receive evaluation and treatment in a dental setting. Should the patient choose to establish care at Family Dental Center, the patient's linkage to a regular source of dental care lays a strong foundation for preventive oral health practices moving forward. Patients will be referred to Family Dental Center and will be given the option to accept the treatment benefit. That is, a patient's consent to be treated will be respected at all times.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Family Dental Center anticipates a number of referred patients will decline the referral to Family Dental Center. Emergency department managers from both University Health Care and Boone Hospital Center have expressed concerns that drug-seeking patients will be referred, however experience has demonstrated that these patients are unlikely to follow through with scheduling an appointment at Family Dental Center.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

For the purposes of measuring these indicators, measuring at the patient level is appropriate. The electronic dental record will assist with documenting and tracking this indicator.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

This indicator is documented for all patients in the electronic dental record and practice management system. A specific patient type (ER Referral) facilitates monitoring and evaluation efforts.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

4.28 PREVENTIVE DENTAL EXAM

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Examination performed by an appropriately trained professional to identify oral disease, oral decay, or other oral conditions.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Each program participant receives an oral health exam from a board-certified and licensed dentist. The examination takes place in a dental operatory and includes a clinical evaluation of the teeth, gums, and soft tissues. Donned with personal protective equipment, the dentist uses sterilized hand instruments to evaluate the tooth/teeth that brought the patient to emergency room. Depending on the results of the exam, the dentist may order x-rays to aid in the diagnostic process.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

one exam

b. Unit Rate (#2)

\$89.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

No

Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

Family Dental Center establishes charges for services consistent with the 75th percentile of charges for comparable services within Family Dental Center's service area. These charges are developed with the aid of the 2018 Dental Customized Fee Analyzer (Optum).

d. Total Number of Units of Service to be Provided (#2)

252

e. Total Number of Unduplicated Individuals (#2)

252

f. Average Number of Units of Service per Unduplicated Individual (#2)

1

g. Average Cost of Service per Individual (#2)

89

Service #2 - Service Fee

a. Will the proposed service consumers be charged a fee? (#2)

No

Provide a rationale why no fee will be charged for the service. (#2) (600 character limit)

Out-of-pocket service fees are a significant barrier to access for uninsured patients and, therefore, have been eliminated for this service.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#2) (600 character limit)

Billing of third party payors will take place for patients with coverage through MO HealthNet, Home State Health, Missouri Care, and UnitedHealthCare Community Plan. Consumer eligibility criteria for these payors is based upon income and participation in an eligible demographic (i.e. age, disability, blindness, pregnancy status, etc.).

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

Program service fee charges resulting from the uninsured patient's chief complaint in the emergency room will be funded by the program up to \$500. If the patient requires additional dental care beyond the \$500 threshold, then the patient will have access to the dental center's sliding fee discount scale. For example, a patient with documented income below 100% of the Federal Poverty Guidelines will pay \$74 per dental visit for basic dental services.

Service #2 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)**

Yes (complete the Other Funder's Chart below)

Service #2 - Local Funding Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
a Boone County - Children's Services Funding (#2)	2a1. \$0.00	2a2. 0	2a3. \$0.00
b. Boone County - Community Health Funding (#2)	2b1. \$76.00	2b2. 308	2b3. \$23,408.00
c. City of Columbia - Social Services Funding (#2)	2c1. \$0.00	2c2. 0	2c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

Service #2 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)**

\$22,428.00

b. Proposed Number of Units of Service (#2)

252

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Funding has been requested at this level based on referral and service utilization data collected through this program since December 2015. Based on the steady decrease in aggregate referrals from the partner emergency departments, Family Health Center projects that 252 unduplicated individuals will require an average of \$330 of services (1 exam, 2 screening x-rays, and 1 tooth extraction). There is no other program to which Boone County emergency room physicians may refer for acute dental issues.

Service #2 - Performance Measures**Outcome (2-1)****Indicator (2-1)****Method of Measurement (2-1)**

Determine the nature of the patient's dental pathology	100% (n=252) of patients who complete their referral will have their dental pathology identified	The results of each referred patient's limited oral exam will be documented in the electronic dental record
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Determine the patient's treatment plan	100% (n=252) of patients who complete their referral will receive a treatment plan	Each patient's treatment plan will be documented in the electronic dental record
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

The determination of each patient's dental pathology is critical to treating the root cause of the patient's pain. The oral exam is also a key precursor to outlining the patient's treatment plan, the roadmap to a healthy mouth.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

In some cases, external factors unique to each patient's life may preclude the patient from keeping an appointment. Family Dental Center will work with each patient to secure appointments that are most convenient for the patient. Rescheduling of appointments, in some cases, is expected.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

For the purposes of measuring these indicators, measuring at the patient level is appropriate. The electronic dental record will assist with documenting and tracking these indicators.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The dentist's clinical determination of dental pathology and development of patient-specific treatment plans will be documented in the electronic dental record. Reporting capabilities within the electronic dental record make this method of measurement thorough and convenient.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

4.25 ORAL HEALTH SCREENING

b. Service #3 - Taxonomy Definition of Service (300 character limit)

Identifies if an individual is experiencing and at risk for oral health disorders via intra-oral periapical x-ray.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The dentist orders an x-ray to assist with diagnostic clarification. The x-ray is administered by a dental assistant chair-side via a Schick sensor or with a panoramic x-ray unit which requires the patient to assume a standing position. The resulting images are used by the dentist to determine the patient's treatment plan and are subsequently saved in the patient's electronic dental record.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

one x-ray

b. Unit Rate (#3)

\$32.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

Family Dental Center establishes charges for services consistent with the 75th percentile of charges for comparable services within Family Dental Center's service area. These charges are developed with the aid of the 2018 Dental Customized Fee Analyzer (Optum).

d. Total Number of Units of Service to be Provided (#3)

504

e. Total Number of Unduplicated Individuals (#3)

252

f. Average Number of Units of Service per Unduplicated Individual (#3)

2

g. Average Cost of Service per Individual (#3)

64

Service #3 - Service Fee**a. Will the proposed service consumers be charged a fee? (#3)**

No

Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

Out-of-pocket service fees are a significant barrier to access for uninsured patient and, therefore, have been eliminated for this service.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#3) (600 character limit)

Billing of third party payors will take place for patients with coverage through MO HealthNet, Home State Health, Missouri Care, and UnitedHealthCare Community Plan. Consumer eligibility criteria for these payors is based upon income and participation in an eligible demographic (i.e. age, disability, blindness, pregnancy status, etc.).

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#3) (600 character limit)

Program service fee charges resulting from the uninsured patient's chief complaint in the emergency room will be funded by the program up to \$500. If the patient requires additional dental care beyond the \$500 threshold, then the patient will have access to the dental center's sliding fee discount scale. For example, a patient with documented income below 100% of the Federal Poverty Guidelines will pay \$74 per dental visit for basic dental services.

Service #3 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)**

Yes (complete the Other Funders Chart below)

Service #3 - Local Funding Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
a Boone County - Children's Services Funding (#3)	3a1. \$0.00	3a2. 0	3a3. \$0.00
b. Boone County - Community Health Funding (#3)	3b1. \$26.00	3b2. 500	3b3. \$13,000.00
c. City of Columbia - Social Services Funding (#3)	3c1. \$0.00	3c2. 0	3c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	3d1. \$0.00	3d2. 0	3d3. \$0.00
e. Heart of Missouri United Way Funding (#3)	3e1. \$0.00	3e2. 0	3e3. \$0.00

Service #3 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)**

\$16,128.00

b. Proposed Number of Units of Service (#3)

504

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Funding has been requested at this level based on referral and service utilization data collected through this program since December 2015. Based on the steady decrease in aggregate referrals from the partner emergency departments, Family Health Center projects that 252 unduplicated individuals will require an average of \$330 of services (1 exam, 2 screening x-rays, and 1 tooth extraction). There is no other program to which Boone County emergency room physicians may refer for acute dental issues.

Service #3 - Performance Measures

Outcome (3-1)

Determine the specific location of the patient's dental pathology

Indicator (3-1)

100% (n=252) of patients who complete their referral will have the location of their dental pathology identified

Method of Measurement (3-1)

The results of each referred patient's intra-oral periapical x-ray will be documented in the electronic dental record

Additional Outcome (3-2)

Determine the patient's treatment plan/specific intervention

Additional Indicator (3-2)

100% (n=252) of patients who complete their referral will receive their treatment plan/specific intervention

Additional Method (3-2)

The results of each referred patient's treatment plan/specific intervention will be documented in the electronic dental record

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)

The determination of the location of each patient's dental pathology is critical to treatment. The x-ray is also a key precursor to outlining the patient's treatment plan, the road map to a healthy mouth.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

In some cases, external factors unique to each patient's life may preclude the patient from keeping an appointment. Family Dental Center will work with each patient to secure appointments that are most convenient for the patient. Rescheduling of appointments, in some cases, is expected.

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

For the purposes of measuring these indicators, measuring at the patient level is appropriate. The electronic dental record will assist with documenting and tracking these indicators.

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

The dentist's clinical determination of the location of each patient's dental pathology and the development of patient-specific treatment plans will be documented in the electronic dental record. Reporting capabilities within the electronic dental record make this method of measurement thorough and convenient.

Service #4 - Name, Definition, and Description

a. Service #4 - Taxonomy of Service Name (300 character limit)

4.31 DENTAL TREATMENT

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Treatment of oral health disorders provided by a qualified health care professional

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Funding has been requested at this level based on referral and service utilization data collected through this program since December 2015. Based on the steady decrease in aggregate referrals from the partner emergency departments, Family Health Center projects that 252 unduplicated individuals will require an average of \$330 of services (1 exam, 2 screening x-rays, and 1 tooth extraction). There is no other program to which Boone County emergency rooms may refer for acute dental issues.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

one tooth extraction. OR
one basic dental procedure/service

b. Unit Rate (#4)

\$177.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc.). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

Family Dental Center establishes charges for services consistent with the 75th percentile of charges for comparable services within Family Dental Center's service area. These charges are developed with the aid of the 2018 Dental Customized Fee Analyzer (Optum).

d. Total Number of Units of Service to be Provided (#4)

252

e. Total Number of Unduplicated Individuals (#4)

252

f. Average Number of Units of Service per Unduplicated Individual (#4)

1

g. Average Cost of Service per Individual (#4)

177

Service #4 - Service Fee

a. Will the proposed service consumers be charged a fee? (#4)

No

Provide a rationale why no fees will be charged for the proposed service. (#4) (600 character limit)

Out-of-pocket service fees are a significant barrier to access for uninsured patient and, therefore, have been eliminated for this service.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

Billing of third party payors will take place for patients with coverage through MO HealthNet, Home State Health, Missouri Care, and UnitedHealthCare Community Plan. Consumer eligibility criteria for these payors is based upon income and participation in an eligible demographic (i.e. age, disability, blindness, pregnancy status, etc.).

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#4) (600 character limit)

Program service fee charges resulting from the uninsured patient's chief complaint in the emergency room will be funded by the program up to \$500. If the patient requires additional dental care beyond the \$500 threshold, then the patient will have access to the dental center's sliding fee discount scale. For example, a patient with documented income below 100% of the Federal Poverty Guidelines will pay \$74 per dental visit for basic dental services.

Service #4 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Yes (complete the Other Funders Chart below)

Service #4 - Local Funding Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$148.00	4b2. 262	4b3. \$38,776.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
	4d1.	4d2.	4d3.

d. City of Columbia - CDBG/Home/CHDO Funding (#4)	\$0.00	0	\$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$44,604.00

b. Proposed Number of Units of Service (#4)

252

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Funding has been requested at this level based on referral and service utilization data collected through this program since December 2015. Based on the steady decrease in aggregate referrals from the partner emergency departments, Family Health Center projects that 252 unduplicated individuals will require an average of \$330 of services (1 exam, 2 screening x-rays, and 1 tooth extraction). There is no other program to which Boone County emergency room physicians may refer for acute dental issues.

Service #4 - Performance Measures

Outcome (4-1)

Stabilization of patient's dental pathology

Indicator (4-1)

95% (n=240) of patients will have their dental pathology stabilized as a result of their extraction/basic dental service

Method of Measurement (4-1)

The dental provider will conduct an evaluation/assessment of the patient's clinical condition which will be documented in the electronic dental record

Additional Outcome (4-2)

Alleviation of patient's dental pain

Additional Indicator (4-2)

95% (n=240) of patients will have their dental pain alleviated as a result of their extraction/basic dental service

Additional Method (4-2)

The dental provider will conduct an evaluation/assessment of the patient's pain level to assure the alleviation of pain; this will be documented in the electronic dental record

Additional Outcome (4-3)

Oral health education

Additional Indicator (4-3)

100% (n=252) of patients will receive oral health education regarding routine preventive oral health practices

Additional Method (4-3)

The dental assistant and dentist will reinforce the importance of good routine and preventive oral health practices; this will be documented in the electronic dental record

Additional Outcome (4-4)

Invitation to establish care at Family Dental Center

Additional Indicator (4-4)

100% (n=252) of patients will receive an invitation to establish care at Family Dental Center, including an application to the sliding fee discount program

Additional Method (4-4)

Front office staff will supply each ER referral patient with a sliding fee discount program application and ask the patient to schedule a routine follow-up appointment

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

The stabilization of the patient's condition and alleviation of the patient's pain are direct outcomes of dental service provision. Oral health education will accompany each patient's visit to prevent future dental pathology and avoid another costly acute exacerbation. An invitation to establish care at FDC is an intentional effort to treat future dental needs in an appropriate environment, contain costs, and avoid subsequent ER visits. While nonsurgical extractions are anticipated to be the most common service provided, other basic dental services may be required depending on each case.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Patient engagement is critical to the success of the proposed program, however patients are ultimately responsible for their own level of engagement. All referred patients will be given the choice to receive services at Family Dental Center or to refuse and seek services elsewhere. In such cases that a patient refuses treatment, program outcomes will be affected. Some patients may choose not to establish care at Family Dental Center, however, all patients will be encouraged to do so.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

For the purposes of measuring these indicators, measuring at the patient level is appropriate. The electronic dental record will assist with documenting and tracking these indicators.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

These indicators are documented for all patients in the electronic dental record and practice management system. The utilization of an existing system facilitates reporting responsibilities and reduces the administrative burden of the program.

Service #5 - Name, Definition, and Description

a. Service #5 - Taxonomy of Service Name (300 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate tied to an established public funding rate? (#5)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service consumers be charged a fee? (#5)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Service #5 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

83160


Linked 'Agreement Form - V3' Records

Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Family Health Center of Boone County	Boone County Emergency Dental Referral Program	11/05/2018			<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

Family Health Center of Boone County
Attn: Jack Kelly, CEO
401 West Boulevard North
Columbia, MO 65203
jkelly@fhcmo.org

RE: Written Clarification #1 to 36-13SEP18 – *Community Health/Medical Fund*

Dear Mr. Kelly:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 36-13SEP18 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Table, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 5:00 p.m. October 26, 2018 by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Community Health Advisory Council Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

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

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

Organization	Family Health Center of Boone County
Name of Program	Boone County Emergency Dental Referral Program

Organization Profile

1. A more recent audit is uploaded under the 990 field instead of the Financial Statement field.
Action Required: Upload the more recent audit under the Financial Statement field. Upload the 990 under the 990 link.

Program Overview Form

2. The consumer demographics section lists 40 clients from other counties.
Action Required: Provide clarification on the funding source for clients from other counties.

3. The proposal provides a sliding fee scale if charges exceed \$500 but does not list revenues for program service fees in the program budget when this would apply.
Action Required: Provide clarification on why funds collected through the sliding fee scale are not included in the Program Budget. Provide the estimated amount in the field below.

4. The Program Personnel Narrative briefly explained that individual salaries will not be charged to the grant.
Action Required: Provide more information on how this simplifies implementing the program and the funding source paying for the salaries.

5. The Program Budget does not provide sufficient information on the Non-Personnel costs.
Action Required: Provide more information on Non-Personnel costs associated to the program and what the Community Health Fund is paying toward in program expenses.

6. The program expenses exceed the program revenues by \$6,840.
Action Required: Provide clarification on why expenses exceed revenues. Make sure that all funding sources are listed on the budget.

Program Services Form (1-5)	
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7. Outputs for each service should include units purchased through other revenue sources. Currently it shows that the Community Health Fund is purchasing all the proposed units for each service. However, the Program Budget shows that units can also be billed to Medicaid.
Action Required: Update the total program units in the 'Program Outputs and Funding Request Tables' to include all funding sources for this program.

Program Service 1 – Information and Referral

8. The program performance measures section states that 100% of emergency room patients seeking dental treatment will receive a referral to the Family Dental Center
Action Required: Provide information on how many patients follow-up for treatment services after they receive a referral.

Program Service 2 – Preventative Dental Exam

9. The number of units equals the number of unduplicated individuals that will receive a dental exam.

Action Required: Provide clarification on whether an individual would receive more than one exam in a year.

--

Program Service 4 – Dental Treatment

10. The number of units equals the number of unduplicated individuals that will receive dental treatment

Action Required: Provide clarification on whether an individual would receive more than one dental treatment in a year.

--

11. The method of measurement needs to be simplified for clarity.

Action Required: Update the unit measure to either “one treatment” or “one procedure” in the ‘Program Outputs and Funding Request Tables’.

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

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

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: Family Health Center of Boone County				
Program Name: Boone County Emergency Dental Referral Program				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Information and Referral				
Preventive Dental Exam				
Oral Health Screening				
Dental Treatment				
Funding Request to Community Health Fund:				
Service:		Amount Requested to Boone County:	Proposed # of Units of Service:	
Information and Referral				
Preventive Dental Exam				
Oral Health Screening				
Dental Treatment				
Development/Start Up Service Funding				
Total Amount Requested to Boone County:				

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

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

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

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

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

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

Organization	Family Health Center of Boone County
Name of Program	Boone County Emergency Dental Referral Program

Organization Profile	
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1. A more recent audit is uploaded under the 990 field instead of the Financial Statement field.
Action Required: Upload the more recent audit under the Financial Statement field. Upload the 990 under the 990 link.

Complete.

Program Overview Form	
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2. The consumer demographics section lists 40 clients from other counties.
Action Required: Provide clarification on the funding source for clients from other counties.

The three emergency rooms participating in this program refer all patients experiencing dental pain to the health center. These patients have traditionally not been excluded from the program. Excluding these patients would likely result in their return to emergency room, to the detriment of the patient and Boone County hospitals.

3. The proposal provides a sliding fee scale if charges exceed \$500 but does not list revenues for program service fees in the program budget when this would apply.
Action Required: Provide clarification on why funds collected through the sliding fee scale are not included in the Program Budget. Provide the estimated amount in the field below.

Traditionally, nominal fees collected from the organization's sliding fee scale have not been recognized under the program budget. Once the patient has exhausted their program benefit, they are no longer considered participants of the program. Therefore, these collections are beyond the scope of the program.

4. The Program Personnel Narrative briefly explained that individual salaries will not be charged to the grant.
Action Required: Provide more information on how this simplifies implementing the program and the funding source paying for the salaries.

A key component of the program is timely access to dental providers. Patients are not limited to a single dentist under this program. Patients are added to any dentist's schedule dependent upon availability. It would be challenging to accurately allocate portions of provider FTEs to this program given the number of dentists providing services and the variability and unpredictability in the volume of program participants they each treat. For the purposes of developing the program budget, estimating funding needs based on charges is simpler and more accurate. Historical encounter volume and patient complexity data are used to more accurately estimate funding needs.

On a per encounter basis, approximately 33% of program expenses are associated with personnel costs, therefore an estimated \$41,164 may be classified as personnel expense.

5. The Program Budget does not provide sufficient information on the Non-Personnel costs.

Action Required: Provide more information on Non-Personnel costs associated to the program and what the Community Health Fund is paying toward in program expenses.

As in years past, expenses for this program are based on service charges. These service charges include provider time, assistant time, support staff time, lab fees, facilities, supplies, equipment, etc. Given the variety of items included in each service charge, these expenses were placed in the non-personnel expense row.

Approximately \$83,576 may be classified as non-personnel expense.

6. The program expenses exceed the program revenues by \$6,840.

Action Required: Provide clarification on why expenses exceed revenues. Make sure that all funding sources are listed on the budget.

Non-personnel expenses should total \$124,740, not \$131,580.

Program Services Form (1-5)

7. Outputs for each service should include units purchased through other revenue sources. Currently it shows that the Community Health Fund is purchasing all the proposed units for each service. However, the Program Budget shows that units can also be billed to Medicaid.

Action Required: Update the total program units in the 'Program Outputs and Funding Request Tables' to include all funding sources for this program.

Completed.

Program Service 1 – Information and Referral

8. The program performance measures section states that 100% of emergency room patients seeking dental treatment will receive a referral to the Family Dental Center

Action Required: Provide information on how many patients follow-up for treatment services after they receive a referral.

Historically, 25-30% of referred patients complete their treatment.

Program Service 2 – Preventative Dental Exam

9. The number of units equals the number of unduplicated individuals that will receive a dental exam.

Action Required: Provide clarification on whether an individual would receive more than one exam in a year.

Most individuals will receive only one exam in a year. However, it is possible that an individual may receive more than one exam. Each individual is projected to receive only one exam to simplify the budgeting process.

Program Service 4 – Dental Treatment

10. The number of units equals the number of unduplicated individuals that will receive dental treatment

Action Required: Provide clarification on whether an individual would receive more than one dental treatment in a year.

Most individuals will receive only one dental treatment in a year. However, it is possible that an individual may receive more than one treatment. Each individual is projected to receive only one treatment to simplify the budgeting process.

11. The method of measurement needs to be simplified for clarity.

Action Required: Update the unit measure to either “one treatment” or “one procedure” in the ‘Program Outputs and Funding Request Tables’.

Completed.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--	---------------------------

12. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

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

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: Family Health Center of Boone County				
Program Name: Boone County Emergency Dental Referral Program				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Information and Referral	one referral	\$0	1200	1200
Preventive Dental Exam	one exam	\$89	378	378
Oral Health Screening	one x-ray	\$32	756	378
Dental Treatment	one treatment	\$177	378	378
Funding Request to Community Health Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Information and Referral	\$0		800	
Preventive Dental Exam	\$22,428		252	
Oral Health Screening	\$16,128		504	
Dental Treatment	\$44,604		252	
Development/Start Up Service Funding	\$0			
Total Amount Requested to Boone County:	\$83,160			

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 22, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

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

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

Company Name: Family Health Center of Boone County

Address: 401 West Boulevard N.
Suite A/B
Columbia, MO 65203

Telephone: 573-777-8996

Fax: 573-814-2784

Federal Tax ID (or Social Security #): 43-1709422

Print Name: Jack Kelly

Title: Chief Executive Officer

Signature: _____

A handwritten signature in black ink, appearing to read "Jack Kelly", is written over a horizontal line.

Date: 8/23/2018

E-mail: jkelly@fhcmo.org

Family Health Center of Boone County

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program's proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click "Submit Agreement" once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.

my apricot help center

Family Health Center of Boone County ORG

Organizations

Collapse All

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18 ..

Quick View Information

Additional Documents

Program Overview (V3) (1 records) ▾

Boone County (includes City of Columbia residents)	TOTAL REVENUE	2.	Complete
212	124745	\$131,549.00	

Page 1 of 1 | 20 records per page

Program Services 1-5 (V3) (1 records) ▾

a. Service #1 - Taxonomy of Service Name (300 character limit)	Record ID	Complete
10.1 INFORMATION AND REFERRAL	22*03	

Page 1 of 1 | 20 records per page

Program Services 6-10 (V3)

Program Services 11-15 (V3)

Program Services 16-20 (V3)

Agreement Form - V3.1 (1 records) ▾

Organization Name	Program Name	Date Completed	Complete
Family Health Center of Boone County	Boone County Emergency Dental Referral Program		

Page 1 of 1 | 20 records per page

Agreement Form - V3.1 (Services 11-20)

Interim Report -V3

Interim Report - V3 (Services 6-15)

Folder Actions ▾

- Edit Proposal Cover
- Return to Search
- Application Overview
- Print Records
- Copy Records
- Record History

Grant Actions

- Submit Agreement**
- Required Fields ✓
- Required Fields ✓

Follow-up is needed for the Agreement Form:

Agreement Form Section	Items Updated	Action Required:
Program Budget	1. The Program Budget has been updated according to responses provided in the Written Clarification.	1. Please review the budget and make updates as needed.
Consumer Demographic Narrative	1. There are 40 individuals from other counties listed in the demographics. The previous contract described approval for CHF to purchase Non-Boone County resident's units. It is helpful if this information is also provided in the new proposal/contract. 2. The total number of unduplicated individuals for the whole program is listed as 378 in each service but the proposed demographics list 252 individuals.	1. Provide an explanation of the funding source for Non-Boone County residents in the "Consumer Demographics Narrative". 2. Update the Consumer Demographics to include the whole program (n=378)
Information and Referral	1. This has been removed as a service since the ERs are providing referrals. Outcomes/Indicators regarding referrals have been added to Oral Health Screening (Service 2)	1. Please review and make updates as needed.
Service 1 – Preventive Dental Exam	1. The outputs have been updated to reflect the whole program. 2. Wording for the outcomes/indicators has been modified	1. Please review and make updates as needed. 2. Please review and make updates as needed.
Service 2 – Oral Health Screening	1. The outputs have been updated to reflect the whole program. 2. Wording for the outcomes/indicators has been modified 3. Outcomes/Indicators/Performance Measures were added from Information and Referral, including an indicator of referred patients completing treatment	1. Please review and make updates as needed. 2. Please review and make updates as needed. 3. Please review and make updates as needed.
Service 3 – Dental Treatment	1. The outputs have been updated to reflect the whole program. 2. Wording for the outcomes/indicators has been modified	1. Please review and make updates as needed. 2. Please review and make updates as needed.

Agreement Form - V3.1

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Family Health Center of Boone County
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Boone County Emergency Dental Referral Program
Amount of Request	\$83,160.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Family Health Center of Boone County

Program Name

Boone County Emergency Dental Referral Program

Date Completed

11/05/2018

Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way	(A) 1A. \$0.00
B. Other United Ways	(A) 1B. \$0.00
C. Capital Campaigns	(A) 1C. \$0.00
D. Grants (non-governmental)	(A) 1D. \$0.00
E. Fund Raising & Other Direct Support	(A) 1E. \$0.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding	(A) 2A. \$0.00
B. Boone County - Community Health Funding	(A) 2B. \$83,160.00
C. Boone County - Other Funding	(A) 2C. \$0.00
D. Funding from Other Counties	(A) 2D. \$0.00
E. City of Columbia - Social Service Funding	(A) 2E. \$0.00
F. City of Columbia - CDGB/Home Funding	(A) 2F. \$0.00
G. City of Columbia - CHDO Funding	(A) 2G. \$0.00
H. City of Columbia - Other Funding	(A) 2H. \$0.00
I. Funding from Other Cities	(A) 2I. \$0.00
J. Federal (Medicaid, Title III, etc.)	(A) 2J. \$41,580.00
K. State (Purchase of Services, Grants, etc.)	(A) 2K. \$0.00
L. Other (Schools, Courts, etc.)	(A) 2L. \$0.00
3. Program Service Fees	(A) 3. \$0.00
4. Investment Income (realized & unrealized)	(A) 4. \$0.00

5. Other Revenue Items**(A) 5.**

\$0.00

TOTAL PROGRAM REVENUE

(A) Total Revenue

124740

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$41,164.00

2. Non-Personnel**(A) 2.**

\$83,576.00

TOTAL PROGRAM EXPENSES

(A) Total Expenses

124740

Residence**RESIDENCE****AGREEMENT RESIDENCE (A)**

City of Columbia

(A) City of Columbia

204

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

212

Cooper County

(A) Cooper County

0

Howard County

(A) Howard County

0

Other Counties

(A) Other Counties

40

RESIDENCE TOTAL

(A) Residence Total:

252

Race**RACE****AGREEMENT RACE (A)**

White (alone)

(A) White (alone)

121

Black or African American (alone)

(A) Black or African American (alone)

64

Multiple Races

(A) Multiple Races

5

Asian (alone)

(A) Asian (alone)

3

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

Native Hawaiian or other Pacific Islander (alone)

0

(A) Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

(A) Some Other Race

59

RACE TOTAL**(A) Race Total**

252

Ethnicity**ETHNICITY****AGREEMENT ETHNICITY (A)**

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

5

Not Hispanic or Latino

(A) Not Hispanic or Latino

247

ETHNICITY TOTAL**(A) Ethnicity Total**

252

Gender**GENDER****AGREEMENT GENDER (A)**

Female

(A) Female

149

Male

(A) Male

103

Other Gender

(A) Other Gender

0

GENDER TOTAL**(A) Gender Total**

252

Income**INCOME****AGREEMENT INCOME (A)**

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL

252

Over 200% of FPL

(A) Over 200% of FPL

0

INCOME TOTAL**(A) Income Total**

252

Age (City-Social Services/County-Health/HMUW)

AGE

AGREEMENT AGE (A):

Under 5 years

(A) Under 5 years

6

5-19 years

(A) 5-19 years

11

20-59 years

(A) 20-59 years

230

60 years and over

(A) 60 years and over

5

AGE TOTAL

(A) Age Total

252

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.

FHC projects that approximately 40 individuals will present and successfully complete the referral process for dental services as a result of this program. The three Boone County emergency room partners have expressed high levels of satisfaction with referring based on diagnosis without limits based on residency. Without this resource, these out-of-county patients would continue to frequent the county's emergency rooms to seek relief from their dental pain.

Individuals Trained

AGREEMENT (A)

Individuals to be Trained

(A) Individuals to be Trained

0

Program Service and Performance

Instructions: **Update the Agreement(A) Column with updated figures finalized through the approved contract.**

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested**(A) Amount Requested**

\$0.00

Description of Funds**(A) Description of Funds**

N/A

Program Service #1 - Outputs

Program Service #1 - Outputs:

#1 Agreement (A)

Service #1 Name

(A) Service #1

Preventive Dental Exam

Total # of Units Provided #1

(A) Units #1

252

Unit Measure #1

(A) Unit Measure #1

One exam

Unit Rate #1

(A) Unit Rate #1

\$89.00

Total # of Unduplicated Individuals Served #1

(A) Unduplicated Individuals #1

252

Program Service #1 - Funding

Funding Amount #1

(A) Agreement Amount #1

\$22,428.00

Units #1

(A) Agreement Units #1

252

Program Service #1 - Performance Measures (Agreement)

(A) Program Service 1 Outcomes:

(A) Program Service 1 Indicators:

(A) Program Service 1 Method of Measurements:

(A) Outcome 1-1

Patients will have their dental pathology identified

(A) Indicator 1-1

100% of patients who complete their referral will have their dental pathology identified

(A) Method of Measurement 1-1

The results of each referred patient's limited oral exam will be documented in the electronic dental record

(A) Additional Outcome 1-2

Patients will receive a treatment plan to address dental concerns

(A) Additional Indicator 1-2

100% of patients who complete their referral will receive a treatment plan

(A) Additional Method 1-2

Each patient's treatment plan will be documented in the electronic dental record

(A) Additional Outcome 1-3**(A) Additional Indicator 1-3****(A) Additional Method 1-3****(A) Additional Outcome 1-4****(A) Additional Indicator 1-4****(A) Additional Method 1-4****(A) Additional Outcome 1-5****(A) Additional Indicator 1-5****(A) Additional Method 1-5**

Program Service #2 - Outputs

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Oral Health Screening

Total # of Units #2

(A) Units #2

504

Unit Measure #2

(A) Unit Measure #2

One x-ray

Unit Rate #2

(A) Unit Rate #2

\$32.00

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2
252**Program Service #2 - Funding**

Funding Amount #2

(A) Agreement Amount #2
\$16,128.00

Units #2

(A) Agreement Units #2
504**Program Service #2 - Performance Measures (Agreement)****(A) Program Service 2 Outcomes:****(A) Program Service 2 Indicators:****(A) Program Service 2 Method of Measurement****(A) Outcome 2-1**

Determine the specific location of the patient's dental pathology

(A) Indicator 2-1

100% of patients who complete their referral will have the location of their dental pathology identified

(A) Method of Measurement 2-1

The results of each referred patient's intra-oral periapical x-ray will be documented in the electronic dental record

(A) Additional Outcome 2-2

Patients will receive a treatment plan/intervention to address dental concerns

(A) Additional Indicator 2-2

100% of patients who complete their referral will receive their treatment plan/specific intervention

(A) Additional Method 2-2

The results of each referred patient's treatment plan/specific intervention will be documented in the electronic dental record

(A) Additional Outcome 2-3

Referral of ER dental patient to Family Dental Center

(A) Additional Indicator 2-3

1.) 100% of all uninsured patients who present to Boone County ERs seeking treatment for dental pathology will be offered a referral to Family Dental Center

2.) 30% of referred patients will complete their identified dental treatment plan

(A) Additional Method 2-3

Patients who present to the ER will have a referral sheet faxed to Family Dental Center; these will be counted by front office staff and documented in the tracking spreadsheet

(A) Additional Outcome 2-4**(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3
Preventive Treatment

Total # of Units #3

(A) Units #3
252

Unit Measure #3

(A) Unit Measure #3
One treatment

Unit Rate #3

(A) Unit Rate #3
\$177.00

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3
252

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$44,604.00

Units #3

(A) Agreement Units #3

252

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:

(A) Program Service 3 Indicators:

(A) Program Service 3 Method of Measurement.:

(A) Outcome 3-1

Patient's dental pathology will be stabilized

(A) Indicator 3-1

95% of patients will have their dental pathology stabilized as a result of their extraction/basic dental service

(A) Method of Measurement 3-1

The dental provider will conduct an evaluation/assessment of the patient's clinical condition which will be documented in the electronic dental record

(A) Additional Outcome 3-2

Patient's dental pain will be alleviated

(A) Additional Indicator 3-2

95% of patients will have their dental pain alleviated as a result of their extraction/basic dental service

(A) Additional Method 3-2

The dental provider will conduct an evaluation/assessment of the patient's pain level to assure the alleviation of pain; this will be documented in the electronic dental record

(A) Additional Outcome 3-3

Patients will receive oral health education

(A) Additional Indicator 3-3

100% of patients will receive oral health education regarding routine preventive oral health practices

(A) Additional Method 3-3

The dental assistant and dentist will reinforce the importance of good routine and preventive oral health practices; this will be documented in the electronic dental record

(A) Additional Outcome 3-4

Patients will receive an invitation to establish care at Family Dental Center

(A) Additional Indicator 3-4

100% of patients will receive an invitation to establish care at Family Dental Center, including an application to the sliding fee discount program

(A) Additional Method 3-4

Front office staff will supply each ER referral patient with a sliding fee discount program application and ask the patient to schedule a routine follow-up appointment

(A) Additional Outcome 3-5**(A) Additional Indicator 3-5****(A) Additional Method 3-5****Program Service #4 - Outputs**

Program Service 4 Outputs:

#4 Agreement (A)

Service #4 Name

(A) Service #4

Total # of Units #4

(A) Units #4

0

Unit Measure #4

(A) Unit Measure #4

Unit Rate #4

(A) Unit Rate #4

\$0.00

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

0

Program Service #4 - Funding

Funding Amount #4

(A) Agreement Amount #4

\$0.00

Units #4

(A) Agreement Units #4

0

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes: (A) Program Service 4 Indicators: (A) Program Service 4 Method of Measurements:

(A) Outcome 4-1**(A) Indicator 4-1****(A) Method of Measurement 4-1****(A) Additional Outcome 4-2****(A) Additional Indicator 4-2****(A) Additional Method 4-2****(A) Additional Outcome 4-3****(A) Additional Indicator 4-3****(A) Additional Method 4-3****(A) Additional Outcome 4-4****(A) Additional Indicator 4-4****(A) Additional Method 4-4****(A) Additional Outcome 4-5****(A) Additional Indicator 4-5****(A) Additional Method 4-5****Program Service #5 - Outputs**

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

(A) Service #5

Total # of Units Provided #5

(A) Units #5

0

Unit Measure #5

(A) Unit Measure #5

Unit Rate #5

(A) Unit Rate #5

\$0.00

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5

0

Program Service #5 - Funding

Funding Amount #5

(A) Agreement Amount #5

\$0.00

Units #5

(A) Agreement Units #5

0

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes: (A) Program Service 5 Indicators: (A) Program Service 5 Method of Measurements:

(A) Outcome 5-1**(A) Indicator 5-1****(A) Method of Measurement 5-1****(A) Additional Outcome 5-2****(A) Additional Indicator 5-2****(A) Additional Method 5-2****(A) Additional Outcome 5-3****(A) Additional Indicator 5-3****(A) Additional Method 5-3****(A) Additional Outcome 5-4****(A) Additional Indicator 5-4****(A) Additional Method 5-4****(A) Additional Outcome 5-5****(A) Additional Indicator 5-5****(A) Additional Method 5-5**

Program Service #6 - Outputs

Program Service 6 Outputs:

#6 Agreement (A):

Service #6 Name:

(A) Service #6

Total # of Units #6:

(A) Units #6

0

Unit Measure #6:

(A) Unit Measure #6

Unit Rate #6:

(A) Unit Rate #6

\$0.00

Total # of Unduplicated Individuals Served #6:

(A) Unduplicated Individuals #6

0

Program Service #6 - Funding

Funding Amount #6

(A) Agreement Amount #6

\$0.00

Units #6

(A) Agreement Units #6

0

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:

(A) Program Service 6 Indicators:

(A) Program Service 6 Method of Measurements:

(A) Outcome 6-1**(A) Indicator 6-1****(A) Method of Measurement 6-1****(A) Additional Outcome 6-2****(A) Additional Indicator 6-2****(A) Additional Method 6-2****(A) Additional Outcome 6-3****(A) Additional Indicator 6-3****(A) Additional Method 6-3****(A) Additional Outcome 6-4****(A) Additional Indicator 6-4****(A) Additional Method 6-4****(A) Additional Outcome 6-5****(A) Additional Indicator 6-5****(A) Additional Method 6-5****Program Service #7 - Outputs**

Program Service 7 Outputs:

#7 Agreement (A)

Service #7 Name:

(A) Service #7

Total # of Units #7

(A) Units #7

0

Unit Measure #7

(A) Unit Measure #7**(A) Unit Rate #7**

Unit Rate #7

\$0.00

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7

0

Program Service #7 - Funding

Funding Amount #7

(A) Agreement Amount #7

\$0.00

Units #7

(A) Agreement Units #7

0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes:

(A) Program Service 7 Indicators:

(A) Program Service 7 Method of Measurements:

(A) Outcome 7-1**(A) Indicator 7-1****(A) Method of Measurement 7-1****(A) Additional Outcome 7-2****(A) Additional Indicator 7-2****(A) Additional Method 7-2****(A) Additional Outcome 7-3****(A) Additional Indicator 7-3****(A) Additional Method 7-3****(A) Additional Outcome 7-4****(A) Additional Indicator 7-4****(A) Additional Method 7-4****(A) Additional Outcome 7-5****(A) Additional Indicator 7-5****(A) Additional Method 7-5****Program Service #8 - Outputs**

Program Service #8 - Outputs:

#8 Agreement (A)

Service #8 Name

(A) Service #8

Total # of Units Provided #8

(A) Units #8

0

Unit Measure #8

(A) Unit Measure #8

Unit Rate #8

(A) Unit Rate #8

\$0.00

Total # of Unduplicated Individuals Served #8

(A) Unduplicated Individuals #8

0

Program Service #8 - Funding

Funding Amount #8

(A) Agreement Amount #8

\$0.00

Units #8

(A) Agreement Units #8

0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes: (A) Program Service 8 Indicators: (A) Program Service 8 Method of Measurements:

(A) Outcome 8-1	(A) Indicator 8-1	(A) Method of Measurement 8-1
(A) Additional Outcome 8-2	(A) Additional Indicator 8-2	(A) Additional Method 8-2
(A) Additional Outcome 8-3	(A) Additional Indicator 8-3	(A) Additional Method 8-3
(A) Additional Outcome 8-4	(A) Additional Indicator 8-4	(A) Additional Method 8-4
(A) Additional Outcome 8-5	(A) Additional Indicator 8-5	(A) Additional Method 8-5

Program Service #9 - Outputs

Program Service #9 - Outputs: #9 Agreement (A)

Service #9 Name **(A) Service #9**

Total # of Units Provided #9 **(A) Units #9**
0

Unit Measure #9 **(A) Unit Measure #9**

Unit Rate #9 **(A) Unit Rate #9**
\$0.00

Total # of Unduplicated Individuals Served #9 **(A) Unduplicated Individuals #9**
0

Program Service #9 - Funding

Funding Amount #9 **(A) Agreement Amount #9**
\$0.00

Units #9 **(A) Agreement Units #9**
0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes: (A) Program Service 9 Indicators: (A) Program Service 9 Method of Measurements:

(A) Outcome 9-1	(A) Indicator 9-1	(A) Method of Measurement 9-1
(A) Additional Outcome 9-2	(A) Additional Indicator 9-2	(A) Additional Method 9-2
(A) Additional Outcome 9-3	(A) Additional Indicator 9-3	(A) Additional Method 9-3
(A) Additional Outcome 9-4	(A) Additional Indicator 9-4	(A) Additional Method 9-4
(A) Additional Outcome 9-5	(A) Additional Indicator 9-5	(A) Additional Method 9-5

Program Service #10 - Outputs

Program Service 10 Outputs:

#10 Agreement (A)

Service Name #10

(A) Service #10

Total # of Units Provided #10

(A) Units #10

0

Unit Measure #10

(A) Unit Measure #10

Unit Rate #10

(A) Unit Rate #10

\$0.00

Total # of Unduplicated Individuals Served #10

(A) Unduplicated Individuals #10

0

Program Service #10 - Funding

Funding Amount #10

(A) Agreement Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes: (A) Program Service 10 Indicators: (A) Program Service 10 Method of Measurements:

(A) Outcome 10-1**(A) Indicator 10-1****(A) Method of Measurement 10-1****(A) Additional Outcome 10-2****(A) Additional Indicator 10-2****(A) Additional Method 10-2****(A) Additional Outcome 10-3****(A) Additional Indicator 10-3****(A) Additional Method 10-3****(A) Additional Outcome 10-4****(A) Additional Indicator 10-4****(A) Additional Method 10-4****(A) Additional Outcome 10-5****(A) Additional Indicator 10-5****(A) Additional Method 10-5****Total Funding Amount - Services 1-10****Total Funding Request for Services 1-10**

83160

Links for Agreement Form (V3)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/30/2018

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

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

PRODUCER Gallaher Insurance Group LLC PO Box 798 Mexico MO 65265-0798		CONTACT NAME: LaTosha Johnson PHONE (A/C, No, Ext): (573) 581-8330 E-MAIL ADDRESS: latosha@gallaherinsurance.com FAX (A/C, No): (573) 581-8372		
INSURED FAMILY HEALTH CENTER OF BOONE COUNTY 1001 W WORLEY ST COLUMBIA MO 65203		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Selective of South Carolina		19259
		INSURER B: Selective Insurance Co of America		12572
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		S 2348512	08/24/2018	08/24/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$								
	A						<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	S 2348512	08/24/2018	08/24/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$				
							A				<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	S 2348512	08/24/2018	08/24/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
											<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				Y/N <input checked="" type="checkbox"/> N N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder is an additional insured in regards to general liability when required in written agreement.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Barrett Hutchinson

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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Services Contract

Senior Connect

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **Independent Living Center of Mid-Missouri, Inc.** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **SIL**.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

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

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY SIL

SIL is expected to the greatest extent possible to maximize funding from all other sources. SIL shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. SIL shall only request reimbursement for services not reimbursable by any other source. SIL shall not invoice the County for units of service invoiced to another funding source. SIL shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

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

2. **Contract Documents.** SIL will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #36-13SEP18 (Purchase of Services) and SIL's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over SIL's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The County agrees to purchase from SIL and SIL agrees to furnish the **Senior Connect** program for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the SIL's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$41,893.36** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. SIL agrees and understands that the County may require supplemental information to be submitted at the request of the County.

This contract may at the sole discretion of the County and with the agreement of SIL be renewed for **an additional one-year period**. SIL agrees and understands that the County may require supplemental information to be submitted by SIL prior to any renewal of this agreement.

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Grocery Shopping and Delivery	15 minutes	\$4.41	2,181	\$9,618.21
Case Management	15 minutes	\$12.55	1,442	\$18,097.10
Service Coordination	15 minutes	\$7.01	981	\$6,876.81
Home Repair	15 minutes	\$6.68	468	\$3,126.24
Lawn Care	15 minutes	\$6.68	625	\$4,175.00

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

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

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The County shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by SIL to monitor service delivery and program expenditures. SIL agrees to submit to the County an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by SIL and, if so stipulated, are noted on this contract document. Payments may be withheld from SIL if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. SIL agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

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

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

programs covered hereunder, expenditure of CHF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event SIL requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County for approval. A board resolution from SIL may be required with the request. For consideration of a request to modify or amend the contract, requests should be submitted to the Director of the Community Services Department for consideration.

OTHER TERMS OF THIS CONTRACT

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

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

13. **CHF to be used for Services Provided.** SIL agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to SIL's provision of such services.

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

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

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

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

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

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

19. **Board Ownership.** If SIL ceases to be funded by the County or ceases to provide programs and services to address community health needs, pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the SIL. In addition, if SIL no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, SIL will need County approval to re-direct the use of such.

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

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

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

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

c. The County may terminate this agreement should SIL fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

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

22. Insurance Requirements. SIL shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. Worker's Compensation and Employers' Liability Insurance: SIL shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, SIL shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by SIL.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. Comprehensive General Liability Insurance: SIL shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. SIL shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

SIL shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against

any and all claims which might arise as a result of the operations of SIL in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to SIL.

c. **Professional Liability Insurance:** SIL is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

24. **Publicity by the SIL.** SIL shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. SIL will acknowledge the County as a funding source whenever publicizing CHF funded programs. SIL will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. SIL agrees to acknowledge the Community Health Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

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

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

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

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

29. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

Any written notice or communication to SIL shall be mailed or delivered to:

Independent Living Center of Mid-Missouri, Inc.
Attn: Tec Champan
1401 Hathman Place
Columbia, MO 65201

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

Independent Living Center of Mid-Missouri, Inc.

Boone County, Missouri

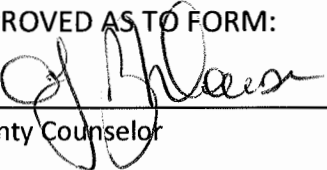
By: 
Signature

By: Boone County Commission



Daniel K. Atwill, Presiding Commissioner

By: Tec Champan / Executive Director
Printed Name/Title

APPROVED AS TO FORM:


County Counselor

ATTEST:


Taylor W. Burks, County Clerk 

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note:

Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

<u>June Pitchford by jg</u>	<u>12/20/2018</u>	<u>(2130/71106/\$41,893.36)</u>
Signature	Date	Appropriation Account

An Affirmative Action/Equal Opportunity Employer



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

Purchase of Service Contracts Community Health/Medical Fund 2018 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for **Thursday, August 9, 2018, at 3:00 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, September 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, September 13, 2018** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, September 13, 2018 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by **Thursday, September 13, 2018 at 10:00 a.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Attachment A - Agency Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. **Program Overview:** Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

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

County of _____)
)ss
 State of _____)

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

Date _____

Printed Name _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

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Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click **Save Record** on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click **Save Record** you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Independent Living Center of Mid-Missouri, Inc.

DBA:

Services for Independent Living

Federal EIN Number:

43-1238407

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1401 Hathman Place

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Phone Number:

573-874-1646

Website:

www.silcolumbia.org

Head of Organization

Tec Chapman

Head of Organization Phone:

573-874-1646 x227

Address

1401 Hathman Place

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Fax Number:

573-874-3564

Email:

tchapman@silcolumbia.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

tchapman@silcolumbia.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:**Local Organization Fax:****Address****Address**

City
State
County
Zip

City
State
County
Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Provide your organization's mission statement. (600 character limit)

Organization
Mission
Statement
(Purpose):

Services for Independent Living, Inc., (SIL) empowers people with disabilities, seniors, and veterans to maximize their independence in the community.

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Organization
History:

Since 1980, Services for Independent Living (SIL) is the leading provider of disability and aging services in central Missouri. SIL is governed by a Board of Directors which includes a majority of persons with disabilities. All SIL policies and practices are driven by the Independent Living Philosophy. "All persons, regardless of disability, are entitled to and should have equal access to the rights and responsibilities that other citizens are provided so that they can be as active and productive member of society as they choose." This extends to those with economic barriers and seniors.

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Brief Statement
of Organization's
Major Goals:

SIL offers a wide continuum of services. All of our services are geared toward helping people live independently in the community, rather than being institutionalized. Our objective is to help people have a better quality of life. We do this by providing these services: Advocacy, Independent Living Skills, Information and Referral, Peer Support, and Transitions. Other signature programs are: transportation, consumer directed services, aging in place services, assistive/accessibility services that include: a demonstration center, home repairs, modifications, and ramps.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of
Incorporation:

/document/download/filename/1461848819_30405_RevisedArticlesofIncorporation9.8.15.pdf/

Provide a copy of the organization's Articles of Incorporation.

Bylaws (MUST BE IN PDF FORMAT)

Bylaws:
Provide a copy of the organization's Bylaws.

/document/download/filename/1465992786_34051_SILBy-laws5.27.15.1.pdf/

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational
Chart
(must be for the
entire
organization):

/document/download/filename/1517408847_30406_orgchart2018.pdf/

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Service Area:

Services for Independent Living serves seven central Missouri counties including: Audrain, Boone, Callaway, Cooper, Howard, Montgomery, and Randolph.

Briefly describe the population(s) served by your organization. (600 character limit)

Population
Served:

Services for Independent Living has a target population of people with disabilities, veterans, and those 55, older many of whom have economic barriers, who need assistance to live independently. Living in the community with access to a high quality life should not be limited by your age, physical condition, medical conditions or mental capabilities.

Does your organization have a written Conflict of Interest policy?

Conflict of Interest Policy: yes

Whistleblower Policy: **Does your organization have a written Whistleblower policy?**
yes

Business Continuity Plan: **Does your organization have a written Business Continuity plan?**
yes

Records Retention Policy: **Does your organization have a written Records Retention policy?**
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):

3 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Paul Heddings	Member	04/01/2016	03/31/2019	467 Foxfire Drive Columbia, MO 65201		Added on 04/28/2016
Stephanie Logan	President	04/01/2016	03/31/2019	105 Bright Star, Columbia, MO 65203		Added on 06/09/2015
Kirsten Dunham	Member	06/27/2018	06/26/2021			Added on 07/02/2018
Jeff Johnson	Vice President	08/01/2018	07/31/2021	4314 Brunswick Dr, Columbia, MO 65202		Added on 06/09/2015
Barbara Hammer	Secretary	07/01/2017	06/30/2020	600 County Rd 455, New Franklin, MO 65274		Added on 06/09/2015
Bonnie Gregg	Member	02/01/2016	01/01/2019	1095 Virginia Ave. Rm 101, Columbia, MO 65211		Added on 06/09/2015
Amber Cheek	Member	09/28/2016	09/27/2019	404 Jesse Hall Columbia MO 65211		Added on 01/03/2017
Amy Henderson	Treasurer	04/01/2017	03/31/2020	PO Box 577, Columbia, MO 65205		Added on 06/09/2015
David Mehr, MD, MS	Member	01/01/2018	12/31/2020	714 Ingleside Dr, Columbia, MO 65201		Added on 06/09/2015
Brian Nevins	Member	04/01/2018	03/31/2021	101 Port Way, Columbia, MO 65201		Added on 06/09/2015
Kim Williams	Member	12/07/2016	12/06/2019	711 Westport Drive Columbia, MO 65203		Added on 01/03/2017

Total Active Links:11, Total Deactivated Links:5, Current Active Links:11, Current Deactivated Links:5

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Notes

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

October 1 to September 30

If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the filing date: MM/DD/YYYY

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1436819802_29953_SILIRSDetermination.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1530557163_29954_SILAuditReport9.30.17.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1534281282_29955_FY2017990.pdf/

Financial Policies and Procedures:
 Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Services for Independent Living adheres to Generally Accepted Accounting Principals that is validated via an annual independent audit. We have a procurement policy. The board of director's finance committee meets monthly and the entire board receives and approves the financials on a monthly basis.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:

Qualifications:

FTE:

Salary:

Benefits:

Active

Date

Employees Compensation			Link Info			
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Access Services Manager	BA or 5 years experience in the disability field	1.00	\$44,556.00	\$7,760.00	<input checked="" type="checkbox"/>	Added on 01/23/2018
Director of Public Policy and Advocacy	BA/BS and 5 years exp	1.00	\$53,082.00	\$9,265.00	<input checked="" type="checkbox"/>	Added on 06/11/2015
Director of Finance	BA/BS, CPA	1.00	\$58,000.00	\$10,123.00	<input checked="" type="checkbox"/>	Added on 06/11/2015
Director of Programs	BA/BS and 5 years exp	1.00	\$55,000.00	\$9,599.00	<input checked="" type="checkbox"/>	Added on 06/11/2015
Executive Director	masters or 20 years exp	1.00	\$105,000.00	\$18,327.29	<input checked="" type="checkbox"/>	Added on 06/08/2015
Total Active Links:5, Total Deactivated Links:1, Current Active Links:5, Current Deactivated Links:1						

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Text

Accreditation 2:

Text

Accreditation 3:

Text

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and *Third Party Financial Statement Review or **Audit (*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / **Audit required for Organizations reporting \$250,000 or more in annual revenue).

/document/download/filename/1540989708_32839_BudgetvsActual-Sept2017-FINAL.pdf/

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a *Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) *Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1540991191_32678_SILGeneralLiability2018.pdf/

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 10 Links

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Independent Living Center of Mid-Missouri, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		Added on 08/14/2018
City of Columbia- RFP FY2019 Social Services (Proposal Revisions)	Independent Living Center of Mid-Missouri, Inc.	Social Services FY2019	City of Columbia	FY2019		Added on 08/14/2018
HMUW - Basic Needs RFP: JUL2018 Cycle (Agreement Form (V3))	Independent Living Center of Mid-Missouri, Inc.	HMUW Basic Needs RFP	Heart of Missouri United Way	JUL2018 - JUN2020		Added on 01/02/2018
HMUW-Financial Stability(Income) RFP:JUL2016 Cycle (Interim Report 1 ends 09/02/2016 12:00 PM CDT)	Independent Living Center of Mid-Missouri, Inc.	HMUW Financial Stability (Income) and Basic Needs (Safety Net) RFP	Heart of Missouri United Way	Financial Stability (Income) JUL2016-JUN2019 and Basic Needs (Safety Net) JUL2016-JUN2018		Added on 01/23/2016
HMUW-Financial Stability(Income) RFP:JUL2016 Cycle (Interim Report 1 ends 09/02/2016 12:00 PM CDT)	Independent Living Center of Mid-Missouri, Inc.	HMUW Financial Stability (Income) and Basic Needs (Safety Net) RFP	Heart of Missouri United Way	Financial Stability (Income) JUL2016-JUN2019 and Basic Needs (Safety Net) JUL2016-JUN2018		Added on 01/24/2016

Total Active Links:10, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

| Next

System Fields

Record ID

12694

Modification Date

10/31/2018 8:06 AM CDT

Modified By

Independent Living Center of Mid-Missouri, Inc. ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)

Organization Name (will auto-populate)

Independent Living Center of Mid-Missouri, Inc.

Fund Source

Community Health/Medical Fund - RFP #36-13SEP18

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

Senior Connect

Amount of Request

\$0.00

Program Information

Program Website (will default to Organization website)

www.silcolumbia.org

Address

1401 Hathman Place

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Name

Tec Chapman

Phone Number

573-874-1646 x227

Address

1401 Hathman Place

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Title

Executive Director

Email

tchapman@silcolumbia.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1542232448_30421_AttachmentA.pdf/

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

/document/download/filename/1542232448_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1542232448_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1542232448_30418_CountyAddendum.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Profile	Organization Mailing Address:	Head of Organization	Record ID	Active	Date
Organization Name (the offi... Independent Living Center of Mid-Missouri, Inc.	Organization Mailing Address: 1401 Hathman Place	Head of Organization Tec Chapman	Record ID 12694	Active ✓	Dated on 08/14/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-1238407

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)

Link Instructions -1

Linked 'Agreement Form - V2' Records

Link Instructions Agreement Form V2

Linked 'Interim Report - V3' Records

Link Instructions Interim Report

Linked 'Interim Report - V3 (Services 6-15)' Records

Link Instructions - V3 (6-15)

Linked 'Interim Report - YHP' Records

Link Instructions - 2

Linked 'Agreement Form - V3 (Services 16-20)' Records

Link Instructions - Agreement form

Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'


Link Instructions 3

Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records

Link Instructions 4

Linked 'Year End Report - V3' Records

Link Instructions YER Svcs 1-5**Linked 'Year End Report - V3 (Services 6-15)' Records****Link Instructions YER Svcs 6-15****Linked 'Agreement Form - V3.1' Records****Link Instructions Agreement Form 3.1**

Proposal Cover Sheet					Agreement Form - V3.1			Link Info			
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Independent Living Center of Mid-Missouri, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	Independent Living Center of Mid-Missouri, Inc.	Senior Connect	11/20/2018			<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Agreement Form - V3.1 (Services 11-20)' Records**Link Instructions**

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Tec Chapmar

Printed Name - Agency Executive Director/President/CEO

10/22/18

Date

Tec

Signature - Agency Executive Director/President/CEO

10/22/18

Date

Stephanie Logan

Printed Name - Agency Board Chair

10/22/18

Date

Stephanie Logan

Signature - Agency Board Chair

10/22/18

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Tec Chapman Executive Director

Name and Title of Authorized Representative

[Signature]
Signature

10/29/15
Date

ATTACHMENT C

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

County of Boone)
)ss
State of MO)

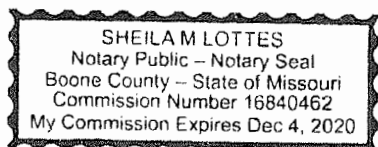
My name is Tec Chapman. I am an authorized agent of Independence Center of Mid-Missouri, Inc. (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

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

[Signature] 10/29/18
Affiant Date

Theodore E Chapman II
Printed Name

Subscribed and sworn to before me this 29 day of Oct, 2018.



[Signature]
Notary Public

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

the Employer must notify DHS and the Employer is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

7. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

8. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

9. The Employer must use E-Verify (through its E-Verify Employer Agent) for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

10. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B below) to contact DHS with information necessary to resolve the challenge.

11. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo

mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

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

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

14. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at E-Verify@dhs.gov. Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

15. The Employer acknowledges that the information it receives through the E-Verify Employer Agent from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

16. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify (whether directly or through their E-Verify Employer Agent), which includes permitting DHS, SSA, their contractors and other agents, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

17. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

18. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

19. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see [M-795 \(Web\)](#)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

20. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

C. RESPONSIBILITIES OF FEDERAL CONTRACTORS

The E-Verify Employer Agent shall ensure that the E-Verify Employer Agent and the Employers represented by the E-Verify Employer Agent carry out the following responsibilities if the Employer is a federal contractor or becomes a Federal contractor. The E-Verify Employer Agent should instruct the client to keep the E-Verify Employer Agent informed about any changes or updates related to federal contracts. It is the E-Verify Employer Agent's responsibility to ensure that its clients are in compliance with all E-Verify policies and procedures.

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of

contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.

e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:

- i. That Form I-9 is complete (including the SSN) and complies with Article II.B.6,
 - ii. The employee's work authorization has not expired, and
 - iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).
- f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:

- i. The Employer cannot determine that Form I-9 complies with Article II.A.6,

- ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
- iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

D. RESPONSIBILITIES OF SSA

1. SSA agrees to allow DHS to compare data provided by the Employer (through the E-Verify Employer Agent) against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.
2. SSA agrees to safeguard the information the Employer provides (through the E-Verify Employer Agent) through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the E-Verify Employer Agent.
4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the E-Verify Employer Agent.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

E. RESPONSIBILITIES OF DHS

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer (through the E-Verify Employer Agent) to conduct, to the extent authorized by this MOU
 - a. Automated verification checks on alien employees by electronic means, and
 - b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the E-Verify Employer Agent with operational problems associated with its participation in E-Verify. DHS agrees to provide the E-Verify Employer Agent names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the E-Verify Employer Agent with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train E-Verify Employer Agents on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require E-Verify Employer Agents to take mandatory refresher tutorials.
5. DHS agrees to provide to the Employer (through the E-Verify Employer Agent) a notice, which indicates the Employer's participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.
6. DHS agrees to issue each of the E-Verify Employer Agent's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides (through the E-Verify Employer Agent), and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

The E-Verify Employer Agent shall ensure that the E-Verify Employer Agent and the Employers represented by the E-Verify Employer Agent carry out the following responsibilities. It is the E-Verify Employer Agent's responsibility to ensure that its clients are in compliance with all E-Verify policies and procedures.

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.
2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.
4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer (through the E-Verify Employer Agent) within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action

against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:

- a. Scanning and uploading the document, or
- b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).

7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.

8. DHS will electronically transmit the result of the referral to the Employer (through the E-Verify Employer Agent) within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

ARTICLE IV SERVICE PROVISIONS

A. NO SERVICE FEES

1. SSA and DHS will not charge the Employer or the E-Verify Employer Agent for verification services performed under this MOU. The E-Verify Employer Agent is responsible for providing equipment needed to make inquiries. To access E-Verify, an E-Verify Employer Agent will need a personal computer with Internet access.

ARTICLE V MODIFICATION AND TERMINATION

A. MODIFICATION

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.
2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.

B. TERMINATION

1. The E-Verify Employer Agent may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties. In addition, any Employer represented by the E-Verify Employer Agent may voluntarily terminate its MOU upon giving DHS 30 days' written notice.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the E-Verify Employer Agent's participation in E-Verify, with or without notice, at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the E-Verify Employer Agent or the Employer, or a failure on the part of either party to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. An E-Verify Employer Agent for an Employer that is a Federal contractor may terminate this MOU for that Employer when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the E-Verify Employer Agent must provide written notice to DHS. If the E-Verify Employer Agent fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
4. The E-Verify Employer Agent agrees that E-Verify is not liable for any losses, financial or otherwise, if the E-Verify Employer Agent or the Employer is terminated from E-Verify.

ARTICLE VI PARTIES

- A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the E-Verify Employer Agent, its agents, officers, or employees.
- C. The E-Verify Employer Agent may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.
- E. The E-Verify Employer Agent understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).
- F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the E-Verify Employer Agent and DHS respectively. The E-Verify Employer Agent understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer or the E-Verify Employer Agent, as the case may be, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.
- G. The foregoing constitutes the full agreement on this subject between DHS and the E-Verify Employer Agent.

If you have any questions, contact E-Verify at 1-888-464-4218.

Company ID Number: 194637

Approved by:

E-Verify Employer Agent Employer Independent Living Center of Mid-Mo, Inc d/b/a Services for Independent Living	
Name (Please Type or Print) James L Crane	Title
Signature Electronically Signed	Date 03/03/2009
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 03/03/2009

Company ID Number: 194637

Information Required for the E-Verify Program

Information relating to your Company:

Company Name	Independent Living Center of Mid-Mo, Inc d/b/a Services for Independent Living
Company Facility Address	1401 Hathman Place Columbia, MO 65201
Company Alternate Address	
County or Parish	BOONE
Employer Identification Number	431238407
North American Industry Classification Systems Code	624
Parent Company	
Number of Employees	100 to 499
Number of Sites Verified for	1

Company ID Number: 194637

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MISSOURI

1 site(s)

Company ID Number: 194637

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name Leslie A Anderson
Phone Number (573) 874 - 1646 ext. 215
Fax Number (573) 874 - 3564
Email Address landerson@silcolumbia.org

Company ID Number: 194637

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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #1 - Issued August 13, 2018

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

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheets from the pre-proposal conference held on August 9 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. Audit: We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year. Is this acceptable, or do you require a full audit to have been completed before the proposal is submitted?

Response: If the organization is not required to complete a full audit, an independent financial review will be acceptable.

- b. Background Checks: We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- c. Can we apply for capital funding?

Response: No, the RFP is to purchase health services. However, organizations can submit a request for development or start-up funds within the application but there are no guarantees the request will be awarded by the Community Health Advisory Board.

- d. What should we do when our service does not quite fit into the list of Boone County Impact Group Taxonomy of Services?

Response: We request that you review the Taxonomy of Services and select the service that best fits your proposed service. Be sure to thoroughly describe how the service will be delivered in the Service Description narrative.

- e. Can we still apply for funds if our organization has not received its non-profit status yet?

Response: Yes, you can still apply, however, the organization must have its non-profit status before entering into a contract.

By:

Melinda B. Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name:

Independent Living Center of Mid-Missouri

Address:

1401 Hathman Place Columbia Mo

Phone Number: 573-874-1646

Fax Number: 573-874-3564

E-mail: tchapman@silcolumbia.org

Authorized Representative Signature:

Tec Chapman

Date:

9/2/18

Authorized Representative Printed Name:

Tec Chapman

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 – Purchase of Service Contracts – Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kristin Cummins	Community Health	886-7274	
3.	Kelly Wallis	Community Health	886-7218	
4.	Kristin Amber for Gary Litchner	Mary Lee Johnston Community Learning Center	673-449- 8600	673-875- 1585
5.	Annette Triplett	PedNet Coalition	999-9894	—
6.	Kasey Schaubert	First Chance for Children	777 1815	777 1816
7.	Michael Brown	All Adult Day Connection	882-7078	
8.	Kip Bane	Southern Boone YMC	573-657-9600	
9.	Lonna Trummel	Southern Boone Y.M.C.A.	573-690-5397	
10.	Madison Anderson	Services for Independent Living	573 871 1616	
11.	Billy Polansky	C.C.O.A	514 4174	
12.	PHIL ASHLEY	Family Health Center	573-886-6761	
13.	Cathleen Miller	BOCC	513-884 3760	
14.	Michelle Smith	Call Boone Public Health Human Resources	875-6331	
15.				
16.				
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 – Purchase of Service Contracts – Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

22.	Nick Foster	VAC	877-2273	
23.	Cory Schmidt	Compass Health	573-209- 1531	
24.	Tim Rich	Welcome Home	573-493-8001	
25.	Nicole Dean	Great Circle	442-8331	
26.	Emmie Harcourt	The Food Bank	573-338-4080	
27.	Whitney Sars	St. Raymond Society	(717) 677-5215	
28.	Rebecca Knight	St. Raymond Society	573-353-0959	
29.	Melissa Stewart	BCEC	573-356-1057	
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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

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

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

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

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety registry for staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP, described in Section 3.4, are eligible for funding. No services have been excluded from eligibility for funding.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Independent Living Center of Mid-Missouri

Address: 401 Hannan Pl Columbia MO 65201

Phone Number: 573-874-1646 Fax Number: 573-874-3564

E-mail: Tchapman@silcolumbia.org

Authorized Representative Signature: [Signature] Date: 9/12/18

Authorized Representative Printed Name: Tee Chapman



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #3 - Issued September 6, 2018

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

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

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

- a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

- b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

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

- c. Is an electronic signature acceptable?

Response: No

- d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval.

- e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name:

Independent Living Center of Mid-Missouri

Address:

1401 Hathman Place Columbia MO

Phone Number: 573-871-1646

Fax Number: 573-871-3504

E-mail: TChapman@silcolumbia.org

Authorized Representative Signature:

Tec

Date:

7/2/18

Authorized Representative Printed Name:

Tec Chapman



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

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

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

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

- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

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

By:

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

OFFEROR has examined **Addendum #4** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Independent Living Center of Mid-Missouri

Address:

1401 Hathman Place Columbia MO

Phone Number: 573-874-1046 Fax Number: 573-874-3561

E-mail: T.Chapman@SIUColumbia.org

Authorized Representative Signature:

Tec

Date:

9/12/18

Authorized Representative Printed Name:

Tec Chapman

Program Overview (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Independent Living Center of Mid-Missouri, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Senior Connect
Amount of Request	\$0.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org/>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The Senior Connect program addresses issues of low-income seniors in Boone County. Among those aged 65+ in Boone County, the poverty rate fell from 9% in 2015 to 5.6% in 2016, but in the City of Columbia it escalated from 3.4% to 7.3%. Our consumers average less than \$10,000 a year; the median income for households in Boone County is \$51,000 a year.

Poverty deteriorates health and quality of life for seniors, decreasing well-being and increasing hospital stays, depression, and isolation. Social isolation negatively impacts the health of aging adults. According to Reuters Health article on longevity linked to leaving the house, "People who left the home ... have higher rates of loneliness, financial difficulties, poor health, fatigue, poor sleep, less physical activity, bladder and bowel problems, history of falling... and chronic pain and frailty." Low-income seniors already faced with the health threats of poverty are put at further risk by isolation. Living on low income makes it difficult for seniors to meet their basic needs. Along with increased poverty rate, the population of seniors in Columbia is also increasing. In Boone County the population of 65+ grew from 10.4% in 2015 to 11.6% in 2016, and in the City of Columbia it rose 7.6% to 11.6%. As the senior population rises, so does the portion living in poverty. The Senior Connect program assists in meeting needs and providing resources to improve quality of life for vulnerable low-income seniors in Boone County.

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

As mentioned, the senior population is rising yearly in Boone County and the City of Columbia. As the population increases, so does the percentage of seniors living alone. There was only a slight rise in Boone County, but in the City of Columbia this rose from 12.3% to 16.3%. Low-income seniors who lack social supports and are homebound are more likely to experience social isolation and loneliness. The mission of this program is to keep low-income seniors independent in their homes and to improve their quality of life. Being independent is not the only factor of quality of life, staying connected with the community is an important factor as well. Theeke studied the effect of loneliness on older adults and her reports show "chronic loneliness was associated with higher numbers of chronic illness and higher depression scores, among other health issues." For low-income seniors, especially those

living alone, Senior Connect is formed to reduce social isolation and provide resources for the aging population. Many of the seniors we serve also have a disability, use durable medical equipment, assistive technology, and safety devices. 48 percent of the seniors we serve are homebound, and do not leave their place of residence on a regular basis, often due to disability, but also due to not having the confidence or support they need. Our program aims to help people increase their independence and ability to connect to the community.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The goal of the Senior Connect program is to maximize independence for low-income seniors. The program works to reduce social isolation, provide access to basic needs and resources, and keep low-income seniors safe and independent in their homes. We envision a barrier free community for all people.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The Senior Connect program strives to keep seniors independent in their homes. This program achieves its goal for low-income seniors by providing case management, volunteer services, and service coordination. Case management is a tool for advocacy, empowerment, access to support and resources in the community. Our case manager works with clients on access to health care, financial assistance, and needed benefits. Service coordination assists with Property Tax Credit (PTC) filing, the Voluntary Action Center (VAC) holiday basket program, and the USPS Carrier Alert program. In 2017, SIL completed 254 PTC filings, putting over \$134,000 back into the hands of seniors in need, delivered 65 holiday baskets to seniors through the VAC program. The USPS Carrier Alert program is available to seniors living alone as a wellness check system. SIL's volunteer services program served over 120 seniors last year, with friendly visiting, grocery shopping assistance, food pantry delivery, and yard work. Volunteers help to reduce depression and isolation by providing companionship and support. In 2017, SIL hosted 45 service projects including yard work, painting, home maintenance, lawn mowing, etc. We had 600+ volunteers donate over 8,000 service hours; 65% of which were Senior Connect related. Through our program, our consumers have reported higher sense of independence and quality of life, reduction in social isolation, access to resources, increased food security, and safe in their home.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The Boone Indicators Dashboard indicates both the population of people 65 and over and the poverty rate of those 65 and over are increasing; this puts a higher population at risk to face health problems, lower quality of life, and decreased community involvement. Low-income seniors have less access to basic needs making them a vulnerable population. Their vulnerability increases as they are unable to keep up with the needs of their homes, lose family support systems, as they are unaware of resources accessible to them, have difficulty financially supporting their needs, and face loneliness, depression, and poor health practices.

The consumers of the Senior Connect program will be 55 and over, living in Boone County, and be at or below 200% of the Federal Poverty Line facing barriers towards accessing basic needs and resources. 65% will be white, 30% will be black, and 5% will be other races. 65% of those we serve are female and 35% are male. 76% of the consumers are 60 years and over.

b. Why will these particular consumers be served? (1500 character limit)

Low-income seniors of Boone County will be served to provide them with the ability to remain safe and independent in their homes. Low-income seniors face threats of lower quality of life, limited access to basic needs and resources, and increased social isolation. These factors put their health and well-being at risk. Majority of low-income seniors live on a fixed income and struggle to monthly bills, so when medical emergencies or extra home repair costs arise, they are unable to afford everything. This population faces many threats to safety and security, but our services can be the difference between them remaining in their home or moving into institutional, which is more costly to tax payers.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

After living a life being able to do everything for themselves, seniors find it difficult to ask for help. They may wait until their situation is dire, making it more complex for SIL staff. However, our two full-time staff know how to preserve dignity while offering practical assistance. It can also be difficult to change habits and to motivate seniors, but not in all cases. Seniors have perspective and life experience, which can help or deter the process of assisting them.

d. Total number of unduplicated individuals to be served by the proposed program:

300

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

425.76

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of

time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

300

City of Columbia

268

Cooper County

0

Howard County

0

Other Counties

0

Residence Total

300

Record Lock

1

Race

White (alone)

196

Black or African American (alone)

92

Multiple Races

2

Asian (alone)

3

Native American Indian or Alaskan Native

2

Native Hawaiian or other Pacific Islander (alone)

1

Some Other Race

4

Race Total

300

Ethnicity

Hispanic or Latino (of any race)

3

Not Hispanic or Latino

297

Ethnicity Total

300

Gender

Female

195

Male

105

Other

0

Gender Total

300

Income**At or below 200% of Federal Poverty Level**

300

Over 200% of Federal Poverty Level

0

Income Total

300

Age (City-Social Services/County-Health/HMUW-RFP)**Under 5 years**

0

5-19 years

0

20-59 years

72

60 years and over

228

Age Total (1)

300

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)**Program Access****a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

The two full-time staff members for the Senior Connect program work at the SIL office (1401 Hathman Place) as well as out in the community from 8am-5pm Monday through Friday. Staff make home visits when necessary, and consumers come to the SIL office when they are able. Staff use either their own vehicles or SIL vehicles when making home visits. Consumers may choose to schedule a ride with SIL transportation to come to the office to meet with staff.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Persons must be 55 years of age or older, live in Boone County, and be at or below 200% of the federal poverty level. Many of our consumers have a disability but this not required for eligibility. Persons must also want our services. Often, well-intentioned family members refer aging parents to the program without their consent. Self-determination is a key component of the Independent Living Philosophy, which states that individuals are their own best experts on their needs. It also ensures success of the program, which requires individuals to participate in setting goals.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Given their limited income, charging a fee would be another barrier to receiving the support and resources these seniors need. At SIL, we envision a

barrier free community for all people.

Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Our goal as an organization is to eliminate barriers to independence, including fees. By charging them a fee of any amount, we place an obstacle in front of a population that is often reluctant to ask for help.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Both full time positions, Senior Connect Case Manager and Volunteer Coordinator, are required to have at least a Bachelor's Degree.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No

Provide the name of the accreditation agency. (300 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

The National Long Term Care Demonstration developed a response to rapidly increasing senior health care. The Channeling Project sought to lower costs of care and improve well-being by substituting community-based care for institutional care. The program's essential feature was comprehensive case management, a system for organizing community-based services that were already available to seniors. They learned that the comprehensive form of case management offered is effective in reducing unmet needs and increasing satisfaction with life (<http://aspe.hhs.gov/daltcp/reports/casmanes.htm>)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

Our goal is to keep seniors safe and independent in their homes and improve their quality of life. As described by the Medical Advisory Secretariat (MAS), social and family relations are an important factor in quality of life: "Reduced social contact, being alone, isolation, and feelings of loneliness have been associated with a reduced quality of life" (MAS, 2008). As isolation has also been linked to poor health, "higher levels of loneliness have also been associated with increased likelihood of institutionalization" (MAS, 2008). According to Genworth, the cost of a private room in a nursing home in Columbia is over \$67,000. At SIL, our cost is just under \$410 to serve our seniors and keep them independent in their homes. Case Management (CM) has also show to keep seniors safe in their homes by reducing likelihood of hospitalization; "Participants without CM were nearly twice as likely to have been hospitalized in the last 6 months" (Giunta, N & Cain, K., 2015). CM is seen as an efficient resource for seniors requiring social services.

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)

The programs and services we provide to low income seniors with this funding improves quality of life, decreases social isolation, keeps them safe, and assists them to thrive in their own home in the community.

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Both the Senior Connect Case Manager and Volunteer Coordinator (VC) take an individualistic approach to the program. Both employees get to know each consumer, fully assess needs, and listen to all concerns, in order to decide how to move forward. The VC takes time to get to know each volunteer and client to customize each volunteer match according to shared interests and characteristics. The VC honors the preferences of both the consumer and volunteer (age, gender, smoking, pets, etc) to make successful matches. Many seniors welcome a college student as their volunteer match, which turns the program into an intergenerational experience. Students get to know people outside of the University of Missouri community, and get to learn about poverty and aging, which typically increases their empathy and compassion. Students have reported experiencing a very different side of their college town through the friendly visiting program.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Our full-time case manager performs client reassessments on an annual basis and establishes a monthly contact frequency schedule. Clients are also welcome to contact the case manager at any time they need assistance. It is our goal to work with a client for a period and then to have them move from our case management program following successful outcomes. It is not our intention to have clients in the case management program for an infinite amount of time.

In terms of measurably improving services, we have now used Apricot for three years to track clients. It provides detailed reports of all demographic information: age, race, sex, national origin, if the senior lives within or outside of the city, and veteran status. These reports help us monitor our numbers as well as improve our data collection so that we can continue to enhance services.

Furthermore, we send an annual survey to all Senior Connect-Safe at Home clients to collect outcomes and feedback for the program. We use the survey data to inform our quality improvement process, developing our programs and practices based on success rates among seniors. Staff meet weekly to discuss strategic ways to improve delivery of program services as well as the quality of the services.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

At the end of each calendar year, SIL Senior Connect staff send a survey to all consumers, asking for feedback on our services and for ways to improve. We tabulate the results each year and carefully review the surveys to follow up on concerns and comments. Consumers often inquire about signing up for a new program when taking the survey, a request we honor. We revise the survey each year according to past feedback and changes in services. The Volunteer Coordinator has recreated this survey to allow for better understanding of questions, clearer results, and more spots for consumers to add input, thoughts, and their needs. This survey will be sent out December 2018.

In addition to a yearly survey, staff document feedback in case notes on a regular basis, after talking with clients on the phone or in person. We also document information based on feedback from volunteers. Staff meet weekly to review cases. These meetings are an opportunity to share outcomes, both successful and challenging, and to work together to overcome obstacles and to improve outcomes.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

SIL engages in several partnerships to strengthen the Senior Connect program. Namely, we collaborate with Central Missouri Community Action (CMCA), the Voluntary Action Center (VAC), Central Missouri Area Agency on Aging (CMAAA), the Assistance League of Mid-Missouri (ALMM), Love, Inc., the City of Columbia/Boone County Public Health Department, the Boone County Community Health Fund, the University of Missouri (Mizzou), and several churches.

SIL collaborates with CMCA to assist consumers who require energy assistance. SIL partners with VAC each year to create holiday baskets for seniors; this collaboration has existed for over 7 years and served 66 people in 2017.

ALMM donates necessities such as incontinence products, nutritional shakes, cleaning and hygiene supplies to help our low income seniors retain some of their modest incomes to use toward housing and other critical expenses. CMAAA assists our consumers in completing living wills and by assisting them with Medicare's open enrollment for Part D.

SIL contracts with both the City of Columbia/Boone County Public Health Fund, the Boone County Community Health Fund, and Heart of Missouri United Way to fund the Senior Connect program. SIL has an active partnership with Mizzou, hosting student interns from multiple disciplines. SIL also hosts 30+ service-learning students and interns each semester. Lastly, SIL has partnerships with several faith-based institutions in Columbia for outreach and service.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1536682380_40691_SILCityAgreement16.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1536682699_40764_HMUW2017_2018StrategicInvestmentAgreement.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

/document/download/filename/1536845104_40765_CountyAddendum.pdf/

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Volunteer Coordinator	MQ1 Bachelor's degree	FTE1 1.00	SR1 FROM \$36,400.00	SR1 TO \$47,500.00
P2 Independent Living Specialist-Senior Connect	MQ2 Bachelor's degree	FTE2 1.00	SR2 FROM \$36,400.00	SR2 TO \$45,600.00
P3 Development Coordinator	MQ3 Bachelor's degree	FTE3 0.40	SR3 FROM \$36,400.00	SR3 TO \$45,000.00
P4 Director of Finance	MQ4 Bachelor's degree	FTE4 0.10	SR4 FROM \$55,000.00	SR4 TO \$75,000.00
P5	MQ5	FTE5 0.00	SR5 FROM \$0.00	SR5 TO \$0.00
P6	MQ6	FTE6 0.00	SR6 FROM \$0.00	SR6 TO \$0.00
P7	MQ7	FTE7 0.00	SR7 FROM \$0.00	SR7 TO \$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

SIL's Independent Living Specialist-Senior Services (aka "case manager") will work one-on-one with low-income seniors through the proposed program. This individual will need to possess a Bachelor's degree in order to manage the complex needs of program consumers. The case manager will be responsible for a caseload of approximately 50 clients, as well as performing service coordination in multiple areas. The Volunteer Coordinator can have a Bachelor's Degree or equivalent experience. This position is also responsible for a high level of interpersonal interaction, with both volunteers and consumers. The individual will manage 100 community volunteers at a time, as well as 30+ students each spring and fall semester. They will coordinate yard work and other outdoor projects in the community in the spring, summer, and fall. The Volunteer Coordinator will also be responsible for grant management for multiple grants across the agency. The ability to interact with community partners and establish good working relationships is essential to both positions. SIL based the salary range for both positions upon compensation for similar positions in the Columbia area.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
This is current funding through June 30, 2019.	\$26,996.00	21
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Special Events	\$13,057.00	10
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
n/a	\$0.00	0
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
This is current funding through December 31, 2018 and the amount requested with this proposal.	\$41,895.00	33
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Funds requested from City of Columbia Social Service funding for FY2019	\$45,780.60	36
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0

G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	127728.6	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$110,035.60	86
Personnel Narrative (300 character limit)		
Personnel costs for 2.50 FTE (Volunteer Coordinator (1.0), ILS-Senior Services (1.0), Development Coordinator (.40), and Director of Finance (.10)		
2. Non-Personnel	2.	2. %
	\$17,693.00	14
Non-Personnel Narrative (300 character limit)		
Indirect costs associated with implementation, oversight, and evaluation of the Senior Connect program.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	127728.6	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

Each year, SIL hosts two fundraisers to raise money for the Senior Connect program and other organizational programs. We also solicit direct support from our private donors two times annually, as well as participating in community fundraisers, such as CoMoGives. The program is also supported through contracts from both the City of Columbia Social Service, Boone County Community Health, and Heart of Missouri United Way.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Columbia BID Project. (2017). Retrieved from Boone Indicators Dashboard Web Site: <http://booneindicators.org/Populations.aspx?id=3>
 Crist, C. (2017). Leaving the house linked to longevity in older adults. Reuters Health. Retrieved from: <https://www.reuters.com/article/us-health-elderly-goingout-longevity/leaving-the-house-linked-to-longevity-in-older-adults-idUSKBN1EK19N>
 Elder, K. & Retrum, J. (2012). Framework for Isolation in Adults Over 50. AARP Foundation. Retrieved from:

https://www.aarp.org/content/dam/aarp/aarp_foundation/2012_PDFs/AARP-Foundation-Isolation-Framework-Report.pdf

Guinta, N. & Cain, K. (2015). Community-based Case Management and Health Care Use in older adults: Outcomes of a collaborative multiagency approach. Case Management Journals. 16(1). 26-27. <http://dx.doi.org/10.1891/1521-0987.16.1.20>

Medical Advisory Secretariat. (2008). Social isolation in community-dwelling seniors: an evidence-based analysis. Ontario Health Technology Assessment Series;8(5). 8-9. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3377559/pdf/ohas-08-49.pdf>

US Census Bureau. (2016). Quickfacts: Boone County, Missouri. Retrieved from Census.gov: <https://www.census.gov/quickfacts/fact/table/boonecountymissouri/PST045216>

Cost of Care. (2017). Genworth. Retrieved from <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

<https://www.genworth.com/corporate/about-genworth/industry-expertise/cost-of-care.html>

<http://aspe.hhs.gov/daltcp/reports/casmanes.htm>

Linked 'Agreement Form - V3' Records

Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

				Link Info	
Organization Name	Program Name	Date Completed	Record Lock	Description	Active Date
Independent Living Center of Mid-Missouri, Inc.	Senior Connect	11/20/2018			Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Independent Living Center of Mid-Missouri, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Senior Connect
Amount of Request	\$0.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

1.4 Grocery Shopping and Delivery

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Shops for and delivers groceries to an individual in his/her place of residence

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

We would like to propose continuation of grocery shopping assistance to seniors in need. Many seniors have limited mobility, disabilities such as low vision or blindness, and/or low immunity. Many are also sensitive to extreme heat or cold and due to health concerns, cannot spend extended periods outside of their home during the summer and/or winter months.

To get the process of Grocery Shopping and Delivery started, the Volunteer Coordinator meets with all eligible consumers, typically in their home or at the SIL office, to learn about their needs with grocery shopping. Consumers share how often they need to go, to which store(s) they prefer to go, and what kind of assistance they need. Most often, seniors need help unloading groceries from the car to their kitchen. Many can handle the shopping part with the assistance of grocery store staff. However, grocery store staff are not always available to get needed items, to assist with electric shopping scooters, and to load groceries in consumers' cars. Since the goal of the Senior Connect program is to maximize independence and eliminate barriers to independence, volunteers are extremely helpful in assisting with grocery store outings by providing customized, one-on-one support. Consumers can choose to have volunteers pick them up at their home, drive them to the store, help them shop, load and unload the car, and put the groceries away at home. Consumers may also choose to have volunteers wait while they shop and simply help with loading and unloading. They may also choose to ask the volunteer to go to the store for them, with a shopping list and a form of payment.

To begin the process of matching a consumer with a volunteer, the Volunteer Coordinator interviews, orients, and performs a background screening on each interested volunteer. SIL conducts background screenings through the Family Care and Safety Registry for all individual volunteers. Once orientation and the background screen are complete, the Volunteer Coordinator matches consumers and volunteers based on geographic location, schedules, needs, and personalities. The Volunteer Coordinator then introduces the volunteer to the consumer. At this point the volunteer and consumer exchange contact information and make plans for their first grocery store outing together.

Overall, having volunteer assistance at the grocery store helps seniors feel more at ease with this essential part of living independently. The goal of this proposed service is to increase independence, safety, quality of life, and food security and to decrease isolation.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

15 minutes

b. Unit Rate (#1)

\$4.41

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

Yes

Indicate the publicly available rate and describe the source. (#1) (600 character limit)

The proposed unit rate is tied to the amount approved by the City of Columbia and Boone County

d. Total Number of Units of Service to be Provided (#1)

2880

e. Total Number of Unduplicated Individuals (#1)

30

f. Average Number of Units of Service per Unduplicated Individual (#1)

96

g. Average Cost of Service per Individual (#1)

423.36

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

No

Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Given their limited income, charging a fee would be another barrier to receiving the support and resources these seniors need. At SIL, we envision a barrier free community for all people.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

Private and public health insurance companies do not provide coverage for this service.

Service #1 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)**

Yes (complete the Other Funders Chart below)

Service #1 - Local Funding Chart

FUNDERS (#1)	UNIT RATE (#1)	CONTRACTED UNITS (#1)	TOTAL AMOUNT CONTRACTED (#1)
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$4.41	1e2. 1440	1d4. \$6,350.40

Service #1 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)**

\$0.00

b. Proposed Number of Units of Service (#1)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

not requesting funding

Service #1- Performance Measures**Outcome (1-1)**

Increasing seniors' ability to remain safe and independent in their homes

Indicator (1-1)

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (1-1)

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services

B. *Annual Client Survey (*mailed annually to learn perceived impact of services)

C. Length of time for seniors living independently in their homes

Additional Outcome (1-2)

Improving senior's food security

Additional Indicator (1-2)

85% of seniors will report improved food security

Additional Method (1-2)

*Annual client survey and case notes

Additional Outcome (1-3)**Additional Indicator (1-3)****Additional Method (1-3)**

Additional Outcome (1-4)

Additional Indicator (1-4)

Additional Method (1-4)

Additional Outcome (1-5)

Additional Indicator (1-5)

Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

With limited mobility, limited access to afford or access transportation, or any other barrier a senior may face, having a volunteer provides ease of access and enhances food security, safety, and socialization. The goal of the program is to reduce barriers faced by low-income seniors and to keep them safe and independent in their homes. By providing access to grocery stores, we allow access to basic needs and allow them to remain in their homes.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

The program relies on volunteer dedication and availability, so the demand for services could potentially become greater than the supply of volunteers. If this becomes true, some consumers may not have volunteers for the entire year.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

The measurement levels reflect the possibility that not all seniors will be served for the entire year, we may not reach 100% for each outcome

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The annual client survey provides direct feedback from our consumers and gives us a systematic way to measure results. Their feedback is critical to our outcomes and program priorities. The Volunteer Coordinator has reassessed and recreated the 2018 client survey to go out in December 2018. We hope the recreated survey is easier to understand and allows for more direct answers; also included is more opportunities for written feedback. Along with our client survey, case notes and needs assessments are practical, consistent tools to determine client outcomes.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

1.9 Supplemental Food Delivery

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Acquires and delivers supplemental food to an individual in his/her place of residence

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

We would like to propose continuation of Supplemental Food Delivery for the Senior Connect program. The goal of this program is to increase independence, food security, quality of life, and to reduce isolation. The Central Food Pantry in Columbia offers "senior boxes" consisting of supplemental food for seniors once/month. The individual, SIL, or another community agency assists eligible seniors in signing up for the box. If the senior does not collect their box by the monthly deadline, they do not get the items and risk discontinuation from the program. Volunteers pick up the box on behalf of the individual and deliver it to them at a time that is convenient for both the volunteer and the senior. Volunteers may also pick up other needed items from the pantry for seniors. Additionally, volunteers may transport consumers to the food pantry to acquire supplemental food. To get the process of Supplemental Food Delivery started, the Volunteer Coordinator meets with all eligible consumers, typically in their home or at the SIL office, and learns about their needs for supplemental food delivery. The Volunteer Coordinator checks to see if the consumer has a Senior Box at the Central Pantry or if they would like to sign up to receive one. If they need to sign up, the Volunteer Coordinator refers them to the Senior Connect case manager. The consumer shares how often they need supplemental food assistance from Central Pantry (if it is more than once a month). To begin the process of matching a consumer with a volunteer for supplemental food delivery, the Volunteer Coordinator interviews, orients, and performs a background screening for each interested volunteer. SIL conducts background screenings through the Family Care and Safety Registry for all individual volunteers. Once orientation and the background screen are complete, the Volunteer Coordinator matches consumers and volunteers based on geographic location, schedules, needs, and personalities. The Volunteer Coordinator then introduces the volunteer to the consumer. At this point the volunteer and consumer exchange contact information and make plans for their first supplemental food delivery. The Volunteer Coordinator communicates with the volunteer about the process of picking up the senior box (i.e. give the senior's name, their name, and that they are a volunteer at SIL; have their photo ID ready), and after some time the Central Pantry associates the volunteer with the senior and the process gets quicker and easier. The Central Pantry is familiar with the program and with volunteers picking up Senior Boxes and other items.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

15 minute

b. Unit Rate (#2)

\$4.41

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

Yes

Indicate the publicly available rate and describe the source. (#2) (600 character limit)

The proposed rate is tied to the amount approved by the City of Columbia and Boone County.

d. Total Number of Units of Service to be Provided (#2)

4840

e. Total Number of Unduplicated Individuals (#2)

30

f. Average Number of Units of Service per Unduplicated Individual (#2)

161.33

g. Average Cost of Service per Individual (#2)

711.48

Service #2 - Service Fee**a. Will the proposed service consumers be charged a fee? (#2)**

No

Provide a rationale why no fee will be charged for the service. (#2) (600 character limit)

Given their limited income, charging a fee would be another barrier to receiving the support and resources these seniors need. At SIL, we envision a barrier free community for all people.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

No

Explain why the proposed service is not billable to a third-party payor. (#2) (600 character limit)

Private and public health insurance companies do not provide coverage for this service.

Service #2 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)**

Yes (complete the Other Funder's Chart below)

Service #2 - Local Funding Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$4.41	1240	\$5,469.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$4.41	2160	\$0.00

Service #2 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)**

\$0.00

b. Proposed Number of Units of Service (#2)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

not requesting funding

Service #2 - Performance Measures

Outcome (2-1)

Increasing seniors' ability to remain safe and independent in their homes

Indicator (2-1)

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (2-1)

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services
B. *Annual Client Survey (*mailed annually to learn perceived impact of services)
C. Length of time for seniors living independently in their homes

Additional Outcome (2-2)

Improving senior's food security

Additional Indicator (2-2)

85% of seniors will report improved food security

Additional Method (2-2)

*Annual client survey and case notes

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

The goal of Supplemental Food Delivery is to increase independence, food security, quality of life, and reduce isolation. By removing barriers to basic needs, the seniors will be able to remain safe and independent in their homes.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

The program relies on volunteer dedication and availability, so the demand for services could potentially become greater than the supply of volunteers. If this becomes true, some consumers may not have volunteers for the entire year.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

Our measurement levels reflect the possibility that not all seniors will be served for the entire year, we may not reach 100% for each outcome.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The annual client survey provides direct feedback from our consumers and gives us a systematic way to measure results. Their feedback is critical to our outcomes and program priorities. The Volunteer Coordinator has reassessed and recreated the 2018 client survey to go out in December 2018. We hope the recreated survey is easier to understand and allows for more direct answers; also included is more opportunities for written feedback. Along with our client survey, case notes and needs assessments are practical, consistent tools to determine client outcomes.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

9.8 Companionship

b. Service #3 - Taxonomy Definition of Service (300 character limit)

Social interaction for individuals experiencing social isolation

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

SIL's volunteer companionship program is called "Friendly Visiting" and is a component of the Senior Connect program. Friendly Visiting volunteers provide companionship and support by visiting their matched client at least once a week. The goal of the program is to increase independence, safety, quality of life, and to reduce isolation for seniors. Friendly visiting volunteers are encouraged to establish an open and trusting relationship and to provide a listening ear for recollections, interests, joys, and concerns. Seniors and volunteers may also participate in activities together, inside or outside the home. Inside they may watch movies, work puzzles, look at photo albums, cook, or make conversation. Often, volunteers transport clients in their own vehicles to help them get out the home. For example, they may go out to run errands, to the park, to a movie, or to a restaurant. Since so many Senior Connect consumers are homebound, this program provides social and community interaction for individuals who may struggle with isolation, depression, and loneliness. It can also be an intergenerational experience for students and seniors.

To begin the process of matching a consumer with a volunteer for friendly visiting, the Volunteer Coordinator interviews, orients, and performs a background screenings on each interested volunteer. SIL conducts background screenings through the Family Care and Safety Registry for all individual volunteers. Once orientation and the background screen are complete, the Volunteer Coordinator matches consumers and volunteers based on geographic location, schedules, needs, and personalities. The Volunteer Coordinator then introduces the volunteer to the consumer and goes over needs and schedules. At this point the volunteer and consumer exchange contact information and make plans for their first friendly visit. The Volunteer Coordinator monitors each match by communicating with the consumer and volunteer on a regular basis (about once a month).

Additionally, the Volunteer Coordinator talks with the consumer and the volunteer prior to the match to determine preferences. Consumers can choose between a male and a female, and between an older volunteer and someone who is younger, often a college student. Each volunteer can indicate their

preferences as well, choosing the gender of their match, whether there are pets in the home, and consumer smoking status. If a volunteer does not elect to use their vehicle to transport the consumer, the Volunteer Coordinator will match them with a consumer who does not wish to go out or who has their own transportation.

In addition to community volunteers, the Volunteer Coordinator gets an influx of volunteers through Mizzou (internships, service learning) each s

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

15 minutes

b. Unit Rate (#3)

\$4.41

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

Yes

Indicate the publicly available rate and describe the source. (#3) (600 character limit)

The proposed unit rate is tied to the amount approved by the City of Columbia and Boone County.

d. Total Number of Units of Service to be Provided (#3)

6000

e. Total Number of Unduplicated Individuals (#3)

45

f. Average Number of Units of Service per Unduplicated Individual (#3)

133.33

g. Average Cost of Service per Individual (#3)

588

Service #3 - Service Fee

a. Will the proposed service consumers be charged a fee? (#3)

No

Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

Given their limited income, charging a fee would be another barrier to receiving the support and resources these seniors need. At SIL, we envision a barrier free community for all people.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

No

Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

Private and public health insurance companies do not provide coverage for this service.

Service #3 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Yes (complete the Other Funders Chart below)

Service #3 - Local Funding Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.

b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$4.41	1243	\$5,482.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$4.41	1397	\$6,160.77

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

not requesting funding

Service #3 - Performance Measures

Outcome (3-1)

Increasing seniors' ability to remain safe and independent in their homes

Indicator (3-1)

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (3-1)

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services
B. *Annual Client Survey (*mailed annually to learn perceived impact of services)
C. Length of time for seniors living independently in their homes

Additional Outcome (3-2)

Decreasing senior isolation

Additional Indicator (3-2)

80% of seniors will report reduced feelings of isolation or depression

Additional Method (3-2)

*Annual client survey and case notes

Additional Outcome (3-3)

Improving seniors quality of life

Additional Indicator (3-3)

85% of seniors will report an improved quality of life

Additional Method (3-3)

*Annual client survey and case notes

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)

Volunteers provide companionship and support by visiting their matched senior at least once a week. This provides socialization, an intergenerational experience, and, depending on mobility, community integration. The goal of this program is to increase independence, safety, quality of life, and to reduce isolation for seniors.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Since this program relies heavily on volunteer participation, if the demand for services surpasses the number of available volunteers, not all consumers may be served for the entire year.

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

Our measurement levels reflect the possibility that not all seniors will be served for the entire year, we may not reach 100% for each outcome.

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

The annual client survey provides direct feedback from our consumers and gives us a systematic way to measure results. Their feedback is critical to our outcomes and program priorities. The Volunteer Coordinator has reassessed and recreated the 2018 client survey to go out in December 2018. We hope the recreated survey is easier to understand and allows for more direct answers; also included is more opportunities for written feedback. Along with our client survey, case notes and needs assessments are practical, consistent tools to determine client outcomes.

Service #4 - Name, Definition, and Description

a. Service #4 - Taxonomy of Service Name (300 character limit)

10.11 Case Management

b. Service #4 - Taxonomy Definition of Service (300 character limit)

A collaborative process that assesses, plans, implements, coordinates, monitors, & evaluates the options & services required to meet an individual's health & human services needs. It is characterized by advocacy, communication, & resource management & promotes quality & cost-effective interventions

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

We will continue to provide comprehensive case management to seniors in need. The Senior Connect case manager empowers seniors 55+ who live in Boone County and at or above 200% of the federal poverty level to remain independent. The goal of case management is to increase independence and safety, improve quality of life, and decrease isolation. Initially, the case manager conducts an assessment to better understand the needs and concerns of the consumer. This generally entails a home visit where the case manager meets the consumer in their own home to ask a series of questions. During the assessment, the case manager and consumer will confirm a monthly schedule of contact to maintain the best care while maximizing independence. This assessment must be performed on a yearly basis. All contact between the case manager and the consumer is documented into the Apricot database.

Once a consumer has completed the assessment and has been deemed appropriate for case management, a care plan is created to establish goals and determine the needs of the consumer. Once goals are completed, the consumer will be inactivated from case management if case management is no longer appropriate for the consumer.

Another duty of case management is navigating the various community agencies and organizations with the consumer. The case manager may assist the consumer with completing applications and forms as well as going with the consumer to meetings and appointments. Many of our consumers are not able to read and/or understand the forms needed to obtain services at various agencies, so assistance from the case manager reassures the consumer and gives them peace of mind. Without such services, the consumer may not be able to obtain the needed services, which would negatively affect their independence.

All of our consumers are at or below 200% of the federal poverty level and many are on a fixed income. This means that when unexpected expenses occur they are unable to purchase the needed items. This could mean that the consumer is unable to purchase a new blood pressure cuff when their current one breaks or it could be a larger expense like monthly rent. The case manager advocates on the consumer's behalf to obtain the needed items through local and state resources. Without this advocacy, many of our consumers would not have their needs met and could risk losing their independence.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

15 minutes

b. Unit Rate (#4)

\$7.01

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)

Yes

Indicate the publicly available rate and describe the source. (#4) (600 character limit)

The proposed unit rate is tied to the amount approved by the City of Columbia and Boone County.

d. Total Number of Units of Service to be Provided (#4)

4250

e. Total Number of Unduplicated Individuals (#4)

50

f. Average Number of Units of Service per Unduplicated Individual (#4)

85

g. Average Cost of Service per Individual (#4)

595.85

Service #4 - Service Fee

a. Will the proposed service consumers be charged a fee? (#4)

No

Provide a rationale why no fees will be charged for the proposed service. (#4) (600 character limit)

Given their limited income, charging a fee would be another barrier to receiving the support and resources these seniors need. At SIL, we envision a barrier free community for all people.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

No

Explain why the proposed service is not billable to a third-party payor. (#4) (600 character limit)

The individuals receiving this service do not have private insurance or case management services authorized by public health insurance programs.

Service #4 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)**

Yes (complete the Other Funders Chart below)

Service #4 - Local Funding Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
	4a1.	4a2.	4a3.
a. Boone County - Children's Services Funding (#4)	\$0.00	0	\$0.00
	4b1.	4b2.	4b3.
b. Boone County - Community Health Funding (#4)	\$7.01	4250	\$29,794.00
	4c1.	4c2.	4c3.
c. City of Columbia - Social Services Funding (#4)	\$0.00	0	\$0.00
	4d1.	4d2.	4d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	\$0.00	0	\$0.00
	4e1.	4e2.	4d4.
e. Heart of Missouri United Way Funding (#4)	\$0.00	0	\$0.00

Service #4 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)**

\$29,794.00

b. Proposed Number of Units of Service (#4)

4250.21

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Case Management is a core component of the Senior Connect program. With additional funding, we can ensure that current case management clients' needs are being met and increase our capacity to assist more clients. As the senior population grows, so does the number of seniors who live in poverty and require extra support to meet their basic needs.

Service #4 - Performance Measures**Outcome (4-1)**

Increasing seniors' ability to remain safe and independent in their homes

Indicator (4-1)

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (4-1)

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services
B. *Annual Client Survey (*mailed annually to learn perceived impact of services)
C. Length of time for seniors living independently in their homes

Additional Outcome (4-2)

Decreasing senior isolation

Additional Indicator (4-2)

80% of seniors will report reduced feelings of isolation or depression

Additional Method (4-2)

*Annual client survey and case notes

Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Improving seniors quality of life	85% of seniors will report an improved quality of life	*Annual client survey and case notes
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

The goal of case management is to increase independence and safety, improve quality of life, and decrease isolation. Our case manager provides our consumers access to basic needs and resources to keep them independent in their homes.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

For reasons out of our control, consumers may be removed from our case management list. If someone moves to institutional care or in with a family member they will no longer need our services. If they move outside of Boone County they will not be eligible to receive services and consumers may pass away during the service period. All these factors could affect proposed outcomes.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

Our measurement levels reflect the possibility that not all seniors will be served for the entire year, we may not reach 100% for each outcome. This may be due to moving and becoming ineligible or passing away during the reporting period.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

The annual client survey provides direct feedback from our consumers and gives us a systematic way to measure results. Their feedback is critical to our outcomes and program priorities. The Volunteer Coordinator has reassessed and recreated the 2018 client survey to go out in December 2018. We hope the recreated survey is easier to understand and allows for more direct answers; also included is more opportunities for written feedback. Along with our client survey, case notes and needs assessments are practical, consistent tools to determine client outcomes.

Service #5 - Name, Definition, and Description

a. Service #5 - Taxonomy of Service Name (300 character limit)

10.7 Service Coordination

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Assists an individual receiving support to bridge access resources

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

SIL provides Service Coordination in a variety of ways to our Senior Connect consumers. The goal of Service Coordination is to increase safety, independence, and financial stability, to improve quality of life, and to decrease isolation. Our efforts include organizing a collaboration with the Voluntary Action Center for seniors to receive a holiday basket. Consumers who live in Boone County, are below 200% of the federal poverty level, and are 65+ and/or have a disability are eligible for this service. We provided 66 households with holiday baskets in 2017. The items that our consumers request for their holiday basket tend to be much-needed household items like toilet paper and cleaning supplies. Many of our consumers are without family in the area, so this program helps to decrease feelings of isolation during the holiday season.

Another service coordination program SIL provides is Carrier Alert. We coordinate with the United States Postal Service to administer their Carrier Alert program to seniors living alone within the City of Columbia. The program requires the postal carrier to alert SIL staff if a senior has not picked up their mail for one business day. Once the postmaster contacts the case manager, she will try to contact the consumer. If she cannot reach the consumer, the case manager will try to reach the consumer's emergency contacts. If she cannot reach them, she will contact the sheriff's department to conduct a well-being check. Carrier Alert is a safety program that SIL helps coordinate with partnering entities.

The third Service Coordination program SIL provides is Property Tax Credit filing assistance (PTC). The Senior Connect case manager assists seniors and those with disabilities in the community to file their PTC. The Missouri Department of Revenue houses the PTC program, which is specifically for low-income seniors or people with disabilities. It is a rebate for renters and a refund for homeowners on their real estate tax. To maximize the PTC program, the case manager coordinates with the Columbia Housing Authority and other local senior housing sites. This fiscal year, SIL helped 254 individuals, putting over \$134,000 back into their hands. The PTC program increases financial stability for our consumers.

Lastly, SIL collaborates with Assistance League of Mid Missouri (ALMM) to provide basic hygiene products and household cleaning supplies to seniors living in Boone County. ALMM provides items such as incontinence supplies, shampoo, conditioner, oral hygiene items, deodorant, body wash, dish soap, and laundry soap. Due to living on a low, fixed income, our consumers have difficulty simply paying their bills on a monthly basis. These products help relieve the burden of choosing between their water bill and incontinence supplies. Consumers can pick up these items at SIL or staff can deliver them.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

15 minutes

b. Unit Rate (#5)

\$7.01

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate tied to an established public funding rate? (#5)

Yes

Indicate the publicly available rate and describe the source. (#5) (600 character limit)

The proposed unit rate is tied to the amount approved by the City of Columbia and Boone County.

d. Total Number of Units of Service to be Provided (#5)

1580

e. Total Number of Unduplicated Individuals (#5)

150

f. Average Number of Units of Service per Unduplicated Individual (#5)

10.53

g. Average Cost of Service per Individual (#5)

73.84

Service #5 - Service Fee**a. Will the proposed service consumers be charged a fee? (#5)**

No

Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

Given their limited income, charging a fee would be another barrier to receiving the support and resources these seniors need. At SIL, we envision a barrier free community for all people.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

No

Explain why the proposed service is not billable to a third-party payor. (#5) (600 character limit)

The individuals receiving this service do not have private insurance or case management services authorized by public health insurance programs.

Service #5 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)**

Yes (complete the Other Funders Chart below)

Service #5 - Local Funding Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$7.01	5b2. 617	5b3. \$4,326.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$7.01	5e2. 963	5e3. \$6,750.63

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$4,326.00

b. Proposed Number of Units of Service (#5)

617.12

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

This continued funding will allow up to continue to support low income seniors to remain safe and independent in their homes, decrease their social isolation, and increase their financial stability.

Service #5 - Performance Measures**Outcome (5-1)**

Increasing seniors' ability to remain safe and independent in their homes

Indicator (5-1)

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (5-1)

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services
B. *Annual Client Survey (*mailed annually to learn perceived impact of services)
C. Length of time for seniors living independently in their homes

Additional Outcome (5-2)

Decreasing senior isolation

Additional Indicator (5-2)

80% of seniors will report reduced feelings of isolation or depression

Additional Method (5-2)

*Annual client survey and case notes

Additional Outcome (5-3)

Improving seniors quality of life

Additional Indicator (5-3)

85% of seniors will report an improved quality of life

Additional Method (5-3)

*Annual client survey and case notes

Additional Outcome (5-4)

Increasing financial stability

Additional Indicator (5-4)

75% of seniors will report increased financial stability as a result of the service coordination they receive

Additional Method (5-4)

*Annual client survey and case notes

Additional Outcome (5-5)**Additional Indicator (5-5)****Additional Method (5-5)****Service #5 - Performance Measures Narrative****a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)**

The goal of service coordination is to increase safety, independence, and financial stability, to improve quality of life, and to decrease isolation. Service coordination allows access to basic needs and resources that help them save their money they would spend on basic needs items to use on bills. They also receive money back from PTC filing that provides more financial support.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

Consumers receiving service coordination may move during the time in which services are to be delivered. For example, if someone moves to institutional care, or in with a family member, they may no longer qualify for Carrier Alert or the holiday basket program. If they no longer own property, they may not qualify for the PTC. Furthermore, given the age of many of our consumers, several pass away each year, affecting proposed outcomes.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

Our measurement levels reflect the possibility that not all seniors will be served for the entire year, we may not reach 100% for each outcome. This may be due to moving and becoming ineligible or passing away during the reporting period.

d. Provide a rationale for each method of measurement (#5) (600 character limit)

The annual client survey provides direct feedback from our consumers and gives us a systematic way to measure results. Their feedback is critical to our outcomes and program priorities. The Volunteer Coordinator has reassessed and recreated the 2018 client survey to go out in December 2018. We hope the recreated survey is easier to understand and allows for more direct answers; also included is more opportunities for written feedback. Along with our client survey, case notes and needs assessments are practical, consistent tools to determine client outcomes.

Total Amount Requested for Start-Up and Service #1 - Service #5**Total Amount Requested for Start-Up and Service #1 - Service - #5**



34120

Linked 'Agreement Form - V3' Records**Link Instructions**

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Independent Living Center of Mid-Missouri, Inc.	Senior Connect	11/20/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 6-10 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Independent Living Center of Mid-Missouri, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Senior Connect
Amount of Request	\$0.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in My Shared Files. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #6 - Name, Definition, and Description

a. Service #6 - Taxonomy of Service Name (300 character limit)

5.4 Home Repair

b. Service #6 - Taxonomy Definition of Service (300 character limit)

Provides repairs to address safety, code compliance and/or structural issues

c. Provide a detailed description of the proposed service (#6). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

SIL proposes the continuation of minor home repairs and one-time projects for consumers. While many one-time projects are yard clean ups, some consumers request repairs. Repairs can be inside the home, like fixing walls, or outside the home, like putting in handrails, fixing gates or doors, or installing and repairing ramps. These services help seniors remain independent in their homes, increase their quality of life, keep their homes safe and accessible, and provides financial stability. Volunteers are able to perform repairs that otherwise would need to be paid for; this allows them to use their money toward other needs.

To receive services, seniors call and describe the need. The Volunteer Coordinator receives the request and performs a new client intake if necessary. The client is added to a list of projects and matched with an appropriate sized volunteer group. Volunteers donate time and materials to complete the project, SIL also has some materials to provide.

To carry out this proposed program, SIL has partnerships with several local churches, the University of Missouri, Caring for Columbia, local businesses, the Heart of Missouri United Way, and other groups. SIL performs outreach to let the community know about the need for service projects. The Volunteer Coordinator makes a site visit to drop off materials the day before the event and then goes to the site the day of the project to greet volunteers, answer questions, and to have each volunteer sign in to track hours.

Record Lock

1

Service #6 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#6)

15 minutes

b. Unit Rate (#6)

\$4.41

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#6)

c. Is the proposed Unit Rate tied to an established public funding rate? (#6)

Yes

Indicate the publicly available rate and describe the source. (#6) (600 character limit)

The proposed unit is tied to the amount approved by the City of Columbia and Boone County.

d. Total Number of Units of Service to be Provided (#6)

882

e. Total Number of Unduplicated Individuals (#6)

15

f. Average Number of Units of Service per Unduplicated Individual (#6)

58.8

g. Average Cost of Service per Individual (#6)

259.31

Service #6 - Service Fee

a. Will the proposed service consumers be charged a fee? (#6)

No

Provide a rationale, why no fees will be charged for the proposed service. (#6) (600 character limit)

Given their limited income, charging a fee would be another barrier to receiving the support and resources these seniors need. At SIL, we envision a barrier free community for all people.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#6)

No

Explain why the proposed service is not billable to a third-party payor. (#6) (600 character limit)

Private and public health insurance companies do not provide coverage for this service.

Service #6 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#6)

Yes (complete the Other Funder's Chart below)

Service #6 - Local Funding Chart

<u>Funders (#6)</u>	<u>Unit Rate (#6)</u>	<u># of Units Funded (#6)</u>	<u>Total Amount Contracted (#6)</u>
a. Boone County - Children's Services Funding (#6)	6a1. \$0.00	6a2. 0	6a3. \$0.00
b. Boone County - Community Health Funding (#6)	6b1. \$4.41	6b2. 882	6b3. \$3,889.62

c. City of Columbia - Social Services Funding (#6)	6c1. \$0.00	6c2. 0	6c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#6)	6d1. \$0.00	6d2. 0	6d3. \$0.00
e. Heart of Missouri United Way Funding (#6)	6e1. \$0.00	6e2. 0	6d4. \$0.00

Service #6 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#6)

\$3,889.62

b. Proposed Number of Units of Service (#6)

882

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#6) (600 character limit)

Historically, home repair and lawn care have both been cover in Home Maintenance taxonomy. Now that they are separate, we ask for a small percentage of funding go to home repair. While most one-time projects are lawn care related, some are focused on repairs of doors, windows, ramps, etcetera to make the home more safe and accessible. The Volunteer Coordinator also spends time planning with the consumer and groups, preparing and delivering supplies, and meeting the group the day of service.

Service #6 - Performance Measures

Outcome (6-1)

Increasing seniors' ability to remain safe and independent in their homes

Indicator (6-1)

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (6-1)

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services
B. *Annual Client Survey (*mailed annually to learn perceived impact of services)
C. Length of time for seniors living independently in their homes

Additional Outcome (6-2)

Decreasing senior isolation

Additional Indicator (6-2)

80% of seniors will report reduced feelings of isolation or depression

Additional Method (6-2)

*Annual client survey and case notes

Additional Outcome (6-3)

Improving seniors quality of life

Additional Indicator (6-3)

85% of seniors will report an improved quality of life

Additional Method (6-3)

*Annual client survey and case notes

Additional Outcome (6-4)

Improving the safety of seniors' homes

Additional Indicator (6-4)

80% if seniors report feeling safe in their homes and have increased feeling of safety entering and exiting their home

Additional Method (6-4)

*Annual client survey and case notes

Additional Outcome (6-5)

Additional Indicator (6-5)

Additional Method (6-5)

Service #6 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#6) (600 character limit)

Home repair services help seniors remain independent in their homes, increase quality of life, keep their homes safe and accessible, and provides financial stability.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#6) (600 character limit)

Since this program relies heavily on volunteer participation, if the demand for services surpasses the number of available volunteers, not all consumers may be served for the entire year.

c. Provide a rationale for the measurement level(s) for each indicator. (#6) (600 character limit)

Our measurement levels reflect the possibility that not all seniors will be served for the entire year, we may not reach 100% for each outcome.

d. Provide a rationale for each method of measurement. (#6) (600 character limit)

The annual client survey provides direct feedback from our consumers and gives us a systematic way to measure results. Their feedback is critical to our outcomes and program priorities. The Volunteer Coordinator has reassessed and recreated the 2018 client survey to go out in December 2018. We hope the recreated survey is easier to understand and allows for more direct answers; also included is more opportunities for written feedback. Along with our client survey, case notes and needs assessments are practical, consistent tools to determine client outcomes.

Service #7 - Name, Definition, and Description

a. Service #7 - Taxonomy of Service Name (300 character limit)

5.5 Lawn Care

b. Service #7 - Taxonomy Definition of Service (300 character limit)

Provides assistance to maintain yard and property

c. Provide a detailed description of the proposed service (#7). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

SIL proposes the continuation of seasonal yard work services for seniors. In spring and summer, this work includes yard clean-ups, removing brush, pulling weeds, and trimming bushes. In the fall, we will rake leaves and perform yard clean-ups. In the winter, volunteers will shovel snow from walkways, driveways, and sidewalks. These services help seniors remain safe and independent in their homes, increase their quality of life, decrease isolation, and to help keep homes in compliance with City/County code for yard maintenance.

Historically, SIL hosts dozens of yard work projects every year, especially in the spring and fall. For the most part, seniors call SIL to request services. The City of Columbia has also made referrals to SIL. Once the Volunteer Coordinator receives a request or referral, they perform a new client intake if necessary. There are two different types of lawn care projects: group projects (yard clean-ups, planting, leaf raking) and individual projects (lawn mowing and snow shoveling). If it is a group project, SIL will usually provide some materials so there are enough for the group. SIL has a number of yard work tools for projects—from rakes, shovels, tarps, gardening tools, trash bags, gloves, buckets, masks, and extension cords.

If an individual volunteer will complete the project and/or it is an ongoing seasonal need, the Volunteer Coordinator will match the volunteer one-on-one with the consumer. The Volunteer Coordinator provides an interview, orientation, and background check on all individual lawn care volunteers. Once this is complete, the Volunteer Coordinator matches consumers and volunteers based on geographic location, needs, and personalities. The Volunteer Coordinator then introduces the volunteer to the consumer. At this point the volunteer and consumer exchange contact information and make plans for lawn care for the season.

To carry out this proposed program, SIL has partnerships with several local churches, the University of Missouri, Caring for Columbia, the Girl Scouts, the Home School Teen Council, local businesses, the Heart of Missouri United Way, and other groups. SIL performs outreach to let the community know about the need for service projects. In 2017, we hosted 45-yard work service projects. We had 425 lawn care volunteers who donated 1,500 hours of their time to help seniors in their yards. The Volunteer Coordinator makes a site visit to drop off materials the day before the event and then goes to the site the day of the project to greet volunteers, answer questions, and to have each volunteer sign in to track hours.

Service #7 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#7)

15 minutes

b. Unit Rate (#7)

\$4.41

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#7)

c. Is the proposed Unit Rate tied to an established public funding rate? (#7)

Yes

Indicate the publicly available rate and describe the source. (#7) (600 character limit)

The proposed unit rate is tied to the amount approved by the City of Columbia and Boone County.

d. Total Number of Units of Service to be Provided (#7)

881

e. Total Number of Unduplicated Individuals (#7)

30

f. Average Number of Units of Service per Unduplicated Individual (#7)

29.37

g. Average Cost of Service per Individual (#7)

129.51

Service #7- Service Fee

a. Will the proposed service consumers be charged a fee? (#7)

No

Provide a rationale why no fees will be charged for the service (#7). (600 character limit)

Given their limited income, charging a fee would be another barrier to receiving the support and resources these seniors need. At SIL, we envision a barrier free community for all people.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#7)

No

Explain why the proposed service is not billable to a third party payor. (#7) (600 character limit)

Private and public health insurance companies do not provide coverage for this service.

Service #7 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#7)

Yes (complete the Other Funder's Chart below)

Service #7 - Local Funding Chart

<u>Funders (#7)</u>	<u>Unit Rate (#7)</u>	<u># of Units Funded (#7)</u>	<u>Total Amount Contracted (#7)</u>
	7a1.	7a2.	7a3.
a. Boone County - Children's Services Funding (#7)	\$0.00	0	\$0.00
	7b1.	7b2.	7b3.
b. Boone County - Community Health Funding (#7)	\$4.41	881	\$3,885.21
	7c1.	7c2.	7c3.
c. City of Columbia - Social Services Funding (#7)	\$0.00	0	\$0.00
	7d1.	7d2.	7d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#7)	\$0.00	0	\$0.00
	7e1.	7e2.	7e3.
e. Heart of Missouri United Way Funding (#7)	\$0.00	0	\$0.00

Service #7 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#7)

\$3,885.21

b. Proposed Number of Units of Service (#7)

881

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#7) (600 character limit)

Lawn Care- one-time projects, yard clean-ups, snow shoveling, and leaf raking- is a significant portion of our Senior Connect program, where many units of service are provided. Many seniors are helped to keep their yard to code, in compliance with the city, and there home remains safe and free of obstacle. The Volunteer Coordinator also spends time planning with the consumer and group, preparing and delivering supplies, and meeting the group the day of service.

Service #7 - Performance Measures

Outcome (7-1)

Increasing seniors' ability to remain safe and independent in their homes

Indicator (7-1)

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (7-1)

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services
B. *Annual Client Survey (*mailed annually to learn perceived impact of services)
C. Length of time for seniors living independently in their homes

Additional Outcome (7-2)

Decreasing senior isolation

Additional Indicator (7-2)

80% of seniors will report reduced feelings of isolation or depression

Additional Method (7-2)

*Annual client survey and case notes

Additional Outcome (7-3)

Additional Indicator (7-3)

Additional Method (7-3)

Improving seniors quality of life	85% of seniors will report an improved quality of life	*Annual client survey and case notes
Additional Outcome (7-4)	Additional Indicator (7-4)	Additional Method (7-4)
Improving the safety of seniors' homes	80% if seniors report feeling safe in their homes and have increased feeling of safety entering and exiting their home	*Annual client survey and case notes
Additional Outcome (7-5)	Additional Indicator (7-5)	Additional Method (7-5)

Service #7 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (7) (600 character limit)

Lawn Care services help seniors remain safe and independent in their homes, increase quality of life, decrease isolation, increase curb appeal, and to help keep homes in compliance with City/County code for yard maintenance.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (7) (600 character limit)

Since this program relies heavily on volunteer participation, if the demand for services surpasses the number of available volunteers, not all consumers may be served for the entire year.

c. Provide a rationale for the measurement level(s) for each indicator. (7) (600 character limit)

Our measurement levels reflect the possibility that not all seniors will be served for the entire year, we may not reach 100% for each outcome.

d. Provide a rationale for each method of measurement (7). (600 character limit)

The annual client survey provides direct feedback from our consumers and gives us a systematic way to measure results. Their feedback is critical to our outcomes and program priorities. The Volunteer Coordinator has reassessed and recreated the 2018 client survey to go out in December 2018. We hope the recreated survey is easier to understand and allows for more direct answers; also included is more opportunities for written feedback. Along with our client survey, case notes and needs assessments are practical, consistent tools to determine client outcomes.

Service #8 - Name, Definition and Description

a. Service #8 - Taxonomy of Service Name (300 character limit)

8.7 Volunteer Coordination

b. Service #8 - Taxonomy Definition of Service (300 character limit)

An organizational function that coordinates and trains volunteers to provide program services

c. Provide a detailed description of the proposed service (#8). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

We propose the preservation and advancement of our existing volunteer program. The goal of the program is to increase safety, independence, quality of life, and to decrease isolation in seniors. Since 2015, an average of 650 volunteers a year have donated an average of 7,000 service hours a year to help SIL consumers. Approximately 65% of those hours and volunteers have been for the Senior Connect program (4,550 hours, 420 volunteers). The remaining 35% have been for SIL Youth and Family programming. In 2017, volunteers served 121 seniors. We currently have about 100 regular volunteers and host an additional 50 service learning students each year, 15-25 interns, and 200+ volunteers for yard work and special projects. Many students who serve at SIL for course credit continue volunteering after the completion of the semester. Volunteer opportunities for the Senior Connect program include:

- Grocery Shopping Assistance
- Food Pantry Delivery
- Friendly Visiting
- Yard Work
- Special Projects
- o VAC Christmas Basket Delivery
- o Property Tax Credit Filings
- o Event Support

To begin the process of getting volunteers started, the Volunteer Coordinator invites them to SIL for an orientation. All volunteers are required to submit a Volunteer Application, which includes personal and contact information, experience, relevant licenses, availability, references, and volunteer interests.

During orientation, the Volunteer Coordinator reviews the SIL Volunteer Handbook, which contains information about the Independent Living Philosophy, SIL's background and history, volunteer opportunities, consumer and volunteer rights and responsibilities, and volunteer policies. Furthermore, the Handbook provides tips for working with seniors and persons with a disability.

During orientation, volunteers complete the Family Care Safety Registry registration form for a background screening. Volunteers also sign a confidentiality agreement, a volunteer agreement, and a media release. If the background screening comes back with no findings, the volunteer can begin. SIL does not allow volunteers with a history of violent offenses to volunteer. For other offenses, SIL will accept a Good Cause Waiver through the Missouri Department of Health and Senior Services on a case-by-case basis. We also collect car insurance information during orientation. SIL's General Liability insurance covers volunteers, but we require that volunteers transporting clients carry valid car insurance. Once the orientation and background check are complete, the Volunteer Coordinator matches consumers and volunteers based on geographic location, schedules, needs, and personalities. The Volunteer Coordinator recruits volunteers during outreach events, such as the Mizzou Volunteer Fair, during community presentations, and through online platforms, such as Volunteer Match and MU Serves.

Service #8 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#8)

15 minutes

b. Unit Rate (#8)

\$4.41

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#8)

c. Is the proposed Unit Rate tied to an established public funding rate? (#8)

Yes

Indicate the publicly available rate and describe the source. (#8) (600 character limit)

The proposed unit rate is tied to the amount approved by the City of Columbia and Boone County.

d. Total Number of Units of Service to be Provided (#8)

2000

e. Total Number of Unduplicated Individuals (#8)

75

f. Average Number of Units of Service per Unduplicated Individual (#8)

26.67

g. Average Cost of Service per Individual (#8)

117.6

Service #8 - Service Fee

a. Will the proposed service consumers be charged a fee? (#8)

No

Provide a rationale why no fees will be charged for the proposed service. (#8) (600 character limit)

Given their limited income, charging a fee would be another barrier to receiving the support and resources these seniors need. At SIL, we envision a barrier free community for all people.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#8)

No

Explain why the proposed service is not billable to a third-party payor. (#8) (600 character limit)

Private and public health insurance companies do not provide coverage for this service.

Service #8 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#8)

Yes (complete the Other Funder's Chart below)

Service #8 - Local Funding Chart

<u>Funders (#8)</u>	<u>Unit Rate (#8)</u>	<u># of Units Funded (#8)</u>	<u>Total Amount Contracted (#8)</u>
a Boone County - Children's Services Funding (#8)	8a1. \$0.00	8a2. 0	8a3. \$0.00
b. Boone County - Community Health Funding (#8)	8b1. \$0.00	8b2. 0	8b3. \$0.00
c. City of Columbia - Social Services Funding (#8)	8c1. \$0.00	8c2. 0	8c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#8)	8d1. \$0.00	8d2. 0	8d3. \$0.00
e. Heart of Missouri United Way Funding (#8)	8e1. \$4.41	8e2. 2000	8e3. \$8,820.00

Service #8 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#8)

\$0.00

b. Proposed Number of Units of Service (#8)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#8) (600 character limit)

not requesting funding

Service #8 - Performance Measures

Outcome (8-1)

Increasing seniors' ability to remain safe and independent in their homes

Indicator (8-1)

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (8-1)

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services
B. *Annual Client Survey (*mailed annually to learn perceived impact of services)
C. Length of time for seniors living independently in their homes

Additional Outcome (8-2)

Decreasing senior isolation

Additional Indicator (8-2)

80% of seniors will report reduced feelings of isolation or depression

Additional Method (8-2)

*Annual client survey and case notes

Additional Outcome (8-3)

Improving seniors quality of life

Additional Indicator (8-3)

85% of seniors will report an improved quality of life

Additional Method (8-3)

*Annual client survey and case notes

Additional Outcome (8-4)

Additional Indicator (8-4)

Additional Method (8-4)

Additional Outcome (8-5)

Additional Indicator (8-5)

Additional Method (8-5)

Service #8 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#8) (600 character limit)

The goal of the Volunteer program is to increase safety, independence, quality of life, and to decrease isolation in seniors through meaningful interaction with volunteers

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#8) (600 character limit)

Since this program relies heavily on volunteer participation, if the demand for services surpasses the number of available volunteers, not all consumers may be served for the entire year.

c. Provide a rationale for the measurement level(s) for each indicator. (#8) (600 character limit)

Our measurement levels reflect the possibility that not all seniors will be served for the entire year, we may not reach 100% for each outcome.

d. Provide a rationale for each method of measurement. (#8) (600 character limit)

The annual client survey provides direct feedback from our consumers and gives us a systematic way to measure results. Their feedback is critical to our outcomes and program priorities. The Volunteer Coordinator has reassessed and recreated the 2018 client survey to go out in December 2018. We hope the recreated survey is easier to understand and allows for more direct answers; also included is more opportunities for written feedback. Along with our client survey, case notes and needs assessments are practical, consistent tools to determine client outcomes.

Service #9 - Name, Definition, and Description

a. Service #9 - Taxonomy of Service Name (300 character limit)

b. Service #9 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#9). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #9 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#9)

b. Unit Rate (#9)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#9)

c. Is the proposed Unit Rate tied to an established public funding rate? (#9)

d. Total Number of Units of Service to be Provided (#9)

0

e. Total Number of Unduplicated Individuals (#9)

0

f. Average Number of Units of Service per Unduplicated Individual (#9)

0

g. Average Cost of Service per Individual (#9)

0

Service #9 - Service Fee

a. Will the proposed service consumers be charged a fee? (#9)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#9)

Service #9 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#9)

Service #9 - Local Funding Chart

<u>Funders (#9)</u>	<u>Unit Rate (#9)</u>	<u># of Units Funded (#9)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#9)	9a1. \$0.00	9a2. 0	9a3. \$0.00
b. Boone County - Community Health Funding (#9)	9b1. \$0.00	9b2. 0	9b3. \$0.00
c. City of Columbia - Social Services Funding (#9)	9c1. \$0.00	9c2. 0	9c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#9)	9d1. \$0.00	9d2. 0	9d3. \$0.00
e. Heart of Missouri United Way Funding (#9)	9e1. \$0.00	9e2. 0	9d4. \$0.00

Service #9 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#9)

\$0.00

b. Proposed Number of Units of Service (#9)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#9) (600 character limit)

Services #9 - Performance Measures

Outcome (9-1)	Indicator (9-1)	Method of Measurement (9-1)
Additional Outcome (9-2)	Additional Indicator (9-2)	Additional Method (9-2)
Additional Outcome (9-3)	Additional Indicator (9-3)	Additional Method (9-3)
Additional Outcome (9-4)	Additional Indicator (9-4)	Additional Method (9-4)
Additional Outcome (9-5)	Additional Indicator (9-5)	Additional Method (9-5)

Service #9 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#9) (600 character limit)**
- b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#9) (600 character limit)**
- c. Provide a rationale for the measurement level(s) for each indicator (#9). (600 character limit)**
- d. Provide a rationale for each method of measurement. (#9) (600 character limit)**

Service #10 - Name, Definition, and Description

- a. Service #10 - Taxonomy of Service Name (300 character limit)**
- b. Service #10 - Taxonomy Definition of Service (300 character limit)**
- c. Provide a detailed description of the proposed service (#10). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)**

Service #10 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#10)**

b. Unit Rate (#10)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#10)

- c. Is the proposed Unit Rate tied to an established public funding rate? (#10)**

d. Total Number of Units of Service to be Provided (#10)

0

e. Total Number of Unduplicated Individuals (#10)

0

f. Average Number of Units of Service per Unduplicated Individual (#10)

0

g. Average Cost of Service per Individual (#10)

0

Service #10 - Service Fee

a. Will the proposed service consumers be charged a fee? (#10)

b. Is this proposed service billable to a third party-payor(s) (e.g. health insurance, state subsidy, etc.) (#10)

Service #10 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#10)

Service #10 - Local Funding Chart

<u>Funders (#10)</u>	<u>Unit Rate (#10)</u>	<u># of Units Funded (#10)</u>	<u>Total Amount Contracted (#10)</u>
a. Boone County - Children's Services Funding (#10)	10a1. \$0.00	10a2. 0	10a3. \$0.00
b. Boone County - Community Health Funding (#10)	10b1. \$0.00	10b2. 0	10b3. \$0.00
c. City of Columbia - Social Services Funding (#10)	10c1. \$0.00	10c2. 0	10c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#10)	10d1. \$0.00	10d2. 0	10d3. \$0.00
e. Heart of Missouri United Way (#10)	10e1. \$0.00	10e2. 0	10e3. \$0.00

Service #10 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#10)

\$0.00

b. Proposed Number of Units of Service (#10)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#10) (600 character limit)

Service #10 - Performance Measures

Outcome (10-1)	Indicator (10-1)	Method of Measurement (10-1)
Additional Outcome (10-2)	Additional Indicator (10-2)	Additional Method (10-2)
Additional Outcome (10-3)	Additional Indicator (10-3)	Additional Method (10-3)
Additional Outcome (10-4)	Additional Indicator (10-4)	Additional Method (10-4)
Additional Outcome (10-5)	Additional Indicator (10-5)	Additional Method (10-5)

Service #10 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#10) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#10) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#10). (600 character limit)

d. Provide a rationale for each method of measurement (#10). (600 character limit)

Total Amount Requested for Services #6 - Service #10

Total Amount Requested for Services #6 - Service #10

7774.83

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
22144	11/13/2018 3:07 PM CST	Apricot Subsystem	09/11/2018 5:06 PM CDT	Independent Living Center of Mid-Missouri, Inc. ORG


Linked 'Agreement Form - V3 (Services 6-15)' Records

Link Instructions 1

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

Organization Name	Program Name	Date Completed	Record Lock	Link Info	
				Description	Active Date
Independent Living Center of Mid-Missouri, Inc.	Senior Connect	11/20/2018			Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

Independent Living Center of Mid-Missouri, Inc.
Attn: Tec Chapman, Executive Director
1401 Hathman Place
Columbia, MO 65201
tchapman@silcolumbia.org

RE: Written Clarification #1 to 36-13SEP18 – *Community Health/Medical Fund*

Dear Mr. Chapman:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 36-13SEP18 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Table, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 5:00 p.m. October 26, 2018 by e-mail to mbobbitt@boonecountymmo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymtmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Community Health Advisory Council Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melinda B. Bobbitt', written in a cursive style.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

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

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

Organization	Independent Living Center of Mid-Missouri, Inc.
Name of Program	Senior Connect

Organization Profile	
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1. It appears that Jeff Johnson's term has expired.

Action Required: Update the Governing Board table and positions as needed.

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Proposal Cover Sheet	
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2. Attachments A, B, and C from the RFP were not included. The signed addendums were attached under the Collaboration section on the Program Overview form.

Action Required: Provide the signed attachments A, B, and C via email. The attachments are in the RFP.

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Program Overview Form	
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3. The Program Overview section refers to a case manager, but this position is not listed in the Program Personnel table.

Action Required: Provide clarification on whether there is an employee position titled Case Manager and if not, identify which personnel is providing case management.

--

4. Funding agreements were provided for the City of Columbia Social Services and Heart of Missouri United Way but did not provide any MOUs.

Action Required: Provide clarification on whether there are MOUs for this program. If so, please send via email.

5. The amount requested to the Boone County Community Health Fund is unclear based on the corresponding narrative in the Program Budget. Also, the total requesting amount wasn't listed on the Proposal Cover Sheet.

Action Required: Provide clarification on the total requesting amount. This amount should reflect responses and issues addressed in the Written Clarifications.

Program Services Form (1-5)	
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6. The program consistently uses the rate of \$4.41 or \$7.01, depending on the service.

Action Required: Provide clarification on how the unit rate was developed.

Program Service 4 – Supplemental Food Delivery

7. The average number of units per individual seems high, which totals to 40 hours per individual. Also, the number of unduplicated individuals seems low.

Action Required: Provide justification on the number of units required to deliver meals for 30 individuals.

Program Service 3 – Companionship

8. The service description appears to have exceeded the character limit.

Action Required: Provide any additional information that is pertinent to this service.

Program Service 4 – Case Management

9. The total number of units needs to reflect all funding sources. 4,250 units was requested to the County and 2,580 units was requested to the City. However, the total number of units was listed as 4,250.

Action Required: Update the total number of units in the 'Program Outputs and Funding Request Tables' to include all funding sources.

--

10. The Amount Requested to Boone County does not purchase a whole number of units.

Action Required: Provide a requesting amount that purchases a whole number of units in the attached 'Program Outputs and Funding Request Tables'.

--

Program Service 5 – Service Coordination

11. The Amount Requested to Boone County does not purchase a whole number of units.

Action Required: Provide a requesting amount that purchases a whole number of units in the attached 'Program Outputs and Funding Request Tables'.

--

Program Service 6 – Home Repair

12. The total number of units needs to reflect all funding sources. The total number of units listed on the County's proposal is 882 but the City's proposal is 468.

Action Required: Update the total number of units in the 'Program Outputs and Funding Request Tables' to include all funding sources. Provide clarification in the field below.

--

Program Service 7 – Lawn Care

13. The total number of units needs to reflect all funding sources. The total number of units listed on the County's proposal is 881 but the City's proposal is 1,763.

Action Required: Update the total number of units in the 'Program Outputs and Funding Request Tables' to include all funding sources. Provide clarification in the field below.

--

Program Service 8 – Volunteer Coordination

14. The total number of units needs to reflect all funding sources. The total number of units listed on the County's proposal is 2,000 but the City's proposal is 2,080.

Action Required: Update the total number of units in the 'Program Outputs and Funding Request Tables' to include all funding sources. Provide clarification in the field below.

--

15. It appears that volunteers provide majority of the listed services. The cost of volunteer coordination should already be included in the other services. This service should be eliminated unless there are additional units that were not accounted for in the other program services.

Action Required: Provide clarification on why Volunteer Coordination is listed as a separate service when there are multiple services that utilize volunteers.

--

Program Performance Measures

16. The proposal mentioned utilizing Apricot to manage case notes and track client goals.

Action Required: Is there an opportunity to incorporate data and client goals tracked into more specific performance measures for each service (while maintaining confidentiality)?

--

17. The indicator, "80% of seniors will report reduced feelings of isolation or depression", is listed multiple times throughout the program and will need to be re-written to demonstrate improvement and social connection.

Action Required: Revise the outcome and indicator in the field below. All applicable services with this performance measure will be updated with this revision.

Outcome Revised:	
Indicator Revised:	

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

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

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: Independent Living Center of Mid-Missouri, Inc.				
Program Name: Senior Connect				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Grocery Shopping and Delivery				
Supplemental Food Delivery				
Companionship				
Case Management				
Service Coordination				
Home Repair				
Lawn Care				
Volunteer Coordination				

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Grocery Shopping and Delivery		
Supplemental Food Delivery		
Companionship		
Case Management		
Service Coordination		
Home Repair		
Lawn Care		
Volunteer Coordination		
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

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

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

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

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

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

Organization	Independent Living Center of Mid-Missouri, Inc.
Name of Program	Senior Connect

Organization Profile	
-----------------------------	--

1. It appears that Jeff Johnson's term has expired.

Action Required: Update the Governing Board table and positions as needed.

This has been updated in Apricot as the board voted at the August 2018 board meeting to reappoint Jeff to another 3-year term.

Proposal Cover Sheet	
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2. Attachments A, B, and C from the RFP were not included. The signed addendums were attached under the Collaboration section on the Program Overview form.

Action Required: Provide the signed attachments A, B, and C via email. The attachments are in the RFP.

See attachment to the email.

Program Overview Form	
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3. The Program Overview section refers to a case manager, but this position is not listed in the Program Personnel table.

Action Required: Provide clarification on whether there is an employee position titled Case Manager and if not, identify which personnel is providing case management.

The position doing case management service is the Independent Living Specialist-Senior Services personnel.

4. Funding agreements were provided for the City of Columbia Social Services and Heart of Missouri United Way but did not provide any MOUs.

Action Required: Provide clarification on whether there are MOUs for this program. If so, please send via email.

See attachments from City of Columbia Social Services and Heart of Missouri United Way agreements.

5. The amount requested to the Boone County Community Health Fund is unclear based on the corresponding narrative in the Program Budget. Also, the total requesting amount wasn't listed on the Proposal Cover Sheet.

Action Required: Provide clarification on the total requesting amount. This amount should reflect responses and issues addressed in the Written Clarifications.

The requested amount from Boone County Community Health Fund is \$41,895.36 per funding year.

Program Services Form (1-5)

6. The program consistently uses the rate of \$4.41 or \$7.01, depending on the service.

Action Required: Provide clarification on how the unit rate was developed.

These are historical rates that were established and approved when the program was under Boone County Council on Aging (BCCA). We have kept these rates recognizing there are limited funds available and that by using the published rates for identical services from the Missouri Department of Mental Health (\$100 per hour) and St Louis County Children's Service Fund published rates of \$50.20-\$76.28 per hour, would limit the availability of services to individuals. I included the link to the STL County Children's Service fund published rates in the body of the email.

Program Service 4 – Supplemental Food Delivery

7. The average number of units per individual seems high, which totals to 40 hours per individual. Also, the number of unduplicated individuals seems low.

Action Required: Provide justification on the number of units required to deliver meals for 30 individuals.

We clarified that we are not requesting funding from the Boone County Community Health Fund for this program service. Furthermore, we have revised the overall implementation of this service to 2,880 units per year, which is equal to 24 hours per calendar year per participant.

Program Service 3 – Companionship

8. The service description appears to have exceeded the character limit.

Action Required: Provide any additional information that is pertinent to this service.

Here is the entire text:

SIL's volunteer companionship program is called "Friendly Visiting" and is a component of the Senior Connect program. Friendly Visiting volunteers provide companionship and support by visiting their matched client at least once a week. The goal of the program is to increase independence, safety, quality of life, and to reduce isolation for seniors. Friendly visiting volunteers are encouraged to establish an open and trusting relationship and to provide a listening ear for recollections, interests, joys, and concerns. Seniors and volunteers may also participate in activities together, inside or outside the home. Inside they may watch movies, work puzzles, look at photo albums, cook, or make conversation. Often, volunteers transport clients in their own vehicles to help them get out the home. For example, they may go out to run errands, to the park, to a movie, or to a restaurant.

Since so many Senior Connect consumers are homebound, this program provides social and community interaction for individuals who may struggle with isolation, depression, and loneliness. It can also be an intergenerational experience for students and seniors.

To begin the process of matching a consumer with a volunteer for friendly visiting, the Volunteer Coordinator interviews, orients, and performs background screenings on each interested volunteer. SIL conducts background screenings through the Family Care and Safety Registry for all individual volunteers. Once orientation and the background screen are complete, the Volunteer Coordinator matches consumers and volunteers based on geographic location, schedules, needs, and personalities. The Volunteer Coordinator then introduces the volunteer to the consumer and goes over needs and schedules. At this point the volunteer and consumer exchange contact information and make plans for their first friendly visit. The Volunteer Coordinator monitors each match by communicating with the consumer and volunteer on a regular basis (about once a month).

Additionally, the Volunteer Coordinator talks with the consumer and the volunteer prior to the match to determine preferences. Consumers can choose between a male and a female, and between an older volunteer and someone who is younger, often a college student. Each volunteer can indicate their preferences as well, choosing the gender of their match, whether there are pets in the home, and consumer smoking status. If a volunteer does not elect to use their vehicle to transport the consumer, the Volunteer Coordinator will match them with a consumer who does not wish to go out or who has their own transportation.

In addition to community volunteers, the Volunteer Coordinator gets an influx of volunteers through Mizzou (internships, service learning) each semester. The Volunteer Coordinator matches students with seniors for the semester, and often they continue volunteering.

Program Service 4 – Case Management

9. The total number of units needs to reflect all funding sources. 4,250 units was requested to the County and 2,580 units was requested to the City. However, the total number of units was listed as 4,250.

Action Required: Update the total number of units in the 'Program Outputs and Funding Request Tables' to include all funding sources.

Completed and updated in the Program Outputs and Funding Request Tables

10. The Amount Requested to Boone County does not purchase a whole number of units.

Action Required: Provide a requesting amount that purchases a whole number of units in the attached 'Program Outputs and Funding Request Tables'.

Completed and updated in the Program Outputs and Funding Request Tables

Program Service 5 – Service Coordination

11. The Amount Requested to Boone County does not purchase a whole number of units.

Action Required: Provide a requesting amount that purchases a whole number of units in the attached 'Program Outputs and Funding Request Tables'.

Completed and updated in the Program Outputs and Funding Request Tables

Program Service 6 – Home Repair

12. The total number of units needs to reflect all funding sources. The total number of units listed on the County's proposal is 882 but the City's proposal is 468.

Action Required: Update the total number of units in the 'Program Outputs and Funding Request Tables' to include all funding sources. Provide clarification in the field below.

Completed and updated in the Program Outputs and Funding Request Tables

Program Service 7 – Lawn Care

13. The total number of units needs to reflect all funding sources. The total number of units listed on the County's proposal is 881 but the City's proposal is 1,763.

Action Required: Update the total number of units in the 'Program Outputs and Funding Request Tables' to include all funding sources. Provide clarification in the field below.

Completed and updated in the Program Outputs and Funding Request Tables. Lawn care units across all funding sources is 1,763 units and we are requesting 625 units be funded by the Boone County Community Health Fund.

Program Service 8 – Volunteer Coordination

14. The total number of units needs to reflect all funding sources. The total number of units listed on the County's proposal is 2,000 but the City's proposal is 2,080.

Action Required: Update the total number of units in the 'Program Outputs and Funding Request Tables' to include all funding sources. Provide clarification in the field below.

Completed and updated in the Program Outputs and Funding Request Tables. The request has been revised to reflect a request of 882 units to be funded by Boone County Community Health Fund and 2,080 units to be funded by the City of Columbia.

15. It appears that volunteers provide majority of the listed services. The cost of volunteer coordination should already be included in the other services. This service should be eliminated unless there are additional units that were not accounted for in the other program services.

Action Required: Provide clarification on why Volunteer Coordination is listed as a separate service when there are multiple services that utilize volunteers.

The Volunteer Coordinator is responsible for the recruitment, interviewing, training, matching, oversight of each volunteer's time and projects, as well as meeting with the individual receiving services to determine the scope of their needs.

Program Performance Measures

16. The proposal mentioned utilizing Apricot to manage case notes and track client goals.

Action Required: Is there an opportunity to incorporate data and client goals tracked into more specific performance measures for each service (while maintaining confidentiality)?

We are open to exploring this request if you have specific ideas in mind beyond the current goals that seek to increase seniors' ability to remain safe and independent in their homes, decrease the seniors' social isolation, improve the seniors' quality of life, and improve seniors' food security.

17. The indicator, "80% of seniors will report reduced feelings of isolation or depression", is listed multiple times throughout the program and will need to be re-written to demonstrate improvement and social connection.

Action Required: Revise the outcome and indicator in the field below. All applicable services with this performance measure will be updated with this revision.

Outcome Revised:	Increase seniors social connections.
Indicator Revised:	80% of seniors will report increased social connections.

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

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

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: Independent Living Center of Mid-Missouri, Inc.				
Program Name: Senior Connect				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Grocery Shopping and Delivery	15 minutes	4.41	2880	30
Supplemental Food Delivery	15 minutes	4.41	2880	30
Companionship	15 minutes	4.41	6000	45
Case Management	15 minutes	7.01	5160	50
Service Coordination	15 minutes	7.01	1580	150
Home Repair	15 minutes	4.41	468	15
Lawn Care	15 minutes	4.41	1763	30
Volunteer Coordination	15 minutes	4.41	2962	75

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Grocery Shopping and Delivery	6350.40	1440
Supplemental Food Delivery	0	0
Companionship	0	0
Case Management	18085.80	2580
Service Coordination	6876.81	981
Home Repair	2063.88	468
Lawn Care	2756.25	625
Volunteer Coordination	5762.22	882
Development/Start Up Service Funding	0	
Total Amount Requested to Boone County:	41895.36	

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Tec Chapmar

Printed Name - Agency Executive Director/President/CEO

10/22/18

Date

Tec

Signature - Agency Executive Director/President/CEO

10/22/18

Date

Stephanie Logan

Printed Name - Agency Board Chair

10/22/18

Date

Stephanie Logan

Signature - Agency Board Chair

10/22/18 ✓

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

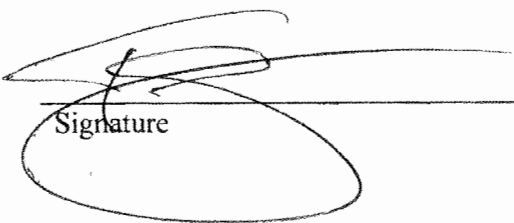
This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Tec Chapman Executive Director

Name and Title of Authorized Representative



Signature

10/29/18

Date

ATTACHMENT C

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

County of Boone)
)ss
State of MO)

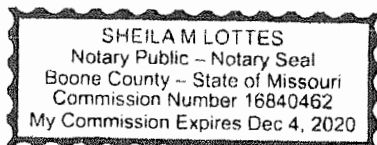
My name is Tec Chapman. I am an authorized agent of Independence Land
of Mid-Missouri, Inc. (Bidder). This business is enrolled and participates in a federal work
authorization program for all employees working in connection with services provided to the
County. This business does not knowingly employ any person that is an unauthorized alien in
connection with the services being provided. Documentation of participation in a federal work
authorization program is attached hereto.

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

[Signature] 10/29/18
Affiant Date

Theodore E Chapman II
Printed Name

Subscribed and sworn to before me this 29 day of Oct, 2018.



[Signature]
Notary Public

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

the Employer must notify DHS and the Employer is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

7. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

8. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

9. The Employer must use E-Verify (through its E-Verify Employer Agent) for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

10. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B below) to contact DHS with information necessary to resolve the challenge.

11. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo

mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

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

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

14. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at E-Verify@dhs.gov. Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

15. The Employer acknowledges that the information it receives through the E-Verify Employer Agent from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

16. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify (whether directly or through their E-Verify Employer Agent), which includes permitting DHS, SSA, their contractors and other agents, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

17. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

18. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

19. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see [M-795 \(Web\)](#)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

20. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

C. RESPONSIBILITIES OF FEDERAL CONTRACTORS

The E-Verify Employer Agent shall ensure that the E-Verify Employer Agent and the Employers represented by the E-Verify Employer Agent carry out the following responsibilities if the Employer is a federal contractor or becomes a Federal contractor. The E-Verify Employer Agent should instruct the client to keep the E-Verify Employer Agent informed about any changes or updates related to federal contracts. It is the E-Verify Employer Agent's responsibility to ensure that its clients are in compliance with all E-Verify policies and procedures.

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of

contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.

e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:

- i. That Form I-9 is complete (including the SSN) and complies with Article II.B.6,
- ii. The employee's work authorization has not expired, and
- iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).

f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:

- i. The Employer cannot determine that Form I-9 complies with Article II.A.6,

- ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
- iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

D. RESPONSIBILITIES OF SSA

1. SSA agrees to allow DHS to compare data provided by the Employer (through the E-Verify Employer Agent) against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.
2. SSA agrees to safeguard the information the Employer provides (through the E-Verify Employer Agent) through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the E-Verify Employer Agent.
4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the E-Verify Employer Agent.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

E. RESPONSIBILITIES OF DHS

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer (through the E-Verify Employer Agent) to conduct, to the extent authorized by this MOU
 - a. Automated verification checks on alien employees by electronic means, and
 - b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the E-Verify Employer Agent with operational problems associated with its participation in E-Verify. DHS agrees to provide the E-Verify Employer Agent names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the E-Verify Employer Agent with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train E-Verify Employer Agents on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require E-Verify Employer Agents to take mandatory refresher tutorials.
5. DHS agrees to provide to the Employer (through the E-Verify Employer Agent) a notice, which indicates the Employer's participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.
6. DHS agrees to issue each of the E-Verify Employer Agent's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides (through the E-Verify Employer Agent), and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

The E-Verify Employer Agent shall ensure that the E-Verify Employer Agent and the Employers represented by the E-Verify Employer Agent carry out the following responsibilities. It is the E-Verify Employer Agent's responsibility to ensure that its clients are in compliance with all E-Verify policies and procedures.

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.
2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.
4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer (through the E-Verify Employer Agent) within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action

against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:

- a. Scanning and uploading the document, or
- b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).

7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.

8. DHS will electronically transmit the result of the referral to the Employer (through the E-Verify Employer Agent) within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

ARTICLE IV SERVICE PROVISIONS

A. NO SERVICE FEES

1. SSA and DHS will not charge the Employer or the E-Verify Employer Agent for verification services performed under this MOU. The E-Verify Employer Agent is responsible for providing equipment needed to make inquiries. To access E-Verify, an E-Verify Employer Agent will need a personal computer with Internet access.

ARTICLE V MODIFICATION AND TERMINATION

A. MODIFICATION

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.
2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.

B. TERMINATION

1. The E-Verify Employer Agent may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties. In addition, any Employer represented by the E-Verify Employer Agent may voluntarily terminate its MOU upon giving DHS 30 days' written notice.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the E-Verify Employer Agent's participation in E-Verify, with or without notice, at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the E-Verify Employer Agent or the Employer, or a failure on the part of either party to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. An E-Verify Employer Agent for an Employer that is a Federal contractor may terminate this MOU for that Employer when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the E-Verify Employer Agent must provide written notice to DHS. If the E-Verify Employer Agent fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
4. The E-Verify Employer Agent agrees that E-Verify is not liable for any losses, financial or otherwise, if the E-Verify Employer Agent or the Employer is terminated from E-Verify.

ARTICLE VI PARTIES

A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the E-Verify Employer Agent, its agents, officers, or employees.

C. The E-Verify Employer Agent may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.

D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

E. The E-Verify Employer Agent understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the E-Verify Employer Agent and DHS respectively. The E-Verify Employer Agent understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer or the E-Verify Employer Agent, as the case may be, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the E-Verify Employer Agent.

If you have any questions, contact E-Verify at 1-888-464-4218.

Company ID Number: 194637

Approved by:

E-Verify Employer Agent Employer Independent Living Center of Mid-Mo, Inc d/b/a Services for Independent Living	
Name (Please Type or Print) James L Crane	Title
Signature Electronically Signed	Date 03/03/2009
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 03/03/2009

Company ID Number: 194637

Information Required for the E-Verify Program

Information relating to your Company:

Company Name	Independent Living Center of Mid-Mo, Inc d/b/a Services for Independent Living
Company Facility Address	1401 Hathman Place Columbia, MO 65201
Company Alternate Address	
County or Parish	BOONE
Employer Identification Number	431238407
North American Industry Classification Systems Code	624
Parent Company	
Number of Employees	100 to 499
Number of Sites Verified for	1

Company ID Number: 194637

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MISSOURI

1 site(s)

Company ID Number: 194637

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name Leslie A Anderson
Phone Number (573) 874 - 1646 ext. 215
Fax Number (573) 874 - 3564
Email Address landerson@silcolumbia.org

Company ID Number: 194637

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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #1 - Issued August 13, 2018

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

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheets from the pre-proposal conference held on August 9 are attached for informational purpose.
- III. The County received the following questions and is providing a response:

- a. Audit: We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year. Is this acceptable, or do you require a full audit to have been completed before the proposal is submitted?

Response: If the organization is not required to complete a full audit, an independent financial review will be acceptable.

- b. Background Checks: We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- c. Can we apply for capital funding?

Response: No, the RFP is to purchase health services. However, organizations can submit a request for development or start-up funds within the application but there are no guarantees the request will be awarded by the Community Health Advisory Board.

- d. What should we do when our service does not quite fit into the list of Boone County Impact Group Taxonomy of Services?

Response: We request that you review the Taxonomy of Services and select the service that best fits your proposed service. Be sure to thoroughly describe how the service will be delivered in the Service Description narrative.

- e. Can we still apply for funds if our organization has not received its non-profit status yet?

Response: Yes, you can still apply, however, the organization must have its non-profit status before entering into a contract.

By:

Melinda B. Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name:

Independent Living Center of Mid-Missouri

Address:

1401 Hathman Place Columbia Mo

Phone Number: 573-874-1646

Fax Number: 573-874-3564

E-mail: Tchapman@silcolumbia.org

Authorized Representative Signature:

Tec Chapman

Date:

9/2/18

Authorized Representative Printed Name:

Tec Chapman

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 -- Purchase of Service Contracts -- Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kristin Cummins	Community Health	886-7274	
3.	Kelly Wallis	Community Health	886-7218	
4.	Kristin Amber for Gary Littleham	Mary Lee Johnston Community Learning Center	573-449-8400	573-875-1585
5.	Annette Triplett	PedNet Coalition	999-9894	
6.	Kasey Schumacher	First Chance for Children	777 1815	777 1816
7.	Michael Brown	All Adult Day Connection	882-7078	
8.	Kip Bane	Southern Boone YMCA	573-657-9600	
9.	Lonna Trammell	Southern Boone YMCA	573-690-5397	
10.	Madison Anderson	Services for Independent Living	573 871 1616	
11.	Billy Polanski	C.C.O.A	514 4174	
12.	PHIL ASHLEY	Family Health Center	573-886-6761	
13.	Catherine Miller	BOCC	513-884-3760	
14.	Michelle Smith	Boone County Purchasing & Human Resources	375-6331	
15.				
16.				
17.				
18.				
19.				
20.				
21.				

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 – Purchase of Service Contracts – Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

22.	Nick Foster	VAC	874-2273	
23.	Gary Schmidt	Compass Health	573-209-1531	
24.	Tim Dick	Welcome Home	573-493-8001	
25.	Nicole Dean	Great Circle	442-8331	
26.	Emmie Harcourt	The Four Bank	573-338-4080	
27.	Christine Sano	St. Raymond Society	(717) 671-5215	
28.	Richard Knight	St. Raymond Society	573-353-0959	
29.	Melissa Schmitt	BCEC	573-356-1007	
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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

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

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

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

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety registry for staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP, described in Section 3.4, are eligible for funding. No services have been excluded from eligibility for funding.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Independent Living Center of Mid-Missouri

Address:

401 Hannan Pl Columbia MO 65201

Phone Number:

573-874-1666

Fax Number:

573-874-3564

E-mail:

Tchapman@silcolumbia.org

Authorized Representative Signature:

Tee Chapman

Date:

9/12/18

Authorized Representative Printed Name:

Tee Chapman



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #3 - Issued September 6, 2018

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

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

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

- a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

- b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

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

- c. Is an electronic signature acceptable?

Response: No

- d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval.

- e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Independent Living Center of Mid-Missouri

Address:

1401 Hathman Place Columbia Mo

Phone Number: 573-874-1646

Fax Number: 573-874-3504

E-mail: TChapman@silcolumbia.org

Authorized Representative Signature:

Tec

Date:

7/2/18

Authorized Representative Printed Name:

Tec Chapman



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

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

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

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

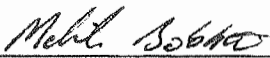
- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

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

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #4** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:


Independent Living Center of Mid-Missouri

Address:

1401 Hathman Place Columbia MO

Phone Number: 573-874-1646 Fax Number: 573-874-3561

E-mail: TChapman@SILcolumbia.org

Authorized Representative Signature:  Date: 9/12/18

Authorized Representative Printed Name: Tec Chapman



2017-2018 STRATEGIC INVESTMENT AGREEMENT

The Heart of Missouri United Way (HMUW) Board of Directors is pleased to announce the Strategic Investment Funding for your agency in our 2017-2018 Funding Cycle (July 1, 2017-June 30, 2018) for the program(s)/strategy(ies) listed below. This funding is contingent upon the requirements, statements, and agreements listed below. This agreement must be signed by the Agency Executive Director/CEO and Agency Board of Directors President/Chair. HMUW requires that this agreement be shared with the Agency Board of Directors and that its sharing be recorded in the official minutes of a regularly held Agency Board of Directors meeting.

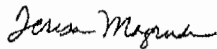
AGENCY NAME:	Services for Independent Living
IMPACT AREA:	Financial Stability (Income) Basic Needs (Safety Net)
FUNDED STRATEGY(IES):	Work Readiness Program Safe at Home
2017-2018 FUNDING AMOUNT:	\$44,148.00 Financial Stability (Income) \$26,996.00 Basic Needs (SN)

STRATEGIC INVESTMENT AGREEMENT:

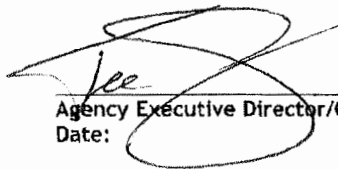
1. HMUW agrees to provide the above stated strategic investment funding contingent upon HMUW meeting its annual campaign fundraising goals. In the event annual campaign fundraising goals are not met, strategic funding amounts may be altered at the discretion of the HMUW Board of Directors.
2. HMUW agrees to allocate and transfer funds electronically in monthly disbursements beginning on or about July 1, 2017 and ending June 30, 2018 for strategies/programs implemented year-round.
Note: All payments during this funding cycle will be deposited on or about the 15th of each month. Summer and short-term strategy/program allocations will be individually negotiated.
3. Agency agrees to annually applying for, meet all criteria for, and remain in good standing as a HMUW Certified Partner Agency. Annual certification requires the agency to submit an acceptable audit with management letter if applicable, IRS990 return, current board member list, and proof of liability insurance. Agency also agrees to keep its United Way 2-1-1 and Apricot Organizational Profile listing up to date.
4. Agency agrees to participate in HMUW annual campaign activities and to conduct an internal employee campaign. HMUW funded agencies are prohibited from participating in any other "Federated Campaign" as part of another federation in any charitable campaign in Boone, Cooper, or Howard counties.
5. Agency agrees to authorize HMUW to serve as the collection and distribution fiscal agent for all HMUW sponsored workplace campaigns and the University of Missouri Combined Charitable Campaign.
6. HMUW agrees to notify Agency on an annual basis of HMUW's participation in the Combined Federal Campaign (CFC) and the Missouri State Employees Charitable Campaign (MSECC). Agency may participate but only in partnership with HMUW as the collection and distribution fiscal agent and will provide documentation required by the Combined Federal Campaign (CFC) and the Missouri State Employees Charitable Campaign (MSECC) to HMUW.
7. Agency agrees to utilize HMUW approved data collection systems or processes for the funded strategies. Agency agrees to report and share data collected at the interim point and on an annual basis. Report should include a copy of any and all proposed measurement/assessment tools utilized during the relevant period.
8. Agency agrees to notify HMUW in writing of any programmatic or other changes affecting funded strategies, anticipated outcomes, and or deliverables. Changes which materially affect the strategy/program as originally funded by HMUW may require approval by the HMUW Board of Directors for continued funding.
9. Agency agrees to attend the 2017-2018 Strategic Partnership Agreement and Interim Check-In Meetings with HMUW Community Impact Staff.
10. Agency agrees to notify HMUW immediately should a funded strategy/program be terminated and understands that HMUW funding may cease upon the same date that a funded strategy/program is terminated.
11. The HMUW Board of Directors retain the right to change funding based on factors related to finance and governance; inability to meet the strategic investment requirements and/or at their discretion.
12. Failure to meet any of the above stated provisions may result in immediate suspension of HMUW funding.

Reporting and other important deadlines:

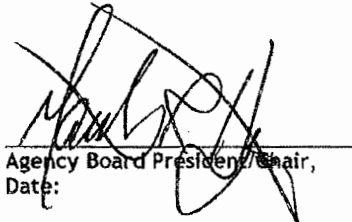
- August 21st: Signed copy of Strategic Investment Agreement returned to HMUW
- Strategic Partnership Meetings:
 - August 2017: Education
 - September 2017: Basic Needs (Safety Net)
 - October 2017: Financial Stability (Income)
 - November 2017: Health
- September 29th: Certification renewal documents submission deadline
 - Audit with Management Letter or Reviewed Financials (as needed according to HMUW requirements)
 - IRS 990
 - Certificate of Liability
 - Board of Directors current roster
- October - November 2017: Finance and Governance Review (performed by HMUW Review Team)
- January 12, 2018: Mid-Year Report Due
- May 31, 2018: Year-End Report Due
- June 1, 2018 - June 29, 2018: Funding renewal review to be performed (by HMUW CIC committee)
- July 2018: Funding renewals announced



HMUW Board President,
Date: 7/1/17



Agency Executive Director/CEO,
Date:



Agency Board President/Chair,
Date:



AGREEMENT

THIS AGREEMENT entered into this 23rd day of December, 2015, by and between the City of Columbia, Missouri, a municipal corporation, hereinafter called "City", and Independent Living Center of Mid-Missouri, Inc. dba Services for Independent Living, hereinafter called "Provider";

WITNESSETH:

WHEREAS, the City desires to purchase the social services, in whole or in part, as set forth in the proposal, including any revisions, received by and on file with the City, which is hereby incorporated by reference as fully as if herein set forth;

NOW, THEREFORE, it is hereby agreed by and between the City and Provider as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY PROVIDER

1. **PURCHASE:** Provider agrees to furnish and City agrees to purchase the proposed program service(s), for low-income residents of the City of Columbia, as follows:

Program Name Senior Connect					
Service	Unit of Service Measure	Service Recipient	Unit of Service Rate	Number of Units of Service	Amount not to Exceed
case management	15 minutes	one resident of Columbia age 56 and over	\$7.01	4,250	\$29,794
food acquisition/delivery	15 minutes	one resident of Columbia age 56 and over	\$4.41	1,240	\$5,469
home visitation	15 minutes	one resident of Columbia age 56 and over	\$4.41	1,243	\$5,482

The total allowable compensation under this agreement shall not exceed \$40,745.00.

2. **CONTRACT DURATION:** This Agreement shall be for a term of one year commencing on January 1, 2016 and ending on December 31, 2016; provided, however, that either party may terminate this agreement upon thirty (30) days written notice, in which event all reports required by the Agreement shall be submitted within thirty (30) days following the effective date of said termination.

Provider agrees that the City may at its sole option and with agreement of the Provider renew this Agreement for two (2) consecutive one-year terms. Additionally, Provider agrees and understands that the City may require supplemental information to be submitted by Provider prior to any renewal of this Agreement.

3. **REPORTING:** In the manner, format, and timeframe required by the City, Provider agrees to submit to the City an interim report and a final report.

4. **PAYMENTS:** Payments under this agreement will be made as follows:
 - a. The City will pay 34% of the contracted sum at the time of the signing of this Agreement, or on the first business day in May for summer programming.
 - b. Upon receipt and approval of the interim report, the City will pay 33% of the contracted sum.
 - c. The City will pay the contracted balance of 33% upon receipt and approval of the final report.
5. Provider certifies that the expenditure of City funds is essential to the provision of the services covered by this Agreement. Provider is expected, to the greatest extent possible, to maximize funding from all other sources for the program and services covered under this agreement. Provider shall, upon request, furnish to the City information about other sources of funding, including, but not limited to purchase of service agreements, for the program and services covered under this Agreement. Provider certifies that funds provided by the City under this Agreement shall not be a duplication of reimbursement from any other source of funding for the services covered by this Agreement.
6. Provider agrees that it is responsible for all funds made available to Provider by this agreement and further agrees that it will reimburse to the City any funds expended in violation of City, State or Federal law or in violation of this Agreement.
7. **AVAILABILITY OF FUNDS:** Payments under this Agreement are dependent upon the availability of funds, as determined by the City. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the City shall have no obligation to continue payment.

MONITORING AND MODIFICATION

8. **MODIFICATION OR AMENDMENT:** Requests to make any substantive change, modification, or an amendment to the program and services covered by this Agreement must be submitted in writing to the City for approval.
9. **REQUIRED INFORMATION:** Provider agrees to regularly submit to the City current information and documents: articles of incorporation; organizational chart; governing board roster; advisory board roster, if applicable; IRS Tax Exempt Status Determination letter; financial statement and accompanying assurance completed within six months of the end of the entity's most recent fiscal year; most recently completed IRS 990 or 990 EZ; if applicable, an ADA plan of accommodation and a transition plan.
10. **MONITORING:** Provider agrees to permit the City or its designee(s) to monitor, survey and inspect Provider's services, facilities, and client records, to determine compliance and performance with this Agreement, except as prohibited by laws protecting client confidentiality. In addition, Provider hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the City or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of contracted services, activities and programs, expenditure of City funds, and all other matters set forth in this Agreement.

OTHER TERMS OF THIS CONTRACT

11. **CERTIFICATION/LICENSESING:** Provider agrees to comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and to remain in "good standing" with all applicable oversight entities.
12. **PUBLICITY:** Provider agrees that the City shall be recognized as a financial supporter in all its

promotional materials and advertising. A copy of the City logo will be used whenever possible.

13. INDEMNIFICATION: Provider shall be liable, and agrees to be liable for, and shall indemnify, defend and hold the City of Columbia harmless from all claims, suits, judgments or damages, including court costs and attorney's fees, arising out of or in the course of the operation of this Agreement. It is the responsibility of the Provider to identify and maintain insurance coverage which shall meet the Provider's obligation to indemnify the City as set out above.
14. DISCRIMINATION: Provider agrees to comply with all applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; the Omnibus Reconciliation Act of 1981, as amended; the Americans with Disabilities Act of 1990, as amended; Chapter 12 of the City of Columbia Code of Ordinances, and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, marital status, sexual orientation, gender identity, age (employment), and familial status (housing).

In addition to, and not in substitution for, other provisions of this Agreement regarding the provision of services and employment practices, if the Provider represents that it is, or may be deemed to be, a religious or denominational institution or organization or an organization operated for religious purposes which is supervised or controlled by or in connection with a religious or denominational institution or organization, the Provider agrees that, in connection with the provision of services and employment practices, it will not:

- a. discriminate against any employee or applicant for employment on the basis of religion or employ or give preference in employment to persons on the basis of religion;
 - b. discriminate against any persons seeking services on the basis of religion or limit such services or give preference to persons on the basis of religion; and
 - c. provide religious instruction or counseling, conduct religious worship or services, engage in religious proselytizing, or exert other religious influence in the provision of services under this agreement.
15. EMPLOYMENT OF UNAUTHORIZED ALIENS PROHIBITED: Provider agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri.

For agreements in excess of five thousand dollars (\$5,000):

- a. As a condition for the award of this Agreement the Provider shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. The Provider shall also sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.
 - b. Provider shall require each sub-contractor to affirmatively state in its Agreement with Provider that the sub-contractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each sub-contractor to provide Provider with a sworn affidavit under the penalty of perjury attesting to the fact that the sub-contractor's employees are lawfully present in the United States.
16. FAILURE TO PERFORM/DEFAULT: Provider agrees that if it fails or refuses to perform according to the terms of this Agreement, as determined by the City, such failure or refusal shall constitute a default hereunder, and the City will be relieved of any further obligation to make payments to the

Provider as set out herein. This Agreement will be terminated at the option of the City.

17. **RECORD RETENTION CLAUSE:** Provider shall keep and maintain records relating to this Agreement sufficient to verify the delivery of services in accordance with the terms of this Agreement for a period of three (3) years following expiration of this Agreement and any applicable renewal.
18. **CONFLICT OF INTEREST:** Provider agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and the Provider, and this shall include any transaction in which the Provider is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".
19. **LITIGATION:** There is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against Provider or any individual acting on Provider's behalf, including sub-contractors, which seek to enjoin or prohibit Provider from entering into this Agreement of performing its obligations under this Agreement.
20. **SUBCONTRACTS:** This Agreement shall not be assigned, and no services contained herein shall be subcontracted, by the Provider to any persons or entities without the prior written approval of the City. Any sub-contractor or assignee shall be subject to all conditions and requirements of this Agreement.
21. **AUTHORIZED REPRESENTATIVES:** The signatories to this Agreement, by signing this Agreement, represent that they have obtained authority to enter into this Agreement on behalf of the respective parties to this Agreement and bind such parties to all terms and conditions contained in this Agreement.

IN WITNESS THEREOF, the parties hereto have caused this instrument to be executed by their duly authorized officers the day and year first above written.

CITY OF COLUMBIA, MISSOURI

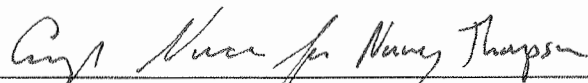
By: 

Mike Matthes, City Manager


ATTEST:


Sheela Amin, City Clerk

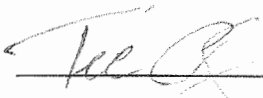
APPROVED AS TO FORM:



Nancy Thompson, City Counselor

CERTIFICATION: I certify that this contract is within the purpose of the appropriation to which it is to be charged and there is an unencumbered balance to the credit of such appropriation sufficient to pay therefor.


John Blatt, Director of Finance

PROVIDER:

By:  11/23/15
Date

ATTEST:  11/23/15
Date

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 26, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

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

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

Company Name: Services for Independent Living

Address: 1401 Hathman Pl
Columbia, MO 65201

Telephone: 573-874-1646 Fax: 573-874-3524

Federal Tax ID (or Social Security #): _____

Print Name: Tec Chapman Title: Executive Director

Signature: Tec Date: 10/26/2018

E-mail: tchapman@silcolumbia.org

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

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

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

Organization	Independent Living Center of Mid-Missouri, Inc.
Name of Program	Senior Connect

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--	---------------------------

1. After further review of program services and the response provided in Written Clarification #1, the City and County is requesting that expenses listed under Volunteer Coordination be incorporated into the unit rates of the remaining program services.
Action Required: An attachment is provided to submit your best and final offer for program outputs and funding request amounts. Please incorporate the cost of activities described in Volunteer Coordination into an increased unit rate for the other services. The number of units for each service should remain the same since the activities described are not considered a service. Make sure the funding request amount to the County is purchasing a whole number of units. Complete the 'Program Outputs and Funding Request Tables'.

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: Independent Living Center of Mid-Missouri, Inc.				
Program Name: Senior Connect				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Grocery Shopping and Delivery	15 minutes		2880	30
Supplemental Food Delivery	15 minutes		2880	30
Companionship	15 minutes		6000	45
Case Management	15 minutes		5160	50
Service Coordination	15 minutes		1580	150
Home Repair	15 minutes		1763	30
Lawn Care	15 minutes		1763	30
Funding Request to Community Health Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Grocery Shopping and Delivery				
Supplemental Food Delivery				
Companionship				
Case Management				
Service Coordination				
Home Repair				
Lawn Care				
Development/Start Up Service Funding				
Total Amount Requested to Boone County:				

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 20, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #2

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

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

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #2**

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

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

Organization	Independent Living Center of Mid-Missouri, Inc.
Name of Program	Senior Connect

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--	---------------------------

1. After further review of program services and the response provided in Written Clarification #1, the City and County is requesting that expenses listed under Volunteer Coordination be incorporated into the unit rates of the remaining program services.
Action Required: An attachment is provided to submit your best and final offer for program outputs and funding request amounts. Please incorporate the cost of activities described in Volunteer Coordination into an increased unit rate for the other services. The number of units for each service should remain the same since the activities described are not considered a service. Make sure the funding request amount to the County is purchasing a whole number of units. Complete the 'Program Outputs and Funding Request Tables'.

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: Independent Living Center of Mid-Missouri, Inc.				
Program Name: Senior Connect				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Grocery Shopping and Delivery	15 minutes	6.68	2880	30
Supplemental Food Delivery	15 minutes	6.68	2880	30
Companionship	15 minutes	6.68	6000	45
Case Management	15 minutes	7.01	5160	50
Service Coordination	15 minutes	7.01	1580	150
Home Repair	15 minutes	6.68	1763	30
Lawn Care	15 minutes	6.68	1763	30
Funding Request to Community Health Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Grocery Shopping and Delivery	9619.20		1440	
Supplemental Food Delivery	0		0	
Companionship	0		0	
Case Management	18085.80		2580	
Service Coordination	6876.81		981	
Home Repair	3126.24		468	
Lawn Care	4175.00		625	
Development/Start Up Service Funding	0			
Total Amount Requested to Boone County:	41883.05			

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 9, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #2

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

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

Company Name: Independent Living Center of Mid-Missouri, Inc.

Address: 1401 Hathman Place
Columbia, MO 65201

Telephone: 573-874-1646 ext 227 Fax: 573-874-3564

Federal Tax ID (or Social Security #): _____

Print Name: Tec Chapman Title: Executive Director

Signature:  Date: 11/9/2018

E-mail: tchapman@silcolumbia.org

Independent Living Center of Mid-Missouri, Inc.

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program's proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click "Submit Agreement" once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.

my apricot help center

Independent Living Center of Mid-Missouri, Inc. ORG
Organizations

Collapse All

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18...
Quick View Information >

Additional Documents

Program Overview (V3) (1 records) ▾

Boone County (includes City of Columbia residents) %	TOTAL REVENUE %	2. %	Complete
100	12,772,806	\$17,693.00	

Page 1 of 1 | 20 records per page

Program Services 1-5 (V3) (1 records) ▾

a. Service #1 - Taxonomy of Service Name (300 character limit) %	Record ID %	Complete
1.4 Grocery Shopping and Delivery	22143	

Page 1 of 1 | 20 records per page

Program Services 6-10 (V3) (1 records) ▾

a. Service #6 - Taxonomy of Service Name (300 character limit) %	Record ID %	Complete
6.4 Home Repair	22144	

Page 1 of 1 | 20 records per page

Program Services 11-15 (V3)

Program Services 16-20 (V3)

Agreement Form - V3.1 (1 records) ▾

Organization Name %	Program Name %	Date Completed %	Complete
Independent Living Center of Mid-Missouri, Inc.	Senior United		

Submit Agreement

Follow-up is needed for the Agreement Form:

ALL UNIT RATES HAVE BEEN UPDATED ACCORDING TO WRITTEN CLARIFICATIONS #2. PLESAE REVIEW.

Agreement Form Section	Items Updated	Action Required:
Program Budget	1. The Program Budget has been updated according to responses provided in the Written Clarification #2.	1. Please review the budget and make updates as needed.
Service 1 – Grocery Shopping and Delivery	1. Updated the wording in the performance measures.	1. Please review.
Service 2 – Supplemental Food Delivery	1. The number of units has been updated. 2. Updated the wording in the performance measures.	1. Please review. 2. Please review.
Service 3 – Companionship	1. Outcome/Indicator 3-2 has been updated. 2. Updated the wording in the performance measures.	1. Please review. 2. Please review.
Service 4 – Case Management	1. The total number of units has been updated. 2. Updated the wording in the performance measures. 3. An additional performance measure was added to reflect clients meeting their self-selected goals.	1. Please review. 2. Please review. 3. Provide a percentage in Indicator 4-4 and check the method of measurement.
Service 5 – Service Coordination	1. The total number of units has been updated. 2. Updated the wording in the performance measures. 3. An additional performance measure was added to reflect clients accessing community resources through Service Coordination.	1. Please review. 2. Please review. 3. Finish the indicators in 5-4 that relate to the specific service that was coordinated for clients.
Service 6 – Home Repair	1. The total number of units has been updated. 2. Updated the wording in the performance measures.	1. Please review. 2. Please review.
Service 7 – Lawn Care	1. The total number of units has been updated. 2. Updated the wording in the performance measures.	1. Please review. 2. Please review.
Service 8 – Volunteer Coordination	1. This service has been removed.	

From: [Melinda Bobbitt](#)
To: [Kristin Cummins](#); [Kelly Wallis](#); [Joanne Nelson](#)
Subject: FW: Agreement Form Instructions
Date: Tuesday, November 13, 2018 3:11:44 PM

From: Tec Chapman <TChapman@silcolumbia.org>
Sent: Tuesday, November 13, 2018 3:09 PM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>
Subject: RE: Agreement Form Instructions

Thank you. I have reviewed and updated where requested/needed and have "clicked" the submit agreement button.

Thank you for your time and assistance.

Have a wonderful afternoon.

Tec

Tec Chapman | Executive Director
1401 Hathman Place | Columbia, MO 65201
Phone: 573.874.1646 ext 227
Cell: 573-239-8136
Fax: 573.874.3564
tchapman@silcolumbia.org
www.silcolumbia.org

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From: Melinda Bobbitt <MBobbitt@boonecountymo.org>
Sent: Tuesday, November 13, 2018 1:59 PM
To: Tec Chapman <TChapman@silcolumbia.org>
Subject: Agreement Form Instructions

Tec,

The Agreement Form has been updated according to the Written Clarification responses. The instructions provide information on what was changed and requests that items to be reviewed to ensure it matches the organization's responses and program concept. There may be areas that need additional follow-up from the organization. These items are requested in the "Action Required" column.

At this point, the Community Health Advisory Council wishes to purchase the proposed services, however, the process is still continuing. Any information in this RFP is to remain confidential until the contract is approved by Commission. The following timeline describes next steps:

- Agreement Forms are to be finalized by November 19 and will be included in the contract
- Contracts will be sent to organizations by late November for signatures. These will be due back to Purchasing by December 11.
- Contracts will be sent through the County process for signatures and be approved by Commission by late December.
- Contract will begin January 1, 2019.

Please return by **Monday, November 19th, 5:00pm.**

Thanks,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



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Kristin Cummins

From: Melinda Bobbitt
Sent: Monday, November 19, 2018 2:38 PM
To: tchapman@silcolumbia.org
Subject: Update Table for Boone County

Dear Mr. Chapman:

After further review, the unit rates and amount requested to the County will need to be updated to align with other funders. The unit rate for Case Management has been updated to reflect standard service rates. Please complete the following table and keep in mind the total requesting amount should total \$41,895.00 or less:

Service Name	Unit Rate	Amount Requested to Boone County	Proposed # of Units
Grocery Shopping and Deliver	\$4.41		
Supplemental Food Delivery	\$4.41		
Companionship	\$4.41		
Case Management	\$12.55		
Service Coordination	\$7.01		
Home Repair	\$6.68		
Lawn Care	\$6.68		
Total Amount Requested to Boone County:			

Please complete this table ASAP. The information provided will be updated into the Agreement Form on Apricot.

Thanks,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



From: [Melinda Bobbitt](#)
To: [Kristin Cummins](#); [Kelly Wallis](#); [Joanne Nelson](#)
Subject: FW: Update Table for Boone County
Date: Tuesday, November 20, 2018 7:45:46 AM

From: Tec Chapman <TChapman@silcolumbia.org>
Sent: Tuesday, November 20, 2018 7:10 AM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>
Subject: RE: Update Table for Boone County

Thank you, Melinda. Please let me know if you have any questions.

Thanks,
Tec

Tec Chapman | Executive Director
1401 Hathman Place | Columbia, MO 65201
Phone: 573.874.1646 ext 227
Cell: 573-239-8136
Fax: 573.874.3564
tchapman@silcolumbia.org
www.silcolumbia.org

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From: Melinda Bobbitt <MBobbitt@boonecountymo.org>
Sent: Monday, November 19, 2018 2:38 PM
To: Tec Chapman <TChapman@silcolumbia.org>
Subject: Update Table for Boone County

Dear Mr. Chapman:

After further review, the unit rates and amount requested to the County will need to be updated to align with other funders. The unit rate for Case Management has been updated to reflect standard service rates. Please complete the following table and keep in mind the total requesting amount should total \$41,895.00 or less:

Service Name	Unit Rate	Amount Requested to Boone County	Proposed # of Units
Grocery Shopping and Deliver	\$6.68	9619.20	1440

Supplemental Food Delivery	\$6.68	0	0
Companionship	\$6.68	0	0
Case Management	\$12.55	18097.10	1442
Service Coordination	\$7.01	6876.81	980
Home Repair	\$6.68	3126.24	468
Lawn Care	\$6.68	4175.00	625
Total Amount Requested to Boone County:		41894.35	

Please complete this table ASAP. The information provided will be updated into the Agreement Form on Apricot.

Thanks,

Melinda Bobbitt, CPPO, CPPB
 Director of Purchasing
 613 E. Ash Street, Room 110
 Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



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From: [Melinda Bobbitt](#)
To: [Kristin Cummins](#); [Kelly Wallis](#); [Joanne Nelson](#)
Subject: FW: Update Table for Boone County (updated)
Date: Tuesday, November 20, 2018 8:45:59 AM

From: Tec Chapman <TChapman@silcolumbia.org>
Sent: Tuesday, November 20, 2018 8:04 AM
To: Melinda Bobbitt <MBobbitt@boonecountymmo.org>
Subject: RE: Update Table for Boone County (updated)

Melinda,

I received my contract from Steve Hollis and rates were different and it is my understanding they all need to align, so I made the changes in the table below.

Let me know if you have any questions.

Tec

Tec Chapman | Executive Director
1401 Hathman Place | Columbia, MO 65201
Phone: 573.874.1646 ext 227
Cell: 573-239-8136
Fax: 573.874.3564
tchapman@silcolumbia.org
www.silcolumbia.org

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From: Melinda Bobbitt <MBobbitt@boonecountymmo.org>
Sent: Monday, November 19, 2018 2:38 PM
To: Tec Chapman <TChapman@silcolumbia.org>
Subject: Update Table for Boone County

Dear Mr. Chapman:

After further review, the unit rates and amount requested to the County will need to be updated to align with other funders. The unit rate for Case Management has been updated to reflect standard service rates. Please complete the following table and keep in mind the total requesting amount should total \$41,895.00 or less:

--	--	--	--

Service Name	Unit Rate	Amount Requested to Boone County	Proposed # of Units
Grocery Shopping and Deliver	\$4.41	9618.21	2181
Supplemental Food Delivery	\$4.41	0	0
Companionship	\$4.41	0	0
Case Management	\$12.55	18097.10	1442
Service Coordination	\$7.01	6876.81	980
Home Repair	\$6.68	3126.24	468
Lawn Care	\$6.68	4175.00	625
Total Amount Requested to Boone County:		41893.36	

Please complete this table ASAP. The information provided will be updated into the Agreement Form on Apricot.

Thanks,

Melinda Bobbitt, CPPO, CPPB
 Director of Purchasing
 613 E. Ash Street, Room 110
 Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



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From: [Melinda Bobbitt](#)
To: TChapman@silcolumbia.org
Subject: table
Date: Tuesday, November 20, 2018 9:12:52 AM

Tec,

Thank you for resending the table. There was a mathematical error in the table for Service Coordination. The proposed # of units should be 981. The information provided in the table (with the corrected number of Service Coordination units) will be updated in Apricot. Let us know if you have any questions.

Thanks,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org
Phone: (573) 886-4391
Fax: (573) 886-4390



Agreement Form - V3.1

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Independent Living Center of Mid-Missouri, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Senior Connect
Amount of Request	\$0.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Independent Living Center of Mid-Missouri, Inc.

Program Name

Senior Connect

Date Completed

11/20/2018

Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way	(A) 1A. \$26,996.00
B. Other United Ways	(A) 1B. \$0.00
C. Capital Campaigns	(A) 1C. \$0.00
D. Grants (non-governmental)	(A) 1D. \$0.00
E. Fund Raising & Other Direct Support	(A) 1E. \$13,057.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding	(A) 2A. \$0.00
B. Boone County - Community Health Funding	(A) 2B. \$41,893.36
C. Boone County - Other Funding	(A) 2C. \$0.00
D. Funding from Other Counties	(A) 2D. \$0.00
E. City of Columbia - Social Service Funding	(A) 2E. \$45,780.60
F. City of Columbia - CDGB/Home Funding	(A) 2F. \$0.00
G. City of Columbia - CHDO Funding	(A) 2G. \$0.00
H. City of Columbia - Other Funding	(A) 2H. \$0.00
I. Funding from Other Cities	(A) 2I. \$0.00
J. Federal (Medicaid, Title III, etc.)	(A) 2J. \$0.00
K. State (Purchase of Services, Grants, etc.)	(A) 2K. \$0.00
L. Other (Schools, Courts, etc.)	(A) 2L. \$0.00
3. Program Service Fees	(A) 3. \$0.00
4. Investment Income (realized & unrealized)	(A) 4. \$0.00

5. Other Revenue Items**(A) 5.**

\$0.00

TOTAL PROGRAM REVENUE

(A) Total Revenue

127726.96

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$110,035.60

2. Non-Personnel**(A) 2.**

\$17,693.00

TOTAL PROGRAM EXPENSES

(A) Total Expenses

127728.6

Residence**RESIDENCE****AGREEMENT RESIDENCE (A)**

City of Columbia

(A) City of Columbia

268

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

300

Cooper County

(A) Cooper County

0

Howard County

(A) Howard County

0

Other Counties

(A) Other Counties

0

RESIDENCE TOTAL

(A) Residence Total:

300

Race**RACE****AGREEMENT RACE (A)**

White (alone)

(A) White (alone)

196

Black or African American (alone)

(A) Black or African American (alone)

92

Multiple Races

(A) Multiple Races

2

Asian (alone)

(A) Asian (alone)

3

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

2

Native Hawaiian or other Pacific Islander (alone)

(A) Native Hawaiian or other Pacific Islander (alone)

1

Some Other Race

(A) Some Other Race

4

RACE TOTAL**(A) Race Total**

300

Ethnicity**ETHNICITY****AGREEMENT ETHNICITY (A)**

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

3

Not Hispanic or Latino

(A) Not Hispanic or Latino

297

ETHNICITY TOTAL**(A) Ethnicity Total**

300

Gender**GENDER****AGREEMENT GENDER (A)**

Female

(A) Female

195

Male

(A) Male

105

Other Gender

(A) Other Gender

0

GENDER TOTAL**(A) Gender Total**

300

Income**INCOME****AGREEMENT INCOME (A)**

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL

300

Over 200% of FPL

(A) Over 200% of FPL

0

INCOME TOTAL**(A) Income Total**

300

Age (City-Social Services/County-Health/HMUW)

AGE

AGREEMENT AGE (A):

Under 5 years

(A) Under 5 years

0

5-19 years

(A) 5-19 years

0

20-59 years

(A) 20-59 years

72

60 years and over

(A) 60 years and over

228

AGE TOTAL

(A) Age Total

300

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.

Individuals Trained

AGREEMENT (A)

Individuals to be Trained

(A) Individuals to be Trained

0

Program Service and Performance

Instructions: **Update the Agreement(A) Column with updated figures finalized through the approved contract.**

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested**(A) Amount Requested**

\$0.00

Description of Funds**(A) Description of Funds**

Program Service #1 - Outputs

Program Service #1 - Outputs:

#1 Agreement (A)

Service #1 Name

(A) Service #1

Grocery Shopping and Delivery

Total # of Units Provided #1

(A) Units #1

2880

Unit Measure #1

(A) Unit Measure #1

15 minutes

Unit Rate #1

(A) Unit Rate #1

\$4.41

Total # of Unduplicated Individuals Served #1

(A) Unduplicated Individuals #1

30

Program Service #1 - Funding

Funding Amount #1

(A) Agreement Amount #1

\$9,618.21

Units #1

(A) Agreement Units #1

2181

Program Service #1 - Performance Measures (Agreement)

(A) Program Service 1 Outcomes:

(A) Program Service 1 Indicators:

(A) Program Service 1 Method of Measurements:

(A) Outcome 1-1

Seniors will remain safe and independent in their homes

(A) Indicator 1-1

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

(A) Method of Measurement 1-1

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services

B. *Annual Client Survey (*mailed annually to learn perceived impact of services)

C. Length of time for seniors living independently in their homes

(A) Additional Outcome 1-2

Seniors will report food security

(A) Additional Indicator 1-2

85% of seniors will report having food security

(A) Additional Method 1-2

*Annual client survey and case notes

(A) Additional Outcome 1-3**(A) Additional Indicator 1-3****(A) Additional Method 1-3****(A) Additional Outcome 1-4****(A) Additional Indicator 1-4****(A) Additional Method 1-4****(A) Additional Outcome 1-5****(A) Additional Indicator 1-5****(A) Additional Method 1-5****Program Service #2 - Outputs**

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Supplemental Food Delivery

Total # of Units #2

(A) Units #2

2880

(A) Unit Measure #2

Unit Measure #2

15 minutes

Unit Rate #2

(A) Unit Rate #2

\$4.41

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

30

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$0.00

Units #2

(A) Agreement Units #2

0

Program Service #2 - Performance Measures (Agreement)(A) Program Service
2 Outcomes:

(A) Program Service 2 Indicators:

(A) Program Service 2 Method of Measurement

(A) Outcome 2-1Seniors will remain safe
and independent in their
homes**(A) Indicator 2-1**90% of seniors served report that social support services
impact their ability to live independently in the community for
at least one year**(A) Method of Measurement 2-1**A. Needs assessments conducted at the onset of services
and annually to determine existing needs and needs met
through services
B. *Annual Client Survey (*mailed annually to learn
perceived impact of services)
C. Length of time for seniors living independently in their
homes**(A) Additional
Outcome 2-2**Seniors will report food
security**(A) Additional Indicator 2-2**

85% of seniors will report having food security

(A) Additional Method 2-2

*Annual client survey and case notes

**(A) Additional
Outcome 2-3****(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional
Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional
Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3

Companionship

Total # of Units #3

(A) Units #3

6000

Unit Measure #3

(A) Unit Measure #3

15 minutes

Unit Rate #3

(A) Unit Rate #3

\$4.41

(A) Unduplicated Individuals #3

Total # of Unduplicated Individuals Served #3

45

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$0.00

Units #3

(A) Agreement Units #3

0

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:

(A) Program Service 3 Indicators:

(A) Program Service 3 Method of Measurement.:

(A) Outcome 3-1

Seniors will remain safe and independent in their homes

(A) Indicator 3-1

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

(A) Method of Measurement 3-1

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services

B. *Annual Client Survey (*mailed annually to learn perceived impact of services)

C. Length of time for seniors living independently in their homes

(A) Additional Outcome 3-2

Seniors will be socially connected

(A) Additional Indicator 3-2

80% of seniors will report feeling socially connected.

(A) Additional Method 3-2

*Annual client survey and case notes

(A) Additional Outcome 3-3

Seniors will be satisfied with their quality of life.

(A) Additional Indicator 3-3

85% of seniors will report report satisfaction with their quality of life.

(A) Additional Method 3-3

*Annual client survey and case notes

(A) Additional Outcome 3-4**(A) Additional Indicator 3-4****(A) Additional Method 3-4****(A) Additional Outcome 3-5****(A) Additional Indicator 3-5****(A) Additional Method 3-5****Program Service #4 - Outputs**

Program Service 4 Outputs:

#4 Agreement (A)

Service #4 Name

(A) Service #4

Case Management

Total # of Units #4

(A) Units #4

5160

Unit Measure #4

(A) Unit Measure #4

15 minutes

Unit Rate #4

(A) Unit Rate #4

\$12.55

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

50

Program Service #4 - Funding

Funding Amount #4	(A) Agreement Amount #4 \$18,097.10
Units #4	(A) Agreement Units #4 1442

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes:	(A) Program Service 4 Indicators:	(A) Program Service 4 Method of Measurements:
(A) Outcome 4-1 Increasing seniors' ability to remain safe and independent in their homes	(A) Indicator 4-1 90% of seniors served report that social support services impact their ability to live independently in the community for at least one year	(A) Method of Measurement 4-1 A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services B. *Annual Client Survey (*mailed annually to learn perceived impact of services) C. Length of time for seniors living independently in their homes
(A) Additional Outcome 4-2 Seniors will increase social connections	(A) Additional Indicator 4-2 80% of seniors will report increased social connections.	(A) Additional Method 4-2 *Annual client survey and case notes
(A) Additional Outcome 4-3 Improving seniors quality of life	(A) Additional Indicator 4-3 85% of seniors will report an improved quality of life	(A) Additional Method 4-3 *Annual client survey and case notes
(A) Additional Outcome 4-4 Seniors will meet self-identified goals	(A) Additional Indicator 4-4 80% of seniors will achieve or make progress on their self-identified goals.	(A) Additional Method 4-4 Case notes (Apricot) and *Annual client survey
(A) Additional Outcome 4-5	(A) Additional Indicator 4-5	(A) Additional Method 4-5

Program Service #5 - Outputs

Program Service 5 Outputs:	#5 Agreement (A)
Service Name #5	(A) Service #5 Service Coordination
Total # of Units Provided #5	(A) Units #5 1580
Unit Measure #5	(A) Unit Measure #5 15 minutes
Unit Rate #5	(A) Unit Rate #5 \$7.01
Total # of Unduplicated Individuals Served #5	(A) Unduplicated Individuals #5 150

Program Service #5 - Funding

Funding Amount #5	(A) Agreement Amount #5 \$6,876.81
	(A) Agreement Units #5

Units #5

981

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes:

(A) Program Service 5 Indicators:

(A) Program Service 5 Method of Measurements:

(A) Outcome 5-1

Increasing seniors' ability to remain safe and independent in their homes

(A) Indicator 5-1

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

(A) Method of Measurement 5-1

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services

B. *Annual Client Survey (*mailed annually to learn perceived impact of services)

C. Length of time for seniors living independently in their homes

(A) Additional Outcome 5-2

Seniors will be socially connected

(A) Additional Indicator 5-2

80% of seniors will report feeling socially connected.

(A) Additional Method 5-2

*Annual client survey and case notes

(A) Additional Outcome 5-3

Seniors will be satisfied with their quality of life

(A) Additional Indicator 5-3

85% of seniors will report satisfaction with their quality of life.

(A) Additional Method 5-3

*Annual client survey and case notes

(A) Additional Outcome 5-4

Seniors will be connected to other community resources.

(A) Additional Indicator 5-4

- 1.) 75% of seniors who receive Property Tax Filing Assistance will report increased financial stability.
- 2.) 80% of seniors who receive a holiday basket from Voluntary Action Center will report increased getting their personal hygiene and household needs met.
- 3.) 80% of seniors who participate in Carrier Alert will report increased sense of security of their well being and safety.
- 4.) 80% of seniors who receive hygiene/household cleaning supplies from Assistance League of Mid-Missouri will report increased getting their personal hygiene and household needs met.

(A) Additional Method 5-4

*Annual client survey and case notes

(A) Additional Outcome 5-5**(A) Additional Indicator 5-5****(A) Additional Method 5-5****Program Service #6 - Outputs**

Program Service 6 Outputs:

#6 Agreement (A):

Service #6 Name:

(A) Service #6

Home Repair

Total # of Units #6:

(A) Units #6

1763

Unit Measure #6:

(A) Unit Measure #6

15 minutes

Unit Rate #6:

(A) Unit Rate #6

\$6.68

Total # of Unduplicated Individuals Served #6:

(A) Unduplicated Individuals #6

30

Program Service #6 - Funding

Funding Amount #6

(A) Agreement Amount #6

\$3,126.24

Units #6

(A) Agreement Units #6

468

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:

(A) Program Service 6 Indicators:

(A) Program Service 6 Method of Measurements:

(A) Outcome 6-1

Increasing seniors' ability to remain safe and independent in their homes

(A) Indicator 6-1

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

(A) Method of Measurement 6-1

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services

B. *Annual Client Survey (*mailed annually to learn perceived impact of services)

C. Length of time for seniors living independently in their homes

(A) Additional Outcome 6-2

Seniors will be socially connected

(A) Additional Indicator 6-2

80% of seniors will report feeling socially connected.

(A) Additional Method 6-2

*Annual client survey and case notes

(A) Additional Outcome 6-3

Seniors will be satisfied with their quality of life

(A) Additional Indicator 6-3

85% of seniors will report satisfaction with their quality of life.

(A) Additional Method 6-3

*Annual client survey and case notes

(A) Additional Outcome 6-4

Seniors will be safe in their homes.

(A) Additional Indicator 6-4

80% of seniors report feeling safe in their homes and can safely enter and exit their home.

(A) Additional Method 6-4

*Annual client survey and case notes

(A) Additional Outcome 6-5**(A) Additional Indicator 6-5****(A) Additional Method 6-5****Program Service #7 - Outputs**

Program Service 7 Outputs:

#7 Agreement (A)

Service #7 Name

(A) Service #7

Lawn Care

Total # of Units #7

(A) Units #7

1763

Unit Measure #7

(A) Unit Measure #7

15 minutes

Unit Rate #7

(A) Unit Rate #7

\$6.68

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7

30

Program Service #7 - Funding

Funding Amount #7

(A) Agreement Amount #7

\$4,175.00

Units #7

(A) Agreement Units #7

625

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes:

(A) Program Service 7 Indicators:

(A) Program Service 7 Method of Measurements:

(A) Outcome 7-1

Increasing seniors' ability to remain safe and independent in their homes

(A) Indicator 7-1

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

(A) Method of Measurement 7-1

A. Needs assessments conducted at the onset of services and annually to determine existing needs and needs met through services
B. *Annual Client Survey (*mailed annually to learn perceived impact of services)
C. Length of time for seniors living independently in their homes

(A) Additional Outcome 7-2

Seniors will be socially connected

(A) Additional Indicator 7-2

80% of seniors will report feeling socially connected.

(A) Additional Method 7-2

*Annual client survey and case notes

(A) Additional Outcome 7-3

Seniors will be satisfied with their quality of life

(A) Additional Indicator 7-3

85% of seniors will report satisfaction with their quality of life.

(A) Additional Method 7-3

*Annual client survey and case notes

(A) Additional Outcome 7-4

Seniors will be safe in their homes.

(A) Additional Indicator 7-4

80% of seniors report feeling safe in their homes and can safely enter and exit their home.

(A) Additional Method 7-4

*Annual client survey and case notes

(A) Additional Outcome 7-5

(A) Additional Indicator 7-5

(A) Additional Method 7-5

Program Service #8 - Outputs

Program Service #8 - Outputs:

#8 Agreement (A)

Service #8 Name

(A) Service #8

Total # of Units Provided #8

(A) Units #8
0

Unit Measure #8

(A) Unit Measure #8

Unit Rate #8

(A) Unit Rate #8
\$0.00

Total # of Unduplicated Individuals Served #8

(A) Unduplicated Individuals #8
0

Program Service #8 - Funding

Funding Amount #8

(A) Agreement Amount #8
\$0.00

Units #8

(A) Agreement Units #8
0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes:

(A) Program Service 8 Indicators:

(A) Program Service 8 Method of Measurements:

(A) Outcome 8-1	(A) Indicator 8-1	(A) Method of Measurement 8-1
(A) Additional Outcome 8-2	(A) Additional Indicator 8-2	(A) Additional Method 8-2
(A) Additional Outcome 8-3	(A) Additional Indicator 8-3	(A) Additional Method 8-3
(A) Additional Outcome 8-4	(A) Additional Indicator 8-4	(A) Additional Method 8-4
(A) Additional Outcome 8-5	(A) Additional Indicator 8-5	(A) Additional Method 8-5

Program Service #9 - Outputs

Program Service #9 - Outputs:	#9 Agreement (A)
Service #9 Name	(A) Service #9
Total # of Units Provided #9	(A) Units #9 0
Unit Measure #9	(A) Unit Measure #9
Unit Rate #9	(A) Unit Rate #9 \$0.00
Total # of Unduplicated Individuals Served #9	(A) Unduplicated Individuals #9 0

Program Service #9 - Funding

Funding Amount #9	(A) Agreement Amount #9 \$0.00
Units #9	(A) Agreement Units #9 0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes:	(A) Program Service 9 Indicators:	(A) Program Service 9 Method of Measurements:
(A) Outcome 9-1	(A) Indicator 9-1	(A) Method of Measurement 9-1
(A) Additional Outcome 9-2	(A) Additional Indicator 9-2	(A) Additional Method 9-2
(A) Additional Outcome 9-3	(A) Additional Indicator 9-3	(A) Additional Method 9-3
(A) Additional Outcome 9-4	(A) Additional Indicator 9-4	(A) Additional Method 9-4
(A) Additional Outcome 9-5	(A) Additional Indicator 9-5	(A) Additional Method 9-5

Program Service #10 - Outputs

Program Service 10 Outputs:	#10 Agreement (A)
Service Name #10	(A) Service #10

Total # of Units Provided #10

(A) Units #10

0

Unit Measure #10

(A) Unit Measure #10

Unit Rate #10

(A) Unit Rate #10

\$0.00

Total # of Unduplicated Individuals Served #10

(A) Unduplicated Individuals #10

0

Program Service #10 - Funding

Funding Amount #10

(A) Agreement Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0



Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes: (A) Program Service 10 Indicators: (A) Program Service 10 Method of Measurements:

(A) Outcome 10-1**(A) Indicator 10-1****(A) Method of Measurement 10-1****(A) Additional Outcome 10-2****(A) Additional Indicator 10-2****(A) Additional Method 10-2****(A) Additional Outcome 10-3****(A) Additional Indicator 10-3****(A) Additional Method 10-3****(A) Additional Outcome 10-4****(A) Additional Indicator 10-4****(A) Additional Method 10-4****(A) Additional Outcome 10-5****(A) Additional Indicator 10-5****(A) Additional Method 10-5****Total Funding Amount - Services 1-10****Total Funding Request for Services 1-10**

41893.36

Links for Agreement Form (V3)***Link to Proposal Cover Sheet****Proposal Cover Sheet**

Proposal Cover Sheet					Link Info		
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Independent Living Center of Mid-Missouri, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18			Added on 10/18/2018



Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Link to Program Overview (V3)*Program Overview (V3)**

Program Overview (V3)				Link Info		
Boone County (includes City...	TOTAL REVENUE	2.	TOTAL EXPENSES	Description	Active	Date

Program Overview (V3)

Link Info

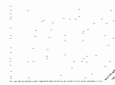

Boone County (includes City...	TOTAL REVENUE	2.	TOTAL EXPENSES	Description	Active	Date
300	127728.6	\$17,693.00	127728.6			Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Link to Program Services 1-5 (V3)

Program Services 1-5 (V3)

Link Info

a. Service #1 - Taxonomy of...	Record ID	Description	Active	Date
1.4 Grocery Shopping and Delivery	22143			Added on 10/18/2018



SERVFOR-01

MDAVIDSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/27/2018

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

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

PRODUCER
TIG Advisors-Col
200 East Southampton Drive
Columbia, MO 65203

CONTACT NAME: Mary D. Davidson

PHONE (A/C, No, Ext): (573) 875-4800

FAX (A/C, No): (573) 875-4514

E-MAIL Address: mdavidson@tigadvisors.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Philadelphia Indemnity Insurance Company

18058

INSURER B: Missouri Employers Mutual Insurance Company

10191

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Services For Independent Living
1401 Hathman Place
Columbia, MO 65201

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK1731305	12/23/2017	12/23/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPI/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1731305	12/23/2017	12/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	MEM 1023917-11	8/26/2018	8/26/2019	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is an additional insured for general liability as required by contract.

CERTIFICATE HOLDER

CANCELLATION

County of Boone
901 E Ash St
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Services Contract Behavioral Health Care Programming

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **Compass Health, Inc.** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **Compass**.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

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

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY COMPASS

Compass is expected to the greatest extent possible to maximize funding from all other sources. Compass shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. Compass shall only request reimbursement for services not reimbursable by any other source. Compass shall not invoice the County for units of service invoiced to another funding source. Compass shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

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

2. **Contract Documents.** Compass will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #36-13SEP18 (Purchase of Services) and Compass's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over Compass's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The County agrees to purchase from Compass and Compass agrees to furnish the **Behavioral Health Care Programming** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the Compass's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$129,412.00** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. Compass agrees and understands that the County may require supplemental information to be submitted at the request of the County.

This contract may at the sole discretion of the County and with the agreement of Compass be renewed for **an additional one-year period**. Compass agrees and understands that the County may require supplemental information to be submitted by Compass prior to any renewal of this agreement.

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Behavioral Health Assessment	One assessment	\$82.00	122	\$10,004.00
Individual Therapy – Adult	One hour	\$82.00	950	\$77,900.00
Behavioral Health Assessment (Psychiatrist)	One assessment	\$236.00	63	\$14,868.00
Medication Management	15 Minutes	\$74.00	360	\$26,640.00

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

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

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The County shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by Compass to monitor service delivery and program expenditures. Compass agrees to submit to the County an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by Compass and, if so stipulated, are noted on this contract document. Payments may be withheld from Compass if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. Compass agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

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

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

service, activities and programs covered hereunder, expenditure of CHF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event Compass requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County for approval. A board resolution from Compass may be required with the request. For consideration of a request to modify or amend the contract, requests should be submitted to the Director of the Community Services Department for consideration.

OTHER TERMS OF THIS CONTRACT

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

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

13. **CHF to be used for Services Provided.** Compass agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to Compass's provision of such services.

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

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

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

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

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

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

19. **Board Ownership.** If Compass ceases to be funded by the County or ceases to provide programs and services to address community health needs, pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the Compass. In addition, if Compass no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, Compass will need County approval to re-direct the use of such.

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

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

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

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

c. The County may terminate this agreement should Compass fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

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

22. Insurance Requirements. Compass shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. Worker's Compensation and Employers' Liability Insurance: Compass shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, Compass shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by Compass.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. Comprehensive General Liability Insurance: Compass shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. Compass shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

Compass shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of Compass in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to Compass.

c. **Professional Liability Insurance:** Compass is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

24. **Publicity by the Compass.** Compass shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. Compass will acknowledge the County as a funding source whenever publicizing CHF funded programs. Compass will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. Compass agrees to acknowledge the Community Health Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

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

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

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

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

29. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

Any written notice or communication to Compass shall be mailed or delivered to:

Compass Health, Inc.
Attn: Karen Cade
1000 West Nifong Blvd., Suite 220B
Columbia, MO 65203-5615

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

Compass Health, Inc.

By: Karen Cade
Signature

By: Karen Cade, Regional VP
Printed Name/Title

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk

DKB

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note:

Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

<u>June Patchford by jg</u>	<u>12/20/2018</u>	<u>(2130/71106/\$129,412.00)</u>
Signature	Date	Appropriation Account

An Affirmative Action/Equal Opportunity Employer



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

Purchase of Service Contracts Community Health/Medical Fund 2018 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for **Thursday, August 9, 2018, at 3:00 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, September 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, September 13, 2018** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, September 13, 2018 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by **Thursday, September 13, 2018 at 10:00 a.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Attachment A - Agency Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. **Program Overview:** Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

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

County of _____)
)ss
 State of _____)

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

Date _____

Printed Name _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

Page 14 of 14

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Compass Health, Inc.

DBA:

Family Counseling Center of Missouri, Inc. and Pathways Community Health

Federal EIN Number:

43-1032835

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1800 Community Drive

City

Clinton

State

Missouri

County

Henry

Zip

64735-8804

Organization Phone Number:

660-885-8131

Website:

<http://www.compasshealthhome.org>

Head of Organization

Tim Swinfard

Head of Organization Phone:

573-634-3000

Address

1800 Community Drive

City

Clinton

State

Missouri

County

Henry

Zip

64735-8804

Organization Fax Number:

660-885-3690

Email:

info@pbhc.org

Head of Organization Title (e.g. Director, President, CEO)

Chief Executive Officer

Head of Organization Email:

tswinfard@pbhc.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Compass Health

Local Organization Fax:

573-449-2583

Address

117 N. Garth

City

Columbia

State

Missouri

County

Boone

Zip

65203-4103

Local Contact Name:

Karen Cade

Local Contact Email:

kcade@compassshn.org

Address

117 N. Garth

City

Columbia

State

Missouri

County

Boone

Zip

65203-4103

Local Contact Title:

Vice President Central Operations, Administration

Local Contact Phone:

573-449-2581

General Information

Organization **Provide your organization's mission statement. (600 character limit)**
 Mission Inspire Hope. Promote Wellness.
 Statement
 (Purpose):

Organization **Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**
 History: Compass Health, formerly known as Pathways Community Behavioral Healthcare, Inc. is an innovative and progressive healthcare network. For over 45 years, Compass Health has provided high-quality, clinically-effective behavioral health, primary care, and oral healthcare services throughout four, multi-county geographic regions in Missouri. In total, Compass Health offers community-based services in 45 Missouri counties.

Brief Statement **Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**
 of Organization's Compass Health aims to become a National Center of Excellence, as is outlined in the agency's Strategic Plan. The designation as a
 Major Goals: National Center of Excellence is awarded by the National Council for Behavioral Health as it works to develop a Behavioral Health Center of Excellence Framework for mental health and addiction service providers. The core principles of a Behavioral Health Center of Excellence include: World class customer service built on a culture of staff and consumer engagement and wellness; Excellent outcomes; Easy access; Comprehensive care and; Excellent value.

Articles of **Articles of Incorporation (MUST BE IN PDF FORMAT)**
 Incorporation: /document/download/filename/1436211765_30405_CompassHealthArticlesofIncorporation.pdf/
Provide a copy of the organization's Articles of Incorporation.

Bylaws: **Bylaws (MUST BE IN PDF FORMAT)**
Provide a copy of the organization's Bylaws. /document/download/filename/1506622494_34051_CompassHealthAmendedBYLAWS_Aug242017.pdf/

Organizational **Organizational Chart (MUST BE IN PDF FORMAT)**
 Chart /document/download/filename/1488385451_30406_OrganizationalChartBook.pdf/
 (must be for the entire organization):

Strategic Plan: **Strategic Plan (MUST BE IN PDF FORMAT)**
 /document/download/filename/1534972993_42846_CompassHealthStrategicPlanoutline8162018%282%29.docx/

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
 Compass Health provides comprehensive healthcare services, including primary, oral and behavioral health care services.

throughout a 45 county service area in Missouri.

Population
Served:

Briefly describe the population(s) served by your organization. (600 character limit)

Compass Health provides services to all types of individuals requiring healthcare intervention. With a special focus on each communities/county's underserved, underinsured and uninsured populations, Compass Health provides clinically sound treatment services in a safe, welcoming and compassionate environment. Aware of the effects of trauma, we provide culturally-competent, trauma informed clinical care to each individual presenting at our clinic locations. Services are provided/offered to all individuals, regardless of gender/sexual orientation, race, age, and ability to pay.

Conflict of
Interest
Policy:

Does your organization have a written Conflict of Interest policy?

yes

Whistleblower
Policy:

Does your organization have a written Whistleblower policy?

yes

Business
Continuity
Plan:

Does your organization have a written Business Continuity plan?

yes

Records
Retention
Policy:

Does your organization have a written Records Retention policy?

yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

3 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Tim Larimore	Board President/Chairman	07/01/2017	06/30/2020	P.O. Box 483 Higginsville, MO 64037		Added on 07/06/2015
Rich Metz	1st Vice Chairman	07/01/2016	06/30/2019	Commerce Bank 1994 Wentzville Parkway Wentzville, MO 63385		Added on 07/06/2015
Joi Niedner	Member	07/01/2017	06/30/2020	3045 Mockingbird Drive St. Charles, MO 63301		Added on 07/06/2015
Tim Glascock	Member	07/01/2018	06/30/2021	1705 South Washington Clinton, MO 64735		Added on 07/31/2018
Rebecca Culler	Treasurer	07/01/2017	06/30/2020	Henry County Courthouse P.O. Box 487 Clinton, MO 64735		Added on 07/06/2015
Rod Reid	At Large Member	07/01/2018	06/30/2021	PO Box 909 Lebanon, MO65536		Added on 01/04/2016
Keith Schafer	Member	07/01/2018	06/30/2021	1912 Andrea Drive Jefferson City, Missouri 65101		Added on 07/06/2015
Curtis Cain	Member	07/01/2017	06/30/2019	280 Interstate Drive Wentzville, MO 63385		Added on 07/05/2017

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Pat Cleveland	Member	07/01/2016	06/30/2019	6910 NE 100 Road Osceola, MO 64776	<input checked="" type="checkbox"/>	Added on 07/06/2015
Dennis Daugherty	Member	07/01/2016	06/30/2019	Community Bank of Eldorado Springs P.O. Box 232 Eldorado Springs, MO 64744	<input checked="" type="checkbox"/>	Added on 07/06/2015
J.C. Smith	2nd Vice Chairman	07/01/2018	06/30/2021	104 W Magnolia Clinton, MO 64735	<input checked="" type="checkbox"/>	Added on 07/06/2015
Lisa Stiern	Member	07/01/2017	06/30/2020	31718 Cedar Trail Warrenton, MO 63383	<input checked="" type="checkbox"/>	Added on 07/06/2015

Total Active Links:12, Total Deactivated Links:4, Current Active Links:12, Current Deactivated Links:4

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

NA - No terms

Describe the function of the Advisory Board as it relates to the work of your organization:

Compass Health has developed an advisory board for each region the organization serves throughout Missouri. The Central Missouri Advisory Board is responsible for providing community feedback, advocating for the organization, and assisting with decreasing stigma associated with mental health and substance abuse treatment. This advisory board has direct contact/interaction with the governing board of Compass Health. It has been determined that the Advisory Board members will not have set term limits. These boards will be evaluated, at a minimum, on a yearly basis to determine their effectiveness in serving the needs of the agency and the governing board of directors. Changes in membership will be made, when appropriate and necessary, to ensure successful operations and to ensure the needs of Central Missouri are being recognized and brought to the attention of the agency's governing board of directors. All of the advisory board members were identified and joined the agency's Advisory Board in 2015. Compass Health is pleased with the contributions and input this board has made to the overall operations of Compass Health within Central Missouri.

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Advisory Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Active	Date
Linda Bickell	Advisory Member			820 Chestnut Street Jefferson City, MO 65101	<input checked="" type="checkbox"/>	Added on 07/20/2015
Jeremy Meyer	Advisory Member			700 B Southwest Boulevard Jefferson City, MO 65109	<input checked="" type="checkbox"/>	Added on 07/20/2015
Wiley Miller	Advisory Member			3201 S. Providence Suite 204 Columbia, MO 65203	<input checked="" type="checkbox"/>	Added on 07/20/2015
Kirk Farmer	Advisory Member			221 Bolivar Street, Suite 201 Jefferson City, MO 65101	<input checked="" type="checkbox"/>	Added on 07/20/2015
Mark Duncan	Advisory Member			4700 South Providence Rd. Columbia, MO 65203	<input checked="" type="checkbox"/>	Added on 07/20/2015
Ada Buckman	Advisory Member			901 E. Broadway PO Box 1677 Columbia, MO 65205	<input checked="" type="checkbox"/>	Added on 07/20/2015

Total Active Links:6, Total Deactivated Links:6, Current Active Links:6, Current Deactivated Links:6

Financial Information

Organization Fiscal Year:

July 1 - June 30

If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the filing date: MM/DD/YYYY

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

IRS Tax Exempt Status Determination Letter:
If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

/document/download/filename/1436212902_29953_CompassHealthIRSDeterminationLetter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1516653736_29954_AuditReport-CompassHealth-FY2017.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1533062895_29955_990PDC-CompassHealth-FY2017.pdf/

Financial Policies and Procedures:

**
Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)**

Compass Health's fiscal management follows the generally accepted accounting principles (GAAP), and assumes responsible management of all funds. Compass Health strictly follows a comprehensive policy and procedural manual with detailed instruction on financial management and processes. Furthermore, there are detailed policies on file for the governing board, including their oversight and organizational responsibilities of Compass Health. The financial health of the organization continues to be a strategic priority of the organization, ensuring sustainability of organizational operations.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

				Link Info		
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Psychiatrist	M.D.	1.00	\$335,733.00	\$35,870.00		Added on 07/15/2015
Psychiatrist	M.D.	1.00	\$383,432.00	\$32,436.00		Added on 07/15/2015
Psychiatrist	M.D.	1.00	\$418,573.00	\$48,623.00		Added on 07/15/2015
Psychiatrist	M.D.	1.00	\$508,784.00	\$41,145.00		Added on 07/15/2015
CEO	B.A.	1.00	\$528,570.00	\$82,841.00		Added on 07/15/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

CARF-Commission on Accreditation of Rehabilitation Facilities. (Certification is valid through June 30, 2019)

Accreditation 2:

Missouri Department of Mental Health, Division of Behavioral Health: Compass Health serves as the Administrative Agent for twenty-five (25) Missouri Counties to provide both mental health and/or substance use disorder treatment services. (Certification is valid through September 30, 2019)

Accreditation 3:

Joint Commission Accredited as well as the Joint Commission Top Performer on Key Quality Measures (Royal Oaks Hospital - a 54-bed acute psychiatric hospital that operates within the Compass Health Network of Care). (Certification is valid through March 1, 2021)

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and *Third Party Financial Statement Review or **Audit (*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / **Audit required for Organizations reporting \$250,000 or more in annual revenue).

/document/download/filename/1539801734_32839_CopyofUnitedWayHeartofMO-ActualvsBudgetComparison-FY2018.xlsx/

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a *Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) *Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1539029622_32678_CertofLiabCompassHealth2018-2019.pdf/

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 9 Links

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Compass Health, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		Added on 09/04/2018
City of Columbia- RFP FY2019 Social Services (Proposal Revisions)	Compass Health, Inc.	Social Services FY2019	City of Columbia	FY2019		Added on 08/13/2018
Children's Services Fund - POS RFP #27-10JUN14 (Closed)	Compass Health, Inc.	Children's Services Fund - POS	Boone County	RFP #27-10JUN14		Added on 06/26/2015
Children's Services Fund - POS 2017 (Closed ends 12/31/2019 8:00 AM CST)	Compass Health, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 06/30/2017
HMUW - Health RFP: JUL2017 Cycle (Year End Report ends 09/10/2018 11:59 AM CDT)	Compass Health, Inc.	HMUW Health RFP	Heart of Missouri United Way	July 1, 2017 - June 30, 2018		Added on 01/19/2017

Total Active Links:9, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

| Next

System Fields

Record ID

12706

Modification Date

10/17/2018 1:43 PM CDT

Modified By

Compass Health ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)

Organization Name (will auto-populate)

Compass Health, Inc.

Fund Source

Community Health/Medical Fund - RFP #36-13SEP18

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

Behavioral Health Care Programming

Amount of Request

\$129,412.00

Program Information

Program Website (will default to Organization website)

<http://compasshealthnetwork.org/>

Address

117 North Garth Avenue

City

Columbia

State

Missouri

County

Boone County

Zip

65203-4103


Address

1000 West Nifong Boulevard

Suite 220B

City

Columbia

State

Missouri

County

Boone County

Zip

65203-5615



Google

Map data ©2018 Google

Program Administrator Name

Karen Cade

Phone Number

573-234-2453

Program Administrator Title

Vice President Central Operations, Administration

Email

kcade@compasshn.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1536680622_30421_AttachmentAFinal.pdf/

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

/document/download/filename/1536599813_30420_AttachmentBFinal.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1536599813_30419_AttachmentCFinal.pdf/

Signed Addendums

/document/download/filename/1536599813_30418_Addendum1-4Final.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile				Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Record ID	Active	Date
Compass Health, Inc.	1800 Community Drive	Tim Swinfard	12706		Added on 09/04/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-1032835

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)

Link Instructions -1

Linked 'Agreement Form - V2' Records

Link Instructions Agreement Form V2

Linked 'Interim Report - V3' Records

Link Instructions Interim Report

Linked 'Interim Report - V3 (Services 6-15)' Records

Link Instructions - V3 (6-15)

Linked 'Interim Report - YHP' Records



Link Instructions - 2

Linked 'Agreement Form - V3 (Services 16-20)' Records

Link Instructions - Agreement form

Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'

Link Instructions 3**Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records****Link Instructions 4****Linked 'Year End Report - V3' Records****Link Instructions YER Svcs 1-5****Linked 'Year End Report - V3 (Services 6-15)' Records****Link Instructions YER Svcs 6-15****Linked 'Agreement Form - V3.1' Records****Link Instructions Agreement Form 3.1**

Proposal Cover Sheet					Agreement Form - V3.1			Link Info			
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Compass Health, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	Compass Health, Inc.	Behavioral Health Care Programming	11/07/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Agreement Form - V3.1 (Services 11-20)' Records**Link Instructions**

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Tim Swinford
Printed Name - Agency Executive Director/President/CEO

9/10/18
Date

[Signature]
Signature - Agency Executive Director/President/CEO

9/10/18
Date

Tim A. Larimore
Printed Name - Agency Board Chair

9/10/18
Date

[Signature]
Signature - Agency Board Chair

9/10/18
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Karen Cade, Regional VP
Name and Title of Authorized Representative

Karen Cade 9/7/18
Signature Date

ATTACHMENT C

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

County of Boone)
)ss
State of Missouri)

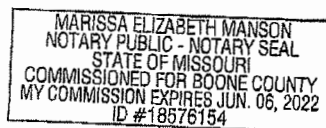
My name is Karen Cade, I am an authorized agent of Compass Health, Inc. (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is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

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

Karen Cade 9/7/18
Affiant Date

Karen Cade
Printed Name

Subscribed and sworn to before me this 7th day of September, 2018.



Marissa Elizabeth Manson
Notary Public

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

AFFIDAVIT OF WORK AUTHORIZATION ANNUAL RENEWAL DOCUMENT

The contractor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization Annual Renewal Document.

Comes now Diane Coletta (Name of Business Entity Authorized Representative) as VP of Human Resources (Position/Title) first being duly sworn on my oath, affirm Compass Health, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Compass Health, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Diane M Coletta
Authorized Representative's Signature

Diane M Coletta
Printed Name

VP of Human Resources
Title

Diane M Coletta
Date

dianeh@pbhc.org
E-Mail Address

168713
E-Verify Company ID Number

Subscribed and sworn to before me this 6th of September 2016. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of St. Charles, State of
(NAME OF COUNTY)
Missouri, and my commission expires on Jan 26, 2020
(NAME OF STATE) (DATE)

Mary L. Klippel
Signature of Notary

Sept 6, 2016
Date



Company ID Number: 168713

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer Pathways Community Behavioral Healthcare Inc.

Diane Howard

Name (Please type or print)

Title

Electronically Signed

12/04/2008

Signature

Date

Department of Homeland Security - Verification Division

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

12/04/2008

Signature

Date

Company ID Number: 168713

INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM

Information relating to your Company:

Company Name: Pathways Community Behavioral Healthcare Inc.

Company Facility Address: 1800 Community Drive
Clinton, MO 64735

Company Alternate Address: _____

County or Parish: HENRY

Employer Identification Number: 431032835

North American Industry
Classification Systems Code: 624

Parent Company: Midwest Behavioral Healthcare Management

Number of Employees: 500 to 999 Number of Sites Verified for: 31

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 31 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Amanda L Bigler	Fax Number:	(816) 318 - 3086
Telephone Number:	(660) 896 - 8068		
E-mail Address:	abigler@pbhc.org		
Name:	Diane M Howard	Fax Number:	(816) 318 - 3082
Telephone Number:	(660) 890 - 8056		
E-mail Address:	dianeh@pbhc.org		



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #1 - Issued August 13, 2018

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

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheets from the pre-proposal conference held on August 9 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. Audit: We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year. Is this acceptable, or do you require a full audit to have been completed before the proposal is submitted?

Response: If the organization is not required to complete a full audit, an independent financial review will be acceptable.

- b. Background Checks: We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- c. Can we apply for capital funding?

Response: No, the RFP is to purchase health services. However, organizations can submit a request for development or start-up funds within the application but there are no guarantees the request will be awarded by the Community Health Advisory Board.

- d. What should we do when our service does not quite fit into the list of Boone County Impact Group Taxonomy of Services?

Response: We request that you review the Taxonomy of Services and select the service that best fits your proposed service. Be sure to thoroughly describe how the service will be delivered in the Service Description narrative.

- e. Can we still apply for funds if our organization has not received its non-profit status yet?

Response: Yes, you can still apply, however, the organization must have its non-profit status before entering into a contract.

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

OFFEROR has examined Addendum #1 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name: Compass Health, Inc.

Address: 1000 West Nifong Blvd. Ste. 220B
Columbia, MO 65203

Phone Number: 573-234-2453 Fax Number: 573-442-1804

E-mail: Kcaden@compasshn.org

Authorized Representative Signature: Karen Cade Date: 9/7/18

Authorized Representative Printed Name: Karen Cade

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 - Purchase of Service Contracts - Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kristin Cummins	Community Health	886-7274	
3.	Kelly Wallis	Community Health	886-7218	
4.	Kristin Barber for Gay Litchner	Mary Lee Johnston Community Learning Center	673-449- 5600	673-875- 1585
5.	Annette Triplett	PedNet Coalition	999-9894	—
6.	Kasey Schaubert	First Chance for Children	777 1815	777 1816
7.	Michael Brown	ALL ADULT DAY CONNECTION	882-7078	
8.	Kip Bane	Southern Boone YMCA	573-657-9600	
9.	Lonna Trammell	Southern Boone YMCA	573-690-5397	
10.	Madison Anderson	Services for Independence Living	573 874 1616	
11.	Billy Polanski	CCSA	514 4174	
12.	PAK ASHLEY	Family Health Center	573-886-6761	
13.	Catherine Mella	PO.ECC	513-884-3716	
14.	Michelle Shirley	Call Boone Public Health Number	875-6331	
15.				
16.				
17.				
18.				
19.				
20.				
21.				

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
 36-13SEP18 – Purchase of Service Contracts – Community Health / Medical Fund
 August 9, 2018, 3:00 p.m.

22.	Nick Foster	VAC	878-2273	
23.	Gary Schmitt	Compass Health	573-200-1531	
24.	Tim Rich	Welcome Home	573-413-8001	
25.	Nicole Dean	Great Circle	442-8331	
26.	Emmie Harcourt	The Food Bank	573-338-4080	
27.	Christine Sorensen	St. Raymond's Society	(717) 671-5215	
28.	Rebecca Kunkel	St. Raymond's Society	573-353-0959	
29.	Melissa Schmitt	BCEC	573-356-1051	
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BOONE COUNTY, MISSOURI

Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund

ADDENDUM #2 - Issued August 27, 2018

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

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

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

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety registry for staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP, described in Section 3.4, are eligible for funding. No services have been excluded from eligibility for funding.

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

OFFEROR has examined Addendum #2 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name: Compass Health Inc
Address: 1000 West Nifong Blvd. Ste. 220B Columbia, MO 65203
Phone Number: 573-234-2453 Fax Number: 573-442-1804
E-mail: Kcade@compassht.org
Authorized Representative Signature: Karen Cade Date: 9/7/18
Authorized Representative Printed Name: Karen Cade



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #3 - Issued September 6, 2018

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

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

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

- a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

- b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

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

- c. Is an electronic signature acceptable?

Response: No

- d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval.

- e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name:

Compass Health, Inc

Address:

1000 West Nifong Blvd. Columbia, MO 65203 Ste. 220B

Phone Number:

573-234-2453

Fax Number:

573-442-1804

E-mail:

Kcade@compasshn.org

Authorized Representative Signature:

Karen Cade Date: 9/7/18

Authorized Representative Printed Name:

Karen Cade



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

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

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

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

- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #4 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name:

Compass Health, Inc.

Address:

1600 W. Nifong Blvd. Columbia MO 65203 Ste. 220 B.

Phone Number: 573-234-2453 Fax Number: 573-442-1804

E-mail: Kcade@compasshn.org

Authorized Representative Signature: Karen Cade Date: 9/7/18

Authorized Representative Printed Name: Karen Cade

Program Overview (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Compass Health, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Behavioral Health Care Programming
Amount of Request	\$129,412.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

This program addresses the growing need for behavioral health care intervention for adults aged 18 and older, by increasing access to mental health services for the underserved and uninsured residents of Boone County, in traditional and non-traditional settings. Counseling and limited psychiatric care will be provided to assist Boone County residents struggling with difficult life circumstances and emotional and behavioral problems that lead to family conflict, poor work performance, peer conflicts, anxiety, depression, suicidal ideation and functional difficulties. With an increase to 1266 deaths in 2015 related to substance use and mental health, Boone County is in growing need for continued services. Subsequent community-level issues have formed as a result of untreated mental health and substance use symptoms including health problems, legal issues, relationship difficulties, unemployment, poverty, and a host of other debilitating life issues. Compass Health has identified a growing significance of individuals in the community who lack health insurance and/or cannot afford to pay the sliding fee discount prices. With an increase in adults under 65 without insurance from 2015 to 2016, it is expected that up to 7.4% of Boone County residents struggle to access needed behavioral health and substance use services. The uniqueness of the program is the ability to provide required mental health services in non-traditional settings throughout Boone County, Missouri.

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

All customers affected by this issue as defined by Compass Health are adults ages eighteen and older with an emphasis on customers participating in co-occurring court. Within the last six months of operation, Compass Health has provided mental health and substance use disorder treatment services to 2159 individuals, many of which lack insurance, and therefore we utilize city funding to assist in the cost of providing treatment services. Approximately 48% of those consumers are male, with 52% being female and <1% of the total consumers being classified as "Other Gender." While specific demographics are highlighted within the demographics section, approximately 70% of the targeted population is Caucasian and 18% African American, with the remainder comprising other ethnic descents. Targeted consumers for programming include Boone County residents including individuals who are without insurance coverage and lack the financial means to acquire the treatment services they need and deserve. 17.5% of Boone

County's residents are considered impoverished and it can be expected that a majority of the 12,293 uninsured are included in that percentage, making program continuation increasingly urgent.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Compass Health desires that all Boone County residents have equal access to behavioral health care services, regardless of their financial status or ability to pay for services.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

Compass Health is proposing a comprehensive behavioral health care intervention program providing positive and successful results to underserved and uninsured Boone County residents while meeting growing demand for affordable and clinically effective behavioral health care services for Boone County, as well as meet the need identified in the four community needs assessments identified within the grant guidance. Compass Health will provide both individual and family mental health counseling services to the underserved and uninsured consumers participating in co-occurring court who are referred to programming by community agencies. Psychiatric assessments and medication management services will be made available for those community residents requiring such intervention. The final component of the programming, and the most unique and innovative aspect of programming includes the two outreach specialists (licensed, master's level therapists) who will provide onsite clinical treatment services at various community locations throughout Columbia and Boone County, Missouri. While it is anticipated that psychiatry and most mental health counseling (individual and family) will be provided at Compass Health's office location in Columbia, Missouri, both outreach specialists will provide a multitude of services, including care management and health care navigation services within the community setting, at locations where the target population primarily presents when in medical crisis.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The targeted consumers for programming are those adults, residing within Boone County who are in need of behavioral healthcare intervention (for mental health and/or substance use disorders) including those who lack the financial resources to pay the sliding fee scale offered by the agency. Our agency's commitment to serving the communities most underserved and neediest populations provides an invaluable resource to Boone County by offering high quality healthcare services and interventions to the targeted population, ensuring a safety net exists for the community. Untreated mental health and substance use disorders affect not only the individual, but their family, friends, colleagues and the community, but are also at a higher risk of increasing crime, poverty, medical costs as well as the overall safety of the entire county area. Eligible consumers for behavioral healthcare services include those adults who have a mental health and/or substance abuse disorder in need of counseling services who meet the following guidelines: 1) Qualify for a subsidy under our sliding means test; 2) Do not have private insurance or have limited financial means and; 3) Are not eligible for funding offered under another agency operated program.

b. Why will these particular consumers be served? (1500 character limit)

Eligible consumers will be served to increase each individual's overall health and wellness. Consumers with unaddressed mental health and substance use disorders may experience difficult life circumstances and emotional and behavioral problems/issues that lead to increased anxiety, family conflict, peer conflict, depression and overall functional difficulties. Untreated mental health and substance use disorders may also lead to referrals to the criminal justice system, psychiatric hospitalizations (for untreated mental health issues), self-injuring behaviors and many times suicide. Through appropriate and timely behavioral healthcare intervention, our agency has the ability to positively affect the health outcomes of the neediest residents of Boone County. Without appropriate and timely intervention, residents behavioral healthcare (and associated primary and oral health conditions - as all healthcare issues are interrelated) become exacerbated, creating greater obstacles and challenges for the individual, their family and the community at-large. Our agency has an obligation to serve as a safety net for Boone County's most vulnerable populations and through partnership and funding assistance, we will have the ability to carry out our agency mission: Inspire Hope. Promote Wellness.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

As has been the case for numerous years, referrals for services for mental health and substance use disorder treatment services continue to be in high demand; however, funding limitations and staff turnover have led to difficulties in keeping up with community demand for behavioral healthcare intervention(s). The difficult economy and related stress has affected many of our targeted consumers. The severity of problems being addressed by our agency has led to increasing lengths of time that consumers remain in counseling, further limiting access to care.

d. Total number of unduplicated individuals to be served by the proposed program:

2451

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d, and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

565.08

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

City of Columbia

2451

2159

Cooper County

0

Howard County

0

Other Counties

0

Residence Total

2451

Record Lock

1

Race

White (alone)

1726

Black or African American (alone)

448

Multiple Races

91

Asian (alone)

21

Native American Indian or Alaskan Native

9

Native Hawaiian or other Pacific Islander (alone)

6

Some Other Race

150

Race Total

2451

Ethnicity

Hispanic or Latino (of any race)

67

Not Hispanic or Latino

2384

Ethnicity Total

2451

Gender

Female

1266

Male

1180

Other

5

Gender Total

2451

Income**At or below 200% of Federal Poverty Level**

1902

Over 200% of Federal Poverty Level

549

Income Total

2451

Age (City-Social Services/County-Health/HMUW-RFP)**Under 5 years**

13

5-19 years

709

20-59 years

1608

60 years and over

121

Age Total (1)

2451

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Not Applicable

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

The proposed program will be located at:

117 North Garth

Columbia, Missouri 65203

General Business Hours for this facility are Monday-Friday, 8:00am-5:00pm. Evening hours may be arranged on an individual basis. For after hours services, Compass Health has a crisis line to call to speak with a professional.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Eligible consumers will include any adult age eighteen and older with a substance use/abuse issue and/or mental health issue in need of counseling services. Consumers receiving supplemental funding through the Boone County contract include those who: 1) Qualify for subsidy under our agency sliding fee scale means test; 2) Do not have private insurance or have extremely limited benefits and; 3) Consumers who are not eligible for funding under another agency program. A copy of the agency sliding fee scale can be provided for review upon request.

c. Will program consumers be charged a fee for the proposed program service(s)?

Yes

Provide a description of and rationale for the program fee. (600 character limit)

Compass Health utilizes a board approved sliding fee scale for all eligible consumers that fall below 200% of FPL. Those consumers that fall above 200% of FPL are required to pay full clinic fees for all services rendered. A minimum fee of \$10 is required of all consumers (Fee may be waived under unusual circumstances). While trying to maximize city funding to impact the greatest number of consumers, the fee is charged to establish a level of responsibility on the part of the individual being served. A copy of this sliding fee scale can be produced upon request.

Will the proposed program utilize a sliding fee schedule?

Yes

Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Compass Health utilizes a board approved sliding fee discount program. This discount program is reviewed and approved on a yearly basis by the governing board. The sliding fee discount program is based on established FPL guidelines, and provides reduced service prices ensuring indigent populations can access needed treatment programming.

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

/document/download/filename/1536077442_40756_CityCountyUWGrantSlide.pdf/

Program Quality**a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)**

Not applicable to proposed programming

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

Provide the name of the accreditation agency. (300 character limit)

Missouri Department of Mental Health and CARF

Provide the most recent dates of accreditation (including expiration date): (300 character limit)

Missouri Department of Mental Health (September 30, 2019) / CARF (June 30, 2019)

Provide a description of the accreditation process: (600 character limit)

Proposed programming is provided under the umbrella of services offered by the agency, which is accredited by multiple accrediting bodies, as outlined within the grant application package.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Clinical staff are trained in Motivational Interviewing, an evidence-based practice that engages intrinsic motivation to change behavior. This practice is inherent in all counseling services offered by the agency, assuming that consumers want change in their lives. Clinical staff also provide Cognitive Behavioral Therapy (CBT), a best practice for intervening with many psychological problems/issues. CBT focuses on the many ways a consumer's emotions, cognitions and behaviors are connected and affect one another and seeks to resolve the negative impact of trauma.

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

Compass Health will provide both Motivational Interviewing and Cognitive Behavioral Therapy. Motivational Interviewing is a form of collaborative conversation for strengthening a consumer's own motivation and commitment to change. Motivational Interviewing is a person-centered counseling style that is designed to strengthen a consumer's motivation for and movement toward a specific goal by eliciting and exploring the consumer's own reasons for change within a safe, accepting and compassionate environment. Cognitive Behavioral Therapy is a best practice for intervening with many psychological problems, most commonly used to treat depression. This treatment is proven to be effective in dealing with trauma that is the result of domestic violence. Cognitive Behavioral Therapy is a Level 1 treatment, which has the strongest support to date.

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)

Our agency strives to be on the cutting edge of implementing evidence-based practices to ensure operational and clinical effectiveness/excellence and consistency in the delivery of treatment services to individuals suffering from mental health and/or substance use disorders/issues.

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Our agency strives to be on the cutting edge of implementing evidence-based practices to ensure operational and clinical effectiveness/excellence and consistency in the delivery of treatment services to individuals suffering from mental health and/or substance use disorders/issues. We provide frequent training opportunities for staff throughout their employment, as well as tailor recruitment efforts to assist with special needs of the agency, and specifically to each community served. State and national experts in evidence-based programming are brought on-site to provide "hands-on" training to staff members. Our agency also utilizes Relias Learning, an online electronic Human Resource system to train staff on relevant healthcare topics. This sophisticated system offers a multitude of coursework for staff to complete, as well as stay in compliance with agency and continuing education requirements. Currently our agency has developed a "Compass Health Better and Better" champion training, of which all agency staff are required to attend, to understand the importance of consumer satisfaction (both internal and external) as well as mindfulness and growth, both personally and professionally.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Compass Health employs a robust and well-tenured Continuous Quality Improvement Department, led by Jennifer Lee, Chief of Quality. This team of

professionals is responsible for the entire agency's quality improvement process, including quality activities related to proposed programming. The agency's quality department will closely monitor all established goals/objectives of this program, to ensure fidelity to proposed programming as well as any evidence-based practices utilized in service delivery. Ensuring treatment protocols are clinically appropriate and effective is one component of this department's overall goals. Any anomalies that occur in clinical programming are closely monitored and addressed by this department-and information and recommendations are shared program managers/staff as well as regional administrators.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Compass Health understands the importance of customer feedback, and collects this information throughout the program year. Information is gathered through customer surveys, and is tabulated by the agency's Continuous Quality Improvement Department quarterly. Summarized data from these surveys is provided/made available to the Board of Directors, senior level administrators, and program/clinic managers. Information is used to make any necessary modifications in programming needed to ensure services are provided in a culturally competent manner, as well as are clinically effective for participating customers. Real-time feedback from customers is critical in the feedback loop; ensuring programs are relevant, effective and meeting customer's expectations.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

While proposed programming will be provided solely by Compass Health, the agency does place great emphasis on managing and cultivating community relationships with those agencies that serve the same target population. The agency works with community partners to ensure consumers of our system have proper access to additional community resources, including job employment/readiness skills, housing, primary and oral healthcare services, etc. As an agency we strive to be the provider, employer and partner of choice in each community we serve, so placing emphasis on cultivating and strengthening community partnerships is key to the agency. By connecting consumers with community resources we can ensure that each consumer has the best chance at obtaining optimal health and wellness. We have recently partnered with Boone County Court Services and have begun providing Drug Court services to persons with co-occurring disorders. One problem we have had is accessing funds for client medications. The court is paying for medication assisted treatment drugs, but are exploring other options for psychiatric medications. Finally, we have recently contracted with Missouri Department of Mental Health in the Justice Reinvestment Initiative to pilot a treatment program for individuals engaged in the criminal justice system/incarceration in Boone County.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Supervising Therapist	MQ1 MA, LCSW, LPC	FTE1 1.00	SR1 FROM \$51,025.60	SR1 TO \$59,865.60
P2 Outpatient Therapist	MQ2 MA, LCSW, LPC, PLPC	FTE2 1.00	SR2 FROM \$49,025.60	SR2 TO \$57,865.60
P3 Psychiatrist (Resident)	MQ3 M.D.	FTE3 0.10	SR3 FROM \$92,000.00	SR3 TO \$96,000.00
P4	MQ4	FTE4 0.00	SR4 FROM \$0.00	SR4 TO \$0.00
P5	MQ5	FTE5 0.00	SR5 FROM \$0.00	SR5 TO \$0.00

P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Compass Health uses Masters Level clinical staff and Licensed Psychiatrists to provide both substance use disorder and mental health treatment services. These staff members are either licensed, or provisionally licensed, under the direct supervision of a Master's Level Licensed Clinician. By employing high-caliber, educated staff members we are ensuring that the level of care provided by staff will be high-quality. All salaries and salary ranges are established by the agency's Human Resources Department.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
-----------------	----------	------------------------

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$120,000.00	12

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Narrative	\$0.00	0
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$60,498.00	6

F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Medicaid and Medicare, Federal Probation and Parole	\$157,000.00	16
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Contracts for Substance Use Counseling through the Department of Mental Health	\$263,000.00	27
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Client Payments and Insurance Fees	\$367,000.00	38
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	967498	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$1,142,000.00	82
Personnel Narrative (300 character limit)		
Personnel includes both administrative and clinical staff members who serve the city of Columbia. These professional staff provide compassionate and culturally affirmative care on a daily basis.		
2. Non-Personnel	2.	2. %
	\$243,000.00	18
Non-Personnel Narrative (300 character limit)		
Non-Personnel includes costs of occupancy, overhead, insurance and professional fees, training and education, transportation, interest expense, depreciation and amortization expense, as well as any client specific expenses that may occur throughout the programmatic year.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	1385000	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

Compass Health understands the importance of leveraging community resources and financing, and does all in its power to acquire additional funding (insurance, private foundations, United Way, etc.) to support critical health care services to our most vulnerable citizens. Additional funding acquired through this project will not supplant funding awarded through this contract, and will only be used to expand and enhance the reach of clinical care offered through programming.

Reference List

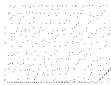

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

NREPP Evidence-Based Practices Resource Center: Cognitive Behavioral Therapy For Depression And Anxiety Disorders. (n.d.). Retrieved August 29, 2018.

Center for Evidence-Based Practices (CEBP) at Case Western Reserve University. (n.d.). Retrieved August 29, 2018.

Linked 'Agreement Form - V3' Records**Link Instructions****Linked 'Agreement Form - V3.1' Records****Link Instructions**

Agreement Form - V3.1				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Compass Health, Inc.	Behavioral Health Care Programming	11/07/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Compass Health, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Behavioral Health Care Programming
Amount of Request	\$129,412.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

Not Applicable

c. Provide justification for the request for one-time funding. (600 character limit)

Not Applicable

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

Behavioral Health Assessment

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Assessment by a qualified mental health professional of an individual's history, mental health and functioning with the purpose of establishing a treatment plan and/or diagnosis.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Customers seeking to receive mental health and/or substance use disorder services in our program will receive a Behavioral Health Assessment by an Outpatient Therapist lasting one hour. The outpatient clinician will acquire information regarding the individual's history, mental health and functioning with the purpose of establishing a treatment plan and/or diagnosis.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One Hour

b. Unit Rate (#1)

\$82.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

Since Compass Health has recently calculated our actual cost for therapy, we are basing our Behavioral Health Assessment rate on actual cost.

d. Total Number of Units of Service to be Provided (#1)

122

e. Total Number of Unduplicated Individuals (#1)

122

f. Average Number of Units of Service per Unduplicated Individual (#1)

1

g. Average Cost of Service per Individual (#1)

82

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

Yes

Provide a description of and a rationale for the proposed service fee. (#1) (600 character limit)

Compass Health utilizes a board approved sliding fee scale for all eligible consumers that fall below 200% of FPL. Those consumers that fall above 200% of FPL are required to pay full clinic fees for all services rendered. A minimum fee of \$10 is required of all consumers (Fee may be waived under unusual circumstances). While trying to maximize city funding to impact the greatest number of consumers, the fee is charged to establish a level of responsibility on the part of the individual being served. A copy of this sliding fee scale can be produced upon request.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#1)

/document/download/filename/1536078492_41196_CityCountyUWGrantSlide.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

Customers receiving Medicaid are eligible to use their Medicaid insurance for billing.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Compass Health utilizes a board approved sliding fee discount program. This discount program is reviewed and approved on a yearly basis by the

governing board. The sliding fee discount program is based on established FPL guidelines, and provides reduced service prices ensuring indigent populations can access needed treatment programming.

Service #1 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

No

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$10,004.00

b. Proposed Number of Units of Service (#1)

122

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

As a comprehensive system of care, we continue to see the rise in demand for services for those individuals who lack insurance and the ability to pay the sliding fee discount prices. Through partnership with Boone County, we can proactively address the rising needs of this targeted population, reducing unnecessary, costly emergency room visits for issues that can be addressed in the outpatient setting.

Service #1- Performance Measures

Outcome (1-1)

Outpatient Therapist will complete full one hour Behavioral Health Assessment

Indicator (1-1)

85% of all Behavioral Health Assessments will be completed in full.

Method of Measurement (1-1)

Information gathering for the completion of Behavioral Health Assessment will be collected using our agency's Electronic Health Record system.

Additional Outcome (1-2)

Text

Additional Indicator (1-2)

Text

Additional Method (1-2)

Text

Additional Outcome (1-3)

Text

Additional Indicator (1-3)

Text

Additional Method (1-3)

Text

Additional Outcome (1-4)

Text

Additional Indicator (1-4)

Text

Additional Method (1-4)

Text

Additional Outcome (1-5)

Text

Additional Indicator (1-5)

Text

Additional Method (1-5)

Text

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Compass Health will offer Behavioral Health Assessments for all persons seeking mental health and substance use disorder services, including underserved customers who lack insurance and the financial means to pay, in an effort to improve quality of life, daily functioning, and address mental health concerns identified through customer assessment.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Acuity of need for presenting customers will determine the total number of customers who can be seen, including the availability of Outpatient Therapists to triage immediate need for services. Compass Health does include emergency slots/ appointments in each provider's schedule to allow for immediate access to services.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Listed measurement levels are based upon current agency demand for services as well as established baselines for clinical effectiveness for consumers enrolled in programming offered by the agency. These measurement tools and goals are based upon the national best standards.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The use of an Electronic Health Records system is standardized for the agency and provides safety and security to our customers' protected health information allowing us to store ample outcome data on consumer's overall progress with treatment services rendered.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

Individual Therapy-Adult

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for an adult in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Following completion of the assessment, treatment/wellness plan goals are established through a collaborative process between the Outpatient Therapist, the consumer and other concerned parties (when appropriate). Outpatient Therapists will complete face-to-face therapeutic sessions with the receiving customer lasting one hour. Outpatient Therapists working with these consumers and their families relay on a number of techniques and treatment services/programs to assist the consumer in attaining all wellness goals established at admission to programming. Outpatient Therapists listen, empathize, make suggestions, and assist the consumer in making positive choices that impact their lives in a positive way. Furthermore, these sessions provide the consumer with productive ways to function better in the home and work setting, as well as to improve relationships with peers, individuals in the community and/or emotionally health from a traumatic experience. As an agency that is focused on trauma-informed care, all of our outpatient therapy staff have been trained to provide culturally appropriate, trauma-informed care to each individual who walks through our front door. Even front office staff who deal with consumers in collecting payment for services, making appointments, etc. have been trained in trauma-informed care, ensuring the consumer always feels comfortable, safe and welcome each time they visit our clinic. Compass Health's Outpatient Therapists are under the supervision of a Supervising Therapist providing direct support throughout the therapeutic process via weekly one-hour supervision staffing. Wellness/treatment goals are periodically reviewed and updated based on consumer need and progress with treatment.

Service #2 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)**

One Hour

b. Unit Rate (#2)

\$82.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

No

Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

Since Compass Health has recently calculated our actual cost for therapy, we are basing our Individual Counseling rate on actual cost.

d. Total Number of Units of Service to be Provided (#2)

8082

e. Total Number of Unduplicated Individuals (#2)

1347

f. Average Number of Units of Service per Unduplicated Individual (#2)

6

g. Average Cost of Service per Individual (#2)

492

Service #2 - Service Fee**a. Will the proposed service consumers be charged a fee? (#2)**

Yes

Provide a description of and a rationale for the proposed service fee. (#2) (600 character limit)

Compass Health utilizes a board approved sliding fee scale for all eligible consumers that fall below 200% of FPL. Those consumers that fall above 200% of FPL are required to pay full clinic fees for all services rendered. A minimum fee of \$10 is required of all consumers (Fee may be waived under unusual circumstances). While trying to maximize city funding to impact the greatest number of consumers, the fee is charged to establish a level of responsibility on the part of the individual being served. A copy of this sliding fee scale can be produced upon request.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#2)

/document/download/filename/1536078830_40829_CityCountyUWGrantSlide.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#2) (600 character limit)

Customers receiving Medicaid are eligible to use their Medicaid insurance for billing.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

Compass Health utilizes a board approved sliding fee discount program. This discount program is reviewed and approved on a yearly basis by the governing board. The sliding fee discount program is based on established FPL guidelines, and provides reduced service prices ensuring indigent populations can access needed treatment programming.

Service #2 - Local Funding

Does your organization **CURRENTLY** have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Local Funding Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
a Boone County - Children's Services Funding (#2)	2a1. \$0.00	2a2. 0	2a3. \$0.00
b. Boone County - Community Health Funding (#2)	2b1. \$63.90	2b2. 750	2b3. \$47,925.00
c. City of Columbia - Social Services Funding (#2)	2c1. \$73.00	2c2. 725	2c3. \$52,936.00
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$77,900.00

b. Proposed Number of Units of Service (#2)

950

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

As a comprehensive system of care, we continue to see the rise in demand for services for those individuals who lack insurance and the ability to pay the sliding fee discount prices. Through partnership with Boone County, we can proactively address the rising needs of this targeted population, reducing unnecessary, costly emergency room visits for issues that can be addressed in the outpatient setting.

Service #2 - Performance Measures

Outcome (2-1)

Customers will improve in their ability to function on a daily basis during/following treatment.

Additional Outcome (2-2)

Customers will improve in their quality of life during/following treatment.

Additional Outcome (2-3)

Customers will benefit from participation in therapy and make progress on individualized goals, as established in their wellness plan.

Indicator (2-1)

85% of customers will report an improved ability to function during/following treatment.

Additional Indicator (2-2)

85% of customers will report an improved quality of life during/following treatment.

Additional Indicator (2-3)

75% of customers will benefit from therapy as demonstrated by their outpatient therapist and noted in their wellness plan.

Method of Measurement (2-1)

Customers of services will be required to respond to a monthly evaluation form which includes a question regarding their ability to function on a daily basis.

Additional Method (2-2)

Customers of services will be required to respond to a monthly evaluation form which will include a question regarding their improved quality of life.

Additional Method (2-3)

Benefit from therapy will be measured by progress made in the consumers individualized wellness plan as noted by the discharge code completed by the outpatient therapist at the time of discharge (successful or unsuccessful discharge).

Additional Outcome (2-4)

Text

Additional Indicator (2-4)

Text

Additional Method (2-4)

Text

Additional Outcome (2-5)

Text

Additional Indicator (2-5)

Text

Additional Method (2-5)

Text

Service #2 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)**

Compass Health will offer mental health and substance use disorder counseling services (Individual Therapy-Adult) for all persons seeking mental health and substance use disorder services, including underserved customers who lack insurance and the financial means to pay, in an effort to improve quality of life, daily functioning, and address mental health concerns identified through customer assessment.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Acuity of need for presenting customers will determine the total number of customers who can be seen, including the availability of Outpatient Therapists to triage immediate need for services. Compass Health does include emergency slots/ appointments in each provider's schedule to allow for immediate access to services.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

Listed measurement levels are based upon current agency demand for services as well as established baselines for clinical effectiveness for consumers enrolled in programming offered by the agency. These measurement tools and goals are based upon the national best standards.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The use of the monthly consumer evaluation form and the consumer's individualized wellness plan are standardized for the agency, and provide ample data on consumer's overall progress with treatment services rendered. We have used these same measurement tools in years past with city funding, and will continue if fortunate enough to receive continued funding.

Service #3 - Name, Definition and Description**a. Service #3 - Taxonomy of Service Name (300 character limit)**

Psychiatric Treatment (Psychiatric Assessment)

b. Service #3 - Taxonomy Definition of Service (300 character limit)

Implementation of a mental health treatment plan that may include psychotherapy and medication adjustments and performed by a licensed psychiatrist.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Compass Health provides psychiatric services as part of our comprehensive behavioral health care system. Customers seeking to receive psychiatric services will receive a one hour psychiatric assessment by a licensed psychiatrist consisting of a behavioral health history and assessment, formulation of mental health diagnosis/s', and development of psychiatric treatment plan. Customers will be monitored as determined by our psychiatric staff and continue psychiatric services on a medication management follow-up basis.

Service #3 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)**

One Hour

b. Unit Rate (#3)

\$236.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

Compass Health has recently calculated our actual cost for psychiatric services, we are basing our Psychiatric Treatment (Psychiatric Assessment) rate on actual cost.

d. Total Number of Units of Service to be Provided (#3)

63

e. Total Number of Unduplicated Individuals (#3)

63

f. Average Number of Units of Service per Unduplicated Individual (#3)

1

g. Average Cost of Service per Individual (#3)

Service #3 - Service Fee

a. Will the proposed service consumers be charged a fee? (#3)

Yes

Provide a description of and a rationale for the service. (#3) (600 character limit)

Compass Health utilizes a board approved sliding fee scale for all eligible consumers that fall below 200% of FPL. Those consumers that fall above 200% of FPL are required to pay full clinic fees for all services rendered. A minimum fee of \$10 is required of all consumers (Fee may be waived under unusual circumstances). While trying to maximize city funding to impact the greatest number of consumers, the fee is charged to establish a level of responsibility on the part of the individual being served. A copy of this sliding fee scale can be produced upon request.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#3)

/document/download/filename/1536079227_40862_CityCountyUWGrantSlide.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#3) (600 character limit)

Customers receiving Medicaid are eligible to use their Medicaid insurance for billing.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#3) (600 character limit)

Compass Health utilizes a board approved sliding fee discount program. This discount program is reviewed and approved on a yearly basis by the governing board. The sliding fee discount program is based on established FPL guidelines, and provides reduced service prices ensuring indigent populations can access needed treatment programming.

Service #3 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

No

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$14,868.00

b. Proposed Number of Units of Service (#3)

63

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

As a comprehensive system of care, we continue to see the rise in demand for services for those individuals who lack insurance and the ability to pay the sliding fee discount prices. Through partnership with Boone County, we can proactively address the rising needs of this targeted population, reducing unnecessary, costly emergency room visits for issues that can be addressed in the outpatient setting.

Service #3 - Performance Measures

Outcome (3-1)

Licensed Psychiatrist will complete full one hour Psychiatric Treatment service.

Indicator (3-1)

85% of all Psychiatric Treatment services will be completed in full.

Method of Measurement (3-1)

Information gathering for the completion of Psychiatric Treatment will be collected using our agency's Electronic Health Record system.

Additional Outcome (3-2)

Text

Additional Indicator (3-2)

Text

Additional Method (3-2)

Text

Additional Outcome (3-3)

Text

Additional Indicator (3-3)

Text

Additional Method (3-3)

Text

Additional Outcome (3-4)

Text

Additional Indicator (3-4)

Text

Additional Method (3-4)

Text

Additional Outcome (3-5)

Text

Additional Indicator (3-5)

Text

Additional Method (3-5)

Text

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)

Compass Health will offer Psychiatric Treatment (Psychiatric Assessments) for all persons seeking mental health and substance use disorder services, including underserved customers who lack insurance and the financial means to pay, in an effort to improve quality of life, daily functioning, and address mental health concerns identified through customer assessment.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Acuity of need for presenting customers will determine the total number of customers who can be seen, including the availability of Outpatient Therapists to triage immediate need for services. Compass Health does include emergency slots/ appointments in each provider's schedule to allow for immediate access to services.

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

Listed measurement levels are based upon current agency demand for services as well as established baselines for clinical effectiveness for consumers enrolled in programming offered by the agency. These measurement tools and goals are based upon the national best standards.

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

The use of an Electronic Health Records system is standardized for the agency and provides safety and security to our customers' protected health information allowing us to store ample outcome data on consumer's overall progress with treatment services rendered.

Service #4 - Name, Definition, and Description**a. Service #4 - Taxonomy of Service Name (300 character limit)**

Medication Management

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Monitors therapeutic levels of a prescribed medication.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Compass Health completes Medication Management services for all customers receiving psychiatric services in our program. Following the completion of the Psychiatric Treatment (Psychiatric Assessment), our Licensed Psychiatrists determine the psychiatric treatment plan per individual customer and the frequency of the Medication Management follow-ups. Lasting thirty (30) minutes, a Licensed Psychiatrist discusses any new or ongoing behavioral health symptoms and maintains updated diagnostics. Customers are assessed for the efficacy, tolerance, and any side-effects of the treatment. The Licensed Psychiatrist will determine any adjustments or changes to the treatment as needed per individual customer. The psychiatric treatment plan is updated in our Electronic Health Records system and the customer is provided by the Licensed Psychiatrist when the recommended follow-up should be scheduled for continuation of Medication Management services or discuss termination of services as determined by the Licensed Psychiatrist.

Service #4 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)**

30 Minutes

b. Unit Rate (#4)

\$148.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

Compass Health has recently calculated our actual cost for psychiatric services, we are basing our Medication Management rate on actual cost.

d. Total Number of Units of Service to be Provided (#4)

258

e. Total Number of Unduplicated Individuals (#4)

63

f. Average Number of Units of Service per Unduplicated Individual (#4)

4.1

g. Average Cost of Service per Individual (#4)

606.1

Service #4 - Service Fee**a. Will the proposed service consumers be charged a fee? (#4)**

Yes

Provide a description of and a rationale for the service fee. (#4) (600 character limit)

Compass Health utilizes a board approved sliding fee scale for all eligible consumers that fall below 200% of FPL. Those consumers that fall above 200% of FPL are required to pay full clinic fees for all services rendered. A minimum fee of \$10 is required of all consumers (Fee may be waived under unusual circumstances). While trying to maximize city funding to impact the greatest number of consumers, the fee is charged to establish a level of responsibility on the part of the individual being served. A copy of this sliding fee scale can be produced upon request.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#4)

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b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

Customers receiving Medicaid are eligible to use their Medicaid insurance for billing.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#4) (600 character limit)

Compass Health utilizes a board approved sliding fee discount program. This discount program is reviewed and approved on a yearly basis by the governing board. The sliding fee discount program is based on established FPL guidelines, and provides reduced service prices ensuring indigent populations can access needed treatment programming.

Service #4 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)**

Yes (complete the Other Funders Chart below)

Service #4 - Local Funding Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
	4a1.	4a2.	4a3.
a. Boone County - Children's Services Funding (#4)	\$0.00	0	\$0.00
	4b1.	4b2.	4b3.
b. Boone County - Community Health Funding (#4)	\$40.10	768	\$30,796.80
	4c1.	4c2.	4c3.
c. City of Columbia - Social Services Funding (#4)	\$0.00	0	\$0.00
	4d1.	4d2.	4d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	\$0.00	0	\$0.00
	4e1.	4e2.	4d4.
e. Heart of Missouri United Way Funding (#4)	\$0.00	0	\$0.00

Service #4 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)**

\$26,640.00

b. Proposed Number of Units of Service (#4)

180

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

As a comprehensive system of care, we continue to see the rise in demand for services for those individuals who lack insurance and the ability to pay the sliding fee discount prices. Through partnership with Boone County, we can proactively address the rising needs of this targeted population, reducing unnecessary, costly emergency room visits for issues that can be addressed in the outpatient setting.

Service #4 - Performance Measures

Outcome (4-1)

Licensed Psychiatrist will complete full thirty (30) minute Medication Management service.

Indicator (4-1)

85% of all Medication Management appointments will be completed in full.

Method of Measurement (4-1)

Information gathering for the completion of Medication Management appointments will be collected using our agency's Electronic Health Record system.

Additional Outcome (4-2)

Text

Additional Indicator (4-2)

Text

Additional Method (4-2)

Text

Additional Outcome (4-3)

Text

Additional Indicator (4-3)

Text

Additional Method (4-3)

Text

Additional Outcome (4-4)

Text

Additional Indicator (4-4)

Text

Additional Method (4-4)

Text

Additional Outcome (4-5)

Text

Additional Indicator (4-5)

Text

Additional Method (4-5)

Text

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

Compass Health will offer Behavioral Health Screenings for all persons seeking mental health and substance use disorder services, including underserved customers who lack insurance and the financial means to pay, in an effort to improve quality of life, daily functioning, and address mental health concerns identified through customer assessment.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Acuity of need for presenting customers will determine the total number of customers who can be seen, including the availability of Outpatient Therapists to triage immediate need for services. Compass Health does include emergency slots/ appointments in each provider's schedule to allow for immediate access to services.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

Listed measurement levels are based upon current agency demand for services as well as established baselines for clinical effectiveness for consumers enrolled in programming offered by the agency. These measurement tools and goals are based upon the national best standards.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

The use of an Electronic Health Records system is standardized for the agency and provides safety and security to our customers' protected health information allowing us to store ample outcome data on consumer's overall progress with treatment services rendered.

Service #5 - Name, Definition, and Description

a. Service #5 - Taxonomy of Service Name (300 character limit)

Substance Use Disorder Assessment

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Assessment that determines the severity, frequency, pattern, and history of substance use to develop a treatment plan for intervention.

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Compass Health completes Substance Use Disorder Assessments for all customers experiencing challenges with substance use issues at the beginning of the outpatient therapy process. Assessments last one hour, face-to-face with the customer and Outpatient Clinician. Our Outpatient Therapists complete a basic assessment with specific information related to substance use revealing our customer's needs for additional substance use treatment services and/or referrals to crisis response services. Customers eligible for our program will be enrolled into services based upon need including our specialized substance use disorder psychiatry service, group/individual therapy, and case management services.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

One Hour

b. Unit Rate (#5)

\$365.66

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate tied to an established public funding rate? (#5)

Yes

Indicate the publicly available rate and describe the source. (#5) (600 character limit)

CSTAR Programs-Master Pricing

d. Total Number of Units of Service to be Provided (#5)

636

e. Total Number of Unduplicated Individuals (#5)

525

f. Average Number of Units of Service per Unduplicated Individual (#5)

1.21

g. Average Cost of Service per Individual (#5)

442.97

Service #5 - Service Fee

a. Will the proposed service consumers be charged a fee? (#5)

Yes

Provide a description of and a rationale for the service fee. (#5) (600 character limit)

Compass Health utilizes a board approved sliding fee scale for all eligible consumers that fall below 200% of FPL. Those consumers that fall above 200% of FPL are required to pay full clinic fees for all services rendered. A minimum fee of \$10 is required of all consumers (Fee may be waived under unusual circumstances). While trying to maximize city funding to impact the greatest number of consumers, the fee is charged to establish a level of responsibility on the part of the individual being served. A copy of this sliding fee scale can be produced upon request.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#5)

/document/download/filename/1536079467_40928_CityCountyUWGrantSlide.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

Yes

Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

Customers receiving Medicaid are eligible to use their Medicaid insurance for billing.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#5) (600 character limit)

Compass Health utilizes a board approved sliding fee discount program. This discount program is reviewed and approved on a yearly basis by the governing board. The sliding fee discount program is based on established FPL guidelines, and provides reduced service prices ensuring indigent populations can access needed treatment programming.

Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

No

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Not Applicable

Service #5 - Performance Measures

Outcome (5-1)

Outpatient Therapist will complete full one hour Substance Use Disorder Assessment.

Additional Outcome (5-2)**Indicator (5-1)**

100% of all Substance Use Disorder Assessments will be completed in full.

Additional Indicator (5-2)**Method of Measurement (5-1)**

Information gathering for the completion of Substance Use Disorder Assessment will be collected using our agency's Electronic Health Record system.

Additional Method (5-2)

Text	Text	Text
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Text	Text	Text
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Text	Text	Text
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)
Text	Text	Text

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

Compass Health will offer Substance Use Disorder Assessments for all persons seeking substance use disorder services, including underserved customers who lack insurance and the financial means to pay, in an effort to improve quality of life, daily functioning, and address mental health concerns identified through customer assessment.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

Acuity of need for presenting customers will determine the total number of customers who can be seen, including the availability of Outpatient Therapists to triage immediate need for services. Compass Health does include emergency slots/ appointments in each provider's schedule to allow for immediate access to services.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

Listed measurement levels are based upon current agency demand for services as well as established baselines for clinical effectiveness for consumers enrolled in programming offered by the agency. These measurement tools and goals are based upon the national best standards.

d. Provide a rationale for each method of measurement (#5) (600 character limit)

The use of an Electronic Health Records system is standardized for the agency and provides safety and security to our customers' protected health information allowing us to store ample outcome data on consumer's overall progress with treatment services rendered.

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

129412

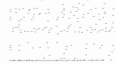
Linked 'Agreement Form - V3' Records

Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

				Link Info	
Organization Name	Program Name	Date Completed	Record Lock	Description	Active Date
Compass Health, Inc.	Behavioral Health Care Programming	11/07/2018			Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 6-10 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Compass Health, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Behavioral Health Care Programming
Amount of Request	\$129,412.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in My Shared Files. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #6 - Name, Definition, and Description

a. Service #6 - Taxonomy of Service Name (300 character limit)

Group Therapy-Adult

b. Service #6 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for adults with a related problem arranged in a group format with a qualified mental health professional. Group Therapy places focus on all group members.

c. Provide a detailed description of the proposed service (#6). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Outpatient Therapist will complete group therapeutic sessions with the receiving customer lasting one hour. Outpatient therapists working with these consumers and their families relay on a number of techniques and treatment services/programs to assist the consumer in attaining all wellness goals established at admission to programming. Outpatient Therapists listen, empathize, make suggestions, and assist the consumer in making positive choices that impact their lives in a positive way. Furthermore, these session provide the consumer with productive ways to function better in the home and work setting, as well as to improve relationships with peers, individuals in the community and/or emotionally health from a traumatic experience. As an agency that is focused on trauma-informed care, all of our outpatient therapy staff have been trained to provide culturally appropriate, trauma-informed care to each individual who walks through our front door. Even front office staff who deal with consumers in collecting payment for services, making appointments, etc. have been trained in trauma-informed care, ensuring the consumer always feels comfortable, safe and welcome each time they visit our clinic. Compass Health's Outpatient Therapists are under the supervision of a Supervising Therapist providing direct support throughout the therapeutic process via weekly one-hour supervision staffing. Wellness/treatment goals are periodically reviewed and updated based on consumer need and progress with treatment.

Record Lock

1

Service #6 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#6)**

One Hour

b. Unit Rate (#6)

\$82.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#6)

c. Is the proposed Unit Rate tied to an established public funding rate? (#6)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#6) (600 character limit)

Since Compass Health has recently calculated our actual cost for therapy, we are basing our Behavioral Health rate on actual cost.

d. Total Number of Units of Service to be Provided (#6)

5219

e. Total Number of Unduplicated Individuals (#6)

256

f. Average Number of Units of Service per Unduplicated Individual (#6)

20.39

g. Average Cost of Service per Individual (#6)

1671.71

Service #6 - Service Fee**a. Will the proposed service consumers be charged a fee? (#6)**

Yes

Provide a description of and a rationale for the proposed service fee. (#6) (600 character limit)

Compass Health utilizes a board approved sliding fee scale for all eligible consumers that fall below 200% of FPL. Those consumers that fall above 200% of FPL are required to pay full clinic fees for all services rendered. A minimum fee of \$10 is required of all consumers (Fee may be waived under unusual circumstances). While trying to maximize city funding to impact the greatest number of consumers, the fee is charged to establish a level of responsibility on the part of the individual being served. A copy of this sliding fee scale can be produced upon request.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#6)

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b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#6)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#6) (600 character limit)

Customers receiving Medicaid are eligible to use their Medicaid insurance for billing.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#6) (600 character limit)

Compass Health utilizes a board approved sliding fee discount program. This discount program is reviewed and approved on a yearly basis by the governing board. The sliding fee discount program is based on established FPL guidelines, and provides reduced service prices ensuring indigent populations can access needed treatment programming.

Service #6 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#6)**

Yes (complete the Other Funder's Chart below)

Service #6 - Local Funding Chart

<u>Funders (#6)</u>	<u>Unit Rate (#6)</u>	<u># of Units Funded (#6)</u>	<u>Total Amount Contracted (#6)</u>
a. Boone County - Children's Services Funding (#6)	6a1. \$0.00	6a2. 0	6a3. \$0.00
b. Boone County - Community Health Funding (#6)	6b1. \$0.00	6b2. 0	6b3. \$0.00
c. City of Columbia - Social Services Funding (#6)	6c1. \$4.56	6c2. 1658	6c3. \$7,562.00
d. City of Columbia - CDBG/Home/CHDO Funding (#6)	6d1. \$0.00	6d2. 0	6d3. \$0.00
e. Heart of Missouri United Way Funding (#6)	6e1. \$0.00	6e2. 0	6d4. \$0.00

Service #6 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#6)
\$0.00

b. Proposed Number of Units of Service (#6)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#6) (600 character limit)

Not Applicable

Service #6 - Performance Measures

Outcome (6-1)

Customers will improve in their ability to function on a daily basis during/following treatment.

Indicator (6-1)

85% of customers will report an improved ability to function during/following treatment.

Method of Measurement (6-1)

Customers of services will be required to respond to a monthly evaluation form which includes a question regarding their ability to function on a daily basis.

Additional Outcome (6-2)

Text

Additional Indicator (6-2)

Text

Additional Method (6-2)

Text

Additional Outcome (6-3)

Text

Additional Indicator (6-3)

Text

Additional Method (6-3)

Text

Additional Outcome (6-4)

Text

Additional Indicator (6-4)

Text

Additional Method (6-4)

Text

Additional Outcome (6-5)

Text

Additional Indicator (6-5)

Text

Additional Method (6-5)

Text

Service #6 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#6) (600 character limit)

Compass Health will offer mental health and substance use disorder counseling services (Group Therapy-Adult) for all persons seeking mental health and substance use disorder services, including underserved customers who lack insurance and the financial means to pay, in an effort to improve quality of life, daily functioning, and address mental health concerns identified through customer assessment.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#6) (600 character limit)

Acuity of need for presenting customers will determine the total number of customers who can be seen, including the availability of Outpatient Clinicians to triage immediate need for services. Compass Health does include emergency slots/ appointments in each provider's schedule to allow for immediate access to services.

c. Provide a rationale for the measurement level(s) for each indicator. (#6) (600 character limit)

Listed measurement levels are based upon current agency demand for services as well as established baselines for clinical effectiveness for consumers enrolled in programming offered by the agency. These measurement tools and goals are based upon the national best standards.

d. Provide a rationale for each method of measurement. (#6) (600 character limit)

The use of the monthly consumer evaluation form and the consumer's individualized wellness plan are standardized for the agency, and provide ample data on consumer's overall progress with treatment services rendered. We have used these same measurement tools in years past with city funding, and will continue if fortunate enough to receive continued funding.

Service #7 - Name, Definition, and Description**a. Service #7 - Taxonomy of Service Name (300 character limit)**

Family Therapy

b. Service #7 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.

c. Provide a detailed description of the proposed service (#7). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Outpatient Therapist will complete face-to-face family therapy sessions with the receiving customers lasting one hour. Outpatient therapists working with these consumers and their families rely on a number of techniques and treatment services/programs to assist the consumer in attaining all wellness goals established at admission to programming. Outpatient therapists listen, empathize, make suggestions, and assist the consumer in making positive choices that impact their lives in a positive way. Furthermore, these sessions provide the consumer with productive ways to function better in the home and work setting, as well as to improve relationships with peers, individuals in the community and/or emotional health from a traumatic experience. As an agency that is focused on trauma-informed care, all of our outpatient therapy staff have been trained to provide culturally appropriate, trauma-informed care to each individual who walks through our front door. Even front office staff who deal with consumers in collecting payment for services, making appointments, etc. have been trained in trauma-informed care, ensuring the consumer always feels comfortable, safe and welcome each time they visit our clinic. Compass Health's Outpatient Therapists are under the supervision of a Supervising Therapist providing direct support throughout the therapeutic process via weekly one-hour supervision staffing. Wellness/treatment goals are periodically reviewed and updated based on consumer need and progress with treatment.

Service #7 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#7)**

One Hour

b. Unit Rate (#7)

\$18.31

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#7)

c. Is the proposed Unit Rate tied to an established public funding rate? (#7)

Yes

Indicate the publicly available rate and describe the source. (#7) (600 character limit)

CSTAR Programs-Master Pricing

d. Total Number of Units of Service to be Provided (#7)

171

e. Total Number of Unduplicated Individuals (#7)

74

f. Average Number of Units of Service per Unduplicated Individual (#7)

2.31

g. Average Cost of Service per Individual (#7)

42.31

Service #7- Service Fee**a. Will the proposed service consumers be charged a fee? (#7)**

Yes

Provide a description of and a rationale for the proposed service fee. (#7) (600 character limit)

Compass Health utilizes a board approved sliding fee scale for all eligible consumers that fall below 200% of FPL. Those consumers that fall above 200% of FPL are required to pay full clinic fees for all services rendered. A minimum fee of \$10 is required of all consumers (Fee may be waived under unusual circumstances). While trying to maximize city funding to impact the greatest number of consumers, the fee is charged to establish a level of responsibility on the part of the individual being served. A copy of this sliding fee scale can be produced upon request.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#7)

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b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#7)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#7) (600 character limit)

Customers receiving Medicaid are eligible to use their Medicaid insurance for billing.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#7) (600 character limit)

Compass Health utilizes a board approved sliding fee discount program. This discount program is reviewed and approved on a yearly basis by the governing board. The sliding fee discount program is based on established FPL guidelines, and provides reduced service prices ensuring indigent populations can access needed treatment programming.

Service #7 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#7)

No

Service #7 - Local Funding Chart

<u>Funders (#7)</u>	<u>Unit Rate (#7)</u>	<u># of Units Funded (#7)</u>	<u>Total Amount Contracted (#7)</u>
	7a1.	7a2.	7a3.
a. Boone County - Children's Services Funding (#7)	\$0.00	0	\$0.00
	7b1.	7b2.	7b3.
b. Boone County - Community Health Funding (#7)	\$0.00	0	\$0.00
	7c1.	7c2.	7c3.
c. City of Columbia - Social Services Funding (#7)	\$0.00	0	\$0.00
	7d1.	7d2.	7d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#7)	\$0.00	0	\$0.00
	7e1.	7e2.	7e3.
e. Heart of Missouri United Way Funding (#7)	\$0.00	0	\$0.00

Service #7 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#7)

\$0.00

b. Proposed Number of Units of Service (#7)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#7) (600 character limit)

Not applicable

Service #7 - Performance Measures

Outcome (7-1)

Outpatient Therapist will complete full one hour Family Therapy session.

Indicator (7-1)

95% of all Family Therapy sessions will be completed in full.

Method of Measurement (7-1)

Information gathering for the completion of Substance Use Disorder Assessment will be collected using our agency's Electronic Health Record system.

Additional Outcome (7-2)

Text

Additional Indicator (7-2)

Text

Additional Method (7-2)

Text

Additional Outcome (7-3)

Additional Indicator (7-3)

Additional Method (7-3)

Text	Text	Text
Additional Outcome (7-4)	Additional Indicator (7-4)	Additional Method (7-4)
Text	Text	Text
Additional Outcome (7-5)	Additional Indicator (7-5)	Additional Method (7-5)
Text	Text	Text

Service #7 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (7) (600 character limit)

Compass Health will offer Family Therapy for all persons seeking family therapy services, including underserved customers who lack insurance and the financial means to pay, in an effort to improve quality of life, daily functioning, and address mental health concerns identified through customer assessment.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (7) (600 character limit)

Acuity of need for presenting customers will determine the total number of customers who can be seen, including the availability of Outpatient Clinicians to triage immediate need for services. Compass Health does include emergency slots/ appointments in each provider's schedule to allow for immediate access to services.

c. Provide a rationale for the measurement level(s) for each indicator. (7) (600 character limit)

Listed measurement levels are based upon current agency demand for services as well as established baselines for clinical effectiveness for consumers enrolled in programming offered by the agency. These measurement tools and goals are based upon the national best standards.

d. Provide a rationale for each method of measurement (7). (600 character limit)

The use of an Electronic Health Records system is standardized for the agency and provides safety and security to our customers' protected health information allowing us to store ample outcome data on consumer's overall progress with treatment services rendered.

Service #8 - Name, Definition and Description

a. Service #8 - Taxonomy of Service Name (300 character limit)

Individual Therapy-Child

b. Service #8 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.

c. Provide a detailed description of the proposed service (#8). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Following completion of the assessment, treatment/wellness plan goals are established through a collaborative process between the outpatient therapist, the consumer and other concerned parties (when appropriate). Outpatient Therapists will complete face-to-face therapeutic sessions lasting one hour for customers under the age of 18. Outpatient Therapists working with these consumers and their families relay on a number of techniques and treatment services/programs to assist the consumer in attaining all wellness goals established at admission to programming. Outpatient Therapists listen, empathize, make suggestions, and assist the consumer in making positive choices that impact their lives in a positive way. Furthermore, these session provide the consumer with productive ways to function better in the home and work setting, as well as to improve relationships with peers, individuals in the community and/or emotionally health from a traumatic experience. As an agency that is focused on trauma-informed care, all of our outpatient therapy staff have been trained to provide culturally appropriate, trauma-informed care to each individual who walks through our front door. Even front office staff who deal with consumers in collecting payment for services, making appointments, etc. have been trained in trauma-informed care, ensuring the consumer always feels comfortable, safe and welcome each time they visit our clinic. Compass Health's Outpatient Therapists are under the supervision of a Supervising Therapist providing direct support throughout the therapeutic process via weekly one-hour supervision staffing. Wellness/treatment goals are periodically reviewed and updated based on consumer need and progress with treatment.

Service #8 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#8)

One Hour

b. Unit Rate (#8)

\$82.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#8)

c. Is the proposed Unit Rate tied to an established public funding rate? (#8)

Yes

Indicate the publicly available rate and describe the source. (#8) (600 character limit)

Since Compass Health has recently calculated our actual cost for therapy, we are basing our Individual Therapy-Child rate on actual cost.

d. Total Number of Units of Service to be Provided (#8)

5435

e. Total Number of Unduplicated Individuals (#8)

400

f. Average Number of Units of Service per Unduplicated Individual (#8)

13.59

g. Average Cost of Service per Individual (#8)

1114.18

Service #8 - Service Fee**a. Will the proposed service consumers be charged a fee? (#8)**

Yes

Provide a description of and a rationale for the service. (#8) (600 character limit)

Compass Health utilizes a board approved sliding fee scale for all eligible consumers that fall below 200% of FPL. Those consumers that fall above 200% of FPL are required to pay full clinic fees for all services rendered. A minimum fee of \$10 is required of all consumers (Fee may be waived under unusual circumstances). While trying to maximize city funding to impact the greatest number of consumers, the fee is charged to establish a level of responsibility on the part of the individual being served. A copy of this sliding fee scale can be produced upon request.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#8)

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b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#8)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#8). (600 character limit)

Customers receiving Medicaid are eligible to use their Medicaid insurance for billing.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#8) (600 character limit)

Compass Health utilizes a board approved sliding fee discount program. This discount program is reviewed and approved on a yearly basis by the governing board. The sliding fee discount program is based on established FPL guidelines, and provides reduced service prices ensuring indigent populations can access needed treatment programming.

Service #8 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#8)**

Yes (complete the Other Funder's Chart below)

Service #8 - Local Funding Chart

<u>Funders (#8)</u>	<u>Unit Rate (#8)</u>	<u># of Units Funded (#8)</u>	<u>Total Amount Contracted (#8)</u>
a Boone County - Children's Services Funding (#8)	8a1. \$0.00	8a2. 0	8a3. \$0.00
b. Boone County - Community Health Funding (#8)	8b1. \$0.00	8b2. 0	8b3. \$0.00
c. City of Columbia - Social Services Funding (#8)	8c1. \$0.00	8c2. 0	8c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#8)	8d1. \$0.00	8d2. 0	8d3. \$0.00
e. Heart of Missouri United Way Funding (#8)	8e1. \$87.00	8e2. 1325	8e3. \$120,000.00

Service #8 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#8)

\$0.00

b. Proposed Number of Units of Service (#8)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#8) (600 character limit)

Not Applicable

Service #8 - Performance Measures

Outcome (8-1)

Outpatient Therapist will complete full one-hour Individual Therapy-Child session.

Indicator (8-1)

95% of all Individual Therapy-Child sessions will be completed in full.

Method of Measurement (8-1)

Information gathering for the completion of Individual Therapy-Child will be collected using our agency's Electronic Health Record system.

Additional Outcome (8-2)

Text

Additional Indicator (8-2)

Text

Additional Method (8-2)

Text

Additional Outcome (8-3)

Text

Additional Indicator (8-3)

Text

Additional Method (8-3)

Text

Additional Outcome (8-4)

Text

Additional Indicator (8-4)

Text

Additional Method (8-4)

Text

Additional Outcome (8-5)

Text

Additional Indicator (8-5)

Text

Additional Method (8-5)

Text

Service #8 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#8) (600 character limit)

Compass Health will offer Individual Therapy-Child sessions for all persons under the age of 18 seeking mental health and substance use disorder services, including underserved customers who lack insurance and the financial means to pay, in an effort to improve quality of life, daily functioning, and address mental health concerns identified through customer assessment.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#8) (600 character limit)

Acuity of need for presenting customers will determine the total number of customers who can be seen, including the availability of Outpatient Clinicians to triage immediate need for services. Compass Health does include emergency slots/ appointments in each provider's schedule to allow for immediate access to services.

c. Provide a rationale for the measurement level(s) for each indicator. (#8) (600 character limit)

Listed measurement levels are based upon current agency demand for services as well as established baselines for clinical effectiveness for consumers enrolled in programming offered by the agency. These measurement tools and goals are based upon the national best standards.

d. Provide a rationale for each method of measurement. (#8) (600 character limit)

The use of an Electronic Health Records system is standardized for the agency and provides safety and security to our customers' protected health information allowing us to store ample outcome data on consumer's overall progress with treatment services rendered

Service #9 - Name, Definition, and Description

a. Service #9 - Taxonomy of Service Name (300 character limit)

Behavioral Health Evaluation

b. Service #9 - Taxonomy Definition of Service (300 character limit)

Evaluation by a qualified mental health professional to determine a mental health diagnosis.

c. Provide a detailed description of the proposed service (#9). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Customers seeking to continue receiving mental health and/or substance use disorder services in our program will receive a Behavioral Health Evaluation by an Outpatient Therapist lasting one hour. The outpatient clinician will acquire information evaluate the individual's history, mental health and functioning with the purpose of establishing or re-establishing a mental health diagnosis.

Service #9 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#9)

One hour

b. Unit Rate (#9)

\$365.66

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#9)

c. Is the proposed Unit Rate tied to an established public funding rate? (#9)

Yes

Indicate the publicly available rate and describe the source. (#9) (600 character limit)

CSTAR Programs-Master Pricing

d. Total Number of Units of Service to be Provided (#9)

20

e. Total Number of Unduplicated Individuals (#9)

54

f. Average Number of Units of Service per Unduplicated Individual (#9)

0.37

g. Average Cost of Service per Individual (#9)

135.43

Service #9 - Service Fee**a. Will the proposed service consumers be charged a fee? (#9)**

Yes

Provide a description of and a rationale for the service fee. (#9) (600 character limit)

Compass Health utilizes a board approved sliding fee scale for all eligible consumers that fall below 200% of FPL. Those consumers that fall above 200% of FPL are required to pay full clinic fees for all services rendered. A minimum fee of \$10 is required of all consumers (Fee may be waived under unusual circumstances). While trying to maximize city funding to impact the greatest number of consumers, the fee is charged to establish a level of responsibility on the part of the individual being served. A copy of this sliding fee scale can be produced upon request.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#9)

/document/download/filename/1536080977_41490_CityCountyUWGrantSlide.pdf/

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#9)

Yes

Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#9) (600 character limit)

Customers receiving Medicaid are eligible to use their Medicaid insurance for billing.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#9) (600 character limit)

Compass Health utilizes a board approved sliding fee discount program. This discount program is reviewed and approved on a yearly basis by the governing board. The sliding fee discount program is based on established FPL guidelines, and provides reduced service prices ensuring indigent populations can access needed treatment programming.

Service #9 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#9)**

No

Service #9 - Local Funding Chart

<u>Funders (#9)</u>	<u>Unit Rate (#9)</u>	<u># of Units Funded (#9)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#9)	9a1. \$0.00	9a2. 0	9a3. \$0.00

b. Boone County - Community Health Funding (#9)	9b1. \$0.00	9b2. 0	9b3. \$0.00
c. City of Columbia - Social Services Funding (#9)	9c1. \$0.00	9c2. 0	9c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#9)	9d1. \$0.00	9d2. 0	9d3. \$0.00
e. Heart of Missouri United Way Funding (#9)	9e1. \$0.00	9e2. 0	9d4. \$0.00

Service #9 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#9)

\$0.00

b. Proposed Number of Units of Service (#9)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#9) (600 character limit)

Not Applicable

Services #9 - Performance Measures

Outcome (9-1)

Outpatient Therapist will complete full one hour Behavioral Health Evaluation.

Indicator (9-1)

95% of all Behavioral Health Evaluations will be completed in full.

Method of Measurement (9-1)

Information gathering for the completion of Behavioral Health Evaluations will be collected using our agency's Electronic Health Record system.

Additional Outcome (9-2)

Text

Additional Indicator (9-2)

Text

Additional Method (9-2)

Text

Additional Outcome (9-3)

Text

Additional Indicator (9-3)

Text

Additional Method (9-3)

Text

Additional Outcome (9-4)

Text

Additional Indicator (9-4)

Text

Additional Method (9-4)

Text

Additional Outcome (9-5)

Text

Additional Indicator (9-5)

Text

Additional Method (9-5)

Text

Service #9 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#9) (600 character limit)

Compass Health will offer Behavioral Health Evaluations for all persons seeking mental health and substance use disorder services, including underserved customers who lack insurance and the financial means to pay, in an effort to improve quality of life, daily functioning, and address mental health concerns identified through customer assessment.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#9) (600 character limit)

Acuity of need for presenting customers will determine the total number of customers who can be seen, including the availability of Outpatient Therapists to triage immediate need for services. Compass Health does include emergency slots/ appointments in each provider's schedule to allow for immediate access to services.

c. Provide a rationale for the measurement level(s) for each indicator (#9). (600 character limit)

Listed measurement levels are based upon current agency demand for services as well as established baselines for clinical effectiveness for consumers enrolled in programming offered by the agency. These measurement tools and goals are based upon the national best standards.

d. Provide a rationale for each method of measurement. (#9) (600 character limit)

The use of an Electronic Health Records system is standardized for the agency and provides safety and security to our customers' protected health information allowing us to store ample outcome data on consumer's overall progress with treatment services rendered.

Service #10 - Name, Definition, and Description

a. Service #10 - Taxonomy of Service Name (300 character limit)

Behavioral Health Screening

b. Service #10 - Taxonomy Definition of Service (300 character limit)

Identifies if an individual is at risk of experiencing symptoms of a mental health condition.

c. Provide a detailed description of the proposed service (#10). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Compass Health completes Behavioral Health Screenings for all customers at the beginning of the service delivery process. Our Outpatient Therapists complete a basic assessment revealing our customer's current mental health and/or substance use disorder needs. The Behavioral Health Screening allows our agency to determine the best possible referrals for treatment moving forward the services delivery process. Outpatient Therapists upon completing the screening will make the necessary internal and/or external referrals for the appropriate service/s and provide our customers with information for our crisis-line services.

Service #10 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#10)**

15 Minutes

b. Unit Rate (#10)

\$124.86

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#10)

c. Is the proposed Unit Rate tied to an established public funding rate? (#10)

Yes

Indicate the publicly available rate and describe the source. (#10) (600 character limit)

CSTAR Programs-Master Pricing

d. Total Number of Units of Service to be Provided (#10)

96

e. Total Number of Unduplicated Individuals (#10)

96

f. Average Number of Units of Service per Unduplicated Individual (#10)

1

g. Average Cost of Service per Individual (#10)

124.86

Service #10 - Service Fee**a. Will the proposed service consumers be charged a fee? (#10)**

Yes

Provide a description of and a rationale for the service fee. (#10) (600 character limit)

Compass Health utilizes a board approved sliding fee scale for all eligible consumers that fall below 200% of FPL. Those consumers that fall above 200% of FPL are required to pay full clinic fees for all services rendered. A minimum fee of \$10 is required of all consumers (Fee may be waived under unusual circumstances). While trying to maximize city funding to impact the greatest number of consumers, the fee is charged to establish a level of responsibility on the part of the individual being served. A copy of this sliding fee scale can be produced upon request.

If the proposed service will be offered on a sliding fee scale, please upload the fee chart. (#10)

/document/download/filename/1536592875_41528_CityCountyUWGrantSlide.pdf/

b. Is this proposed service billable to a third party-payor(s) (e.g. health insurance, state subsidy, etc.) (#10)

Yes

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#10) (600 character limit)

Customers receiving Medicaid are eligible to use their Medicaid insurance for billing.

Explain why the proposed service is not billable to a third-party payor. (#10) (600 character limit)

Compass Health utilizes a board approved sliding fee discount program. This discount program is reviewed and approved on a yearly basis by the governing board. The sliding fee discount program is based on established FPL guidelines, and provides reduced service prices ensuring indigent populations can access needed treatment programming.

Service #10 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#10)

No

Service #10 - Local Funding Chart

<u>Funders (#10)</u>	<u>Unit Rate (#10)</u>	<u># of Units Funded (#10)</u>	<u>Total Amount Contracted (#10)</u>
a. Boone County - Children's Services Funding (#10)	10a1. \$0.00	10a2. 0	10a3. \$0.00
b. Boone County - Community Health Funding (#10)	10b1. \$0.00	10b2. 0	10b3. \$0.00
c. City of Columbia - Social Services Funding (#10)	10c1. \$0.00	10c2. 0	10c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#10)	10d1. \$0.00	10d2. 0	10d3. \$0.00
e. Heart of Missouri United Way (#10)	10e1. \$0.00	10e2. 0	10e3. \$0.00

Service #10 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#10)

\$0.00

b. Proposed Number of Units of Service (#10)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#10) (600 character limit)

Not Applicable

Service #10 - Performance Measures

Outcome (10-1)	Indicator (10-1)	Method of Measurement (10-1)
Outpatient Therapist will complete full 15 minute Behavioral Health Screening.	95% of all Behavioral Health Screenings will be completed in full.	Information gathering for the completion of Behavioral Health Screening will be collected using our agency's Electronic Health Record system.
Additional Outcome (10-2)	Additional Indicator (10-2)	Additional Method (10-2)
Text	Text	Text
Additional Outcome (10-3)	Additional Indicator (10-3)	Additional Method (10-3)
Text	Text	Text
Additional Outcome (10-4)	Additional Indicator (10-4)	Additional Method (10-4)
Text	Text	Text
Additional Outcome (10-5)	Additional Indicator (10-5)	Additional Method (10-5)
Text	Text	Text

Service #10 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#10) (600 character limit)

Compass Health will offer Behavioral Health Screenings for all persons seeking mental health and substance use disorder services, including

underserved customers who lack insurance and the financial means to pay, in an effort to improve quality of life, daily functioning, and address mental health concerns identified through customer assessment.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#10) (600 character limit)

Acuity of need for presenting customers will determine the total number of customers who can be seen, including the availability of Outpatient Therapists to triage immediate need for services.

c. Provide a rationale for the measurement level(s) for each indicator (#10). (600 character limit)

Listed measurement levels are based upon current agency demand for services as well as established baselines for clinical effectiveness for consumers enrolled in programming offered by the agency. These measurement tools and goals are based upon the national best standards.

d. Provide a rationale for each method of measurement (#10). (600 character limit)

The use of an Electronic Health Records system is standardized for the agency and provides safety and security to our customers' protected health information allowing us to store ample outcome data on consumer's overall progress with treatment services rendered.

Total Amount Requested for Services #6 - Service #10

Total Amount Requested for Services #6 - Service #10

0

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
22089	11/19/2018 2:26 PM CST	Apricot Subsystem	09/04/2018 11:54 AM CDT	Compass Health ORG

Linked 'Agreement Form - V3 (Services 6-15)' Records

Link Instructions 1

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

				Link Info	
Organization Name	Program Name	Date Completed	Record Lock	Description	Active Date
Compass Health, Inc.	Behavioral Health Care Programming	11/07/2018			Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

Compass Health, Inc.
Attn: Karen Cade, Vice President Central Operations
1000 West Nifong Boulevard, Suite 220B
Columbia, MO 65203
kcade@compasshn.org

RE: Written Clarification #1 to 36-13SEP18 – *Community Health/Medical Fund*

Dear Ms. Cade:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 36-13SEP18 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Table, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

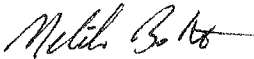
If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 5:00 p.m. October 26, 2018 by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Community Health Advisory Council Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melinda Bobbitt', with a stylized flourish at the end.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts*

WRITTEN CLARIFICATION FORM #1

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

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

Organization	Compass Health, Inc.
Name of Program	Behavioral Health Care Programming

Program Overview Form

1. Majority of consumers reside within city limits.

Action Required: Provide information on outreach efforts for county residents.

2. The sliding fee scale appears to be dated for October 1, 2010.

Action Required: Provide clarification on whether this scale is up to date and whether there are plans to update it. Also, provide information on whether this scale is utilized for each service listed in the program.

--

3. The proposal appears to be including services currently contracted with the County which is scheduled to expire on December 31, 2018.

Action Required: Provide information on whether the proposal is expanding an existing program or current capacity.

--

4. The Personnel Table appears to be incomplete due to the number of individuals to be served and low number of FTEs listed.

Action Required: Complete the Personnel Table for the whole program. Provide a narrative in the field below describing job responsibilities.

Position/Title	Minimum Qualifications	FTE	Full Time Salary Range From:	Full Time Salary Range To:
Supervising Therapist	MA, LCSW, LPC		\$51,025.60	\$59,856.60
Outpatient Therapist	MA, LCSW, LPC, PLPC		\$49,025.60	\$57,865.60
Psychiatrist (Resident)	M.D.		\$9,000.00	\$96,000.00

Narrative:

5. The program budget is missing information for Heart of Missouri United Way, correct amount requested to the City, and the amount requested to Boone County. Narratives also need to be provided for all revenues sources.

Action Required: Complete the Program Budget with all revenue sources and provide narratives.

TOTAL PROGRAM REVENUE	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$
Narrative:		
B. Other United Ways	\$	\$
Narrative:		
C. Capital Campaigns	\$	\$
Narrative:		
D. Grants (non-governmental)	\$	\$
Narrative:		
E. Fund Raising & Other Direct Support	\$120,000.00	\$
Narrative:		
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding	\$	\$
Narrative:		
B. Boone County - Community Health Funding	\$	\$
Narrative:		
C. Boone County - Other Funding	\$	\$
Narrative:		
D. Funding from Other Counties	\$	\$
Narrative:		
E. City of Columbia - Social Service Funding	\$60,498.00	\$

Narrative:		
F. City of Columbia - CDGB/Home Funding	\$	\$
Narrative:		
G. City of Columbia - CHDO Funding	\$	\$
Narrative:		
H. City of Columbia - Other Funding	\$	\$
Narrative:		
I. Funding from Other Cities	\$	\$
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$157,000.00	\$
Narrative:		
K. State (Purchase of Services, Grants, etc.)	\$263,000.00	\$
Narrative:		
L. Other (Schools, Courts, etc.)	\$	\$
Narrative:		
3. Program Service Fees	\$367,000.00	\$
Narrative:		
4. Investment Income (realized & unrealized)	\$	\$
Narrative:		
5. Other Revenue Items	\$	\$
Narrative:		
TOTAL PROGRAM REVENUE	\$967,498	\$
Narrative:		
PROGRAM EXPENSES	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. Personnel	\$1,142,000.00	\$
Narrative:		
2. Non-Personnel	\$243,000.00	\$
Narrative:		
TOTAL PROGRAM EXPENSES	\$1,385,000.00	\$

6. The proposed program budget excluded the amount requested to Boone County. The total expenses would still exceed the revenues by \$288,090.00 after the amount requested to Boone County on the cover page is added.

Action Required: Provide clarification on why the expenses exceed the revenues so significantly. Please investigate this as you update the Program Budget above and provide information on how issues were addressed in the updated budget.

Program Services Form (1-5)	
------------------------------------	--

Program Service 1 – Behavioral Health Assessment

7. The outputs will need to be adjusted for Service 1 – Behavioral Health Assessment to have the unit measure as “one assessment”. To differentiate between the assessments provided by different mental health professionals, this service will be identified as Behavioral Health Assessment (Outpatient Therapist). Also, the total number of units and individuals to be served needs to be for the whole program, regardless of the funding source. The services and outputs need to match what is proposed to the City of Columbia.

Action Required: Complete the attached *Service Change Table* with the corrected outputs. Provide information below on why individuals would receive more than one assessment.

--

8. Indicator 1-1 states that “85% of all Behavioral Health Assessment will be completed in full”.
Action Required: Explain why not all assessments would be completed. Update the performance measures in the *Service Change Table* for Service 1 that tracks clients establishing a treatment plan and/or receiving a diagnosis following an assessment.

--

Program Service 2 – Individual Therapy (Adult)

9. The total number of units and individuals to be served needs to be for the whole program, regardless of the funding source. The services and outputs need to match what is proposed to the City of Columbia.

Action Required: Update the outputs in the ‘Program Outputs and Funding Request Tables’. Provide any additional information in the field below.

--

10. The unit rate increased from \$63.90/hour from the current contract to \$82/hour.

Action Required: Provide an explanation on why the unit rate increased significantly.

--

Program Service 3 – Psychiatric Treatment (Psychiatric Assessment)

11. The service name needs to align with the Taxonomy of Services. This service will be renamed as Behavioral Health Assessment (Psychiatrist). The outputs will need to be adjusted for Service 3 – Behavioral Health Assessment to have the unit measure as “one assessment”. Also, the total number of units and individuals to be served needs to be for the whole program, regardless of the funding source. The services and outputs need to match what is proposed to the City of Columbia.

Action Required: Complete the attached *Service Change Table* with the corrected outputs. Provide information below on why individuals would receive more than one assessment.

--

12. Indicator 3-1 states that “85% of all Psychiatric Treatment services will be completed in full”.
Action Required: Explain why all assessments may not be completed. Update the performance measures in the *Service Change Table* for Service 3 that tracks clients establishing a treatment plan and/or receiving a diagnosis following an assessment.

--

Program Service 4 – Medication Management

13. The service describes managing psychiatric medications to help improve mental health symptoms. However, there are no resources for drug court clients to receive psychiatric medications.

Action Required: Describe the extent of this problem and steps taken to address this issue.

--

14. The number of units in the Local Funding Chart is significantly higher than what is listed for total number of units in the outputs section.

Action Required: Provide clarification on why the total number of units is significantly lower than what was previously contracted. Make sure that the total number of units is provided for the whole program. Update the *Service Change Table* and ‘Program Outputs and Funding Request Tables’.

15. The performance measures lack information on clients experiencing improvements in mental health symptoms.

Action Required: Provide more performance measures tracking improvement in symptoms in the *Service Change Table* for Service 4 – Medication Management. Include information on the type measurement tool that is used for Medication Management sessions.

Program Service 5 – Substance Use Disorder Assessment

16. The outputs will need to be adjusted for Service 5 – Substance Use Disorder Assessment to have the unit measure as “one assessment”. Also, the total number of units and individuals to be served needs to be for the whole program, regardless of the funding source.

Action Required: Complete the attached *Service Change Table* with the corrected outputs. Provide information below on why individuals would receive more than one assessment.

17. The performance measures lack information on patients enrolling in treatment following a Substance Use Disorder Assessment.

Action Required: Update the performance measures in the *Service Change Table* for Service 5 that tracks clients enrolling in treatment and/or receiving a diagnosis following an assessment.

Program Services Form (6-10)	
-------------------------------------	--

Program Service 6 – Group Therapy Adult

18. Make sure that the total outputs are for the whole program, regardless of the funding source.

Action Required: Update 'Program Outputs and Funding Request Tables' as necessary. Provide any additional information in the field below.

Program Service 7 – Family Therapy

19. Make sure that the total outputs are for the whole program, regardless of the funding source.

Action Required: Update 'Program Outputs and Funding Request Tables' as necessary. Provide any additional information in the field below.

20. The performance measures lack information on clients experiencing improvements in mental health symptoms and family relationships.

Action Required: Provide more performance measures tracking improvement in symptoms in the *Service Change Table* for Service 7 – Family Therapy.

Program Service 8 – Individual Therapy - Child

21. Make sure that the total outputs are for the whole program, regardless of the funding source.

Action Required: Update 'Program Outputs and Funding Request Tables' as necessary. Provide any additional information in the field below.

22. The performance measures lack information on clients experiencing improvements in mental health symptoms.

Action Required: Provide more performance measures tracking improvement in symptoms in the *Service Change Table* for Service 8 – Individual Therapy – Child.

--

Program Service 9 – Behavioral Health Evaluation

23. The outputs will need to be adjusted for Service 9 – Behavioral Health Evaluation to have the unit measure as “one evaluation”. The number of unduplicated individuals is more than the number of units provided. Also, the total number of units and individuals to be served needs to be for the whole program, regardless of the funding source.

Action Required: Complete the attached *Service Change Table* with the corrected outputs. Provide information below on why the units were lower than the number of individuals to be served.

--

24. The performance measures lack information on patients enrolling in treatment following a Behavioral Health Evaluation.

Action Required: Update the performance measures in the *Service Change Table* for Service 9 that tracks clients enrolling in treatment and/or receiving a diagnosis following an evaluation.

--

Program Service 10 – Behavioral Health Screening

25. The outputs will need to be adjusted for Service 10 – Behavioral Health Screening to have the unit measure as “one screening”. Also, the total number of units and individuals to be served needs to be for the whole program, regardless of the funding source. The unit rate is also significantly higher than the rates proposed for the assessments and evaluations (\$124.86 x 4= \$499.44).

Action Required: Complete the attached *Service Change Table* with the corrected outputs. Provide information below on only 96 individuals would receive a screening when there are 2,451 individuals to be served in the program.

--

26. The performance measures lack information on patients enrolling in treatment following a Behavioral Health Screening.

Action Required: Update the performance measures in the *Service Change Table* for Service 10 that tracks clients enrolling in treatment or connected to other resources following a screening.

--

Program Service 11 – Psychiatric Treatment (Missing from Proposal)

27. The proposal needs to match what was proposed to the City of Columbia. Psychiatric Treatment was included as a service to the City but was not listed in the County's proposal.

Action Required: Complete the *Service Change Table* describing Psychiatric Treatment.

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--	---------------------------

28. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

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

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #1 – Taxonomy of Service Name: Behavioral Health Assessment (Outpatient Therapist)			
Service #1 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Assessment			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #3 – Taxonomy of Service Name: Behavioral Health Assessment (Psychiatrist)			
Service #3 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Assessment			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #4 – Taxonomy of Service Name: Medication Management			
Service #4 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
30 Minutes			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #5 – Taxonomy of Service Name: Substance Use Disorder Assessment			
Service #5 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Assessment			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #7 – Taxonomy of Service Name: Family Therapy			
Service #7 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Hour			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #8 – Taxonomy of Service Name: Individual Therapy - Child			
Service #8 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Hour			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #9 – Taxonomy of Service Name: Behavioral Health Evaluation			
Service #9 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Evaluation			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #10 – Taxonomy of Service Name: Behavioral Health Screening			
Service #10 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Screening			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #11 – Taxonomy of Service Name: Psychiatric Treatment			
Service #11 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: Compass Health, Inc.				
Program Name: Behavioral Health Care Programming				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Behavioral Health Assessment (Outpatient Therapist)	One assessment			
Individual Therapy – Adult	One hour			
Behavioral Health Assessment (Psychiatrist)	One assessment			
Medication Management	30 minutes			
Substance Use Disorder Assessment	One assessment			
Group Therapy – Adult	One hour			
Family Therapy	One hour			
Individual Therapy – Child	One hour			
Behavioral Health Evaluation	One evaluation			
Behavioral Health Screening	One screening			
Psychiatric Treatment				

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Behavioral Health Assessment (Outpatient Therapist)		
Individual Therapy – Adult		
Behavioral Health Assessment (Psychiatrist)		
Medication Management		
Substance Use Disorder Assessment		
Group Therapy – Adult		
Family Therapy		
Individual Therapy – Child		
Behavioral Health Evaluation		
Behavioral Health Screening		
Psychiatric Treatment		
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

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

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

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

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

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

Organization	Compass Health, Inc.
Name of Program	Behavioral Health Care Programming

Program Overview Form

1. Majority of consumers reside within city limits.

Action Required: Provide information on outreach efforts for county residents.

Compass Health continues to provide targeted efforts to reach and educate Boone County residents on the services that are available from our Columbia, MO operations. The agency has a growing Community Engagement team that is working to engage the entire community/county through educational opportunities. Furthermore, this team is responsible for supporting fundraising events throughout the agency's service area, including Central Missouri. Through these efforts, the agency not only raises funding to support critical services to our most vulnerable populations, but also increases the visibility of the agency to individuals and community partners who may not know about Compass Health and the services we provide. Through these and other agency efforts, Compass Health continues to support outreach efforts to ensure the entire Boone County population understands the availability of resources and services we have to offer. Compass Health will make a concerted effort to outreach to social service, physician offices and other community based organizations located in rural areas of Boone County.

2. The sliding fee scale appears to be dated for October 1, 2010.

Action Required: Provide clarification on whether this scale is up to date and whether there are plans to update it. Also, provide information on whether this scale is utilized for each service listed in the program.

Even though the date on the scale is from 2010, it is reviewed and updated annually. This scale is correct for Central Missouri clinical operations – and is applicable to all eligible individuals and families. In addition to this scale, Compass Health also has a sliding fee scale for FQHC operations, which is also reviewed annually and approved by the Board of Directors (noting that the agency is only designated as a FQHC in limited counties throughout the state of Missouri). In all cases, the agency does not want finances to become a barrier to access to health care services. Therefore, exceptions are made on a case-by-case basis, and payment plans can be arranged for customers to ensure finances do not limit an individual's ability to engage in clinical services offered by Compass Health to achieve and sustain optimal health and wellness.

3. The proposal appears to be including services currently contracted with the County which is scheduled to expire on December 31, 2018.

Action Required: Provide information on whether the proposal is expanding an existing program or current capacity.

The proposal submitted by Compass Health is greater than the current program year expenditures but less than previous grant year requests. Compass Health is grateful for the partnership and financial support that Boone County provides to our agency. It is through this partnership and financial support that Compass Health is able to create lasting, positive impact in the lives of underserved and vulnerable Boone County residents.

4. The Personnel Table appears to be incomplete due to the number of individuals to be served and low number of FTEs listed.

Action Required: Complete the Personnel Table for the whole program. Provide a narrative in the field below describing job responsibilities.

Position/Title	Minimum Qualifications	FTE	Full Time Salary Range From:	Full Time Salary Range To:
Supervising Therapist	MA, LCSW, LPC	1.0	\$51,025.60	\$59,856.60
Outpatient Therapist	MA, LCSW, LPC, PLPC	Please refer to attachment	\$49,025.60	\$57,865.60
Psychiatrist (Resident)	M.D.	.10	\$9,000.00	\$96,000.00

Narrative: Compass Health is providing a full listing of all staff who provides services from the Columbia, MO clinic location. Salary range for these staff is comparable to therapist salaries listed above, with exceptions to experience and years of service to the agency (both drivers for enhanced/increased annual pay).

First Name	Last Name	Default Jobs (HR)
Erin	Arthur	Therapist LPC
Benjamin	Baker	Therapist LPC T25292
Sindy	Armstrong	Supervising Therapist
LaTasha	Bashley	Integrated Health Specialist CSTAR I43292
Kristen	Blevins	Community Engagement Coordinator CE5100
Megan	Bogue	Therapist PLPC T26292
Debra	Cram	Customer Relations Specialist S17292
Stephen	Dittmer	Therapist LPC T25292
Shauna	Dungan	Corporate Recruiting Supervisor CE1100
Chanee	Edwards	Integrated Health Specialist CSTAR I43292

Katherine	Erdel	Integrated Health Specialist CSTAR I43292
Zachary	Foor	Peer Specialist P12292
Megan	Gore	Therapist LCSW T23292
Tarek	Hassaballa	Resident R26292
Courtney	Haynes	Therapist LCSW T23292
Amanda	Herbst	Therapist LPC T25292
Whitney	Hines	Supervising Therapist LPC S18292
Cassandra	Holzer	Therapist PLPC T26292
Emily	Horton	Therapist LMSW T24292
Virginia	James	Therapist LPC T25292
Robert	James	Therapist LCSW T23292
Michelle	Lamberson	Peer Specialist P12292
Ronda	LaPlante	Office Manager-North Central Reg O10292
Jordan	Lascuola	Therapist LMSW T24292
Shari	Lomax	Customer Relations Specialist S17292
Alisa	Massie	Integrated Health Specialist CSTAR I43292
Kathleen	McGuire	Resident R26292
Tina	Oawster	Peer Specialist P12292
Femi	Popoola	Resident R26292
Quillen	Reivich	Facilitator F17292
Gary	Smith	Counselor C19292
Charles	Strode	Resident R26292
Audrey	Tinsdale	Therapist LMSW T24292
Harry	Train	Integrated Health Specialist CSTAR I43292
Howard	Turner	Facilities Technician F25100
Penny	Wagner	Integrated Health Specialist CSTAR I43292
Penny	Wesselmann	Customer Relations Specialist S17292
Derek	Woodis	Employment Specialist E11292
John	Wright	Peer Specialist P12292

5. The program budget is missing information for Heart of Missouri United Way, correct amount requested to the City, and the amount requested to Boone County. Narratives also need to be provided for all revenues sources.

Action Required: Complete the Program Budget with all revenue sources and provide narratives.

TOTAL PROGRAM REVENUE	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way	\$	\$120,000.00
Narrative:		
B. Other United Ways	\$	\$
Narrative:		
C. Capital Campaigns	\$	\$
Narrative:		
D. Grants (non-governmental)	\$	\$
Narrative:		
E. Fund Raising & Other Direct Support	\$120,000.00	\$
Narrative:		
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding	\$	\$
Narrative:		
B. Boone County - Community Health Funding	\$	\$129,412.00
Narrative:		
C. Boone County - Other Funding	\$	\$
Narrative:		
D. Funding from Other Counties	\$	\$
Narrative:		
E. City of Columbia - Social Service Funding	\$60,498.00	\$70,028.00
Narrative:		
F. City of Columbia - CDGB/Home Funding	\$	\$
Narrative:		
G. City of Columbia - CHDO Funding	\$	\$
Narrative:		
H. City of Columbia - Other Funding	\$	\$
Narrative:		
I. Funding from Other Cities	\$	\$
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$157,000.00	\$
Narrative:		
K. State (Purchase of Services, Grants, etc.)	\$263,000.00	\$
Narrative:		
L. Other (Schools, Courts, etc.)	\$	\$
Narrative:		
3. Program Service Fees	\$367,000.00	\$

Narrative:		
4. Investment Income (realized & unrealized)	\$	\$
Narrative:		
5. Other Revenue Items	\$	\$
Narrative:		
TOTAL PROGRAM REVENUE	\$967,498	\$1,226,440
Narrative:		
PROGRAM EXPENSES	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. Personnel	\$1,142,000.00	\$1,142,000
Narrative:		
2. Non-Personnel	\$243,000.00	\$243,000.00
Narrative:		
TOTAL PROGRAM EXPENSES	\$1,385,000.00	\$1,385,000.00

Revenue Narrative Responses: As noted in the amended budget above, Compass Health has added in the requested funding amounts for current funding sources in Central Missouri. Each of these funding sources (City of Columbia, Heart of Missouri United Way, etc.) are all designated to specific programs and/or priority populations. As good stewards of financial resources from our funding partners, Compass Health ensures there is not a duplication of services within the city/county. Doing our best to leverage all resources, Compass Health strives to make the biggest impact in the lives of underserved, underinsured, uninsured and vulnerable Boone County residents. It is through relationships with our funders that we can serve as a beacon of hope for neighbors in need of immediate behavioral health intervention.

6. The proposed program budget excluded the amount requested to Boone County. The total expenses would still exceed the revenues by \$288,090.00 after the amount requested to Boone County on the cover page is added.

Action Required: Provide clarification on why the expenses exceed the revenues so significantly. Please investigate this as you update the Program Budget above and provide information on how issues were addressed in the updated budget.

With the newly adjusted amounts (adding in projected grant revenue from multiple sources), expenses still exceed revenues by close to \$160,000. The outpatient programs operated in Columbia, MO operate at a deficit – but the agency is committed to ensuring these much needed health care services area available to residents. Compass Health is able to leverage and spread out administrative costs (human resources, finance, facilities, quality, development, etc.) across the entire system, making operations in Columbia more viable. Compass Health is committed to serving the needs of Columbia/Boone County residents, and looks forward to continued partnership with Boone County as these financial resources greatly impact the lives of vulnerable individuals and families residing in Central Missouri.

Program Services Form (1-5)**Program Service 1 – Behavioral Health Assessment**

7. The outputs will need to be adjusted for Service 1 – Behavioral Health Assessment to have the unit measure as “one assessment”. To differentiate between the assessments provided by different mental health professionals, this service will be identified as Behavioral Health Assessment (Outpatient Therapist). Also, the total number of units and individuals to be served needs to be for the whole program, regardless of the funding source. The services and outputs need to match what is proposed to the City of Columbia.

Action Required: Complete the attached *Service Change Table* with the corrected outputs. Provide information below on why individuals would receive more than one assessment.

Individuals will not need to receive more than one assessment. Depending on the individual need and the referral source will depend on the type of assessment required for entry into programming. As outlined above, the unit measurement for this goal is “One Assessment.” Changes will be made to the Service Change Table to align with the City of Columbia proposal.

8. Indicator 1-1 states that “85% of all Behavioral Health Assessment will be completed in full”.
Action Required: Explain why not all assessments would be completed. Update the performance measures in the *Service Change Table* for Service 1 that tracks clients establishing a treatment plan and/or receiving a diagnosis following an assessment.

A change can be made in the service change table. Our internal goal is that 100% of all estimated assessments be completed by our professional staff. Our Open Access process has recently changed to ensure that customer assessments are completed at the first visit with Compass Health professionals. The information collected during the assessment is entered into the agency’s care coordination platform and is used to guide treatment recommendations and protocols.

Program Service 2 – Individual Therapy (Adult)

9. The total number of units and individuals to be served needs to be for the whole program, regardless of the funding source. The services and outputs need to match what is proposed to the City of Columbia.

Action Required: Update the outputs in the ‘Program Outputs and Funding Request Tables’. Provide any additional information in the field below.

Compass Health will make the necessary adjustments to the program outputs and funding request tables. These figures will be reflective of the entire program and will mirror those figures outlined in our proposal to the City of Columbia. Please find the revised figures in the appropriate forms included in this BAFO application.

10. The unit rate increased from \$63.90/hour from the current contract to \$82/hour.

Action Required: Provide an explanation on why the unit rate increased significantly.

This is correct that the unit rate has increased for Individual Therapy Services. The newly increased rates for therapy are based on actual agency cost to provide such services. Compass Health completed significant salary rebasing for staff beginning in 2017/2018, which has attributed to the increase in program expense and the cost to provide this service. These salary rebasing initiatives are fully expected to decrease turnover and lower vacancies in subsequent years. Thus, we expect the impact of this rebasing to level off in subsequent years,

as the increase in salary/fringe benefits will be offset by increased access to health care services and productivity of qualified staff.

Program Service 3 – Psychiatric Treatment (Psychiatric Assessment)

11. The service name needs to align with the Taxonomy of Services. This service will be renamed as Behavioral Health Assessment (Psychiatrist). The outputs will need to be adjusted for Service 3 – Behavioral Health Assessment to have the unit measure as “one assessment”. Also, the total number of units and individuals to be served needs to be for the whole program, regardless of the funding source. The services and outputs need to match what is proposed to the City of Columbia.

Action Required: Complete the attached *Service Change Table* with the corrected outputs. Provide information below on why individuals would receive more than one assessment.

Compass Health understands that in order for the service to align with the Taxonomy of Services, this particular service will need to be renamed Behavioral Health Assessment (Psychiatrist). The unit measurement for this service will be “One Assessment.” Compass Health understands that the services represented in this application need to encompass the entire program, and must align with those services listed in our proposal to the City of Columbia. The changes required for this service will be made in the Service Change Table included in this proposal response.

12. Indicator 3-1 states that “85% of all Psychiatric Treatment services will be completed in full”.

Action Required: Explain why all assessments may not be completed. Update the performance measures in the *Service Change Table* for Service 3 that tracks clients establishing a treatment plan and/or receiving a diagnosis following an assessment.

A change can be made in the service change table. The original intention of this statement was that 85% of scheduled treatment services would take place – assuming that 15% would be no-shows, cancellations, etc. Our internal goal is that 100% of all estimated psychiatric services be completed by our professional staff. Of course, depending on individual need/circumstance will depend on the customer receiving and engaging in psychiatric programming.

Program Service 4 – Medication Management

13. The service describes managing psychiatric medications to help improve mental health symptoms. However, there are no resources for drug court clients to receive psychiatric medications.

Action Required: Describe the extent of this problem and steps taken to address this issue.

Co-occurring customers, newly funded through this contract, can receive their MAT through drug court, however, we are continuing to explore other options for funding psychiatric medications.

Case managers assist customers in receiving assistance from drug companies. Samples are used when available. We are continuing to explore other alternatives to support medication purchases for customers. If the county has funding available to support medication purchases, Compass Health would be interested in further exploring that option with County representatives.

14. The number of units in the Local Funding Chart is significantly higher than what is listed for total number of units in the outputs section.

Action Required: Provide clarification on why the total number of units is significantly lower than what was previously contracted. Make sure that the total number of units is provided for the whole program. Update the *Service Change Table* and 'Program Outputs and Funding Request Tables'.

With the submission of the original grant proposal there was an error in the listing of total number of units to be provided for Medication Management. Compass Health has made the changes on both the Service Change Table and Program Outputs and Funding Requested Tables for this specific service line.

15. The performance measures lack information on clients experiencing improvements in mental health symptoms.

Action Required: Provide more performance measures tracking improvement in symptoms in the *Service Change Table* for Service 4 – Medication Management. Include information on the type measurement tool that is used for Medication Management sessions.

Through the engagement of Medication Management Services, 75% of customers who actively participate in treatment, including recommendations for additional programming, will experience improved functioning. This measure can and will be measured through self-assessment and appropriate discharge codes in the customer's individualized treatment record. Additional methods can be used to measure success in programming, depending on clinical need.

Program Service 5 – Substance Use Disorder Assessment

16. The outputs will need to be adjusted for Service 5 – Substance Use Disorder Assessment to have the unit measure as "one assessment". Also, the total number of units and individuals to be served needs to be for the whole program, regardless of the funding source.

Action Required: Complete the attached *Service Change Table* with the corrected outputs. Provide information below on why individuals would receive more than one assessment.

Compass Health understands that the unit measure needs to be changed to one assessment. Compass Health understands that the services represented in this application need to encompass the entire program, and must align with those services listed in our proposal to the City of Columbia. The changes required for this service will be made in the Service Change Table included in this proposal response. The review panel will find corrected outputs for this section in the following sections.

17. The performance measures lack information on patients enrolling in treatment following a Substance Use Disorder Assessment.

Action Required: Update the performance measures in the *Service Change Table* for Service 5 that tracks clients enrolling in treatment and/or receiving a diagnosis following an assessment.

Compass Health anticipates that 75% of customers who engage in the Substance Use Disorder Assessment will engage in outpatient programming. Because services are all voluntary, there will be a small percentage of individuals who will not choose to engage in programming post their assessment. Professional staff will work with these individuals to provide information and education on the benefits of substance use disorder treatment services, and how our system of care can assist in their personal achievement of overall health and wellness. Compass Health's treatment philosophy is to meet the customer where they are at. We respect that some individuals may not be ready to fully engage in treatment programming.

Program Services Form (6-10)

Program Service 6 – Group Therapy Adult

18. Make sure that the total outputs are for the whole program, regardless of the funding source.

Action Required: Update 'Program Outputs and Funding Request Tables' as necessary. Provide any additional information in the field below.

Compass Health will make the necessary adjustment to indicate outputs for the entire program operated in Columbia, MO, and not specific to any funding request.

Program Service 7 – Family Therapy

19. Make sure that the total outputs are for the whole program, regardless of the funding source.

Action Required: Update 'Program Outputs and Funding Request Tables' as necessary. Provide any additional information in the field below.

Compass Health will make the necessary adjustment to indicate outputs for the entire program operated in Columbia, MO, and not specific to any grant request.

20. The performance measures lack information on clients experiencing improvements in mental health symptoms and family relationships.

Action Required: Provide more performance measures tracking improvement in symptoms in the *Service Change Table* for Service 7 – Family Therapy.

For those families that actively participate and engage in family therapy services, 75% of families will report an improved ability to function during/post treatment services. This measure can and will be measured through self-assessment and appropriate discharge codes in the customer's individualized treatment record. Additional methods can be used to measure success in programming, depending on clinical need.

Program Service 8 – Individual Therapy - Child

21. Make sure that the total outputs are for the whole program, regardless of the funding source.
Action Required: Update 'Program Outputs and Funding Request Tables' as necessary. Provide any additional information in the field below.

Compass Health will make the necessary adjustment to indicate outputs for the entire program operated in Columbia, MO, and not specific to any grant request.

22. The performance measures lack information on clients experiencing improvements in mental health symptoms.

Action Required: Provide more performance measures tracking improvement in symptoms in the *Service Change Table* for Service 8 – Individual Therapy – Child.

For those children that actively participate and engage in individual therapy services, 75% of customers will report an improved ability to function during/post treatment services. This measure can and will be measured through self-assessment and appropriate discharge codes in the customer's individualized treatment record. Additional methods can be used to measure success in programming, depending on clinical need. These measures can include the use of the DLA-20, if the customer has been engaged in programming for 3+ months (time period needed to collect valid scores for comparison in functioning).

Program Service 9 – Behavioral Health Evaluation

23. The outputs will need to be adjusted for Service 9 – Behavioral Health Evaluation to have the unit measure as "one evaluation". The number of unduplicated individuals is more than the number of units provided. Also, the total number of units and individuals to be served needs to be for the whole program, regardless of the funding source.

Action Required: Complete the attached *Service Change Table* with the corrected outputs. Provide information below on why the units were lower than the number of individuals to be served.

Compass Health recognizes that a mistake occurred at the time of grant submission related to the number of individuals served and the number of units to be provided, specific to this service line item. Compass Health is making all necessary adjustments within the *Service Change Table*, including changing the unit to one evaluation.

24. The performance measures lack information on patients enrolling in treatment following a Behavioral Health Evaluation.

Action Required: Update the performance measures in the *Service Change Table* for Service 9 that tracks clients enrolling in treatment and/or receiving a diagnosis following an evaluation.

Compass Health anticipates that 75% of customers who engage in the Behavioral Health Evaluation will engage in outpatient programming. Because services are all voluntary, there will be a percentage of individuals who will not choose to engage in programming post their assessment. Professional staff will work with these individuals to provide information and education on the benefits of behavioral health care treatment services, and how our system of care can assist in their personal achievement of overall health and wellness. Compass Health's treatment philosophy is to meet the customer where they are at. We respect that some individuals may not be ready to fully engage in treatment programming.

Program Service 10 – Behavioral Health Screening

25. The outputs will need to be adjusted for Service 10 – Behavioral Health Screening to have the unit measure as “one screening”. Also, the total number of units and individuals to be served needs to be for the whole program, regardless of the funding source. The unit rate is also significantly higher than the rates proposed for the assessments and evaluations (\$124.86 x 4= \$499.44).

Action Required: Complete the attached *Service Change Table* with the corrected outputs. Provide information below on only 96 individuals would receive a screening when there are 2,451 individuals to be served in the program.

Compass Health understands the discrepancy represented in the original grant proposal submission, and is making the necessary adjustments in this BAFO to correct these issues. Recent changes (within the past month of operation) to the agency's Open Access model of care has resulted in changes to the way the agency conducts both assessments and screening of customers. All customers who present for services through the Open Access model will receive an assessment from a qualified professional staff. One change that needs to be made is that none of the customers moving forward will receive the Behavioral Health Screening service. Specific to this service line, 0 services will be provided to 0 customers, as all individuals will be receiving the assessment. Information gathered from the Behavioral Health Assessment will be entered into the customer's individualized treatment record to be used for recommended treatment/services based on individual need. Compass Health is making the change for both assessment and screening services within the Service Change Table, included in this response submission.

26. The performance measures lack information on patients enrolling in treatment following a Behavioral Health Screening.

Action Required: Update the performance measures in the *Service Change Table* for Service 10 that tracks clients enrolling in treatment or connected to other resources following a screening.

Compass Health is no longer including the Screening service within this proposal. Therefore, changes have been made to the assessment and screening Service Change Tables included in this response submission.

Program Service 11 – Psychiatric Treatment (Missing from Proposal)

27. The proposal needs to match what was proposed to the City of Columbia. Psychiatric Treatment was included as a service to the City but was not listed in the County’s proposal.

Action Required: Complete the *Service Change Table* describing Psychiatric Treatment.

Compass Health currently provides Psychiatric Treatment services at our locations in Columbia, MO. Psychiatric treatment appointments are face-to-face meetings/interactions, where customers have access to a qualified professional. Customers will have access to behavioral health and substance use disorder services from our psychiatric and nurse practitioner professionals. Compass Health offers Medication Assisted Treatment (MAT) by qualified and certified providers authorized to prescribe medications for substance use disorders and provide treatment for co-occurring disorders. Compass Health has added the appropriate information on psychiatric treatment to the Service Change Table, for review by the County. As noted in previous proposal submissions and reports, psychiatry is a limited resource in Central Missouri.

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

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

Compass Health is including a signed BAFO for program outputs and funding request amounts for this program. Compass Health is grateful for the partnership and financial support that is provided to our agency to support critical behavioral health care services to our most vulnerable neighbors. We look forward to continued partnership as we continue to see a rise in demand for behavioral health care programming in Central Missouri (and in other regions of our service area). The funding that is provided by the Community Health Fund is a critical lifeline for many Central Missouri residents needing behavioral health care interventions to become healthier individuals.

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #1 – Taxonomy of Service Name: Behavioral Health Assessment (Outpatient Therapist)			
Service #1 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Assessment	\$82.00	2,451	2,451
Funding Request			
Amount Requested to Boone County: \$10,004.00		Proposed Number of Units of Service: 122	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Outpatient Therapist will complete one full Behavioral Health Assessment for the participating customer.	100% of customers will receive a diagnosis and treatment recommendations post assessment phase.	Information collected and treatment recommendations will be recorded in the agency's EHR system (MyAvatar).	

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #3 – Taxonomy of Service Name: Behavioral Health Assessment (Psychiatrist)			
Service #3 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Assessment	\$236.00	63	63
Funding Request			
Amount Requested to Boone County: \$14,868.00		Proposed Number of Units of Service: 63	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Customers who engage in a Behavioral Health Assessment will be provided the appropriate information to make an informed decision on treatment recommendations and protocols.	75% of customers who engage and complete a Behavioral Health Assessment will engage in some level of outpatient programming, based on treatment recommendations.		Information gathered from the Behavioral Health Assessment will be entered into the customer's individualized treatment plan to be used by multiple treatment professionals who engage with the customer.

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #4 – Taxonomy of Service Name: Medication Management			
Service #4 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
30 Minutes	\$148.00	258	63
Funding Request			
Amount Requested to Boone County: \$26,640.00		Proposed Number of Units of Service: 180	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Customers will improve their ability to function on a daily basis during/following treatment services, specific to engagement in Medication Management programming.	75% of customers who actively participate in treatment, including recommendations for additional services, will experience improved functioning.		This measure can and will be measured through self-assessment/report and appropriate discharge codes in the customer's individuals treatment record. Additional methods can be used to measure success in programming, depending on clinical need.

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #5 – Taxonomy of Service Name: Substance Use Disorder Assessment			
Service #5 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Assessment	\$365.66	525	525
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Customers who engage in a Substance Use Disorder Assessment will be provided the appropriate information to make an informed decision on treatment recommendations and protocols.	75% of customers who engage and complete a Substance Use Disorder Assessment will engage in some level of outpatient programming, based on treatment recommendations.		Information gathered from the Substance Use Disorder Assessment will be entered into the customer's individualized treatment plan to be used by multiple treatment professional who engage with the customer.

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #7 – Taxonomy of Service Name: Family Therapy			
Service #7 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Hour	\$18.31	171	74
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Customers will improve their ability to function on a daily basis during/following treatment services.	For those customers who active engage in family therapy, 75% will report an improved ability to function during/post treatment programming.	This measure can and will be measured through self-assessment/report and appropriate discharge codes in the customer's individuals treatment record. Additional methods can be used to measure success in programming, depending on clinical need.	

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #8 – Taxonomy of Service Name: Individual Therapy - Child			
Service #8 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Hour	\$82.00	5,435	400
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Customers will improve their ability to function on a daily basis during/following treatment services.	For those customers who active engage in therapy, 75% will report an improved ability to function during/post treatment programming.		This measure can and will be measured through self-assessment/report and appropriate discharge codes in the customer's individuals treatment record. Additional methods can be used to measure success in programming, depending on clinical need. These measures can include the use of the DLA-20, if the customer has been in programming for 3+ months (time period required to collect valid scores for comparison in functioning).

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #9 – Taxonomy of Service Name: Behavioral Health Evaluation			
Service #9 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Evaluation	\$365.66	54	54
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Customers who engage in a Behavioral Health Evaluation will be provided the appropriate information to make an informed decision on treatment recommendations and protocols.	75% of customers who engage and complete a Behavioral Health Evaluation will engage in some level of outpatient programming, based on treatment recommendations.		Information gathered from the evaluation will be entered into the customer's individualized treatment plan to be used by multiple treatment professional who engage with the customer.

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #10 – Taxonomy of Service Name: Behavioral Health Screening			
Service #10 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information provided in the proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Screening	\$124.86	0	0
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Customers who engage in a Behavioral Health Screening will be provided the appropriate information to make an informed decision on treatment recommendations and protocols.	75% of customers who engage and complete a Behavioral Health Screening will engage in some level of outpatient programming, based on treatment recommendations.	Information gathered from the screening will be entered into the customer's individualized treatment plan to be used by multiple treatment professional who engage with the customer.	

Service Change Table			
Organization Name: Compass Health, Inc.			
Program Name: Behavioral Health Care Programming			
Service #11 – Taxonomy of Service Name: Psychiatric Treatment			
Service #11 – Taxonomy Definition of Service:			
<p>Provide a detailed description of the proposed service: Compass Health currently provides Psychiatric Treatment services at our locations in Columbia, MO. Psychiatric treatment appointments are face-to-face meetings/interactions, where customers have access to a qualified professional. Customers will have access to behavioral health and substance use disorder services from our psychiatric and nurse practitioner professionals. Compass Health offers Medication Assisted Treatment (MAT) by qualified and certified providers authorized to prescribe medications for substance use disorders and provide treatment for co-occurring disorders. Compass Health has added the appropriate information on psychiatric treatment to the Service Change Table, for review by the County.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 Minute	\$162.16	728	75
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Customers who participate in psychiatric treatment services will improve their ability to function on a daily basis both during/following treatment services.	75% of customers will report an improved ability to function during/following treatment services.	Customers will participate in satisfaction surveys, self-report on well being and discharge codes will be analyzed to determine treatment success. Information will be documented in the EHR, MyAvatar.	

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: Compass Health, Inc.				
Program Name: Behavioral Health Care Programming				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Behavioral Health Assessment (Outpatient Therapist)	One assessment	\$82.00	2,451	2,451
Individual Therapy – Adult	One hour	\$82.00	18,000	2,451
Behavioral Health Assessment (Psychiatrist)	One assessment	\$236.00	63	63
Medication Management	30 minutes	\$148.00	258	63
Substance Use Disorder Assessment	One assessment	\$365.66	525	525
Group Therapy – Adult	One hour	\$82.00	5,219	256
Family Therapy	One hour	\$18.31	171	74
Individual Therapy – Child	One hour	\$82.00	5,435	400
Behavioral Health Evaluation	One evaluation	\$365.66	54	54
Behavioral Health Screening	One screening	\$124.86	0	0
Psychiatric Treatment	15 minute	\$162.16	728	75

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Behavioral Health Assessment (Outpatient Therapist)	\$10,004.00	122
Individual Therapy – Adult	\$77,900.00	950
Behavioral Health Assessment (Psychiatrist)	\$14,868.00	63
Medication Management	\$26,640.00	180
Substance Use Disorder Assessment	N/A	N/A
Group Therapy – Adult	N/A	N/A
Family Therapy	N/A	N/A
Individual Therapy – Child	N/A	N/A
Behavioral Health Evaluation	N/A	N/A
Behavioral Health Screening	N/A	N/A
Psychiatric Treatment	N/A	N/A
Development/Start Up Service Funding	N/A	
Total Amount Requested to Boone County:	\$129,412.00	

Columbia Outpatient Therapists (1.0 FTE Equivalents)

Emily Arth LCSW (Woodrail) ages 2+, trauma, shame resilience, LGBT, couples, families, women's issues, depression, anxiety, grief.

Melissa Rapp LCSW (Woodrail) ages 2+, trauma, LGBT, domestic violence, ,couples, families, women's issues, depression, anxiety, grief.

Virginia James LPC (Garth) Ages 5+, substance abuse, severe mental health , trauma, depression, anxiety, women's issues, couples, families, domestic violence, grief.

Erin Arthur LPC (Garth) ages 14+, severe mental health, domestic violence, grief, substance abuse, depression, anxiety.

Amanda Herbst LPC (Garth) ages 18+ substance abuse , domestic violence, depression, anxiety, grief.

Emily Horton LMSW (Garth) ages 2+, trauma, domestic violence, depression, anxiety, LGBT, family and couples.

Robert James LCSW (Garth) ages 15+ EMDR, severe mental health, trauma, couples, families.

Megan Bogue PLPC (Garth) ages 12+, domestic violence, substance abuse, depression, anxiety, grief, LGBT.

Megan Gore LCSW (Garth) ages 2+, trauma, domestic violence, depression, anxiety, LGBT, family and couples.

Audrey Tinsdale LCSW (Garth) ages 2+, trauma, domestic violence, depression, anxiety, LGBT, family and couples, substance abuse.

Whitney Hines LPC (Garth) ages 12+ trauma, domestic violence, depression, anxiety, substance abuse, family and couples, LGBT

Cassy Holzer PLPC (Garth) ages 12+ trauma, domestic violence, depression, anxiety, substance abuse, family and couples, LGBT

Jordan Lascuola LMSW (Garth) ages 14+ depression, anxiety, domestic violence, substance abuse.

Courtney Haynes LCSW (Garth) ages 18+ substance abuse , domestic violence, depression, anxiety, grief, LGBT.

Ben Baker LPC (Garth) ages 5+ substance abuse , domestic violence, depression, anxiety, grief, families and couples.

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

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

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

Company Name: Compass Health, Inc.

Address: 117 North Garth, Columbia, MO 65203

Telephone: 573-234-2453

Fax: N/A

Federal Tax ID (or Social Security #): 43-1032835

Print Name: Karen Cade

Title: Vice-President of Central Operations

Signature: Karen Cade

Date: 10-25-2018

E-mail: kcade@compasshn.org

Compass Health, Inc.

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program's proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click "Submit Agreement" once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.

my apricot help center

Collaborations Collapse All

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Additional Documents

Program Overview (V3) (1 records) ▾

Boone County (includes City of Columbia residents)	TOTAL REVENUE	2.	Complete
2451	967498	\$243,000.00	
Page 1 of 1 20 records per page			

Program Services 1-5 (V3) (1 records) ▾

a. Service #1 - Taxonomy of Service Name (300 character limit)	Record ID	Complete
Behavioral Health Assessment	22058	
Page 1 of 1 20 records per page		

Program Services 6-10 (V3) (2 records) ▾

a. Service #6 - Taxonomy of Service Name (300 character limit)	Record ID	Complete
Group Therapy-Adult	22302	
Group Therapy-Adult	22039	
Page 1 of 1 20 records per page		

Program Services 11-15 (V3)

Program Services 16-20 (V3)

Agreement Form - V3.1 (1 records) ▾

Organization Name	Program Name	Date Completed	Complete
Compass Health, Inc.	Behavioral Health Care Programming		
Page 1 of 1 20 records per page			

Folder Actions ▾

- Edit Proposal Cover
- Return to Search
- Application Overview
- Print Records
- Copy Records
- Record History

Grant Actions ▾

- Submit Agreement
- Required Fields
- Required Fields

Follow-up is needed for the Agreement Form:

Agreement Form Section	Items Updated	Action Required:
Program Budget	1. The Program Budget has been updated according to responses provided in the Written Clarification. Amounts received from Federal, State, and Program Service Fees was left in the budget.	1. Please review the budget and make updates as needed.
Consumer Demographic Narrative	1. Demographics in the Race section have been updated.	1. Please review the budget and make updates as needed.
Service 1 – Behavioral Health Assessment (Outpatient Therapist)	1. Outputs have been updated based on the Written Clarifications. 2. Indicator 1-1 was updated with the changes listed in the Written Clarifications. 3. Additional Outcome/Indicator/Method of Measurement 1-2 was added from the Written Clarifications and slightly modified.	1. Please review. 2. Please review. 3. Please review and make changes, if necessary.
Service 2- Individual Therapy – Adult	1. Outputs have been adjusted according to the Written Clarifications	1. Please review and make changes, if necessary.
Service 3 – Behavioral Health Assessment (Psychiatrist)	1. The total number of units and unduplicated individuals needs to be for the whole program. It appears that the Community Health Fund (CHF) would be purchasing all the Behavioral Health Assessments. It seems like there would be more than 63 individuals receiving assessments when there are 2,451 total individuals. 2. The proposal listed performance measures more related to Psychiatric Treatment than an assessment. This has been updated to reflect patients receiving information about their diagnosis and treatment plan. 3. Outcome/Indicator/Method of Measurement 3-2 has been updated with the information provided in the	1. Please provide the total number of units and individuals receiving this service, regardless of the funding source. The amount entered in (A) Agreement Amount #3 is where CHF funded units is identified. 2. Please review and make changes, if necessary. 3. Please review and make changes, if necessary. 4. Provide another performance measure in Additional Outcome/Indicator/Method of Measurement 3-3 that differentiates this service from Service 1.

	<p>Written Clarifications and was reworded slightly.</p> <p>4. There should be an additional performance measure that clearly demonstrates the higher level of assessment the psychiatrist is providing compared to Service 1.</p>	
Service 4 – Medication Management	<p>1. The performance measures were updated and included information from the Written Clarifications.</p> <p>2. Additional Method 4-2 lacked specific information on time frames to determine improvement.</p>	<p>1. Please review and make changes, if necessary.</p> <p>2. Please provide information on time intervals in Additional Method 4-2.</p>
Service 5 – Substance Use Disorder Assessment	<p>1. Service Outputs have been updated according to the Written Clarifications.</p> <p>2. Added the performance measure in the Written Clarifications and reworded slightly.</p>	<p>1. Please review and make changes, if necessary.</p> <p>2. Please review and make changes, if necessary.</p>
Service 6 – Group Therapy Adult	<p>1. Consider adding a performance measure that is already being measured and can be tied to Group Therapy (satisfaction, attendance, etc.)</p>	<p>1. Add another performance measure directly related to Group Therapy if there is an outcome/indicator already being measured.</p>
Service 7 – Family Therapy	<p>1. The proposed performance of completing Family Therapy in full has been replaced by the performance measure provided in the Written Clarifications.</p> <p>2. Consider adding a performance measure that is already being measured and can be tied to Family Therapy (i.e. improved family relationships, etc.)</p>	<p>1. Please review and make changes, if necessary.</p> <p>2. Add another performance measure directly related to Family Therapy if there is an outcome/indicator already being measured.</p>
Service 8 – Individual Therapy - Child	<p>1. The proposed performance of completing Family Therapy in full has been replaced by the performance measure provided in the Written Clarifications.</p>	<p>1. Please review and make changes, if necessary.</p>
Service 9 – Behavioral Health Evaluation	<p>1. Updated the outputs based on the Written Clarifications.</p> <p>2. Updated the performance measures based on Written Clarifications. Also</p>	<p>1. Please review and make changes, if necessary.</p> <p>2. Please review and make changes, if necessary.</p>

	added information about patients receiving diagnosis information and treatment plan information.	
Service 10 – Behavioral Health Screening (Removed)	<ol style="list-style-type: none"> 1. Updated the outputs based on the Written Clarifications. 2. Updated the performance measures based on Written Clarifications. Also added information about patients receiving diagnosis information and treatment plan information. 	<ol style="list-style-type: none"> 1. Please review and make changes, if necessary. 2. Please review and make changes, if necessary.
Service 10 – Psychiatric Treatment	<ol style="list-style-type: none"> 1. Updated the outputs based on the Written Clarifications. 2. Updated the performance measures based on Written Clarifications. Also added information about patients receiving diagnosis information and treatment plan information. 	<ol style="list-style-type: none"> 1. Please review and make changes, if necessary. 2. Please review and make changes, if necessary.

Compass Health, Inc.

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program's proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click "Submit Agreement" once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.

my apricot help center Organizations Collapse All

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18...

[Quick View Information](#)

Additional Documents

Program Overview (V3) (1 records) ▾

Boone County (Includes City of Columbia residents) %	TOTAL REVENUE %	2. %	Complete
2481	567498	5243,000.00	

Page 1 of 1 | 20 records per page

Program Services 1-5 (V3) (1 records) ▾

a. Service #1 - Taxonomy of Service Name (300 character limit) %	Record ID %	Complete
Behavioral Health Assessment	37089	

Page 1 of 1 | 20 records per page

Program Services 6-10 (V3) (2 records) ▾

a. Service #6 - Taxonomy of Service Name (300 character limit) %	Record ID %	Complete
Group Therapy-Adult	22307	
Group Therapy-Adult	22089	

Page 1 of 1 | 20 records per page

Program Services 11-15 (V3)

Program Services 16-20 (V3)

Agreement Form - V3.1 (1 records) ▾

Organization Name %	Program Name %	Date Completed %	Complete
Compass Health, Inc.	Behavioral Health Care Programming		

Page 1 of 1 | 20 records per page

Folder Actions ▾

Edit Proposal Cover

Return to Search

Application Overview

Print Records

Copy Records

Record History

Grant Actions ▾

Submit Agreement

Required Fields ✓

Required Fields ✓

Follow-up is needed for the Agreement Form:

Agreement Form Section	Items Updated	Action Required:
Program Budget	<ol style="list-style-type: none"> 1. The Program Budget has been updated according to responses provided in the Written Clarification. Amounts received from Federal, State, and Program Service Fees was left in the budget. 	<ol style="list-style-type: none"> 1. Please review the budget and make updates as needed 2. <i>Compass Health has reviewed the budget and changes made within the Apricot Agreement Form.</i>
Consumer Demographic Narrative	<ol style="list-style-type: none"> 1. Demographics in the Race section have been updated. 	<ol style="list-style-type: none"> 1. Please review the budget and make updates as needed. 2. <i>Compass Health has reviewed and did not make changes to this section within the Apricot Agreement Form.</i>
Service 1 – Behavioral Health Assessment (Outpatient Therapist)	<ol style="list-style-type: none"> 1. Outputs have been updated based on the Written Clarifications. 2. Indicator 1-1 was updated with the changes listed in the Written Clarifications. 3. Additional Outcome/Indicator/Method of Measurement 1-2 was added from the Written Clarifications and slightly modified. 	<ol style="list-style-type: none"> 1. Please review. 2. Please review. 3. Please review and make changes, if necessary. 4. <i>Compass Health has reviewed the changes made from the Written Clarification Form.</i>
Service 2- Individual Therapy – Adult	<ol style="list-style-type: none"> 1. Outputs have been adjusted according to the Written Clarifications 	<ol style="list-style-type: none"> 1. Please review and make changes, if necessary. 2. <i>Compass Health has reviewed the changes made from the Written Clarification Form as prepared in the Apricot Agreement Form. Compass Health has added outcome 2-3, per the request of the county, to the Apricot Agreement Form.</i>
Service 3 – Behavioral Health	<ol style="list-style-type: none"> 1. The total number of units and unduplicated individuals needs to be for the whole program. It appears 	<ol style="list-style-type: none"> 1. Please provide the total number of units and individuals receiving this

Assessment (Psychiatrist)	<p>that the Community Health Fund (CHF) would be purchasing all the Behavioral Health Assessments. It seems like there would be more than 63 individuals receiving assessments when there are 2,451 total individuals.</p> <ol style="list-style-type: none"> The proposal listed performance measures more related to Psychiatric Treatment than an assessment. This has been updated to reflect patients receiving information about their diagnosis and treatment plan. Outcome/Indicator/Method of Measurement 3-2 has been updated with the information provided in the Written Clarifications and was reworded slightly. There should be an additional performance measure that clearly demonstrates the higher level of assessment the psychiatrist is providing compared to Service 1. 	<p>service, regardless of the funding source. The amount entered in (A) Agreement Amount #3 is where CHF funded units is identified.</p> <ol style="list-style-type: none"> Please review and make changes, if necessary. Please review and make changes, if necessary. Provide another performance measure in Additional Outcome/Indicator/Method of Measurement 3-3 that differentiates this service from Service 1. <i>Compass Health has reviewed the figure and it is correct for the entire program. As noted in other narrative responses, our agency has limited psychiatric resources within this program, so the number listed reflects the program. Compass Health has also reviewed the changes to outcomes and added 3-3 per the request of the County. These changes/additions are noted in the Apricot Agreement Form.</i>
Service 4 – Medication Management	<ol style="list-style-type: none"> The performance measures were updated and included information from the Written Clarifications. Additional Method 4-2 lacked specific information on time frames to determine improvement. 	<ol style="list-style-type: none"> Please review and make changes, if necessary. Please provide information on time intervals in Additional Method 4-2. <i>Compass Health has reviewed the changes from the Written Clarifications Form and has also added more specific information to Method 4-2 (measured at</i>

		<i>six month intervals). All changes and additions have been included with the Apricot Agreement Form.</i>
Service 5 – Substance Use Disorder Assessment	<ol style="list-style-type: none"> 1. Service Outputs have been updated according to the Written Clarifications. 2. Added the performance measure in the Written Clarifications and reworded slightly. 	<ol style="list-style-type: none"> 1. Please review and make changes, if necessary. 2. Please review and make changes, if necessary. 3. <i>Compass Health has reviewed and approves all changes made to the Apricot Agreement Form.</i>
Service 6 – Group Therapy Adult	<ol style="list-style-type: none"> 1. Consider adding a performance measure that is already being measured and can be tied to Group Therapy (satisfaction, attendance, etc.) 	<ol style="list-style-type: none"> 1. Add another performance measure directly related to Group Therapy if there is an outcome/indicator already being measured. 2. <i>Compass Health added an outcome measure (6-2) to the Apricot Agreement Form specific to customer satisfaction with group therapy services.</i>
Service 7 – Family Therapy	<ol style="list-style-type: none"> 1. The proposed performance of completing Family Therapy in full has been replaced by the performance measure provided in the Written Clarifications. 2. Consider adding a performance measure that is already being measured and can be tied to Family Therapy (i.e. improved family relationships, etc.) 	<ol style="list-style-type: none"> 1. Please review and make changes, if necessary. 2. Add another performance measure directly related to Family Therapy if there is an outcome/indicator already being measured. 3. <i>Compass Health has reviewed the changes made to the existing outcome and has added outcome 7-2 specifically related to customers reporting improved family relationships. These additions were made to the Apricot Agreement Form.</i>
Service 8 – Individual Therapy - Child	<ol style="list-style-type: none"> 1. The proposed performance of completing Family Therapy in full has been replaced by the performance 	<ol style="list-style-type: none"> 1. Please review and make changes, if necessary.

	measure provided in the Written Clarifications.	2. <i>Compass Health has reviewed and approves of the change in performance measure listed in the Apricot Agreement Form.</i>
Service 9 – Behavioral Health Evaluation	<ol style="list-style-type: none"> 1. Updated the outputs based on the Written Clarifications. 2. Updated the performance measures based on Written Clarifications. Also added information about patients receiving diagnosis information and treatment plan information. 	<ol style="list-style-type: none"> 1. Please review and make changes, if necessary. 2. Please review and make changes, if necessary. 3. <i>Compass Health has reviewed and approves of the changes made, based on Written Clarifications, that exist within the Apricot Agreement Form.</i>
Service 10 – Behavioral Health Screening (Removed)	<ol style="list-style-type: none"> 1. Updated the outputs based on the Written Clarifications. 2. Updated the performance measures based on Written Clarifications. Also added information about patients receiving diagnosis information and treatment plan information. 	<ol style="list-style-type: none"> 1. Please review and make changes, if necessary. 2. Please review and make changes, if necessary. 3. <i>Compass Health has reviewed and approves of the changes made, based on Written Clarifications, that exist within the Apricot Agreement Form.</i>
Service 10 – Psychiatric Treatment	<ol style="list-style-type: none"> 1. Updated the outputs based on the Written Clarifications. 2. Updated the performance measures based on Written Clarifications. Also added information about patients receiving diagnosis information and treatment plan information. 	<ol style="list-style-type: none"> 1. Please review and make changes, if necessary. 2. Please review and make changes, if necessary. 3. <i>Compass Health has reviewed and approves of the changes made, based on Written Clarifications, that exist within the Apricot Agreement Form.</i>

From: [Melinda Bobbitt](#)
To: [Kelly Wallis](#); [Kristin Cummins](#); [Joanne Nelson](#)
Subject: FW: Agreement Form
Date: Monday, November 19, 2018 3:55:45 PM
Importance: High

From: Brian Martin <bmartin@compasshn.org>
Sent: Monday, November 19, 2018 2:43 PM
To: Melinda Bobbitt <MBobbitt@boonecountymmo.org>; Karen Cade <kcade@compasshn.org>
Cc: Brian Martin <bmartin@compasshn.org>
Subject: RE: Agreement Form
Importance: High

Good Afternoon Melinda,
I wanted to let you know that I logged in to the Apricot system and made the adjustments as recommended. What follows in this email is a summary of our changes and/or acknowledgement of upcoming changes. Please let Karen or I know if you have any questions or require further information.

Thanks in advance and have a great afternoon and week! I hope you and your family have a Happy Thanksgiving!

Kind Regards,
Brian

From: Melinda Bobbitt [<mailto:MBobbitt@boonecountymmo.org>]
Sent: Thursday, November 15, 2018 2:13 PM
To: Brian Martin
Subject: Agreement Form

Brian,

Thank you for reviewing the Agreement Form and making updates. There are a few items that need additional follow-up:

1. The performance measure regarding daily functioning has been added back to Service 2 (Individual Therapy – Adult). Please review.
We have removed outcome 2-1 (leaving in outcomes 2-2 and 2-3). Please note that outcome 2-3 is specifically tracking the daily functioning of those individuals who actively engage in Service #2 (Individual Therapy-Adult). Please note that outcome 2-1 was specific to another service, which was redundant as there was already an outcome for the other service related to daily functioning (improvement, maintenance, or decline in functioning). Please let us know if any further changes or additions need to be made to Individual Therapy.
2. Service 4 (Medication Management) – please change the unit measure to “One visit” as long as it does not impact the unit rate and total number of units. Provide a response on whether this can be changed.

We have made the change as noted in the service agreement submitted in Apricot. We elected to keep the length of time in parenthesis to further clarify the unit of measurement.

3. Service 10 (Psychiatric Treatment) - please change the unit measure to "One visit" as long as it does not impact the unit rate and total number of units. Provide a response on whether this can be changed.

We have made the change as noted in the service agreement submitted in Apricot. We elected to keep the length of time in parenthesis to further clarify the unit of measurement.

4. The County has reviewed the sliding fee scale and have several concerns that will need to be addressed. The County is requesting that Compass will update the sliding fee scale to follow Federal Poverty Guidelines and provide clarity on the order services are billed between private, public, and local funding sources. If Compass agrees, this will be discussed further in early 2019.

We agree to further discuss sliding fee scale in 2019.

Could you please complete by Monday, November 19?

Thanks,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



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From: [Melinda Bobbitt](#)
To: [Kristin Cummins](#); [Kelly Wallis](#); [Joanne Nelson](#)
Subject: FW: Agreement Form for Boone County
Date: Tuesday, November 20, 2018 11:25:45 AM

From: Brian Martin <bmartin@compasshn.org>
Sent: Tuesday, November 20, 2018 10:22 AM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>; Karen Cade <kcade@compasshn.org>
Cc: Brian Martin <bmartin@compasshn.org>
Subject: RE: Agreement Form for Boone County

Good Morning Melinda,

We have had the opportunity to review these changes and approve. We look forward to working with you and your team on this exciting and worthwhile project in 2019. If you have any further questions or require further clarification, please do not hesitate to contact Karen Cade or myself. We appreciate all of the work that you do daily for the betterment of our county and community.

Have a wonderful Tuesday and enjoy the remainder of this short week. Happy Thanksgiving!

Kind Regards,
Brian

From: Melinda Bobbitt [<mailto:MBobbitt@boonecountymo.org>]
Sent: Monday, November 19, 2018 4:59 PM
To: Brian Martin
Subject: Agreement Form for Boone County

Dear Mr. Martin:

Thank you for making updates to the Agreement Form and providing clarification. After further review, the following changes have been made in order to be in alignment with other local funders:

1. The unit measure for Medication Management (Service 4) will be 15 minutes instead of 30 minutes. The unit rate, number of units and Agreement Units #4 have been updated to reflect this change. For example, you may bill for two units if a session lasts 30 minutes. Please review.
2. The unit measure for Psychiatric Treatment (Service 10) will remain at 15 minutes. Please review.

No further updates should be required in the Agreement Form. Please respond to this email if Compass agrees to the unit measure changes.

Thanks,

Melinda Bobbitt, CPPO, CPPB

Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



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Agreement Form - V3.1

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Compass Health, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Behavioral Health Care Programming
Amount of Request	\$129,412.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Compass Health, Inc.

Program Name

Behavioral Health Care Programming

Date Completed

11/07/2018

Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

*** Indicates Required Field**

Program Budget Instructions

Instructions: **As needed and/or required, update the information in the Agreement (A) Column.**

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way	(A) 1A. \$120,000.00
B. Other United Ways	(A) 1B. \$0.00
C. Capital Campaigns	(A) 1C. \$0.00
D. Grants (non-governmental)	(A) 1D. \$0.00
E. Fund Raising & Other Direct Support	(A) 1E. \$120,000.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding	(A) 2A. \$0.00
B. Boone County - Community Health Funding	(A) 2B. \$129,412.00
C. Boone County - Other Funding	(A) 2C. \$0.00
D. Funding from Other Counties	(A) 2D. \$0.00
E. City of Columbia - Social Service Funding	(A) 2E. \$70,028.00
F. City of Columbia - CDGB/Home Funding	(A) 2F. \$0.00
G. City of Columbia - CHDO Funding	(A) 2G. \$0.00
H. City of Columbia - Other Funding	(A) 2H. \$0.00
I. Funding from Other Cities	(A) 2I. \$0.00
J. Federal (Medicaid, Title III, etc.)	(A) 2J. \$157,000.00
K. State (Purchase of Services, Grants, etc.)	(A) 2K. \$263,000.00
L. Other (Schools, Courts, etc.)	(A) 2L. \$0.00
3. Program Service Fees	(A) 3. \$367,000.00
4. Investment Income (realized & unrealized)	(A) 4. \$0.00

5. Other Revenue Items**(A) 5.**

\$0.00

TOTAL PROGRAM REVENUE

(A) Total Revenue

1226440

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$1,142,000.00

2. Non-Personnel**(A) 2.**

\$243,000.00

TOTAL PROGRAM EXPENSES

(A) Total Expenses

1385000

Residence**RESIDENCE**

AGREEMENT RESIDENCE (A)

City of Columbia

(A) City of Columbia

2159

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

2451

Cooper County

(A) Cooper County

0

Howard County

(A) Howard County

0

Other Counties

(A) Other Counties

0

RESIDENCE TOTAL

(A) Residence Total:

2451

Race**RACE**

AGREEMENT RACE (A)

White (alone)

(A) White (alone)

1726

Black or African American (alone)

(A) Black or African American (alone)

448

Multiple Races

(A) Multiple Races

91

Asian (alone)

(A) Asian (alone)

21

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

9

Native Hawaiian or other Pacific Islander (alone)

(A) Native Hawaiian or other Pacific Islander (alone)

6

Some Other Race

(A) Some Other Race

150

RACE TOTAL**(A) Race Total**

2451

EthnicityETHNICITY

AGREEMENT ETHNICITY (A)

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

67

Not Hispanic or Latino

(A) Not Hispanic or Latino

2384

ETHNICITY TOTAL**(A) Ethnicity Total**

2451

GenderGENDER

AGREEMENT GENDER (A)

Female

(A) Female

1266

Male

(A) Male

1180

Other Gender

(A) Other Gender

5

GENDER TOTAL**(A) Gender Total**

2451

IncomeINCOME

AGREEMENT INCOME (A)

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL

1902

Over 200% of FPL

(A) Over 200% of FPL

549

INCOME TOTAL**(A) Income Total**

2451

Age (City-Social Services/County-Health/HMUW)

AGE

AGREEMENT AGE (A):

Under 5 years

(A) Under 5 years
13

5-19 years

(A) 5-19 years
709

20-59 years

(A) 20-59 years
1608

60 years and over

(A) 60 years and over
121

AGE TOTAL

(A) Age Total
2451

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.
Narrative

Individuals Trained

AGREEMENT (A)

Individuals to be Trained

(A) Individuals to be Trained
0

Program Service and Performance

Instructions: **Update the Agreement(A) Column with updated figures finalized through the approved contract.**

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested**(A) Amount Requested**
\$0.00**Description of Funds****(A) Description of Funds**
Not Applicable

Program Service #1 - Outputs

Program Service #1 - Outputs:

#1 Agreement (A)

Service #1 Name

(A) Service #1

Behavioral Health Assessment

Total # of Units Provided #1

(A) Units #1

2451

Unit Measure #1

(A) Unit Measure #1

One Assessment

Unit Rate #1

(A) Unit Rate #1

\$82.00

Total # of Unduplicated Individuals Served #1

(A) Unduplicated Individuals #1

2451

Program Service #1 - Funding

Funding Amount #1

(A) Agreement Amount #1

\$10,004.00

Units #1

(A) Agreement Units #1

122

Program Service #1 - Performance Measures (Agreement)(A) Program Service 1
Outcomes:

(A) Program Service 1 Indicators:

(A) Program Service 1 Method of Measurements:

(A) Outcome 1-1Outpatient Therapist will complete full
one hour Behavioral Health
Assessment**(A) Indicator 1-1**100% of all Behavioral Health Assessments
will be completed in full.**(A) Method of Measurement 1-1**Information gathering for the completion of Behavioral Health
Assessment will be collected using our agency's Electronic
Health Record system.**(A) Additional Outcome 1-2**Customers will receive information on
their diagnosis and recommendations
on treatment**(A) Additional Indicator 1-2**100% of customers will receive a diagnosis
and treatment recommendations post
assessment phase.**(A) Additional Method 1-2**Information collected and treatment recommendations will be
recorded in the agency's EHR system (MyAvatar)**(A) Additional Outcome 1-3**

Text

(A) Additional Indicator 1-3

Text

(A) Additional Method 1-3

Text

(A) Additional Outcome 1-4

Text

(A) Additional Indicator 1-4

Text

(A) Additional Method 1-4

Text

(A) Additional Outcome 1-5

Text

(A) Additional Indicator 1-5

Text

(A) Additional Method 1-5

Text

Program Service #2 - Outputs

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Individual Therapy-Adult

Total # of Units #2

(A) Units #2

18000

Unit Measure #2

(A) Unit Measure #2

One Hour

Unit Rate #2

(A) Unit Rate #2

\$82.00

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

2451

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$77,900.00

Units #2

(A) Agreement Units #2

950

Program Service #2 - Performance Measures (Agreement)**(A) Program Service 2 Outcomes:****(A) Outcome 2-1**

Customers will benefit from participation in therapy and make progress on individualized goals, as established in their wellness plan.

(A) Additional Outcome 2-2

Customers will improve in their quality of life during/following treatment.

(A) Additional Outcome 2-3**(A) Additional Outcome 2-4**

Text

(A) Additional Outcome 2-5

Text

(A) Program Service 2 Indicators:**(A) Indicator 2-1**

75% of customers will benefit from therapy as demonstrated by their outpatient therapist and noted in their wellness plan.

(A) Additional Indicator 2-2

85% of customers will report an improved quality of life during/following treatment.

(A) Additional Indicator 2-3**(A) Additional Indicator 2-4**

Text

(A) Additional Indicator 2-5

Text

(A) Program Service 2 Method of Measurement**(A) Method of Measurement 2-1**

Benefit from therapy will be measured by progress made in the consumers individualized wellness plan as noted by the discharge code completed by the outpatient therapist at the time of discharge (successful or unsuccessful discharge).

(A) Additional Method 2-2

Customers of services will be required to respond to a monthly evaluation form which will include a question regarding of their improved quality of life.

(A) Additional Method 2-3**(A) Additional Method 2-4**

Text

(A) Additional Method 2-5

Text

Program Service #3 - Outputs

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3

Behavioral Health Assessment (Psychiatrist)

Total # of Units #3

(A) Units #3

63

Unit Measure #3

(A) Unit Measure #3

One assessment

Unit Rate #3

(A) Unit Rate #3

\$236.00

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

63

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$14,868.00

Units #3

(A) Agreement Units #3

63

Program Service #3 - Performance Measures (Agreement)**(A) Program Service 3 Outcomes:****(A) Program Service 3 Indicators:****(A) Program Service 3 Method of Measurement.:****(A) Outcome 3-1**

Customers will receive information on their diagnosis and recommendations on treatment

(A) Indicator 3-1

100% of customers will receive a diagnosis and treatment recommendations post assessment phase.

(A) Method of Measurement 3-1

Information collected and treatment recommendations will be recorded in the agency's EHR system (MyAvatar)

(A) Additional Outcome 3-2

Customers will engage in treatment recommendations and protocol based on psychiatric assessment

(A) Additional Indicator 3-2

75% of customers will engage in some level of outpatient programming, based on treatment recommendations.

(A) Additional Method 3-2

Information gathered from the Behavioral Health Assessment will be entered into the customer's individualized treatment plan to be used by multiple treatment professional who engage with the customer.

(A) Additional Outcome 3-3

Customers will realize improved daily functioning by engaging in psychiatric treatment - based on assessment

(A) Additional Indicator 3-3

75% of customers will report improved ability to function as a result of their assessment and engagement in psychiatric treatment services.

(A) Additional Method 3-3

Measured by customers self-assessment and appropriate discharge codes in treatment record. Additional methods can be used to measure success in programming, depending on clinical services rendered.

(A) Additional Outcome 3-4

Text

(A) Additional Indicator 3-4

Text

(A) Additional Method 3-4

Text

(A) Additional Outcome 3-5

Text

(A) Additional Indicator 3-5

Text

(A) Additional Method 3-5

Text

Program Service #4 - Outputs

Program Service 4 Outputs:

#4 Agreement (A)

Service #4 Name

(A) Service #4

Medication Management

Total # of Units #4

(A) Units #4

516

Unit Measure #4

(A) Unit Measure #4

15 minutes

Unit Rate #4

(A) Unit Rate #4

\$74.00

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

63

Program Service #4 - Funding

Funding Amount #4

(A) Agreement Amount #4

\$26,640.00

Units #4

(A) Agreement Units #4

360

Program Service #4 - Performance Measures (Agreement)

(A) Program Service
4 Outcomes:

(A) Program Service 4 Indicators:

(A) Program Service 4 Method of
Measurements:

(A) Outcome 4-1

Customers will attend recommended appointments to manage medications

(A) Indicator 4-1

85% of all Medication Management appointments will be completed in full.

(A) Method of Measurement 4-1

Information gathering for the completion of Medication Management appointments will be collected using our agency's Electronic Health Record system.

(A) Additional Outcome 4-2

Customers will improve daily functioning.

(A) Additional Indicator 4-2

75% of customers who actively participate in treatment, including additional service recommendations, will experience improved daily functioning, measured at six month intervals.

(A) Additional Method 4-2

Measured by customer's self assessment and appropriate discharge codes within the electronic health record.

(A) Additional Outcome 4-3

Text

(A) Additional Indicator 4-3

Text

(A) Additional Method 4-3

Text

(A) Additional Outcome 4-4

Text

(A) Additional Indicator 4-4

Text

(A) Additional Method 4-4

Text

(A) Additional Outcome 4-5

Text

(A) Additional Indicator 4-5

Text

(A) Additional Method 4-5

Text

Program Service #5 - Outputs

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

(A) Service #5

Substance Use Disorder Assessment

Total # of Units Provided #5

(A) Units #5

525

Unit Measure #5

(A) Unit Measure #5

One assessment

Unit Rate #5

(A) Unit Rate #5

\$365.66

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5

525

Program Service #5 - Funding

Funding Amount #5

(A) Agreement Amount #5

\$0.00

Units #5

(A) Agreement Units #5

0

Program Service #5 - Performance Measures (Agreement)

(A) Program
Service 5
Outcomes:

(A) Program Service 5 Indicators:

(A) Program Service 5 Method of Measurements:

(A) Outcome 5-1

Customers will receive a Substance Use Disorder Assessment

(A) Indicator 5-1

100% of all Substance Use Disorder Assessments will be completed in full.

(A) Method of Measurement 5-1

Information gathering for the completion of Substance Use Disorder Assessment will be collected using our agency's Electronic Health Record system.

(A) Additional Outcome 5-2

Customers will engage in treatment recommendations.

(A) Additional Indicator 5-2

75% of customers that receive a Substance Use Disorder Assessment, will engage in some level of outpatient programming, based on treatment recommendations.

(A) Additional Method 5-2

Information gathered from the Substance Use Disorder Assessment will be entered into the customer's individualized treatment plan to be used by multiple treatment professionals who engage with the customer.

(A) Additional Outcome 5-3

Text

(A) Additional Indicator 5-3

Text

(A) Additional Method 5-3

Text

(A) Additional Outcome 5-4

Text

(A) Additional Indicator 5-4

Text

(A) Additional Method 5-4

Text

(A) Additional Outcome 5-5

Text

(A) Additional Indicator 5-5

Text

(A) Additional Method 5-5

Text

Program Service #6 - Outputs

Program Service 6 Outputs:

#6 Agreement (A):

Service #6 Name:

(A) Service #6

Group Therapy-Adult

Total # of Units #6:

(A) Units #6

5219

Unit Measure #6:

(A) Unit Measure #6

One Hour

Unit Rate #6:

(A) Unit Rate #6

\$82.00

Total # of Unduplicated Individuals Served #6:

(A) Unduplicated Individuals #6

256

Program Service #6 - Funding

Funding Amount #6

(A) Agreement Amount #6

\$0.00

Units #6

(A) Agreement Units #6

0

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:

(A) Program Service 6 Indicators:

(A) Program Service 6 Method of Measurements:

(A) Outcome 6-1

Customers will improve in their ability to function on a daily basis during/following treatment.

(A) Indicator 6-1

75% of customers will report an improved ability to function during/following treatment.

(A) Method of Measurement 6-1

Customers of services will be required to respond to a monthly evaluation form which includes a question regarding their ability to function on a daily basis.

(A) Additional Outcome 6-2

Customers will report satisfaction with group therapy services rendered.

(A) Additional Indicator 6-2

85% of customers who engage in group therapy services will report satisfaction with services provided.

(A) Additional Method 6-2

Customers will self-report satisfaction through the completion of the yearly Satisfaction Questionnaire.

(A) Additional Outcome 6-3

Text

(A) Additional Indicator 6-3

Text

(A) Additional Method 6-3

Text

(A) Additional Outcome 6-4

Text

(A) Additional Indicator 6-4

Text

(A) Additional Method 6-4

Text

(A) Additional Outcome 6-5

Text

(A) Additional Indicator 6-5

Text

(A) Additional Method 6-5

Text

Program Service #7 - Outputs

Program Service 7 Outputs:

#7 Agreement (A)

Service #7 Name

(A) Service #7

Family Therapy

Total # of Units #7

(A) Units #7

171

Unit Measure #7

(A) Unit Measure #7

One Hour

Unit Rate #7

(A) Unit Rate #7

\$18.31

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7

74

Program Service #7 - Funding

Funding Amount #7

(A) Agreement Amount #7

\$0.00

Units #7

(A) Agreement Units #7

0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes:

(A) Program Service 7 Indicators:

(A) Program Service 7 Method of Measurements:

(A) Outcome 7-1

Customers will improve their daily functioning ability

(A) Indicator 7-1

75% of customers engaging in Family Therapy will report an improved ability to function during and post treatment.

(A) Method of Measurement 7-1

Self-assessment/report and appropriate discharge codes in the customer's individual treatment record.

(A) Additional Outcome 7-2

Customers will report improved family relationships

(A) Additional Indicator 7-2

75% of customers reported improved family relationships/dynamics as a result of actively engaging in Family Therapy services.

(A) Additional Method 7-2

Self-assessment/report as identified on the yearly Satisfaction Questionnaire. Additional feedback can be provided during treatment and recorded in the treatment plan.

(A) Additional Outcome 7-3

Text

(A) Additional Indicator 7-3

Text

(A) Additional Method 7-3

Text

(A) Additional**(A) Additional Indicator 7-4****(A) Additional Method 7-4**

Outcome 7-4

Text

Text

Text

(A) Additional Outcome 7-5

Text

(A) Additional Indicator 7-5

Text

(A) Additional Method 7-5

Text

Program Service #8 - Outputs

Program Service #8 - Outputs:

#8 Agreement (A)

Service #8 Name

(A) Service #8

Individual Therapy-Child

Total # of Units Provided #8

(A) Units #8

5435

Unit Measure #8

(A) Unit Measure #8

One Hour

Unit Rate #8

(A) Unit Rate #8

\$82.00

Total # of Unduplicated Individuals Served #8

(A) Unduplicated Individuals #8

400

Program Service #8 - Funding

Funding Amount #8

(A) Agreement Amount #8

\$0.00

Units #8

(A) Agreement Units #8

0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes:

(A) Program Service 8 Indicators:

(A) Program Service 8 Method of Measurements:

(A) Outcome 8-1

Customers will improve their daily functioning ability

(A) Indicator 8-1

75% of customers engaging in Individual Therapy will report an improved ability to function during and post treatment.

(A) Method of Measurement 8-1Self-assessment/report and appropriate discharge codes in the customer's individual treatment record. Additional measures can also be used, depending on the treatment services provided.
- DLA-20 (program engagement for 3+ months)**(A) Additional Outcome 8-2**

Text

(A) Additional Indicator 8-2

Text

(A) Additional Method 8-2

Text

(A) Additional Outcome 8-3

Text

(A) Additional Indicator 8-3

Text

(A) Additional Method 8-3

Text

(A) Additional Outcome 8-4

Text

(A) Additional Indicator 8-4

Text

(A) Additional Method 8-4

Text

(A) Additional Outcome 8-5

Text

(A) Additional Indicator 8-5

Text

(A) Additional Method 8-5

Text

Program Service #9 - Outputs

Program Service #9 - Outputs:

#9 Agreement (A)

Service #9 Name

(A) Service #9

Behavioral Health Evaluation

Total # of Units Provided #9

(A) Units #9

54

Unit Measure #9

(A) Unit Measure #9

One evaluation

Unit Rate #9

(A) Unit Rate #9

\$365.66

Total # of Unduplicated Individuals Served #9

(A) Unduplicated Individuals #9

54

Program Service #9 - Funding

Funding Amount #9

(A) Agreement Amount #9

\$0.00

Units #9

(A) Agreement Units #9

0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes:

(A) Program Service 9 Indicators:

(A) Program Service 9 Method of Measurements:

(A) Outcome 9-1

Customers will engage in treatment recommendations and protocol

(A) Indicator 9-1

75% of customers who receive a Behavioral Health Evaluation will engage in some level of outpatient programming, based on treatment recommendations.

(A) Method of Measurement 9-1

Information gathering for the completion of Behavioral Health Evaluations will be collected using our agency's Electronic Health Record system.

(A) Additional Outcome 9-2

Customers will receive information on their diagnosis and recommendations on treatment

(A) Additional Indicator 9-2

100% of customers will receive a diagnosis and treatment recommendations post evaluation phase.

(A) Additional Method 9-2

Information collected and treatment recommendations will be recorded in the agency's EHR system (MyAvatar)

(A) Additional Outcome 9-3

Text

(A) Additional Indicator 9-3

Text

(A) Additional Method 9-3

Text

(A) Additional Outcome 9-4

Text

(A) Additional Indicator 9-4

Text

(A) Additional Method 9-4

Text

(A) Additional Outcome 9-5

Text

(A) Additional Indicator 9-5

Text

(A) Additional Method 9-5

Text

Program Service #10 - Outputs

Program Service 10 Outputs:

#10 Agreement (A)

Service Name #10

(A) Service #10

Psychiatric Treatment

Total # of Units Provided #10

(A) Units #10

728

Unit Measure #10

(A) Unit Measure #10

15 Minutes

Unit Rate #10

(A) Unit Rate #10

\$162.16

Total # of Unduplicated Individuals Served #10

(A) Unduplicated Individuals #10

75

Program Service #10 - Funding

Funding Amount #10

(A) Agreement Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0

Program Service #10 - Performance Measures (Agreement)(A) Program Service 10
Outcomes:(A) Program Service
10 Indicators:

(A) Program Service 10 Method of Measurements:

(A) Outcome 10-1

Customers will improve in their ability to function on a daily basis during/following treatment.

(A) Indicator 10-1

75% of customers will report an improved ability to function during/following treatment.

(A) Method of Measurement 10-1

Customers of services will be required to respond to a monthly evaluation form which includes a question regarding their ability to function on a daily basis.

(A) Additional Outcome 10-2

Text

(A) Additional Indicator 10-2

Text

(A) Additional Method 10-2

Text

(A) Additional Outcome 10-3

Text

(A) Additional Indicator 10-3

Text

(A) Additional Method 10-3

Text

(A) Additional Outcome 10-4

Text

(A) Additional Indicator 10-4

Text

(A) Additional Method 10-4

Text

(A) Additional Outcome 10-5

Text

(A) Additional Indicator 10-5

Text

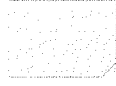

(A) Additional Method 10-5

Text

Total Funding Amount - Services 1-10**Total Funding Request for Services 1-10**

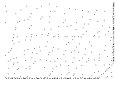

129412

Links for Agreement Form (V3)***Link to Proposal Cover Sheet**

Proposal Cover Sheet						Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Compass Health, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18			Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Link to Program Overview (V3)*Program Overview (V3)**

				Link Info		
Boone County (includes City...	TOTAL REVENUE	2.	TOTAL EXPENSES	Description	Active	Date
2451	967498	\$243,000.00	1385000			Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Link to Program Services 1-5 (V3)**Program Services 1-5 (V3)**

		Link Info			
a. Service #1 - Taxonomy of...	Record ID	Description	Active	Date	
Behavioral Health Assessment	22088			Added on 10/18/2018	

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Link to Program Services 6-10 (V3)**Program Services 6-10 (V3)**

		Link Info			
a. Service #6 - Taxonomy of...	Record ID	Description	Active	Date	



COMPHEA-01

JTAYLOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/4/2018

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

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

PRODUCER Mike Keith Insurance, Inc. 103 West Franklin St Clinton, MO 64735	CONTACT NAME:	FAX (A/C, No): (660) 885-8278
	PHONE (A/C, No, Ext): (660) 885-5581	
INSURED Compass Health, Inc. & Affiliates 1800 Community Drive Clinton, MO 64735	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	AUTOMOBILE LIABILITY			PHPK1835135	6/15/2018	7/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: #36-13SEP18 - Purchase of Service Contracts

CERTIFICATE HOLDER

CANCELLATION

County of Boone, Missouri
C/O Purchasing Department
613 E. Ash Street
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD™**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)
12/27/2017

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

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

PRODUCER

NEGLEY ASSOCIATES
103 Eisenhower Parkway, Suite 101
Roseland, NJ 07068
(973) 830-8500

CONTACT**NAME:****PHONE**

(A/C, No, Ext): ()

FAX

(A/C, NO): ()

E-MAIL**ADDRESS:****INSURERS AFFORDING COVERAGE****NAIC #**

INSURER A: Scottsdale Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Compass Health, Inc
1800 Community Drive
Clinton, MO 64735

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	OPS0069207	01/06/2018	01/01/2019	EACH OCCURRENCE	\$ 10,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV. INJURY	\$ 10,000,000
							GENERAL AGGREGATE	\$ 13,000,000
							PRODUCTS—COMP/OP AGG	\$ 13,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per Person)	\$
							BODILY INJURY (Per Accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXEC OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input type="checkbox"/>				<input type="checkbox"/> W/C STATU- <input type="checkbox"/> OTHER TORY LIMITS	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EACH EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	
		<input type="checkbox"/>	<input type="checkbox"/>					\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The County of Boone, its directors, officers, agents and employees are added as Additional Insured, but only with respects to operations of the Named Insured.

We will endeavor to provide a 30 day Notice of Cancellation with the exception of 10 day notice for non-payment of premium.

CERTIFICATE HOLDER

County of Boone
613 E. Ash St., Room 110
Columbia, MO 65201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Copyright, 1988-2010 ACORD CORPORATION. All rights reserved.



COMPA02

OP ID: NB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2018

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

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

PRODUCER Mills & Sons Insurance P.O. Box 606 Clinton, MO 64735 Mitchell C. Mills	660-885-3368	CONTACT NAME: Mitchell C. Mills PHONE (A/C, No, Ext): 660-885-3368 FAX (A/C, No): 877-398-6010 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Missouri Employers Mutual	10191
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	MEG1021742	02/12/2018	02/12/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

BOONE01 County of Boone, Misosuri C/O Purchasing Department 613 Ash St. Columbia, MO 65201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Mitchell C. Mills
---	---



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Services Contract
Encouraging Healthy Habits at Columbia's New Agriculture Park

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **Columbia Center for Urban Agriculture** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **CCUA**.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

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

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY CCUA

CCUA is expected to the greatest extent possible to maximize funding from all other sources. CCUA shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. CCUA shall only request reimbursement for services not reimbursable by any other source. CCUA shall not invoice the County for units of service invoiced to another funding source. CCUA shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

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

2. **Contract Documents.** CCUA will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #36-13SEP18 (Purchase of Services) and CCUA's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over CCUA's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The County agrees to purchase from CCUA and CCUA agrees to furnish the **Encouraging Healthy Habits at Columbia's New Agriculture Park** program for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the CCUA's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$76,115.20** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. CCUA agrees and understands that the County may require supplemental information to be submitted at the request of the County.

This contract may at the sole discretion of the County and with the agreement of CCUA be renewed for an **additional one-year period**. CCUA agrees and understands that the County may require supplemental information to be submitted by CCUA prior to any renewal of this agreement.

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Health Education (Children's Activities)	One individual	\$7.00	960	\$6,720.00
Health Education (Adult's Activities)	One individual	\$7.00	1,200	\$8,400.00
Information and Referral	One hour	\$14.08	1,065	\$14,995.20
Development/Start Up Funds	-----	-----	-----	\$46,000.00

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

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

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The County shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by CCUA to monitor service delivery and program expenditures. CCUA agrees to submit to the County an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by CCUA and, if so stipulated, are noted on this contract document. Payments may be withheld from CCUA if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. CCUA agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

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

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

activities and programs covered hereunder, expenditure of CHF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event CCUA requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County for approval. A board resolution from CCUA may be required with the request. For consideration of a request to modify or amend the contract, requests should be submitted to the Director of the Community Services Department for consideration.

OTHER TERMS OF THIS CONTRACT

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

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

13. **CHF to be used for Services Provided.** CCUA agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to CCUA's provision of such services.

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

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

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

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

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

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

19. **Board Ownership.** If CCUA ceases to be funded by the County or ceases to provide programs and services to address community health needs, pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the CCUA. In addition, if CCUA no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, CCUA will need County approval to re-direct the use of such.

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

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

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

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

c. The County may terminate this agreement should CCUA fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

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

22. Insurance Requirements. CCUA shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. **Worker's Compensation and Employers' Liability Insurance:** CCUA shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, CCUA shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by CCUA.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. **Comprehensive General Liability Insurance:** CCUA shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. CCUA shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

CCUA shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against

any and all claims which might arise as a result of the operations of CCUA in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to CCUA.

c. **Professional Liability Insurance:** CCUA is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

24. **Publicity by CCUA.** CCUA shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. CCUA will acknowledge the County as a funding source whenever publicizing CHF funded programs. CCUA will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. CCUA agrees to acknowledge the Community Health Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

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

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

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

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

29. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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


Any written notice or communication to CCUA shall be mailed or delivered to:

Columbia Center for Urban Agriculture

Attn: Billy Polansky
P.O. Box 1742
Columbia, MO 65205

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


Columbia Center for Urban Agriculture

By: 
Signature

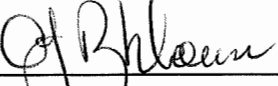
By: Billy Polansky, Executive Director
Printed Name/Title

Boone County, Missouri

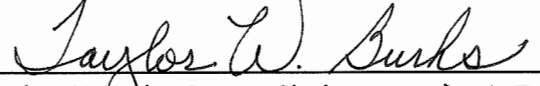
By: Boone County Commission


Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:


County Counselor

ATTEST:


Taylor W. Burks, County Clerk DKB

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

<i>June Richford by jg</i>	<i>12/20/2018</i>	(2130/71106/\$76,115.20)
Signature	Date	Appropriation Account

An Affirmative Action/Equal Opportunity Employer



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

Purchase of Service Contracts Community Health/Medical Fund 2018 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for **Thursday, August 9, 2018, at 3:00 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, September 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, September 13, 2018** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, September 13, 2018 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by **Thursday, September 13, 2018 at 10:00 a.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Attachment A - Agency Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. **Program Overview:** Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Name and Title of Authorized Representative

Signature

Date

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

Page 14 of 14

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click **Save Record** on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click **Save Record** you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Columbia Center for Urban Agriculture

DBA:**Federal EIN Number:**

26-4486257

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1007 N College Ave

#1

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Phone Number:

573-514-4174

Website:

<http://www.ColumbiaUrbanAg.org>

Head of Organization

Billy Polansky

Head of Organization Phone:

573-514-4174

Address

PO Box 1742

City

Columbia

State

Missouri

County

Boone

Zip

65205

Organization Fax Number:**Email:**

billyp@columbiaurbanag.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

billyp@columbiaurbanag.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:**Local Organization Fax:****Address****Address**

City
State
County
Zip

City
State
County
Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

<p>Organization Mission Statement (Purpose):</p>	<p>Provide your organization's mission statement. (600 character limit)</p> <p>CCUA works to enhance our community's health by connecting people to agriculture and the land through hands-on learning opportunities from seed to plate.</p>
<p>Organization History:</p>	<p>Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)</p> <p>CCUA began providing hands-on garden education in 2008 as a project of Sustain Mizzou. In 2009, the organization incorporated as its own not-for-profit and has since been providing meaningful educational opportunities that help Columbia residents live healthier lives. CCUA's 1.3 acre central-city Urban Farm is an educational site that also serves as the home base for off-site programming at local schools, the homes of low-income families, and throughout the community. 2018 marks the ninth year at the Urban Farm and the eighth year of the popular and successful Opportunity Gardens Program.</p>
<p>Brief Statement of Organization's Major Goals:</p>	<p>Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)</p> <p>A. CCUA's Programs will increase access to healthful and sustainable fruits and vegetables. B. CCUA's programs will cultivate understanding of a good food system that serves the whole community and the environment. C. CCUA's programs will empower program participants to build the skills necessary to make healthful choices about their bodies, the local ecosystem and their community. D. CCUA's assessment plan will measure lesson/activity efficacy, program success and individual successes of program participants. E. CCUA's Programs will be aligned with the goals of community partners.</p>
<p>Articles of Incorporation:</p> <p>Provide a copy of the organization's Articles of Incorporation.</p>	<p>Articles of Incorporation (MUST BE IN PDF FORMAT)</p> <p>/document/download/filename/1470749456_30405_ArticlesofIncorporation.pdf/</p>
<p>Bylaws:</p> <p>Provide a copy of the organization's Bylaws.</p>	<p>Bylaws (MUST BE IN PDF FORMAT)</p> <p>/document/download/filename/1470749693_34051_By-Laws1-21-16.pdf/</p>
<p>Organizational Chart (must be for the entire organization):</p>	<p>Organizational Chart (MUST BE IN PDF FORMAT)</p> <p>/document/download/filename/1500047632_30406_OrgChart.pdf/</p>
<p>Strategic Plan:</p>	<p>Strategic Plan (MUST BE IN PDF FORMAT)</p> <p>/document/download/filename/1499964348_42846_Final_2017-2019StrategicPlan.pdf/</p>
<p>Service Area:</p>	<p>Briefly describe the geographic area in which your organization provides services. (600 character limit)</p> <p>Currently, CCUA primarily provides services within the city of Columbia. A small number of services are provided outside of city limits, within Boone County.</p>
<p>Population Served:</p>	<p>Briefly describe the population(s) served by your organization. (600 character limit)</p> <p>CCUA's diverse programming reaches people of all backgrounds. CCUA's Urban Farm grows fresh food which is donated to local food pantries. The PLANTS Program provides hands-on experiences to groups at CCUA's Urban Farm and at other sites across the city, this program is very flexible to meet the needs of partnering organizations, therefore demographics vary. The Opportunity</p>

Gardens Program serves families living at or below 130% of the poverty level. Two-thirds of these families live in public housing and many families are refugees; the program has 18 languages represented.

Conflict of Interest Policy:

Does your organization have a written Conflict of Interest policy?

yes

Whistleblower Policy:

Does your organization have a written Whistleblower policy?

yes

Business Continuity Plan:

Does your organization have a written Business Continuity plan?

no

Records Retention Policy:

Does your organization have a written Records Retention policy?

yes

If yes, does the Records retention policy include a Records Retention Schedule?

no

Governing Board

Length of Board Term (e.g. "2 years"):

1st Term = 1 Yr, 2nd and 3rd Terms = 2 Years Each

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Eleazar Gonzalez	Member	04/01/2018	04/01/2019	PO Box 1742		Added on 07/23/2018
Leslie Meyer	Member	04/01/2018	04/01/2019	PO Box 1742		Added on 07/23/2018
Robbie Price	Member	04/01/2016	04/01/2020	PO Box 1742		Added on 05/13/2015
Sarah Bantz	President	04/01/2016	04/01/2019	PO Box 1742		Added on 05/13/2015
Molly Froidl	Member	04/01/2017	04/01/2019	PO Box 1742		Added on 05/13/2015
John Emery	Member	04/01/2016	04/01/2019	PO Box 1742		Added on 05/13/2015
Caroline Kobe	Treasurer	04/01/2017	04/01/2020	PO Box 1742		Added on 08/05/2016
Lisa Guillory	Secretary	04/01/2016	04/01/2020	PO Box 1742		Added on 05/13/2015
Jeff Chinn	Member	04/01/2017	04/01/2019	PO Box 1742		Added on 08/05/2016
Jenny Young	President Elect	04/01/2017	04/01/2019	PO Box 1742		Added on 08/05/2016
Jim Carrell	Member	04/01/2017	04/01/2019	PO Box 1742		Added on 05/13/2015

Total Active Links:11, Total Deactivated Links:5, Current Active Links:11, Current Deactivated Links:5

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

Calendar Year

If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the filing date:
MM/DD/YYYY

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1470750284_29953_501c3Approval.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1535480310_29954_ColumbiaCenterforUrbanAgriculture2017AuditReportWithLetter.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1535480310_29955_2017Form990.pdf/

Financial Policies and Procedures:

**
Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)**

1. Annually, CCUA's board approves an annual budget.
2. Bank accounts and credit card statements are reconciled monthly by the Treasurer.
3. It is prohibited for any check to be written to "cash".
4. All cash and checkbooks

are kept in a secured, locked location.

5. All accounting records are kept in a password-protected Quickbooks file.

6. All cash or checks received are recorded on an "incoming funds log" and two signatures accompany each entry.

7. All incoming checks are immediately marked "for deposit only".

8. All checks written require two signatures.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Opportunity Gardens Coordinator	BA	1.00	\$31,304.00	\$3,600.00		Added on 06/12/2015
PLANTS Program Manager	BA	1.00	\$31,304.00	\$3,600.00		Added on 05/14/2015
Development Director	BA	1.00	\$33,540.00	\$3,600.00		Added on 05/14/2015
Director of Urban Farming	BA	1.00	\$33,540.00	\$3,600.00		Added on 05/14/2015
Executive Director	BA	1.00	\$38,012.00	\$3,600.00		Added on 05/14/2015

Total Active Links:5, Total Deactivated Links:2, Current Active Links:5, Current Deactivated Links:2

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Local Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and *Third Party Financial Statement Review or **Audit (*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / **Audit required for Organizations reporting \$250,000 or more in annual revenue).

/document/download/filename/1539182061_32839_2017BudgettoActualP%26L.pdf/

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a *Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) *Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1539182304_32678_UnitedWayCert.pdf/





Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Columbia Center for Urban Agriculture	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36- 13SEP18		Added on 08/27/2018

Proposal Cover Sheet

Link Info

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
HMUW - Health RFP: JUL2017 Cycle (Year End Report ends 09/10/2018 11:59 AM CDT)	Columbia Center for Urban Agriculture	HMUW Health RFP	Heart of Missouri United Way	JUL2017 - JUN2020		Added on 01/09/2017
HMUW - Education RFP: JUL2018 Cycle (Interim Report ends 04/01/2019 11:59 AM CDT)	Columbia Center for Urban Agriculture	HMUW Education RFP	Heart of Missouri United Way	JUL2018 - JUN2021		Added on 12/13/2017
Children's Services Fund - POS 2017 (Year End Reporting ends 02/01/2019 12:01 PM CST)	Columbia Center for Urban Agriculture	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 06/15/2017
Children's Services Fund - POS RFP #25-15JUN15 (Year End Reporting ends 04/18/2018 11:59 AM CDT)	Columbia Center for Urban Agriculture	Children's Services Fund - POS	Boone County	RFP #25-15JUN15		Added on 11/08/2016

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

System Fields

Record ID

15323

Modification Date

10/10/2018 9:38 AM CDT

Modified By

Columbia Center for Urban Agriculture ORG

Creation Date

05/12/2015 7:30 PM CDT

Created By

The Community Montessori AutoLogin

Proposal Cover Sheet

Proposal Request Information

Grant

Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)

Organization Name (will auto-populate)

Columbia Center for Urban Agriculture

Fund Source

Community Health/Medical Fund - RFP #36-13SEP18

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

Encouraging Healthy Habits at Columbia's New Agriculture Park

Amount of Request

\$76,120.00

Program Information

Program Website (will default to Organization website)

<http://www.ColumbiaUrbanAg.org>

Address

1007 N College Ave

#1

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Name
Phone Number
Address

PO Box 1742

City

Columbia

State

Missouri

County

Boone

Zip

65205

Program Administrator Title
Email

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1536098975_30421_signature.pdf/

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

/document/download/filename/1535733165_30420_122735.PDF/

Attachment C Work Authorization Certification

/document/download/filename/1535733165_30419_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1542231723_30418_Signedaddendums.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

[Link Info](#)

Organization Profile Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Record ID	Active Info Date
Columbia Center for Urban Agriculture Organization Name (the offi...	PO Box 1742 Organization Mailing Address:	Billy Polansky Head of Organization	15323 Record ID	Active Added on Date 11/27/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

26-4486257

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)

Link Instructions -1

Linked 'Agreement Form - V2' Records

Link Instructions Agreement Form V2

Linked 'Interim Report - V3' Records

Link Instructions Interim Report

Linked 'Interim Report - V3 (Services 6-15)' Records

Link Instructions - V3 (6-15)

Linked 'Interim Report - YHP' Records

Link Instructions - 2

Linked 'Agreement Form - V3 (Services 16-20)' Records

Link Instructions - Agreement form

Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'

Link Instructions 3

Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records

Link Instructions 4

Linked 'Year End Report - V3' Records



Link Instructions YER Svcs 1-5

Linked 'Year End Report - V3 (Services 6-15)' Records

Link Instructions YER Svcs 6-15

Linked 'Agreement Form - V3.1' Records

Link Instructions Agreement Form 3.1

Proposal Cover Sheet					Agreement Form - V3.1				Link Info		
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Columbia Center for Urban Agriculture	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	Columbia Center for Urban Agriculture	Encouraging Healthy Habits at Columbia's New Agriculture Park	11/06/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Agreement Form - V3.1 (Services 11-20)' Records

Link Instructions

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Billy Polansky

Printed Name - Agency Executive Director/President/CEO

8/31/18

Date

[Signature]

Signature - Agency Executive Director/President/CEO

8/31/18

Date

Sarah Bantz

Printed Name - Agency Board Chair

8/31/18

Date

[Signature]

Signature - Agency Board Chair

8/31/18

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Billy Polansky, Executive Director Columbia Center for Urban Agriculture
Name and Title of Authorized Representative



Signature

8/31/18

Date

ATTACHMENT C

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

County of Boone)
) ss
State of Missouri)

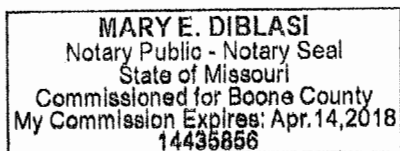
My name is William Polansky I am an authorized agent of Columbia Center
For Urban Agriculture (Bidder). This business is enrolled and participates in a federal work
authorization program for all employees working in connection with services provided to the
County. This business does not knowingly employ any person that is an unauthorized alien in
connection with the services being provided. Documentation of participation in a federal work
authorization program is attached hereto.

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

W. Polansky 7/5/17
Affiant Date

William Polansky
Printed Name

Subscribed and sworn to before me this 5th day of July 2017.



Mary E. DiBlasi
Notary Public

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

**THE E-VERIFY
MEMORANDUM OF UNDERSTANDING
FOR EMPLOYERS**

**ARTICLE I
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the COLUMBIA CENTER FOR URBAN AGRICULTURE (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

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

**ARTICLE II
RESPONSIBILITIES**

A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
 - a. Notice of E-Verify Participation
 - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

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

5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.

a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.

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

a. If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The Employer will use the photocopy to verify the photo and to assist DHS with its review of photo mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.

Note: Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.

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

8. The Employer agrees that, although it participates in E-Verify, the Employer has a responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures.

a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly

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employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status

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(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

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

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

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at E-Verify@dhs.gov. Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, upon

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reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see [M-795 \(Web\)](#)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

B. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

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- b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.
- c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.
- d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.
- e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:
- i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,
 - ii. The employee's work authorization has not expired, and
 - iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).
- f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:
- i. The Employer cannot determine that Form I-9 complies with Article II.A.6,
 - ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
 - iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with

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Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

C. RESPONSIBILITIES OF SSA

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.

2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.

4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

D. RESPONSIBILITIES OF DHS

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

a. Automated verification checks on alien employees by electronic means, and

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- b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the Employer with operational problems associated with the Employer's participation in E-Verify. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train Employers on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials.
5. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.
6. DHS agrees to issue each of the Employer's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify

Company ID Number: 732937

case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.

3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.

4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the

Company ID Number: 732937

employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:

- a. Scanning and uploading the document, or
- b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).

7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.

8. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

ARTICLE IV SERVICE PROVISIONS

A. NO SERVICE FEES

1. SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V MODIFICATION AND TERMINATION

A. MODIFICATION

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.

2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.

B. TERMINATION

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer's participation in E-Verify, with or without notice at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

ARTICLE VI PARTIES

- A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.
- C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.
- E. The Employer understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to,

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Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.

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Approved by:

Employer COLUMBIA CENTER FOR URBAN AGRICULTURE	
Name (Please Type or Print) WILLIAM POLANSKY	Title
Signature Electronically Signed	Date 12/04/2013
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 12/04/2013

Company ID Number: 732937

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	COLUMBIA CENTER FOR URBAN AGRICULTURE
Company Facility Address	1007 N College Ave #2 COLUMBIA, MO 65201
Company Alternate Address	PO BOX 1742 COLUMBIA, MO 65205
County or Parish	BOONE
Employer Identification Number	264486257
North American Industry Classification Systems Code	611
Parent Company	
Number of Employees	10 to 19
Number of Sites Verified for	1



Company ID Number: 732937

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MISSOURI

1 site(s)

Company ID Number: 732937

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name WILLIAM POLANSKY
Phone Number (573) 514 - 4174
Fax Number
Email Address BILLYP@COLUMBIAURBANAG.ORG

Company ID Number: 732937

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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #1 - Issued August 13, 2018

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

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheets from the pre-proposal conference held on August 9 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. Audit: We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year. Is this acceptable, or do you require a full audit to have been completed before the proposal is submitted?

Response: If the organization is not required to complete a full audit, an independent financial review will be acceptable.

- b. Background Checks: We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- c. Can we apply for capital funding?

Response: No, the RFP is to purchase health services. However, organizations can submit a request for development or start-up funds within the application but there are no guarantees the request will be awarded by the Community Health Advisory Board.

- d. What should we do when our service does not quite fit into the list of Boone County Impact Group Taxonomy of Services?

Response: We request that you review the Taxonomy of Services and select the service that best fits your proposed service. Be sure to thoroughly describe how the service will be delivered in the Service Description narrative.

- e. Can we still apply for funds if our organization has not received its non-profit status yet?

Response: Yes, you can still apply, however, the organization must have its non-profit status before entering into a contract.

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

OFFEROR has examined **Addendum #1** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Columba Center for Urban Agriculture
Address: PO Box 1742 Col, MO 65205
Phone Number: 573-514-4174 Fax Number: N/A
E-mail: BillyP@columbaurbanag.org
Authorized Representative Signature: Billy Polansky Date: 10-24-18
Authorized Representative Printed Name: Billy Polansky

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 – Purchase of Service Contracts – Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kristin Cummins	Community Health	886-7274	
3.	Kelly Wallis	Community Health	886-7218	
4.	Kristin Gamber Bo. Gary Litchner	Mary Lee Johnston Community Learning Center	573-449-8400	573-875-1585
5.	Annette Triplett	PedNet Coalition	999-9894	
6.	Kasey Schramm	First Chance for Children	771 1815	771 1816
7.	Michael Brown	All Adult Day Connection	882-7078	
8.	Kip Benge	Southern Boone YMC	573-657-9000	
9.	Lenna Trammell	Southern Boone YMC	573-690-5377	
10.	Madison Anderson	Services for Independent Living	513-874-1616	
11.	Billy Polanski	C.C.O.A	514 4174	
12.	PHIL ASHLEY	Family Health Center	573-886-6761	
13.	William Miller	PO-EC	513-884-3116	
14.	Michelle Stimpert	Boone County Purchasing	886-4391	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
 36-13SEP18 -- Purchase of Service Contracts -- Community Health / Medical Fund
 August 9, 2018, 3:00 p.m.

22.	Nick Foster	VAC	874-2273	
23.	Gary Schmitt	Compass Health	573-200-1531	
24.	Tim Rich	Welcome Home	573-443-8001	
25.	Nicole Deorn	Great Circle	462-8331	
26.	Emmie Harcourt	The Food Bank	573-338-4080	
27.	Wendy Sore	St. Raymond's Society	(717) 677-5215	
28.	Rebecca Kugler	St. Raymond's Society	573-353-0959	
29.	Medi-Sound	BCEC	573-356-1007	
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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

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

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

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

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety registry for staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP, described in Section 3.1 are eligible for funding. No services have been excluded from eligibility for funding.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Columbia Center for Urban Agriculture
Address: Po Box 1742, Col, MO 65205
Phone Number: 573-514-4174 Fax Number: n/a
E-mail: billyp@columbiacenterforurbanag.org
Authorized Representative Signature: [Signature] Date: 10-24-18
Authorized Representative Printed Name: Billy Blansky



BOONE COUNTY, MISSOURI

Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts – Boone County Community Health – Medical Fund

ADDENDUM #3 - Issued September 6, 2018

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

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

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

- a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

- b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

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

- c. Is an electronic signature acceptable?

Response: No

- d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval

- e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund, receipt of which is hereby acknowledged:

Company Name: Columbia Center for Urban Agriculture

Address: PO Box 1742 Col, MO 65205

Phone Number: 573-514-4174 Fax Number: n/a

E-mail: billypc@columbiacurbanag.org

Authorized Representative Signature: AWJ Date: 10-24-18

Authorized Representative Printed Name: Billy Polansky



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

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

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

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

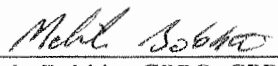
- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "c" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

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

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

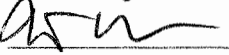
OFFEROR has examined **Addendum #4** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Columbia Center for Urban Agriculture

Address:

Po Box 1742 Col, MO 65205

Phone Number: 573-514-4174 Fax Number: n/a
E-mail: Billy@columbiarbanag.org
Authorized Representative Signature:  Date: 10-24-18
Authorized Representative Printed Name: Billy Polansky

Program Overview (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Columbia Center for Urban Agriculture
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Encouraging Healthy Habits at Columbia's New Agriculture Park
Amount of Request	\$76,120.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

This proposal will address community-level issues of: low fruit and vegetable consumption, obesity, and food insecurity. Specifically, the proposal will target minority groups who encounter complications from health problems-such as cancer, diabetes, heart disease and hypertension-at higher rates than white residents (Boone Indicators).

Low consumption of fruits and vegetables contributes to poor mental and physical health (Florence et al., 2008) and 86% of Boone County residents do not eat the recommended five daily servings of fruits and vegetables and 25.1% of adults are obese (MO DHSS, 2011). CCUA's programs seek to prevent problems associated with poor diets, especially among residents with limited resources. Young children are particularly vulnerable.

Farmers markets are a source of high quality, fresh fruits and vegetables. Farmers markets create an environment and culture which encourages the consumption of fresh, healthy foods. CCUA's recent Community Food Assessment has found that for a number of real or perceived reasons, some members of minority groups are uncomfortable attending farmers markets. Therefore, this proposal will work to break down cultural barriers which may have historically prevented minority groups from attending farmers markets.

Growing food at home is also a proven way to increase fruit and vegetable consumption. This proposal will work to encourage more home fruit and vegetable consumption through gardening and cooking activities.

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

Minority community members face more negative health problems as compared to white residents (Boone Indicators). Low-income children have lower academic performance as compared to their average/high-income peers (Boone Indicators). These disparities which exist for minority and low-income

community members present an opportunity for innovative health-focused interventions. This proposal will target low-income and minority community members to improve their overall health and well being.

Because of their demographic makeup, members of Central and West Central Columbia face these issues disproportionately as compared the rest of Columbia. This proposal's activities will occur at Clary-Shy Park in West Central Columbia lacks attractive outdoor features, despite the park's central residential location. For outdoor recreation, the park currently has only grassy fields. There are no restrooms, water fountains, seating, shade, walking paths, or features which would attract neighborhood residents to use the space for outdoor exercise.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Nutrition- and garden-based programs at the Agriculture Park will improve fruit and vegetable consumption leading to better physical and mental health outcomes.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The Agriculture Park (currently under construction) is a 10-acre park in central Columbia which will demonstrate home-scale food production, provide hands-on learning opportunities surrounding food and nutrition, grow food for the food pantry, and house the Columbia Farmers Market in a new building year-round. The Park is a partnership between CCUA, Columbia Farmers Market, and Columbia Parks and Recreation. The organizations will co-manage the site to promote local agriculture and healthy food choices. Years of planning, fundraising, and gathering input from the community has led to an opening date of March 2019.

This proposal will:

Build backyard-scale demonstration gardens at the Agriculture Park which will be on display to the public at this new city park.

Develop and construct year-round outdoor educational signage throughout the Agriculture Park. Signs will encourage backyard gardening and fruit and vegetable consumption.

Make educational and social activities available free to the public at the Agriculture Park. These activities will draw new people to the park.

Develop a marketing plan for the new Agriculture Park which is created with the goal of appealing to minority and low-income community members who may not have come to the site in the past. Implementation of this plan will lead to increased market attendance from minority groups.

Strengthen educational programming already funded by Boone County Children's Service Fund and Heart of Missouri United Way.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The Agriculture Park is located in West Central Columbia, however the park is open to the public and will attract a wide array of visitors. The West Central Neighborhood is more diverse than the rest of the city 69% of the population is white, 21% African-American, and the remaining 10% is divided among other races. Income and education levels are both lower than the city's average. The neighborhood has a large amount of Section 8 Housing, just steps away from the park.

City of Columbia's strategic plan identified three "target neighborhoods" with high levels of poverty, unemployment, and crime. One of these neighborhoods, the "Central Neighborhood", borders the West-Central Columbia neighborhood. While this proposal will promote a healthy lifestyle for residents across Boone County, the residents in Central and West Central Columbia will benefit from the park at a higher rate, due to their proximity.

Thousands of individuals will interact with the park on a "self-service" or "self-guided" basis. The demographic information for these people will be difficult to track and are not included in the demographic information below.

b. Why will these particular consumers be served? (1500 character limit)

The location of the Agriculture Park is centrally-located within Columbia. This will make it easy for residents of Central and West-Central Columbia to visit the park. These neighborhoods already have higher rates of poverty and minority residents. Minority community members face more negative health problems as compared to white residents (Boone Indicators). Low-income children have lower academic performance as compared to their average/high-income peers (Boone Indicators). For these reasons, we are targeting low-income and minority community members to improve their overall health and well being.

For those outside of walking distance, the park is adjacent to a city bus line, "Bicycle Boulevard", Stadium Boulevard, and Interstate 70. Our target consumers are already familiar with the neighborhood. The ARC, Gerbes shopping center, and Shelter Gardens are already draws into the neighborhood for those who live in different parts of Columbia and Boone County.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

There are many challenges to reaching low-income and minority community members. A marketing campaign which attracts low-income and minority community members will support the ongoing programs which occur at the park.

d. Total number of unduplicated individuals to be served by the proposed program:

4250

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

20.27

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

4250

City of Columbia

4000

Cooper County

0

Howard County

0

Other Counties

0

Residence Total

4250

Record Lock

1

Race

White (alone)

3400

Black or African American (alone)

425

Multiple Races

212

Asian (alone)

213

Native American Indian or Alaskan Native

0

Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

0

Race Total

4250

Ethnicity

Hispanic or Latino (of any race)

150

Not Hispanic or Latino

4100

Ethnicity Total

4250

Gender**Female**

2125

Male

2125

Other

0

Gender Total

4250

Income**At or below 200% of Federal Poverty Level**

1000

Over 200% of Federal Poverty Level

3250

Income Total

4250

Age (City-Social Services/County-Health/HMUW-RFP)**Under 5 years**

800

5-19 years

1500

20-59 years

1500

60 years and over

450

Age Total (1)

4250

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)**Program Access**

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

The Agriculture Park will be open every day from 6am to 11pm. Demonstration gardens and interpretive signs throughout the park will serve the public during these hours.

The Columbia Farmers Market holds the following hours:

Saturday 8-Noon (year-round)
Wednesday 4-6pm (except winter)
Thursday 3-6pm (except winter)

During market hours interactive food- and nutrition-focused learning opportunities will be offered to children and adults by Columbia Center for Urban Agriculture.

During Saturday hours of the Columbia Farmers Market, greeters will be posted at the park's entrances.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Although significant effort will go into attracting minority and low-income residents, there is no eligibility requirement for participation in the programs. These are in a public space and made free to all members of the public.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Programs will be offered for free.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

n/a

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No

Provide the name of the accreditation agency. (300 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

CCUA's educational programs follow the USDA's "Best Practices in Nutrition Education for Low-Income Audiences".

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

Research shows garden- and food-based activities can promote vegetable consumption and healthy children.

"In a 130-day temperature growing season," similar to that of Boone County, "a 10x10 meter plot can provide most of a household's total yearly vegetable needs, including much of the household's nutritional requirements for vitamins A, C and B complex and iron" (Patel, 1991). Gardens improve access to healthy foods for families, leading to healthier children.

"Nutrition interventions in children are more likely to be successful if they are activity-based, theory-driven, involve families...[and] the wider community" (Lytle et al. 1995). Activities offered at the Agriculture Park get families and communities involved in a fun nutrition intervention.

"Parental modeling, peer normative beliefs and fruit, juice and vegetable availability were significantly correlated with fruit, juice and vegetable consumption." (Cullen et al., 2001). Gardens in low-income neighborhoods normalize gardening and vegetables encouraging children to eat vegetables.

100% of adults who participate in CCUA's volunteer, internship, and service-learning programs report increasing their skillset and eating more vegetables because of their volunteer experience.

In 2017, 97% of gardeners in CCUA's Opportunity Gardens Program report eating more vegetables than before having a garden.

100% of teachers reported that their students are more likely to eat vegetables after engaging in CCUA's programming.

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)

The research above shows that activity-based interventions, like those proposed here lead to fruit and vegetable consumption. CCUA's program results show that participation in our programs leads to an increase in fruit and vegetable consumption.

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

This unique public-private partnership is working to build a culture of health in our community and improve the social determinants of health. Parks and Recreation is providing the space for improved food access. CCUA is providing the hands-on learning opportunities, beautiful demonstrations, and food donations for local food pantries. Columbia Farmers Market brings healthy food and supports the livelihoods of local farmers in surrounding rural communities. SNAP-matching programs offered by CFM and their sister organization Sustainable Farms and Communities help low-income families access more healthy food. This new Columbia destination is not a project any one of the partners could have accomplished on their own.

The location of this new park is adjacent to the ARC. This community gym, operated by Parks and Recreation is a gem in our town. On average, the

ARC attracts 900 people daily. The ARC's affordable indoor recreational opportunities attract people from many walks of life. Together the ARC and Agriculture Park encompass both sides of healthy living: physical activity and nutritious food.

The multi-use design of the park makes many "entry points" for people to visit the park. Someone who comes to walk their dog on the outdoor recreation trail, may discover the farmers market. A parent who chaperones their child's field trip may discover the ARC as a place for swimming lessons. Every time someone visits the park, a variety of healthy lifestyle choices are reinforced.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Our recent Community Food Assessment demonstrated the need to better engage low-income and minority groups at the site, this proposal is in response to that feedback. This project also is working to expand some existing efforts which have received positive feedback.

Winter months (when gardening and farming seasons slow down) provide a natural lag in the programming cycle when CCUA and CFM staff will discuss progress and needed changes to the programs being offered. Continuous improvement, stakeholder feedback, and outcomes measurement are key components of CCUA's processes.

CCUA's annual budget includes funding to hire outside assessment and evaluation professionals to ensure that goals are being met and to assist with decision making.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Comment cards will be offered at activities and workshops to collect feedback from participants. "Dot Surveys" will be conducted at the park.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Strong partnerships and collaboration make this project possible. CCUA and Columbia Farmers Market each have a 35-year lease agreement with the City of Columbia for use of the Agriculture Park to provide community programming. CCUA and CFM also have agreements with each other to enhance each other's' work.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1536680384_40691_SignedAgParkLease2017.PDF/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1536767285_40764_SignedCFMMOU9.11.18.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 CCUA Educators (Multiple positions)	MQ1 Relevant training / experience.	FTE1 0.35	SR1 FROM \$27,000.00	SR1 TO \$38,000.00
P2 Greeters (Multiple positions)	MQ2 Relevant training / experience	FTE2 0.65	SR2 FROM \$22,880.00	SR2 TO \$27,456.00
P3	MQ3	FTE3 0.00	SR3 FROM \$0.00	SR3 TO \$0.00
P4	MQ4	FTE4 0.00	SR4 FROM \$0.00	SR4 TO \$0.00

P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

CCUA Educators will work directly with program participants to deliver garden and food-based activities. These educators will rotate depending on the topic covered at each event.

Two Greeters will be present at each of the park's three entrances to engage visitors, help market customers find a product, answer questions, offer tours, give directions, conduct surveys, or help SNAP users get signed up for the market's SNAP matching programs.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
	\$0.00	0
B. Boone County - Community Health Funding (300 character limit) This proposal, includes one-time startup costs.	2B	2B %
	\$76,120.00	88
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0

E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Specialty Crop Block Grant provides partial funding to children's activities.	\$10,010.00	12
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	86130	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$44,301.00	51
Personnel Narrative (300 character limit)		
Majority of personnel is for program service delivery.		
2. Non-Personnel	2.	2. %
	\$41,829.00	49
Non-Personnel Narrative (300 character limit)		
Majority of non-personnel is for program startup costs.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	86130	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

Overall this project has received a large amount of community support. To date, the Agriculture Park's Capital Campaign has raised \$3.75 million from a total of 403 donors.

Kids activities at the Agriculture Park are currently funded by the USDA's Specialty Crop Block Grant. This funding only covers staffing for two of the three weekly markets.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Boone Indicators Dashboard (2017). Populations: Children, Youth, and Families. Retrieved from <http://booneindicators.org>

Brown, J. L., Beardslee, W. H., & Prothrow-Stith, D. (2008, November 17). Impact of School Breakfast on Children's Health and Learning: An Analysis of the Scientific Research (Rep.). Retrieved http://us.stop-hunger.org/files/live/sites/stophunger-us/files/HungerPdf/Impact%20of%20School%20Breakfast%20Study_tcm150-212606.pdf

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City of Columbia (2015). Strategic Plan. Retrieved from: <https://www.cmo.gov/wp-content/uploads/2016-2019-Strategic-Plan.pdf>

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Skeyyl, S., Bradley, J. (2007). The Growing Phenomenon of School Gardens: Measuring their variation and their effect on student's sense of responsibility and attitudes toward science and the environment. Applied Environmental Education and Communication, 6 (1) pp97-104. Doi:10.1080/15330150701319438

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Weinred, L. Wehler, C. Perloff, J., Scott, R., Hosmer, D., Sagor, L., Gundersen, C. (2002). Hunger: Its impact on childrens health and mental health. Pediatrics (4) e41. Doi: 10.1542/peds.110.4.e41.

Linked 'Agreement Form - V3' Records

Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

Organization Name	Program Name	Date Completed	Record Lock	Link Info		
				Description	Active	Date
Columbia Center for Urban Agriculture	Encouraging Healthy Habits at Columbia's New Agriculture Park	11/06/2018			<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Columbia Center for Urban Agriculture
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Encouraging Healthy Habits at Columbia's New Agriculture Park
Amount of Request	\$76,120.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$46,000.00

b. Describe how the funds will be utilized. (600 character limit)

*A model Backyard Demonstration Garden will be established at the Agriculture Park in early 2018. This area will be a mixture of gardens, fruit trees, chicken coops, and compost piles will fill a backyard-scale area. \$26,000

*Design, manufacture, and installation of 10 interpretive signs. \$10,000

*A marketing company will be hired to create a plan which promotes the Agriculture Park to minority and low-income families. \$10,000

c. Provide justification for the request for one-time funding. (600 character limit)

This one-time investment will create a learning space with far reaching impacts:

*Service #1 below will use this backyard demonstration garden as a teaching space.

*The Backyard Demonstration Garden with signage will be available for the public to explore during regular park hours, educating the public through self-guided learning.

*Other units of service funded by the Boone County Children's Service Fund will use this backyard demonstration garden.

*Marketing to low-income and minority families will help accomplish overall program goals.

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

4.1 Health Education

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Provides information to maintain or improve physical and mental health and overall wellbeing.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

CCUA will provide hands-on learning activities to children and adults at the new Agriculture Park. Year-round on Saturday mornings (during farmers market hours) there will be one activity tailored to children and one activity for adults. During the summer months, on Wednesday and Thursday afternoons (during farmers market hours) there will be one activity tailored to children.

Examples of children's activities include: scavenger hunts, vegetable identification, seed/vegetable matching games.

Examples of adult activities include: garden tours, "Ask a gardener Q&A sessions", healthy meal cooking demonstrations, and a variety of backyard vegetable gardening workshops.

These activities will occur both under the Farmers Market Pavilion and in the Backyard Demonstration Garden (referenced in "Start Up Funding").

These services are open to the public and offered free of charge.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One person.

b. Unit Rate (#1)

\$7.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

This same rate is used for group learning experiences funded by the Boone County Children's Service Fund.

d. Total Number of Units of Service to be Provided (#1)

2820

e. Total Number of Unduplicated Individuals (#1)

3500

f. Average Number of Units of Service per Unduplicated Individual (#1)

0.81

g. Average Cost of Service per Individual (#1)

5.64

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

No

Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

We are targeting low-income and minority residents. We do not want to create barriers for participation.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

The service is not eligible to be billed to health insurance, state subsidy, etc for reimbursement.

Service #1 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)**

Yes (complete the Other Funders Chart below)

Service #1 - Local Funding Chart

FUNDERS (#1)	UNIT RATE (#1)	CONTRACTED UNITS (#1)	TOTAL AMOUNT CONTRACTED (#1)
a. Boone County - Children's Services Funding (#1)	1a1. \$7.00	1a2. 11161	1a3. \$78,127.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)**

\$15,120.00

b. Proposed Number of Units of Service (#1)

2160

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

This is expanding opportunities currently funded by the USDA Specialty Crop Block Grant. With growth of the Agriculture Park, additional funding from Boone County will increase the frequency of children's programming at the Agriculture Park and introduce a new opportunity for adult education.

Service #1- Performance Measures**Outcome (1-1)**

Participants will consume more fruits and vegetables.

Indicator (1-1)

50% of participants will report eating more fruits and vegetables.

Method of Measurement (1-1)

Feedback survey provided at time of activity.

Additional Outcome (1-2)

Participants will have positive attitudes towards fruits, vegetables, and healthy foods.

Additional Indicator (1-2)

100% of participants will report an intention to access/produce/prepare/preserve fruits and vegetables.

Additional Method (1-2)

Feedback survey provided at time of activity.

Additional Outcome (1-3)

Additional Indicator (1-3)

Additional Method (1-3)

Additional Outcome (1-4)

Additional Indicator (1-4)

Additional Method (1-4)

Additional Outcome (1-5)

Additional Indicator (1-5)

Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

These outcomes are working directly to improve fruit and vegetable consumption, leading to better physical and mental health outcomes.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

We face many pressures when it comes to food. Cultural factors and marketing heavily influence our food choices. This program seeks to become a cultural and marketing force in our community.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

We believe these are achievable and realistic goals which can be accomplished in the project period.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

This is a quick measurement to gather information. We feel that this quick method will encourage people to complete the form before leaving.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

10.3 Information and Referral

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provides accurate information about and referrals to appropriate resources.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Greeters will be stationed at the entrances of the Agriculture Park during Saturday morning hours of the Columbia Farmers Market. The greeters will engage visitors, help market customers find a product, answer questions, offer tours, give directions, conduct surveys, help SNAP users get signed up for the market's SNAP matching programs, or help shoppers find the day's educational activities for children and adults. CCUA's Community Food Assessment has documented that new customers, especially low-income and minority customers, have historically struggled with feelings of belonging at the farmers market. In addition to helping visitors find things within the market space, the greeters will help customers find other features within the Agriculture Park such as gardening demonstrations, playgrounds, picnic areas, and educational activities.

Low-income and minority communities will be targeted in recruiting candidates for these seasonal staff positions. New customers from low-income and minority backgrounds will find comfort in being greeted by someone who looks like them.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

One tour.

b. Unit Rate (#2)

\$20.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

No

Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

This is the cost to pay the greeters to answer questions, give tours, and connect customers to other resources.

d. Total Number of Units of Service to be Provided (#2)

750

e. Total Number of Unduplicated Individuals (#2)

750

f. Average Number of Units of Service per Unduplicated Individual (#2)

1

g. Average Cost of Service per Individual (#2)

20

Service #2 - Service Fee

a. Will the proposed service consumers be charged a fee? (#2)

No

Provide a rationale why no fee will be charged for the service. (#2) (600 character limit)

We are targeting low-income and minority residents. We do not want to create barriers for participation.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

No

Explain why the proposed service is not billable to a third-party payor. (#2) (600 character limit)

The service is not eligible to be billed to health insurance, state subsidy, etc for reimbursement.

Service #2 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

No

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$15,000.00

b. Proposed Number of Units of Service (#2)

750

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Both CCUA and the Columbia Farmers Market previously had funding from the USDA Specialty Crop Block Grant to fund these staff positions as a pilot, however that funding is no longer available. The pilot has shown success and new customers have commented on how helpful it is to have the greeters assist them. With the opening of the Agriculture Park in spring of 2018, a higher volume of market customers is anticipated, and there will be a need for more greeters to assist with the influx of first-time visitors to the Agriculture Park.

Service #2 - Performance Measures

Outcome (2-1)

More families will take advantage of SNAP matching programs.

Indicator (2-1)

The number of SNAP/EBT card swipes will increase by 20% at Columbia Farmers Market.

Method of Measurement (2-1)

Market records

Additional Outcome (2-2)

SNAP spending will increase at Columbia Farmers Market.

Additional Indicator (2-2)

SNAP and SNAP Match spending at Columbia Farmers Market will increase by 20%.

Additional Method (2-2)

Market records

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

These outcomes are working directly to improve fruit and vegetable consumption, leading to better physical and mental health outcomes.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

The effectiveness of continued marketing which targets low-income families will affect how many SNAP-eligible families make it to the market in the first place. Over the past few years, SNAP use at the market has increased as a result of marketing the SNAP match program.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

An increase of 20% would be significant and achievable given the proposed plan.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Measuring SNAP use is a good proxy of low-income families attending the market and this data is already tracked, making it an efficient way to measure success.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

b. Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service consumers be charged a fee? (#3)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

Service #3 - Local Funding

Does your organization **CURRENTLY** have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)

Indicator (3-1)

Method of Measurement (3-1)

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)
- Provide a rationale for each method of measurement. (#3) (600 character limit)

Service #4 - Name, Definition, and Description

- Service #4 - Taxonomy of Service Name (300 character limit)
- Service #4 - Taxonomy Definition of Service (300 character limit)
- Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

- Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

- Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

- Is the proposed Unit Rate tied to an established public funding rate? (#4)

- Total Number of Units of Service to be Provided (#4)

0

- Total Number of Unduplicated Individuals (#4)

0

- Average Number of Units of Service per Unduplicated Individual (#4)

0

- Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

- Will the proposed service consumers be charged a fee? (#4)
- Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

Service #4 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Service #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

a. Service #5 - Taxonomy of Service Name (300 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate tied to an established public funding rate? (#5)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

- a. Will the proposed service consumers be charged a fee? (#5)
- b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Funding Request

- a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00
- b. Proposed Number of Units of Service (#5)
0
- c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5
76120

Linked 'Agreement Form - V3' Records

[Link Instructions](#)

Linked 'Agreement Form - V3.1' Records

[Link Instructions](#)

Agreement Form - V3.1

Organization Name	Program Name	Date Completed	Record Lock	Link Info		
				Description	Active	Date
Columbia Center for Urban Agriculture	Encouraging Healthy Habits at Columbia's New Agriculture Park	11/06/2018			<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

Columbia Center for Urban Agriculture
Attn: Billy Polansky, Executive Director
PO Box 1742
Columbia, MO 65205
billyp@columbiaurbanag.org

RE: Written Clarification #1 to 36-13SEP18 – *Community Health/Medical Fund*

Dear Mr. Polansky:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 36-13SEP18 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Table, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 5:00 p.m. October 26, 2018 by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Community Health Advisory Council Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melinda Bobbitt', written in a cursive style.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

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

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

Organization	Columbia Center for Urban Agriculture
Name of Program	Encouraging Healthy Habits at Columbia's New Agriculture Park

Proposal Cover Sheet	
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1. The Proposal Cover Sheet is missing the signed addendums.

Action Required: Provide signed copies of all four addendums which can be located on the Boone County Purchasing Department's website.

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Program Overview Form	
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2. The total number of individuals to be served do not align with the numbers described in the MOU with Columbia Farmers Market (CFM). The MOU states 1,200 adults and 2,520 children (total of 3,720) will be served but the proposal lists 4,250 total unduplicated individuals. Also the age demographics do not align with MOU. The MOU states 3,720 children and 1,200 adults will be served but the proposal lists 2,300 children and 1,950 adults. Also, the proposal mentions targeting low-income, minorities but 80% of proposed consumers are white.

Action Required: Provide information on why the MOU and proposal varies in total number of individuals served and demographics. Update the Consumer Demographics table to address any errors. Provide information on how low-income, minorities will be targeted.

Narrative:

--

Residence	
Boone County (includes City of Columbia residents):	
City of Columbia:	
Cooper County	
Howard County	
Other Counties:	

Residence Total:	
Race:	
White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native (alone)	
Native Hawaiian or other Pacific Islander (alone)	
Some other Race	
Race Total:	
Ethnicity:	
Hispanic or Latino (of any race)	
Not Hispanic or Latino	
Ethnicity Total:	
Gender	
Female	
Male	
Other	
Gender Total:	
Income	
At or below 200% of Federal Poverty Level	
Over 200% of Federal Poverty Level	
Income Total:	
Age	
Under 5 years	
5-19 years	
20-59 years	
60 years and over	
Age Total:	

3. The Program Access section describes the hours the Agriculture Park will be open (everyday from 6:00am-11:00pm) and when programming will be held (market hours are Wednesday, Thursday, and Saturday).

Action Required: Provide information on additional activities that may take place during the week when the market is not open.

--

4. The Program Access section describes the Agriculture Park being located in West Central Columbia.

Action Required: Describe barriers the target population may have to access the program and efforts CCUA plans to make to decrease barriers (i.e. transportation).

--

5. The proposal does not provide a thorough description of the USDA's "Best Practices in Nutrition Education for Low-Income Audiences".

Action Required: Describe the best practices identified by the USDA and any other sources.

--

6. The narrative describing quality improvement and consumer feedback lacks specific information and sufficient feedback tools (i.e. comment cards) for the proposed program.

Action Required: Provide more information on collecting feedback from program consumers and how that will guide quality improvement efforts.

--

7. The FTE listed in the Program Personnel table and number of employees is unclear.

Action Required: Provide more information on the number of individuals hired to fulfill responsibilities of the CCUA Educators. Provide information on how the FTEs were estimated for both positions.

--

8. The Program Personnel table lacked information on additional support staff required to implement the program (i.e. Executive Director, Evaluation/Assessment evaluators, etc.)

Action Required: Provide any missing information or make corrections to the Program Personnel table below. Provide a narrative describing responsibilities of additional staff members.

Position/Title	Minimum Qualifications	FTE	Full Time Salary Range From:	Full Time Salary Range To:
CCUA Educators				
Greeters				

Narrative:

9. The Program Budget lists the Specialty Crop Block Grant as a funding source and the MOU states 1,560 out of the total 2,520 children will be served.

Action Required: Provide more information on this grant and how invoicing will be tracked.

10. The Children's Services Funds were not listed in the program budget. The justification of Development/Start Up Funds mentions CSF services using the backyard demonstration garden. The proposals also mentions funds utilized from Heart of Missouri United Way.

Action Required: Provide information on whether programming funded through the Children's Services Fund offered at the Agriculture Park next year should be included within the program budget. Update the budget below.

TOTAL PROGRAM REVENUE	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$
Narrative:		
B. Other United Ways	\$	\$
Narrative:		
C. Capital Campaigns	\$	\$
Narrative:		
D. Grants (non-governmental)	\$	\$
Narrative:		
E. Fund Raising & Other Direct Support	\$	\$
Narrative:		
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding	\$86,656.10	\$
Narrative:		
B. Boone County - Community Health Funding	\$	\$

Narrative:		
C. Boone County - Other Funding	\$	\$
Narrative:		
D. Funding from Other Counties	\$	\$
Narrative:		
E. City of Columbia - Social Service Funding	\$	\$
Narrative:		
F. City of Columbia - CDGB/Home Funding	\$	\$
Narrative:		
G. City of Columbia - CHDO Funding	\$	\$
Narrative:		
H. City of Columbia - Other Funding	\$	\$
Narrative:		
I. Funding from Other Cities	\$	\$
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$	\$
Narrative:		
K. State (Purchase of Services, Grants, etc.)	\$72,730.00	\$
Narrative:		
L. Other (Schools, Courts, etc.)	\$	\$
Narrative:		
3. Program Service Fees	\$	\$
Narrative:		
4. Investment Income (realized & unrealized)	\$	\$
Narrative:		
5. Other Revenue Items	\$	\$
Narrative:		
TOTAL PROGRAM REVENUE	\$160,386.10	\$
Narrative:		
PROGRAM EXPENSES	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. Personnel	\$62,392.39	\$
Narrative:		
2. Non-Personnel	\$24,263.71	\$
Narrative:		
TOTAL PROGRAM EXPENSES	\$86,656.10	\$

11. The narrative for Personnel Expenses is lacking specific information.

Action Required: Provide sufficient information on Personnel Expenses below.

12. The narrative for Non-Personnel Expenses is lacking specific information.

Action Required: Provide sufficient information on Non-Personnel Expenses below.

Program Services Form (1-5)	
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Development/Start Up Funds

13. The Amount Requested in Development Funds is unclear due to the amount listed in description field below.

Action Required: Provide clarification on the requesting amount and provide the correct amount in the 'Program Outputs and Funding Request Tables'. Attach a detailed estimate of what expected costs will be for the Backyard Demonstration Garden.

14. The field requesting justification of the request lacks specific information on why funds are need from the Community Health fund. The information only briefly lists items/services available in the space.

Action Required: Provide clarification on why other revenues sources, specifically the \$3.75 million raised through the capital campaign, can't be utilized to develop the garden. The Community Health Advisory Council is interested in educational programming but requires further justification on developmental funds to build the garden.

15. The narratives for development funds include items would continually need to be purchased (garden supplies, marketing, etc.).

Action Required: Provide clarification on the sustainability and maintenance costs associated with the Backyard Demonstration Garden.

Program Service 1 – Health Education

16. The program description lacked specific information on how clients access the program, structure of the children and adult programming, benefits of the programming, and how low-income and minority families will be targeted.

Action Required: Provide a thorough description of both children activities and adult activities.

17. The number of units doesn't make sense based on the unit measure and number of unduplicated individuals.

Action Required: Update the outputs in the *Service Change Table* and keep the unit measure as "one individual". Provide information in the field below on how this aligns with the proposed number of individuals to be served and the numbers provided in the MOU with CFM.

18. The proposal lacked information on how demographic and feedback from people served will be collected. Also, Indicator 1-1 or Method of Measurement 1-1 will need to be adjusted since it would require follow up after an event.

Action Required: Provide information on how demographics and feedback will be collected at each event. Make updates to the performance measures in the attached *Service Change Table*.

Program Service 2 – Information and Referral

19. The rationale for providing the service states that staff will be targeting low-income and minority residents.

Action Required: Provide information on how families will be targeted sensitively and how information can be provided on demographics.

20. It appears that money received for Information and Referral will be transferred to Columbia Farmers Market.

Action Required: Provide clarification on whether CCUA is sub-contracting and reimbursing the Columbia Farmers Market for Information and Referral.

21. The justification on how the unit rate was developed lacks a sufficient explanation. Also, the unit measure is for “one tour” but there are several tasks included in the service description (answer questions, connect to resources, etc.).

Action Required: Provide more information on how the unit rate and unit measure was developed. Explain how “one tour” will be determined. It seems like needs will vary for people attending the market or needing help finding something. Update the *Service Change Table* if there a more consistent way of measuring units and submitting invoices.

22. The performance measures narrative refers to a continuation of marketing targeting low-income families.

Action Required: Provide a marketing plan that will target low-income families. Describe whether an external firm will provide marketing or whether CCUA will handle marketing. Provide information on expertise to achieve goals listed in the marketing plan.

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

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

Service Change Table			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Encouraging Healthy Habits at Columbia's New Agriculture Park			
Service #1 – Taxonomy of Service Name: Health Education			
Service #1 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information requested in earlier field			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Table			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Encouraging Healthy Habits at Columbia's New Agriculture Park			
Service #2 – Taxonomy of Service Name: Information and Referral			
Service #2 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information requested in earlier field			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: Columbia Center for Urban Agriculture				
Program Name: Encouraging Health Habits at Columbia's New Agriculture Park				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Health Education				
Information and Referral				

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Health Education		
Information and Referral		
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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Columbia, MO 65201
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Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

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

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

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

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

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

Organization	Columbia Center for Urban Agriculture
Name of Program	Encouraging Healthy Habits at Columbia's New Agriculture Park

Proposal Cover Sheet	
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1. The Proposal Cover Sheet is missing the signed addendums.

Action Required: Provide signed copies of all four addendums which can be located on the Boone County Purchasing Department's website.

Attached to e-mail.

Program Overview Form	
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2. The total number of individuals to be served do not align with the numbers described in the MOU with Columbia Farmers Market (CFM). The MOU states 1,200 adults and 2,520 children (total of 3,720) will be served but the proposal lists 4,250 total unduplicated individuals. Also the age demographics do not align with MOU. The MOU states 3,720 children and 1,200 adults will be served but the proposal lists 2,300 children and 1,950 adults. Also, the proposal mentions targeting low-income, minorities but 80% of proposed consumers are white.
Action Required: Provide information on why the MOU and proposal varies in total number of individuals served and demographics. Update the Consumer Demographics table to address any errors. Provide information on how low-income, minorities will be targeted.

Narrative:

I'm sorry for the mismatching numbers, clarifications in this document will align all numbers to those stated in the MOU. The unduplicated individuals recorded in the proposal was understated. The actual number of unduplicated individuals is 4,470 and corresponds to the numbers listed in the MOU. The MOU states that CCUA will serve 1,200 adults and 2,520 children (Service #1) and 750 individuals will be served as part of Service #2.

I would like to address the fact that in this proposal, 80% of anticipated participation comes from white residents. The Columbia Farmers Market already has a strong following of customers, the majority of whom are white. The educational programs offered through this proposal will be available to anyone who comes to the Agriculture Park during farmers market hours. So, while there will be additional marketing which targets low-income and

minority individuals, the market's existing customer base will cause the majority of participants to be white. The racial demographics listed here mirror those of Columbia as a whole. Currently greater than 80% of the farmers market's visitors are white. So, especially in this first year, serving a population which mirrors the community would be an improvement in diversity at the site.

Residence	
Boone County (includes City of Columbia residents):	4470
City of Columbia:	4200
Cooper County	
Howard County	
Other Counties:	
Residence Total:	4470
Race:	
White (alone)	3576
Black or African American (alone)	492
Multiple Races	134
Asian (alone)	268
Native American Indian or Alaskan Native (alone)	
Native Hawaiian or other Pacific Islander (alone)	
Some other Race	
Race Total:	4470
Ethnicity:	
Hispanic or Latino (of any race)	158
Not Hispanic or Latino	4312
Ethnicity Total:	4470
Gender	
Female	2235
Male	2235
Other	
Gender Total:	4470
Income	
At or below 200% of Federal Poverty Level	1052
Over 200% of Federal Poverty Level	3418
Income Total:	4470
Age	
Under 5 years	840
5-19 years	1578
20-59 years	1578
60 years and over	473
Age Total:	4470

- The Program Access section describes the hours the Agriculture Park will be open (everyday from 6:00am-11:00pm) and when programming will be held (market hours are Wednesday, Thursday, and Saturday).

Action Required: Provide information on additional activities that may take place during the week when the market is not open.

Update to market hours In 2019, Columbia Farmers Market will have three weekly markets: Saturday morning, Tuesday morning, and Thursday afternoon (the original proposal stated Wednesday and Thursday afternoon markets, however the weekday schedule has since been updated).

All food grown at the Agriculture Park will be donated to the Central Pantry. It is anticipated that the park has the capacity to produce over 50,000 pounds of fresh fruits and vegetables once fully developed.

There will be numerous volunteer and service-learning opportunities at the park. Last year CCUA had nearly 600 volunteers involved with our programs. Our volunteer opportunities are hands-on and we view volunteering as a teaching opportunity. 100% of adults who participate in CCUA's volunteer, internship, and service-learning programs report increasing their skillset and eating more vegetables because of their volunteer experience.

CCUA's Farm to School Program (funded by BCCSF), coordinated in partnership with Columbia Public Schools will use the park. Garden and signage features proposed in the development/startup section of this application will be used by students participating in Farm to School programming. This larger site will allow CCUA to provide higher-quality programs to more students.

During regular park hours, the garden and signage features proposed in the development/startup section of this application will be a "self-service" educational tool to park visitors. These features will change our city's physical environment to promote healthy diets. This type of education does not require staff to actively provide education, making it a cost-effective way to reach more people.

4. The Program Access section describes the Agriculture Park being located in West Central Columbia.

Action Required: Describe barriers the target population may have to access the program and efforts CCUA plans to make to decrease barriers (i.e. transportation).

CCUA recently completed a Community Food Assessment which found that culture is one of the biggest barriers for accessing the farmers market and other healthy-food activities. The brand development/marketing proposed in the Startup/Development Costs section of this application will help the organizers create an image which resonates with the target population. We will work to hire greeters (Service #2), who come from low-income and minority backgrounds in order to extend a welcoming message to the target population.

There are a number of ways that the locations and times of programming are designed to decrease transportation barriers. Clary-Shy Park is directly adjacent to the ARC and Gerbes. People who are already traveling to these locations can go to the Agriculture Park as part of their trip. Every month 30,000 people use the ARC and there are no other grocery stores within over a mile of the Gerbes. These are heavily trafficked sites. For those without vehicles, there is a bus stop on Worley, one block from the park, and Ash Street is a major east-west thoroughfare for bicycle traffic, one of the city's "bicycle boulevards". The park is open during

regular Parks & Recreation hours (everyday from 6:00am-11:00pm), and individuals can explore the Agriculture Park any time during these hours. Columbia Farmers Market is changing its market times in 2019 to capture a wider range of options. The market's hours will be Tuesday morning, Thursday evening, and Saturday morning. CCUA's Farm to School Program, which targets Columbia's low-income Title 1 schools, includes in-school activities and will include field trips to the Agriculture Park starting 2020. CCUA's Opportunity Gardens Program also provides skills to low-income families at their home, which helps serve people with transportation challenges.

When the park opens and as programming progresses, community feedback will be used to adjust times that best meet the needs of our community.

5. The proposal does not provide a thorough description of the USDA's "Best Practices in Nutrition Education for Low-Income Audiences".

Action Required: Describe the best practices identified by the USDA and any other sources.

The guide is a self-assessment to help organizations improve program delivery. It goes through 28 best practices in the five domains of: Program Design, Program Delivery, Educator Characteristics, Educator Training, and Evaluation.

Link to publication: <https://snaped.fns.usda.gov/snap/CSUBestPractices.pdf>

6. The narrative describing quality improvement and consumer feedback lacks specific information and sufficient feedback tools (i.e. comment cards) for the proposed program.

Action Required: Provide more information on collecting feedback from program consumers and how that will guide quality improvement efforts.

To ensure that educational topics will address the needs of program consumers, feedback collected from comment cards and dot surveys will be used to generate future lesson topics and service offerings.

7. The FTE listed in the Program Personnel table and number of employees is unclear.

Action Required: Provide more information on the number of individuals hired to fulfill responsibilities of the CCUA Educators. Provide information on how the FTEs were estimated for both positions.

Many people on staff at CCUA act as educators. In order to provide a diversity of topics, different staff members, each with different expertise areas, will deliver these lessons each week. Additionally, CCUA may hire temporary staff to serve as educators at different times throughout the year. Over the course of the year we approximate that 10 different educators will deliver garden and food-based activities. Collectively the total hours of instruction equal a 0.35 FTE (or 728 hours of instruction) over the course of the year.

50 Saturdays (Adult) + 27 Tuesdays (Children)= 77 Garden & Food Based Activities
9.45 Hours of staff (prep & delivery) time per lesson X 78 Lessons = 728 Hours

8. The Program Personnel table lacked information on additional support staff required to implement the program (i.e. Executive Director, Evaluation/Assessment evaluators, etc.)
Action Required: Provide any missing information or make corrections to the Program Personnel table below. Provide a narrative describing responsibilities of additional staff members.

Position/Title	Minimum Qualifications	FTE	Full Time Salary Range From:	Full Time Salary Range To:
CCUA Educators	Relevant training / experience	0.35	\$27,000	\$41,600
CFM Greeters	Relevant training / experience	0.65	\$22,800	\$27,456
CCUA Operations Director	Relevant training / experience	.1	\$35,360	\$45,760
CCUA Evaluator	Relevant training / experience	.05	\$27,000	\$45,760
CFM Executive Director	Relevant training / experience	.05	\$27,000	\$41,600
CCUA Executive Director	Relevant training / experience	.05	\$41,600	\$52,000

Narrative:

CCUA Educators will be responsible for developing educational programs/curriculum and implementing during programming (Service #1). CCUA Educators will also be responsible for data collection during programming.

CFM Greeters will be responsible for greeting visitors and helping them find what they need at the park (Service #2). Greeters will also assist in collection of visitor feedback through surveys.

CCUA Operations Director will be responsible for scheduling CCUA Educators and developing a year-long program schedule (Service #1). This person will also coordinate installation of demonstration gardens and signage at the park.

CCUA Evaluator will help plan and implement data collection activities and compile this information for grant reporting (Services #1 and #2).

CFM Executive Director will coordinate the CFM greeters (Service #2). This person will also work with the marketing consultants to develop and implement the marketing plan.

CCUA Executive Director will oversee the project broadly and maintain communication with Boone County. This person will also work with the marketing consultants to develop and implement the marketing plan.

9. The Program Budget lists the Specialty Crop Block Grant as a funding source and the MOU states 1,560 out of the total 2,520 children will be served.

Action Required: Provide more information on this grant and how invoicing will be tracked.

Children's activities which occur on Saturday and Thursday will be billed to the SCBG. Those which occur on Tuesday will be billed to Boone County. Our Microsoft Access database has a field which designates how a lesson is billed. This will ensure that only one party is billed for any given lesson.

10. The Children's Services Funds were not listed in the program budget. The justification of Development/Start Up Funds mentions CSF services using the backyard demonstration garden. The proposals also mentions funds utilized from Heart of Missouri United Way.

Action Required: Provide information on whether programming funded through the Children's Services Fund offered at the Agriculture Park next year should be included within the program budget. Update the budget below.

Over the course of 2019, CCUA will be establishing demonstration gardens at the Agriculture Park. While these gardens are being established in 2019, our Farm to School Programming, funded by BCCSF, will not use the Agriculture Park as an educational site, the program continue to utilize CCUA's existing Urban Farm site on Smith Street.

In 2020, the demonstration gardens listed in the "Development/Startup Service Funding" section of this proposal will be a beautiful, productive, and viable feature at the park. At this time the Agriculture Park will begin hosting the Farm to School Program funded by BCCSF.

Heart of Missouri United Way provides funding for CCUA's Farm to School Program, which will begin using the Agriculture Park in 2020 (as noted above).

TOTAL PROGRAM REVENUE	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$
Narrative:		
B. Other United Ways	\$	\$
Narrative:		
C. Capital Campaigns	\$	\$
Narrative:		
D. Grants (non-governmental)	\$	\$
Narrative:		
E. Fund Raising & Other Direct Support	\$	\$
Narrative:		
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding	\$0	\$0
Narrative:	In 2020, CCUA's Farm to School program will transition to using the Agriculture Park.	
B. Boone County - Community Health Funding	\$76,120	\$76,120
Narrative:	This Proposal	
C. Boone County - Other Funding	\$	\$
Narrative:		

D. Funding from Other Counties	\$	\$
Narrative:		
E. City of Columbia - Social Service Funding	\$	\$
Narrative:		
F. City of Columbia - CDGB/Home Funding	\$	\$
Narrative:		
G. City of Columbia - CHDO Funding	\$	\$
Narrative:		
H. City of Columbia - Other Funding	\$	\$
Narrative:		
I. Funding from Other Cities	\$	\$
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$	\$
Narrative:		
K. State (Purchase of Services, Grants, etc.)	\$10,010	\$25,000
Narrative:	USDA/MDA Specialty Crop Block Grant: Contract for CCUA to conduct children's activities on Saturday and Thursday, CFM Executive Director Salary, and Marketing Support	
L. Other (Schools, Courts, etc.)	\$	\$
Narrative:		
3. Program Service Fees	\$	\$
Narrative:		
4. Investment Income (realized & unrealized)	\$	\$
Narrative:		
5. Other Revenue Items	\$	\$
Narrative:		
TOTAL PROGRAM REVENUE	\$86,130	\$101,120
Narrative:		
PROGRAM EXPENSES	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. Personnel	\$44,301	\$44,301
Narrative:	Personnel expenses will cover costs of CCUA Educators, CFM Greeters, CCUA Operations Director, Program Evaluator, CCUA Executive Director, CFM Executive Director, and payroll fringe (taxes and benefits) costs.	
2. Non-Personnel	\$41,829	\$56,819
Narrative:	This covers materials expenses for: lesson supplies, handouts, backyard demonstration gardens, interpretive signs, and contract for a marketing plan.	
TOTAL PROGRAM EXPENSES	\$86,656.10	\$101,120

11. The narrative for Personnel Expenses is lacking specific information.

Action Required: Provide sufficient information on Personnel Expenses below.

Personnel expenses will cover costs of CCUA Educators, CFM Greeters, CCUA Operations Director, Program Evaluator, CCUA Executive Director, CFM Executive Director, and payroll fringe (taxes and benefits) costs.

12. The narrative for Non-Personnel Expenses is lacking specific information.

Action Required: Provide sufficient information on Non-Personnel Expenses below.

This covers materials expenses for: lesson supplies, handouts, backyard demonstration gardens, interpretive signs, and contract for a marketing plan.

Program Services Form (1-5)

Development/Start Up Funds

13. The Amount Requested in Development Funds is unclear due to the amount listed in description field below.

Action Required: Provide clarification on the requesting amount and provide the correct amount in the 'Program Outputs and Funding Request Tables'. Attach a detailed estimate of what expected costs will be for the Backyard Demonstration Garden.

Marketing:

We anticipate costs of \$10,000 to hire a marketing company to develop an identity for the Agriculture Park. This is similar to the cost to develop our capital campaign's identity "Build This Town: Campaign for the Agriculture Park". This included a "brand board" (colors, fonts, styles, themes), marketing plan, website, logos, and brochures. This brand package has components (logos, fonts, colors, etc.) which can easily be used by staff to create publications, signs, advertisements for many years to come.

Interpretive Signs

This includes all design, manufacture, and installation costs associated with adding 10 sturdy, outdoor, educational/interpretive signs throughout the Agriculture Park. These signs will help educate park visitors who are not part of an organized group and will expand the number of individuals who receive an education at the park. The estimated cost of these signs is \$1,000 each.

Backyard Demonstration Garden detailed cost estimate.

Prices include all labor/materials/shipping/etc

Item	unit price	qty	total
4x10x1 wooden raised bed	\$ 340	30	\$ 10,200
2x6x2 steel planter	\$ 275	15	\$ 4,125
Fruit tree	\$ 385	15	\$ 5,775
Berry bush	\$ 10	135	\$ 1,350
In ground veggie garden	\$ 180	10	\$ 1,800

Perennial flower	\$ 10	125	\$ 1,250	
Chicken coop/ yard	\$ 1,500	1	\$ 1,500	
TOTAL			\$ 26,000	

14. The field requesting justification of the request lacks specific information on why funds are need from the Community Health fund. The information only briefly lists items/services available in the space.

Action Required: Provide clarification on why other revenues sources, specifically the \$3.75 million raised through the capital campaign, can't be utilized to develop the garden. The Community Health Advisory Council is interested in educational programming but requires further justification on developmental funds to build the garden.

The total campaign expenses are expected to total \$7.5 million. The \$3.75 million raised to date is restricted for other uses. The majority of these restricted funds are being used for the current phase of construction (which will conclude in spring 2019). The current phase of construction includes: sitework, utilities, site grading, stormwater basin, concrete pad for farmers market building, restrooms, middle portion of farmers market building, community plaza, barn, greenhouse, and one-room schoolhouse.

This request is specifically for the backyard-scale demonstration gardens. Once the first phase of construction is complete and large equipment is out of the way, CCUA can come in and build the gardens. Garden construction will occur over the course of 2019, with CCUA fully transferring educational programs to the site in 2020.

The gardens will be used to provide direct education/instruction to our community. Educational activities provided as part of Service #1 of this proposal will use the gardens for health education activities offered during the operating hours of the Columbia Farmers Market in 2019 and 2020. Also, CCUA's Farm to School Program, funded by BCCSF, will begin using these demonstration gardens as a teaching site in 2020.

These gardens and their accompanying interpretive signs will provide self-guided learning opportunities for park visitors. The Agriculture Park is a public, city park. Community residents will visit the park and explore the gardens on their own. This type of self-guided learning is cost-effective in the long-term because it does not incur ongoing personnel costs for staff educators.

Over the course of CCUA's history people frequently tell us that seeing gardens around town has inspired them to grow their own food and make changes in their own lives. The gardens are changing our city's physical environment in a way which promotes healthy lifestyles.

15. The narratives for development funds include items would continually need to be purchased (garden supplies, marketing, etc.).

Action Required: Provide clarification on the sustainability and maintenance costs associated with the Backyard Demonstration Garden.

Gardens:

Development funds will be used as one-time costs use to establish a backyard-scale demonstration garden at the park. A mixture of wood raised-bed garden boxes, steel trough gardens, and in-ground gardens will demonstrate different ways to grow fruits and vegetables in your backyard. In addition to the containers themselves, development/startup funds will

pay for the soil mixture which fills these containers, an irrigation system, and perennial plants (such as fruit trees) which continue to produce for many years. These development/startup funds do not include ongoing costs such as water, fertilizer, seeds, mulch, and labor related to maintenance tasks such as weeding, watering, etc. We are not requesting development/startup funds for these ongoing maintenance costs. Funding from CCUA's Planting for the Pantry program and Missouri Foundation for Health will support the ongoing maintenance costs at the site.

Marketing:

Currently the Agriculture Park does not have an identity, other than what is associated with the fundraising campaign. 2019 is a crucial year for the park to develop its own identity that represents the breadth of programs which occur on the site. While CCUA and CFM have made good strides to provide programs which reach low-income and minority groups, the identity of the farmers market (and the local/healthy food movement in general) is often associated with a white, upper-middle class demographic. So, with the new park is a new opportunity to "brand" the park as a place that is inclusive, with opportunities relevant to all racial and socio-economic backgrounds. This public perception of what the park offers to the community is key in how people engage with the site. We are proposing to hire a marketing company that will help us create an identity/brand for the park which can be used by CCUA, Columbia Farmers Market, and Parks & Rec moving forward. Our programs need a strong marketing foundation in order to attract minority and low-income groups. The existing marketing budgets of the respective organizations plus funding from the Specialty Crop Block Grant will support the ongoing marketing costs moving forward.

Program Service 1 – Health Education

16. The program description lacked specific information on how clients access the program, structure of the children and adult programming, benefits of the programming, and how low-income and minority families will be targeted.

Action Required: Provide a thorough description of both children activities and adult activities.

Children's Activities:

Since 2016, CCUA has provided children's activities at the Columbia Farmers Market through Specialty Crop Block Grant funding. The format of these activities in the past has been a "drop in" activities at the Saturday farmers market where parents can leave their children to participate in different activities such as: scavenger hunts, vegetable tastings, seed/vegetable matching games, plant-part identification, planting seeds in a cup to take home, and other activities which encourage/reinforce fruit/vegetable consumption. In 2019, Columbia Farmers Market will have three weekly markets: Saturday morning, Tuesday morning, and Thursday afternoon (the original proposal stated Wednesday and Thursday afternoon markets, however the weekday schedule has since been updated). SCBG will fund the children's activities on Saturdays and Thursdays. This Boone County Community Health/Medical Fund proposal will expand those children's activities to occur during Thursday market hours.

Adult Activities:

This is a tremendous opportunity to meet an unmet need for adult education surrounding food and gardening. CCUA frequently receives requests to provide public workshops, however the time-intensive process of marketing the events and recruiting participants has prevented the organization from doing so on a consistent basis. Creating a workshop series, which occurs on a weekly basis, at the Agriculture Park during farmers market hours, will make marketing/recruitment efforts more effective and boost attendance and participation. Additionally, CCUA has struggled to expand programs for middle-income families. We offer garden training/mentoring to low-income families through our "Opportunity Gardens" program. For those who don't qualify for this service, we offer a fee-based alternative which also provides quality education, however the fee is often unaffordable is available to middle-income families. Offering free weekly workshops during hours of the Saturday farmers market is a way to meet the needs of this "gap" group. Workshop topics include: spring gardening, summer gardening, fall gardening, fruit trees, growing mushrooms, garden pest identification, soil/compost, backyard chickens, quick/healthy meal preparation. These adult workshops will generally be more structured than the children's activities. Instead of the drop-in format we use for children's activities, workshops will be offered multiple times during the time period. For example, a spring gardening workshop would repeat two times during hours of the farmers market with a new session starting at 9:00am and 11:00am.

There will be an activity booth in the farmers market pavilion that will serve as the "home base" for these children and adult activities. However, workshops will occur throughout the park in locations to appropriate to the topic. For example, an adult workshop on planting tomatoes will occur in the gardens, cooking activities will occur in the park's kitchen (once built), and veggie samplings will occur in the activity booth under the farmers market pavilion.

The adult activities are intended to attract people to the Agriculture Park who may not necessarily be attending the farmers market already. The workshops will be their own draw for people to the park. Whereas the children's activities are capturing kids already at the market, shopping with their parents.

CCUA and Columbia Farmers Market have begun creating a schedule of children's and adult activities that will occur at the Agriculture Park during 2019. This schedule of activities will be published at the beginning of the year. As part of the marketing plan that will be developed, this schedule will be distributed to low-income and minority families as a way to target their participation.

17. The number of units doesn't make sense based on the unit measure and number of unduplicated individuals.

Action Required: Update the outputs in the *Service Change Table* and keep the unit measure as "one individual". Provide information in the field below on how this aligns with the proposed number of individuals to be served and the numbers provided in the MOU with CFM.

I'm sorry, I did not double check these numbers before submitting the proposal. I have adjusted the Service Change table to reflect the numbers in the MOU.

18. The proposal lacked information on how demographic and feedback from people served will be collected. Also, Indicator 1-1 or Method of Measurement 1-1 will need to be adjusted since it would require follow up after an event.

Action Required: Provide information on how demographics and feedback will be collected at each event. Make updates to the performance measures in the attached *Service Change Table*.

A feedback survey will be given to participants at each event.

Our plan is to collect gender, age, and race/ethnicity information via staff observation. Our plan for collecting poverty information is to take the number of SNAP card swipes as a percentage of all (SNAP + Credit/Debit) card swipes, and extrapolate that percentage to program participants.

Program Service 2 – Information and Referral

19. The rationale for providing the service states that staff will be targeting low-income and minority residents.

Action Required: Provide information on how families will be targeted sensitively and how information can be provided on demographics.

Targeting will be done through the marketing campaign and hiring of minority and low-income greeters.

The marketing campaign will be designed to get in front of minority and low-income families and appeal to those families. A past example of this targeted marketing: this fall (with funds from the USDA) CCUA and CFM were able to hire low-income individuals to knock on doors in low-income neighborhoods to hand out flyers about CFM's SNAP matching program. Around 4,000 households were visited in Columbia's three target neighborhoods.

Hiring minority and low-income greeters will make it more comfortable for low-income and minority park visitors who arrive at the park. The goal is that targeted marketing will get visitors to the park and greeters will make first-time visitors feel comfortable and encourage them to make a habit of visiting.

Our plan is to collect gender, age, and race/ethnicity information via staff observation. Our plan for collecting poverty information is to take the number of SNAP card swipes as a percentage of all (SNAP + Credit/Debit) card swipes, and extrapolate that percentage to program participants.

20. It appears that money received for Information and Referral will be transferred to Columbia Farmers Market.

Action Required: Provide clarification on whether CCUA is sub-contracting and reimbursing the Columbia Farmers Market for Information and Referral.

Yes. It is our intention for CCUA to sub-contract and reimburse CFM for Information and Referral.

21. The justification on how the unit rate was developed lacks a sufficient explanation. Also, the unit measure is for "one tour" but there are several tasks included in the service description (answer questions, connect to resources, etc.).

Action Required: Provide more information on how the unit rate and unit measure was developed. Explain how "one tour" will be determined. It seems like needs will vary for people attending the market or needing help finding something. Update the *Service Change Table* if there a more consistent way of measuring units and submitting invoices.

“One tour” is being defined as an in-depth interaction with a visitor that requires walking. Examples of the unit include: giving a new visitor a tour of the farmers market or gardens, walking a customer to sign up for the SNAP matching program, or helping a visitor find that week’s educational activity. Less involved activities would not be considered “one tour” such as: answering a question, giving directions to a farmer’s booth, conducting a survey, or simply greeting people as they enter the park.

The unit rate was developed using the following assumptions:

TOTAL ANTICIPATED TOURS PROVIDED: 750

TOTAL GREETER COSTS: \$15,000

- 51 Total Markets: \$10,650
 - Jan 5, 2019 - March 2, 2019 (9 markets)
 - 2 Ambassadors @ \$35 each (3.5 hours @ \$10/hr) = \$630
 - March 9, 2019 - October 26, 2019 (34 markets)
 - 6 Ambassadors @ \$45 each (4.5 hours @ \$10/hr) = \$9,180
 - Nov. 2, 2019 - Dec. 21, 2019 (8 markets)
 - 3 Ambassadors @ \$35 (3.5 hours @ \$10/hr) = \$840
- Payroll taxes = \$815
- Printed Materials = \$2,500
- Miscellaneous Supplies = \$1035

TOTAL GREETER COSTS / TOTAL TOURS PROVIDED = \$20/TOUR

22. The performance measures narrative refers to a continuation of marketing targeting low-income families.

Action Required: Provide a marketing plan that will target low-income families. Describe whether an external firm will provide marketing or whether CCUA will handle marketing. Provide information on expertise to achieve goals listed in the marketing plan.

CCUA will be working with Columbia Farmers Market to co-market the park as a destination for food access and education. Startup/Development funding for marketing will help develop this marketing plan and park brand. A marketing firm will be hired to aid in the development of this plan and new park “brand”. Together CCUA and CFM will implement this plan. The Specialty Crop Block Grant has funding to pay for ongoing marketing costs over the next two years.

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

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

Service Change Table			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Encouraging Healthy Habits at Columbia's New Agriculture Park			
Service #1 – Taxonomy of Service Name: Health Education			
Service #1 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information requested in earlier field			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Individual	\$7.00	3720	3720
Funding Request			
Amount Requested to Boone County: \$15,120		Proposed Number of Units of Service: 2,160	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Participants will consume more fruits and vegetables.	50% of participants, who indicated that they have attended an educational activity in the past, will report eating more fruits and vegetables as a result of that past activity.		Feedback survey provided at time of activity.
Participants will have positive attitudes towards fruits, vegetables, and healthy foods.	100% of participants will report an intention to access/produce/prepare/preserve fruits and vegetables.		Feedback survey provided at time of activity.

Service Change Table			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Encouraging Healthy Habits at Columbia's New Agriculture Park			
Service #2 – Taxonomy of Service Name: Information and Referral			
Service #2 – Taxonomy Definition of Service: Information provided in the proposal			
Provide a detailed description of the proposed service: Information requested in earlier field			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Tour	\$20.00	750	750
Funding Request			
Amount Requested to Boone County: \$15,000		Proposed Number of Units of Service: 750	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
More families will take advantage of SNAP matching programs.	The number of SNAP/EBT card swipes will increase by 20% at Columbia Farmers Market.	Market records	
SNAP spending will increase at Columbia Farmers Market.	SNAP and SNAP Match spending at Columbia Farmers Market will increase by 20%.	Market records	

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: Columbia Center for Urban Agriculture				
Program Name: Encouraging Health Habits at Columbia's New Agriculture Park				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Health Education	One Individual	\$7.00	3720	3720
Information and Referral	One Tour	\$20.00	750	750

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Health Education	\$15,120	2,160
Information and Referral	\$15,000	750
Development/Start Up Service Funding	\$46,000	
Total Amount Requested to Boone County:	\$76,120	



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #1 - Issued August 13, 2018

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

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheets from the pre-proposal conference held on August 9 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. Audit: We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year. Is this acceptable, or do you require a full audit to have been completed before the proposal is submitted?

Response: If the organization is not required to complete a full audit, an independent financial review will be acceptable.

- b. Background Checks: We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- c. Can we apply for capital funding?

Response: No, the RFP is to purchase health services. However, organizations can submit a request for development or start-up funds within the application but there are no guarantees the request will be awarded by the Community Health Advisory Board.

- d. What should we do when our service does not quite fit into the list of Boone County Impact Group Taxonomy of Services?

Response: We request that you review the Taxonomy of Services and select the service that best fits your proposed service. Be sure to thoroughly describe how the service will be delivered in the Service Description narrative.

- e. Can we still apply for funds if our organization has not received its non-profit status yet?

Response: Yes, you can still apply, however, the organization must have its non-profit status before entering into a contract.

By:

Melinda B. Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Columba Center for Urban Agriculture
Address: PO Box 1742 Col, MO 65205
Phone Number: 573-514-4174 Fax Number: N/A
E-mail: BillyP@columbaurbanag.org
Authorized Representative Signature: [Signature] Date: 10-24-18
Authorized Representative Printed Name: Billy Polansky

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 – Purchase of Service Contracts – Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kristin Cummins	Community Health	886-7274	
3.	Kelly Wallis	Community Health	886-7218	
4.	Kristin Eubank Boi Gary Litchner	Mary Lee Johnston Community Learning Center	573-449-8400	573-875-1585
5.	Annette Triplett	PedNet Coalition	999-9894	
6.	Kasey Schwaninger	First Chance for Children	711 1815	711 1816
7.	Michael Brown	All Adult Day Connection	882-7070	
8.	Kip Bane	Southern Boone YMC	573-657-9600	
9.	Lonna Trammell	Southern Boone YMC	573-690-5397	
10.	Madison Anderson	Services for Independence Living	573 874 1616	
11.	Billy Polansky	C.C.O.A	514 4174	
12.	PAK ASHLEY	Family Health Center	573-886-6761	
13.	Carla Miller	PCFCC	513-884-3116	
14.	Wendy Stimpert	South Boone Purchasing	573-657-9600	
15.				
16.				
17.				
18.				
19.				
20.				
21.				

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
 36-13SEP18 - Purchase of Service Contracts - Community Health / Medical Fund
 August 9, 2018, 3:00 p.m.

22.	Nick Foster	VAC	878-2273	
23.	Cory Schmitt	Compass Health	573-200-1531	
24.	Tim Rich	Welcome Home	573-443-8001	
25.	Nicole Dean	Great Circle	462-8331	
26.	Emmie Harcourt	The Food Bank	573-338-4480	
27.	Wendy Sore	St. Raymond's Society	(717) 671-1215	
28.	Barbara Kugler	St. Raymond's Society	573-353-0959	
29.	Michelle Schmitt	BCTCL	573-356-1007	
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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

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

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

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

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety Registry for staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP described in Section 1.4 are eligible for funding. No services have been excluded from eligibility for funding.

By: _____

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Columbia Center for Urban Agriculture
Address: Po Box 1742, Cal, MO 65205
Phone Number: 573-514-4174 Fax Number: n/a
E-mail: billypc@columbiacenter.org
Authorized Representative Signature: [Signature] Date: 10-24-18
Authorized Representative Printed Name: Billy Blansky



BOONE COUNTY, MISSOURI

Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts – Boone County Community Health – Medical Fund

ADDENDUM #3 - Issued September 6, 2018

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

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

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

- a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

- b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

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

- c. Is an electronic signature acceptable?

Response: No

- d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval

- e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Columbia Center for Urban Agriculture

Address: PO Box 1742 Col, MO 65205

Phone Number: 573-514-4174 Fax Number: n/a

E-mail: billypc@columbiacurbanag.org

Authorized Representative Signature: [Signature] Date: 10-24-18

Authorized Representative Printed Name: Billy Polansky



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

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

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

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


- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "c" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

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

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing


OFFEROR has examined **Addendum #4** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Columbia Center for Urban Agriculture

Address:

Po Box 1742 Col, MO 65205

Phone Number: 573-514-4174 Fax Number: n/a
E-mail: Billy@columbiarbanag.org
Authorized Representative Signature:  Date: 10-24-18
Authorized Representative Printed Name: Billy Polansky

Boone County Purchasing



110

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room

Columbia, MO 65201

Phone: (573) 886-4391

Fax: (573) 886-4390

E-mail: mbobbitt@boonecountymo.org

10/26/2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – Community Health/Medical Fund

CLARIFICATION FORM #1

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

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

Company Name:

Columbia Center for Urban Agriculture

Address:

Po Box 1742 Columbia mo 65205

Telephone:

573-514-4174

Fax:

n/a

Federal Tax ID (or Social Security #):

26-4486257

Print Name:

Billy Pdansky

Title:

Executive Director

Signature:

[Handwritten Signature]

Date:

10/26/2018

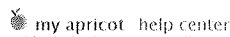
E-mail:

billyp@columbiacurbanag.org

Columbia Center for Urban Agriculture

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program's proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click "Submit Agreement" once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.



Columbia Center for Urban Agriculture ORG

Organizations

Collapse All

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18...
[Quick View Information](#)

Additional Documents

Program Overview (V3) (1 records) ▾

Boone County (includes City of Columbia residents) %	TOTAL REVENUE %	2 %	Complete
4288	\$6110	\$41,629.00	

Page 1 of 1 | 20 records per page

Program Services 1-5 (V3) (1 records) ▾

a. Service #1 - Taxonomy of Service Name (300 character limit) %	Record ID %	Complete
4.1 Health Education	22116	

Page 1 of 1 | 20 records per page

Program Services 6-10 (V3)

Program Services 11-15 (V3)

Program Services 16-20 (V3)

Agreement Form - V3,1 (1 records) ▾

Organization Name %	Program Name %	Date Completed %	Complete
Columbia Center for Urban Agriculture	Promoting Healthy Habits at Columbia's New Agriculture Park	10/15/2018	

Page 1 of 1 | 20 records per page

Folder Actions ▾

Edit Proposal Cover

Return to Search

Application Overview

Print Records

Copy Records

Record History

Grant Actions ▾

Submit Agreement

Required Fields ✓

Required Fields ✓

Follow-up is needed for the Agreement Form:

Services provided to children and adults should be split into two different services to accurately reflect unit rate, individuals served, and delivery of services. It also appears that services for adults will not be at full capacity for 2019 compared to 2020.

Agreement Form Section	Items Updated	Action Required:
Program Budget	1. The Program Budget has been updated according to responses provided in the Written Clarification.	1. Please review the budget and make updates as needed.
Consumer Demographic Narrative	1. Demographics have been updated according to the Agreement Form. The Age section total is off by one person.	1. Please review and update the Age section.
Development/Start Up Funding	1. The Amount Requested and description of funds has been updated according to the Written Clarifications. It appears there was an error in the Written Clarifications describing the development funds. Should the interpretive signs be \$10,000 instead of \$1,000?	1. Please review and make updates, if necessary.
Program Service 1 – Health Education (Children’s Activities)	<ol style="list-style-type: none"> 1. This service has been updated to only reflect the activities for children. Update the total number of units based on the information provided in the Written Clarifications. The total number of unduplicated individuals is the amount listed in the Written clarification for the number of children to be served (n=2,520). 2. The Agreement Amount has been removed due to the splitting children and adult activities. 3. Performance measures will need to be updated. 	<ol style="list-style-type: none"> 1. Update the total number of units for children activities based on the unit measure of “one individual”. Please provide the projected outputs based on 2019 provision of services, rather than 2020 capacity. 2. Update the Agreement Amount #1 to reflect the number of units the Community Health Fund will purchase for children activities. Please keep in mind units that SCBG will be purchasing. 3. Update performance measures that can be collected for children activities.

<p>Program Service 2 – Health Education (Adult’s Activities)</p>	<ol style="list-style-type: none"> 1. The outputs have been entered according to the Written Clarifications. 2. The Agreement Amount has been removed due to the splitting children and adult activities. 3. Indicator 2-1 was reworded slightly. 	<ol style="list-style-type: none"> 1. Please provide the projected outputs based on 2019 provision of services, rather than 2020 capacity. 2. Update the Agreement Amount #2 to reflect the number of units the Community Health Fund will purchase for adult activities. 3. Please review.
<p>Program Service 3 – Information and Referral</p>	<ol style="list-style-type: none"> 1. Based on the information provided in the Written Clarifications, the outputs will need to be updated according to a unit measure of “one hour”. Tracking and defining tours seems difficult and inconsistent. The unit measure of one hour may also be easier to determine billing and reporting outputs. 2. The Agreement Amount will need to be updated. The amount needs to purchase a whole number of units based on the outputs listed above for Service 3. The agreement amount has been approved for up to \$15,000. 3. Outcome 3-1 has been reworded. 4. The Method of Measurement needs to provide time frame of when market records will be compared. 	<ol style="list-style-type: none"> 1. Update the outputs to reflect “one hour” as the unit measure. Adjust the number of units, unit rate, and unduplicated individuals. 2. Update the Agreement Amount. 3. Please review. 4. Provide time intervals in Method of Measurement 3-1 and 3-2.

From: [Melinda Bobbitt](#)
To: [Billy Polansky](#)
Subject: RE: Agreement Form
Date: Thursday, November 15, 2018 8:36:59 AM

Billy,

Our Boone County Community Services office has approved your performance measures and Agreement Form.

Thanks,
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org
Phone: (573) 886-4391
Fax: (573) 886-4390



From: Billy Polansky <bilyp@columbiaurbanag.org>
Sent: Wednesday, November 14, 2018 5:08 PM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>
Subject: Re: Agreement Form

Done. Let me know if this is OK.
Thanks!

On Wed, Nov 14, 2018 at 8:13 AM Melinda Bobbitt <MBobbitt@boonecountymo.org> wrote:

Billy,

The following items need to be completed in the Agreement Form for the Community Health Fund RFP:

1. The performance measures updated in the Agreement Form for Service 1 – Health Education (Children Activities) need additional work. The proposed indicators seemed

difficult to track and collecting reliable data. Provide a percentage for Indicator 1-1 and 1-2 and provide a method of measurement for children.

Please update by Friday, November 16.

Thanks,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



--

Billy Polansky
Columbia Center for Urban Agriculture

Office: 573-514-4174

Cell: 540-226-3806

Agreement Form - V3.1

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Columbia Center for Urban Agriculture
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Encouraging Healthy Habits at Columbia's New Agriculture Park
Amount of Request	\$76,120.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Columbia Center for Urban Agriculture

Program Name

Encouraging Healthy Habits at Columbia's New Agriculture Park

Date Completed

11/06/2018

Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way

(A) 1A.
\$0.00

B. Other United Ways

(A) 1B.
\$0.00

C. Capital Campaigns

(A) 1C.
\$0.00

D. Grants (non-governmental)

(A) 1D.
\$0.00

E. Fund Raising & Other Direct Support

(A) 1E.
\$0.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding

(A) 2A.
\$0.00

B. Boone County - Community Health Funding

(A) 2B.
\$76,115.20

C. Boone County - Other Funding

(A) 2C.
\$0.00

D. Funding from Other Counties

(A) 2D.
\$0.00

E. City of Columbia - Social Service Funding

(A) 2E.
\$0.00

F. City of Columbia - CDGB/Home Funding

(A) 2F.
\$0.00

G. City of Columbia - CHDO Funding

(A) 2G.
\$0.00

H. City of Columbia - Other Funding

(A) 2H.
\$0.00

I. Funding from Other Cities

(A) 2I.
\$0.00

J. Federal (Medicaid, Title III, etc.)

(A) 2J.
\$0.00

K. State (Purchase of Services, Grants, etc.)

(A) 2K.
\$25,000.00

L. Other (Schools, Courts, etc.)

(A) 2L.
\$0.00

3. Program Service Fees

(A) 3.
\$0.00

4. Investment Income (realized & unrealized)

(A) 4.
\$0.00

5. Other Revenue Items**(A) 5.**

\$0.00

TOTAL PROGRAM REVENUE

(A) Total Revenue

101115.2

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$44,301.00

2. Non-Personnel**(A) 2.**

\$56,819.00

TOTAL PROGRAM EXPENSES

(A) Total Expenses

101120

Residence**RESIDENCE****AGREEMENT RESIDENCE (A)**

City of Columbia

(A) City of Columbia

4200

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

4470

Cooper County

(A) Cooper County

0

Howard County

(A) Howard County

0

Other Counties

(A) Other Counties

0

RESIDENCE TOTAL

(A) Residence Total:

4470

Race**RACE****AGREEMENT RACE (A)**

White (alone)

(A) White (alone)

3576

Black or African American (alone)

(A) Black or African American (alone)

492

Multiple Races

(A) Multiple Races

134

Asian (alone)

(A) Asian (alone)

268

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

0

Native Hawaiian or other Pacific Islander (alone)

(A) Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

(A) Some Other Race

0

RACE TOTAL**(A) Race Total**

4470

EthnicityETHNICITY

AGREEMENT ETHNICITY (A)

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

158

Not Hispanic or Latino

(A) Not Hispanic or Latino

4312

ETHNICITY TOTAL**(A) Ethnicity Total**

4470

GenderGENDER

AGREEMENT GENDER (A)

Female

(A) Female

2235

Male

(A) Male

2235

Other Gender

(A) Other Gender

0

GENDER TOTAL**(A) Gender Total**

4470

IncomeINCOME

AGREEMENT INCOME (A)

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL

1052

Over 200% of FPL

(A) Over 200% of FPL

3418

INCOME TOTAL**(A) Income Total**

4470

Age (City-Social Services/County-Health/HMUW)AGE

AGREEMENT AGE (A):

Under 5 years

(A) Under 5 years

840

5-19 years

(A) 5-19 years

1578

20-59 years

(A) 20-59 years

1579

60 years and over

(A) 60 years and over

473

AGE TOTAL

(A) Age Total

4470

Consumer Demographics Narrative (optional)**Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.****Individuals Trained**

AGREEMENT (A)

Individuals to be Trained

(A) Individuals to be Trained

0

Program Service and Performance*Instructions:* **Update the Agreement(A) Column with updated figures finalized through the approved contract.****Development/Start Up Service Funding**

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested**(A) Amount Requested**

\$46,000.00

Description of Funds**(A) Description of Funds**

\$10,000 estimated cost for interpretive signs (includes design, manufacture, and installation costs for 10 sturdy, outdoor, educational/interpretive signs)

\$10,000 for marketing company to promote Agriculture Park (branding, marketing plans, website, logos, and brochures)

\$26,000 for Backyard Demonstration Garden (raised bed, planters, trees, bushes, in ground veggie garden, flowers, and chicken coop/yard)

Program Service #1 - Outputs

Program Service #1 - Outputs:

#1 Agreement (A)

Service #1 Name

(A) Service #1

Health Education (Children's Activities)

Total # of Units Provided #1

(A) Units #1

2520

Unit Measure #1

(A) Unit Measure #1

One individual

Unit Rate #1

(A) Unit Rate #1

\$7.00

Total # of Unduplicated Individuals Served #1

(A) Unduplicated Individuals #1

2520

Program Service #1 - Funding

Funding Amount #1

(A) Agreement Amount #1

\$6,720.00

Units #1

(A) Agreement Units #1

960

Program Service #1 - Performance Measures (Agreement)

(A) Program Service 1 Outcomes:

(A) Program Service 1 Indicators:

(A) Program Service 1 Method of Measurements:

(A) Outcome 1-1

Children will eat more fruits and vegetables.

(A) Indicator 1-1

50% of children will state they want to eat more fruits and vegetables.

(A) Method of Measurement 1-1

CCUA staff will conduct a verbal survey at conclusion of activity. CCUA staff will tally responses and totals will be added to the "event record database".

(A) Additional Outcome 1-2

Children gain knowledge related to gardening and nutrition.

(A) Additional Indicator 1-2

80% of children will state they gained knowledge related to gardening and nutrition.

(A) Additional Method 1-2

CCUA staff will conduct a verbal survey at conclusion of activity. CCUA staff will tally responses and totals will be added to the "event record database".

(A) Additional Outcome 1-3**(A) Additional Indicator 1-3****(A) Additional Method 1-3****(A) Additional Outcome 1-4****(A) Additional Indicator 1-4****(A) Additional Method 1-4****(A) Additional Outcome 1-5****(A) Additional Indicator 1-5****(A) Additional Method 1-5**

Program Service #2 - Outputs

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Health Education (Adult Activities)

Total # of Units #2

(A) Units #2

1200

Unit Measure #2

(A) Unit Measure #2

One individual

(A) Unit Rate #2

Unit Rate #2

\$7.00

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

1200

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$8,400.00

Units #2

(A) Agreement Units #2

1200

Program Service #2 - Performance Measures (Agreement)

(A) Program Service 2 Outcomes:

(A) Program Service 2 Indicators:

(A) Program Service 2
Method of Measurement**(A) Outcome 2-1**

Participants will consume more fruits and vegetables.

(A) Indicator 2-1

50% of participants that attended previous educational activities will report eating more fruits and vegetables.

(A) Method of Measurement 2-1

Feedback survey provided at time of activity.

(A) Additional Outcome 2-2

Participants will have positive attitudes towards fruits, vegetables, and healthy foods.

(A) Additional Indicator 2-2

100% of participants will report an intention to access/produce/prepare/preserve fruits and vegetables.

(A) Additional Method 2-2

Feedback survey provided at time of activity.

(A) Additional Outcome 2-3**(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3

Information and Referral

Total # of Units #3

(A) Units #3

1065

Unit Measure #3

(A) Unit Measure #3

One hour

Unit Rate #3

(A) Unit Rate #3

\$14.08

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

750

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$14,995.20

(A) Agreement Units #3

Units #3

1065

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:

(A) Program Service 3 Indicators:

(A) Program Service 3 Method of Measurement.:

(A) Outcome 3-1

SNAP matching programs will report increased usage.

(A) Indicator 3-1

The total number of SNAP/EBT card swipes will increase by 20% at Columbia Farmers Market as compared to the prior year.

(A) Method of Measurement 3-1

The total number of SNAP/EBT card swipes are recorded by Columbia Farmers Market. The cumulative total number of swipes from 2019 will be compared against those from 2018 to measure change.

(A) Additional Outcome 3-2

SNAP spending will increase at Columbia Farmers Market.

(A) Additional Indicator 3-2

Total SNAP and SNAP Match spending at Columbia Farmers Market will increase by 20% as compared to the prior year.

(A) Additional Method 3-2

The total dollar amount spent with SNAP and SNAP match are recorded by Columbia Farmers Market. The cumulative total number of SNAP and SNAP match spent from 2019 will be compared against those from 2018 to measure change.

(A) Additional Outcome 3-3**(A) Additional Indicator 3-3****(A) Additional Method 3-3****(A) Additional Outcome 3-4****(A) Additional Indicator 3-4****(A) Additional Method 3-4****(A) Additional Outcome 3-5****(A) Additional Indicator 3-5****(A) Additional Method 3-5****Program Service #4 - Outputs**

Program Service 4 Outputs:

#4 Agreement (A)

Service #4 Name

(A) Service #4

Total # of Units #4

(A) Units #4

0

Unit Measure #4

(A) Unit Measure #4

Unit Rate #4

(A) Unit Rate #4

\$0.00

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

0

Program Service #4 - Funding

Funding Amount #4

(A) Agreement Amount #4

\$0.00

Units #4

(A) Agreement Units #4

0

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes: (A) Program Service 4 Indicators: (A) Program Service 4 Method of Measurements:

(A) Outcome 4-1

(A) Indicator 4-1

(A) Method of Measurement 4-1

(A) Additional Outcome 4-2

(A) Additional Indicator 4-2

(A) Additional Method 4-2

(A) Additional Outcome 4-3

(A) Additional Indicator 4-3

(A) Additional Method 4-3

(A) Additional Outcome 4-4

(A) Additional Indicator 4-4

(A) Additional Method 4-4

(A) Additional Outcome 4-5

(A) Additional Indicator 4-5

(A) Additional Method 4-5

Program Service #5 - Outputs

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

(A) Service #5

Total # of Units Provided #5

(A) Units #5
0

Unit Measure #5

(A) Unit Measure #5

Unit Rate #5

(A) Unit Rate #5
\$0.00

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5
0

Program Service #5 - Funding

Funding Amount #5

(A) Agreement Amount #5
\$0.00

Units #5

(A) Agreement Units #5
0

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes:

(A) Program Service 5 Indicators:

(A) Program Service 5 Method of Measurements:

(A) Outcome 5-1

(A) Indicator 5-1

(A) Method of Measurement 5-1

(A) Additional Outcome 5-2

(A) Additional Indicator 5-2

(A) Additional Method 5-2

(A) Additional Outcome 5-3

(A) Additional Indicator 5-3

(A) Additional Method 5-3

(A) Additional Outcome 5-4

(A) Additional Indicator 5-4

(A) Additional Method 5-4

(A) Additional Outcome 5-5

(A) Additional Indicator 5-5

(A) Additional Method 5-5

Program Service #6 - Outputs

Program Service 6 Outputs:

#6 Agreement (A):

Service #6 Name:

(A) Service #6

Total # of Units #6:

(A) Units #6

0

Unit Measure #6:

(A) Unit Measure #6

Unit Rate #6:

(A) Unit Rate #6

\$0.00

Total # of Unduplicated Individuals Served #6:

(A) Unduplicated Individuals #6

0

Program Service #6 - Funding

Funding Amount #6

(A) Agreement Amount #6

\$0.00

Units #6

(A) Agreement Units #6

0

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:

(A) Program Service 6 Indicators:

(A) Program Service 6 Method of Measurements:

(A) Outcome 6-1**(A) Indicator 6-1****(A) Method of Measurement 6-1****(A) Additional Outcome 6-2****(A) Additional Indicator 6-2****(A) Additional Method 6-2****(A) Additional Outcome 6-3****(A) Additional Indicator 6-3****(A) Additional Method 6-3****(A) Additional Outcome 6-4****(A) Additional Indicator 6-4****(A) Additional Method 6-4****(A) Additional Outcome 6-5****(A) Additional Indicator 6-5****(A) Additional Method 6-5****Program Service #7 - Outputs**

Program Service 7 Outputs:

#7 Agreement (A)

Service #7 Name

(A) Service #7

Total # of Units #7

(A) Units #7

0

Unit Measure #7

(A) Unit Measure #7

Unit Rate #7

(A) Unit Rate #7

\$0.00

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7

0

Program Service #7 - Funding

Funding Amount #7	(A) Agreement Amount #7 \$0.00
Units #7	(A) Agreement Units #7 0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes:	(A) Program Service 7 Indicators:	(A) Program Service 7 Method of Measurements:
(A) Outcome 7-1	(A) Indicator 7-1	(A) Method of Measurement 7-1
(A) Additional Outcome 7-2	(A) Additional Indicator 7-2	(A) Additional Method 7-2
(A) Additional Outcome 7-3	(A) Additional Indicator 7-3	(A) Additional Method 7-3
(A) Additional Outcome 7-4	(A) Additional Indicator 7-4	(A) Additional Method 7-4
(A) Additional Outcome 7-5	(A) Additional Indicator 7-5	(A) Additional Method 7-5

Program Service #8 - Outputs

Program Service #8 - Outputs:	#8 Agreement (A)
Service #8 Name	(A) Service #8
Total # of Units Provided #8	(A) Units #8 0
Unit Measure #8	(A) Unit Measure #8
Unit Rate #8	(A) Unit Rate #8 \$0.00
Total # of Unduplicated Individuals Served #8	(A) Unduplicated Individuals #8 0

Program Service #8 - Funding

Funding Amount #8	(A) Agreement Amount #8 \$0.00
Units #8	(A) Agreement Units #8 0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes:	(A) Program Service 8 Indicators:	(A) Program Service 8 Method of Measurements:
(A) Outcome 8-1	(A) Indicator 8-1	(A) Method of Measurement 8-1

(A) Additional Outcome 8-2	(A) Additional Indicator 8-2	(A) Additional Method 8-2
(A) Additional Outcome 8-3	(A) Additional Indicator 8-3	(A) Additional Method 8-3
(A) Additional Outcome 8-4	(A) Additional Indicator 8-4	(A) Additional Method 8-4
(A) Additional Outcome 8-5	(A) Additional Indicator 8-5	(A) Additional Method 8-5

Program Service #9 - Outputs

Program Service #9 - Outputs:	#9 Agreement (A)
Service #9 Name	(A) Service #9
Total # of Units Provided #9	(A) Units #9 0
Unit Measure #9	(A) Unit Measure #9
Unit Rate #9	(A) Unit Rate #9 \$0.00
Total # of Unduplicated Individuals Served #9	(A) Unduplicated Individuals #9 0

Program Service #9 - Funding

Funding Amount #9	(A) Agreement Amount #9 \$0.00
Units #9	(A) Agreement Units #9 0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes:	(A) Program Service 9 Indicators:	(A) Program Service 9 Method of Measurements:
(A) Outcome 9-1	(A) Indicator 9-1	(A) Method of Measurement 9-1
(A) Additional Outcome 9-2	(A) Additional Indicator 9-2	(A) Additional Method 9-2
(A) Additional Outcome 9-3	(A) Additional Indicator 9-3	(A) Additional Method 9-3
(A) Additional Outcome 9-4	(A) Additional Indicator 9-4	(A) Additional Method 9-4
(A) Additional Outcome 9-5	(A) Additional Indicator 9-5	(A) Additional Method 9-5

Program Service #10 - Outputs

Program Service 10 Outputs:	#10 Agreement (A)
Service Name #10	(A) Service #10
	(A) Units #10

Total # of Units Provided #10

0

Unit Measure #10

(A) Unit Measure #10

Unit Rate #10

(A) Unit Rate #10

\$0.00

Total # of Unduplicated Individuals Served #10

(A) Unduplicated Individuals #10

0

Program Service #10 - Funding

Funding Amount #10

(A) Agreement Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes: (A) Program Service 10 Indicators: (A) Program Service 10 Method of Measurements:

(A) Outcome 10-1

(A) Indicator 10-1

(A) Method of Measurement 10-1

(A) Additional Outcome 10-2

(A) Additional Indicator 10-2

(A) Additional Method 10-2

(A) Additional Outcome 10-3

(A) Additional Indicator 10-3

(A) Additional Method 10-3

(A) Additional Outcome 10-4

(A) Additional Indicator 10-4

(A) Additional Method 10-4

(A) Additional Outcome 10-5

(A) Additional Indicator 10-5

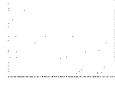

(A) Additional Method 10-5

Total Funding Amount - Services 1-10**Total Funding Request for Services 1-10**

76115.2

Links for Agreement Form (V3)***Link to Proposal Cover Sheet**

Proposal Cover Sheet

					Link Info		
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Columbia Center for Urban Agriculture	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18			Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

***Link to Program Overview (V3)**

Program Overview (V3)

	Link Info
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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/27/2018

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

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

PRODUCER HOLLIDA INSURANCE AGENCY LLC 1018 S Westwood Blvd Ste 3 Poplar Bluff, MO 63901		CONTACT NAME: PHONE (A/C No. Ext): (573) 727-9700 E-MAIL ADDRESS: johnnyrhove@gmail.com FAX (A/C No.): (573) 727-9701		
INSURED Columbia Center for Urban Agriculture PO Box 1742 Columbia, MO 65205 (573) 514-4174		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Alliance of Nonprofits		10023
		INSURER B: Missouri Employers		
		INSURER C:		
		INSURER D:		
		INSURER E:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	x		2018-44088	06/01/2018	06/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input checked="" type="checkbox"/> Liquor Liability						MED EXP (Any one person) \$ 20,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY	x		2018-44088	06/01/2018	06/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	1029744	06/01/2018	06/01/2019	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an additional insured for General Liability and Auto Liability to the extent of the insureds' participation.

CERTIFICATE HOLDER

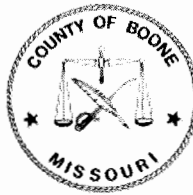
CANCELLATION

County of Boone
613 E. Ash, Room 110
Columbia MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Services Contract

Central Pantry

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **The Food Bank for Central & Northeast Missouri, Inc.** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **The Food Bank**.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

WHEREAS, The Food Bank has submitted a complete Request for Proposal Application to the County detailing the services and other supports to be provided along with the expected cost to The Food Bank thereof; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY THE FOOD BANK

The Food Bank is expected to the greatest extent possible to maximize funding from all other sources. The Food Bank shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. The Food Bank shall only request reimbursement for services not reimbursable by any other source. The Food Bank shall not invoice the County for units of service invoiced to another funding source. The Food Bank shall provide documentation and assurance to the County that requests for reimbursement

from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

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

2. **Contract Documents.** The Food Bank will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #36-13SEP18 (Purchase of Services) and The Food Bank's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over The Food Bank's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The County agrees to purchase from The Food Bank and The Food Bank agrees to furnish the **Central Pantry** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the The Food Bank's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$49,999.98** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. The Food Bank agrees and understands that the County may require supplemental information to be submitted at the request of the County.

This contract may at the sole discretion of the County and with the agreement of The Food Bank be renewed for **an additional one-year period**. The Food Bank agrees and understands that the County may require supplemental information to be submitted by The Food Bank prior to any renewal of this agreement.

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Supplemental Food	One pound of food	\$0.06	833,333	\$49,999.98

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

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

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The County shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by The Food Bank to monitor service delivery and program expenditures. The Food Bank agrees to submit to the County an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by The Food Bank and, if so stipulated, are noted on this contract document. Payments may be withheld from The Food Bank if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. The Food Bank agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

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

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

determine the status of service, activities and programs covered hereunder, expenditure of CHF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event The Food Bank requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County for approval. A board resolution from The Food Bank may be required with the request. For consideration of a request to modify or amend the contract, requests should be submitted to the Director of the Community Services Department for consideration.

OTHER TERMS OF THIS CONTRACT

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

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

13. **CHF to be used for Services Provided.** The Food Bank agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to The Food Bank's provision of such services.

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

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

16. **Subcontracts.** The Food Bank may enter into subcontracts for components of the contracted service as The Food Bank deems necessary within the terms of the contract. All such subcontracts require the written approval of the County or their designated representative. In

performing all services under the resulting contract agreement, The Food Bank shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

19. **Board Ownership.** If The Food Bank ceases to be funded by the County or ceases to provide programs and services to address community health needs, pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of The Food Bank. In addition, if The Food Bank no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, The Food Bank will need County approval to re-direct the use of such.

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

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

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

b. The County may terminate this agreement if key personnel providing services are changed such that in the opinion of the County delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of the County, or

c. The County may terminate this agreement should The Food Bank fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

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

22. Insurance Requirements. The Food Bank shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. **Worker's Compensation and Employers' Liability Insurance:** The Food Bank shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, The Food Bank shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by The Food Bank.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. **Comprehensive General Liability Insurance:** The Food Bank shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. The Food Bank shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition,

such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Food Bank shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of The Food Bank in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to The Food Bank.

c. **Professional Liability Insurance:** The Food Bank is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

24. **Publicity by The Food Bank.** The Food Bank shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. The Food Bank will acknowledge the County as a funding source whenever publicizing CHF funded programs. The Food Bank will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. The Food Bank agrees to acknowledge the Community Health Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

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

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

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

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

29. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

Any written notice or communication to The Food Bank shall be mailed or delivered to:

The Food Bank for Central & Northeast Missouri, Inc.

Attn: Lindsay Lopez
2101 Vandiver Drive
Columbia, MO 65202

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

The Food Bank for Central & Northeast Missouri, Inc.

By: _____

Signature

By: Lindsay Lopez, Executive Director
Printed Name/Title

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

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

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

<u>June Buchford by jg</u>	<u>12/20/2018</u>	<u>(2130/71106/\$49,999.98)</u>
Signature	Date	Appropriation Account

An Affirmative Action/Equal Opportunity Employer



FOOBA-1

OP ID: JP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/28/2018

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

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

PRODUCER Huntleigh McGehee 8235 Forsyth Boulevard, #1200 Clayton, MO 63105	314-746-4700	CONTACT NAME: Jessica Phillips	
		PHONE (A/C, No, Ext): 314-746-4700	FAX (A/C, No): 314-889-3700
		E-MAIL ADDRESS: jphillips@hmrisk.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: West Bend	15350
		INSURER B: MO Employers Mutual	10191
		INSURER C: Travelers Cas & Surety Co.	31194
		INSURER D: Lloyds of London	047944
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		A08315203	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		A08315203	12/01/2018	12/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		A08315203	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	MEM 2019204-02	02/22/2018	02/22/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<input checked="" type="checkbox"/> Directors & Officers		106215965	12/01/2018	12/01/2019	Limit 1,000,000
D	<input checked="" type="checkbox"/> Cyber Liability		WN166676	12/01/2018	12/01/2019	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The County of Boone is included as Additional Insured for Commercial General Liability, Business Automobile Liability and Umbrella Liability, if required by written contract. 30 days' notice of cancellation applies, except in the event of nonpayment of premium in which 10 days' notice applies.

CERTIFICATE HOLDER

CANCELLATION

BOOCO-3

Boone County
613 E. Ash Street, Room 110
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

Purchase of Service Contracts Community Health/Medical Fund 2018 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for **Thursday, August 9, 2018, at 3:00 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, September 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, September 13, 2018** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, September 13, 2018 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by **Thursday, September 13, 2018 at 10:00 a.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
 - 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Project Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Agency Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. **Program Overview:** Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A
2018 AGENCY ASSURANCE SHEET
(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

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

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Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

The Food Bank for Central and Northeast Missouri, Inc.

DBA:

The Food Bank

Federal EIN Number:

43-1238934

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

2101 Vandiver Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202-1910

Organization Phone Number:

573-474-1020

Website:

www.sharefoodbringhope.org

Head of Organization

Lindsay Young Lopez

Head of Organization Phone:

573-474-1020

Address

2101 Vandiver Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202-1910

Organization Fax Number:

573-474-9932

Email:

LindsayL@sharefoodbringhope.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

LindsayL@sharefoodbringhope.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:**Local Organization Fax:****Address****Address**

City
State
County
Zip

City
State
County
Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Provide your organization's mission statement. (600 character limit)

Organization Mission Statement (Purpose): Through empowerment, education and partnerships, The Food Bank for Central & Northeast Missouri brings together community resources to feed people in need.

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Organization History:

Started as a class project among social work students, The Food Bank was formed in 1981 in response to growing concern about hunger in Missouri communities.

In 2003, we acquired our current 65,000-square-foot facility, allowing our distribution to expand significantly. Since 2009, The Food Bank has also owned and operated Central Pantry, one of the largest food pantries in the state.

Now in our 37th year of operation, we continue to strive to eliminate hunger in the communities we serve by providing a lifeline to those struggling to put enough food on the table.

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Brief Statement of Organization's Major Goals: The Food Bank's overall goal is to provide supplemental food assistance to food insecure individuals within a 32-county service area. To accomplish this, we work to distribute approximately 30 million pounds of food per year, serving 100,000 individuals in need of food assistance. We are also working to increase our distribution of nutritious foods such as produce, protein and dairy.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of Incorporation: /document/download/filename/1440595925_30405_ArticlesofIncorporation.pdf/

Provide a copy of the organization's Articles of Incorporation.

Bylaws (MUST BE IN PDF FORMAT)

Bylaws: Provide a copy of the organization's Bylaws. /document/download/filename/1468255905_34051_BylawsFoodBank.pdf/

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational Chart (must be for the entire organization): /document/download/filename/1536607720_30406_OrganizationalChart.pdf/

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan: /document/download/filename/1536604649_42846_ApprovedStrategicPlan2019_2024.pdf/

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Service Area: The Food Bank is located in Columbia, Missouri. From this location, The Food Bank serves a 32-county area that covers more than 18,000 square miles in central and northeast Missouri, reaching the state borders of both Iowa and Illinois.

This includes the following counties: Adair, Audrain, Benton, Boone, Callaway, Camden, Chariton, Clark, Cole, Cooper, Howard, Knox, Lewis, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Morgan, Osage, Pettis, Phelps, Putnam, Randolph, Ralls, Saline, Schuyler, Scotland, Shelby and Sullivan.

Briefly describe the population(s) served by your organization. (600 character limit)

Population Served: Our target group is food insecure individuals within our 32-county service area. We provide services in an 18,000-square-mile area that is predominately rural and under-served. Within our service area, an estimated 14.7 percent of individuals experience food insecurity (Feeding America). We also provide additional targeted services for food insecure children, seniors and Veterans.

Conflict of Interest Policy:

Does your organization have a written Conflict of Interest policy?

yes

Whistleblower Policy:

Does your organization have a written Whistleblower policy?

yes

Business Continuity Plan:

Does your organization have a written Business Continuity plan?

yes

Records Retention Policy:

Does your organization have a written Records Retention policy?

yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

3 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Showing 1 - 30 of 34 Links

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Jennifer Peck	Board Member	03/01/2018	12/31/2020	2901 N. Johnson Lane Columbia, MO 65202		Added on 07/23/2018
Marty McCormick	Board Member	01/01/2018	12/31/2020	107 Foxwood Court Columbia, MO 65203		Added on 12/19/2017
Russell Freeman	Board Member	01/01/2016	12/31/2018	3911 W. Rollins Road Columbia, MO 65203		Added on 06/08/2015
David Nivens	Board Member	01/01/2017	12/31/2019	770 W. Buffalo Ridge Road Columbia, MO 65203		Added on 06/08/2015
Amanda Andrade	Board Member	07/01/2017	12/31/2019	1605 Chapel Hill Drive Columbia, MO 65203		Added on 07/26/2017
Wilson Beckett	Board Member	01/01/2018	12/31/2020	706 Thilly Avenue Columbia, MO 65203		Added on 06/08/2015
Claudia Kehoe	Board Member	01/01/2018	12/31/2020	3589 Gettysburg Place Jefferson City, MO 65109		Added on 06/08/2015
Scott Maledy	Board Member	01/01/2018	12/31/2020	215 W. Brandon Road Columbia, MO 65203		Added on 06/08/2015
Amy Schneider	Secretary	01/01/2016	12/31/2018	6501 Cascades Drive Columbia, MO 65203		Added on 01/04/2016
Joe Priesmeyer	Board Member	01/01/2018	12/31/2020	1306 Hathman Place Columbia, MO 65201		Added on 06/08/2015
Todd Weyler	Board Member	01/01/2016	12/31/2018	4507 Melrose Drive Columbia, MO 65203		Added on 06/08/2015
Mary Winter	Board Member	01/01/2017	12/31/2019	5733 Foxfire Lane Lohman, MO 65053		Added on 06/08/2015
Tim Vicente	Board Member	01/01/2016	12/31/2018	1303 Torrey Pines Drive Columbia, MO 65203		Added on 06/08/2015

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info Active	Date
Heather Hargrove	Board Member	01/01/2016	12/31/2018	102 Lexibelle Columbia, MO 65201		Added on 01/04/2016
Judy Starr	Treasurer	01/01/2017	12/31/2019	P.O. Box 678 Columbia, MO 65205		Added on 06/08/2015
Michael Kateman	President	01/01/2016	12/31/2018	2801 West Broadway, Q5 Columbia, MO 65203		Added on 01/04/2016
George Kennedy	Board Member	01/01/2017	12/31/2019	300 Westwood Avenue Columbia, MO 65203		Added on 06/08/2015
Steve Sowers	Board Member	01/01/2016	12/31/2018	901 E. Broadway Columbia, MO 65201		Added on 06/08/2015
Dan Knight	Board Member	01/01/2016	12/31/2018	2301 Memorial Court Columbia, MO 65201		Added on 06/08/2015
Gina Gervino	Board Member	01/01/2018	12/31/2020	2402 Ridgefield Road Columbia, MO 65203		Added on 12/19/2017
Paula Fleming	Board Member	01/01/2018	12/31/2020	4603 Summer Brook Court Columbia, MO 65203		Added on 12/19/2017
David Coil	Board Member	12/01/2018	12/31/2020	6940 S Mount Celestial Road Columbia, MO 65203		Added on 12/19/2017

Total Active Links:22, Total Deactivated Links:12, Current Active Links:22, Current Deactivated Links:8

| Next

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

Calendar

If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the filing date: MM/DD/YYYY

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1433774262_29953_2015Updated501%28c%29%283%29letter..pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1536603652_29954_TheFoodBankAuditReport2017.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1539190292_29955_2017990Return.pdf/

990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

Financial Policies and Procedures:
Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Our board reviews financial reports monthly. Our treasurer reports on fiscal status at all meetings while recommending appropriate policies and procedures to the board. Our board treasurer has the most intimate oversight of the agency's finances on a daily basis with our director of finance. The board's finance committee proposes the annual budget with consultation from the executive director and makes recommendations to the full board about the annual budget, asset management, capital expenditures, debt management, investments and other aspects of financial policy and procedure.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation					Link Info	
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Director of Finance	BA or BS	1.00	\$78,700.00	\$16,400.00		Added on 06/15/2015
Director of Operations	BA or BS	1.00	\$85,800.00	\$17,100.00		Added on 06/15/2015
Director of Programs	BA or BS	1.00	\$68,500.00	\$15,300.00		Added on 06/15/2015
Executive Director	BA or BS	1.00	\$109,000.00	\$19,900.00		Added on 06/12/2015
Director of Development	BA or BS	1.00	\$76,500.00	\$16,400.00		Added on 06/15/2015
Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0						

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Local Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and *Third Party Financial Statement Review or **Audit (*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / **Audit required for Organizations reporting \$250,000 or more in annual revenue).

/document/download/filename/1540563791_32839_2017BudgetversusActual.pdf/

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a *Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) *Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1540562418_32678_CertificateofLiabilityInsurance.pdf/

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 8 Links

Proposal Cover Sheet

[Link Info](#)

Proposal Cover Sheet Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active Info	Date
Grant	Organization Name	Fund Source	Funder	Funding Cycle	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	The Food Bank for Central and Northeast Missouri, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		Added on 08/17/2018
HMUW-Financial Stability(Income) RFP:JUL2016 Cycle (Interim Report 1 ends 09/02/2016 12:00 PM CDT)	The Food Bank for Central and Northeast Missouri, Inc.	HMUW Financial Stability (Income) and Basic Needs (Safety Net) RFP	Heart of Missouri United Way	Financial Stability (Income) JUL2016-JUN2019 and Basic Needs (Safety Net) JUL2016-JUN2018		Added on 01/19/2016
HMUW - Basic Needs RFP: JUL2018 Cycle (Interim Report ends 04/01/2019 11:59 AM CDT)	The Food Bank for Central and Northeast Missouri, Inc.	HMUW Basic Needs RFP	Heart of Missouri United Way	JUL2018 - JUN2020		Added on 12/12/2017
HMUW - Basic Needs RFP: JUL2018 Cycle (Interim Report ends 04/01/2019 11:59 AM CDT)	The Food Bank for Central and Northeast Missouri, Inc.	HMUW Basic Needs RFP	Heart of Missouri United Way	JUL2018 - JUN2020		Added on 07/02/2018
HMUW - Health RFP: JUL2017 Cycle (Closed ends 08/31/2020 11:59 AM CDT)	The Food Bank for Central and Northeast Missouri, Inc.	HMUW Health RFP	Heart of Missouri United Way	July 1, 2017 - June 30, 2018		Added on 01/24/2017
Total Active Links:8, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0						Next

System Fields

Proposal Cover Sheet

Proposal Request Information

Grant

Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)

Organization Name (will auto-populate)

The Food Bank for Central and Northeast Missouri, Inc.

Fund Source

Community Health/Medical Fund - RFP #36-13SEP18

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

Central Pantry

Amount of Request

\$50,000.00

Program Information

Program Website (will default to Organization website)

www.sharefoodbringhope.org

Address

1007 Big Bear Boulevard

City

Columbia

State

Missouri

County

Boone

Zip

65202-1865

Address

1007 Big Bear Boulevard

City

Columbia

State

Missouri

County

Boone

Zip

65202-1865


Program Administrator Name

Eric Maly

Phone Number

573-474-1020

Program Administrator Title

Director of Programs

Email

emaly@sharefoodbringhope.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1536766082_30421_AttachmentA.TheFoodBank.pdf/

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

/document/download/filename/1536612957_30420_AttachmentB.TheFoodBank.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1536613736_30419_AttachmentC.TheFoodBank.pdf/

Signed Addendums

/document/download/filename/1536612899_30418_SignedAddendums.TheFoodBank.pdf/

Link to Organization Profile Record**Link to Organization Records**

Organization Profile				Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Record ID	Active	Date
The Food Bank for Central and Northeast Missouri, Inc.	2101 Vandiver Drive	Lindsay Young Lopez	12697	<input checked="" type="checkbox"/>	Added on 08/17/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-1238934

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)**Link Instructions -1****Linked 'Agreement Form - V2' Records****Link Instructions Agreement Form V2****Linked 'Interim Report - V3' Records****Link Instructions Interim Report****Linked 'Interim Report - V3 (Services 6-15)' Records****Link Instructions - V3 (6-15)****Linked 'Interim Report - YHP' Records****Link Instructions - 2****Linked 'Agreement Form - V3 (Services 16-20)' Records****Link Instructions - Agreement form****Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'****Link Instructions 3**

Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records

Link Instructions 4

Linked 'Year End Report - V3' Records

Link Instructions YER Svcs 1-5

Linked 'Year End Report - V3 (Services 6-15)' Records

Link Instructions YER Svcs 6-15

Linked 'Agreement Form - V3.1' Records

Link Instructions Agreement Form 3.1

Proposal Cover Sheet					Agreement Form - V3.1			Link Info			
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	The Food Bank for Central and Northeast Missouri, Inc.	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	The Food Bank for Central and Northeast Missouri, Inc.	Central Pantry	11/01/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Agreement Form - V3.1 (Services 11-20)' Records

Link Instructions

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Lindsay Lopez

Printed Name - Agency Executive Director/President/CEO

9/10/18
Date

Lindsay Lopez

Signature - Agency Executive Director/President/CEO

9/10/18
Date

Michael Kateman

Printed Name - Agency Board Chair

9/11/18
Date

Michael Kateman

Signature - Agency Board Chair

9/11/18
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Lindsay Lopez Executive Director
Name and Title of Authorized Representative

Lindsay Lopez 9/10/18
Signature Date

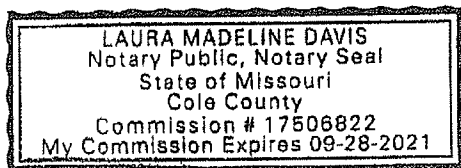
ATTACHMENT C

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

County of Boone)
)ss
State of Missouri)

My name is Lindsay Lopez I am an authorized agent of The Food Bank
(Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

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



Lindsay Lopez 9/10/18
Affiant Date

Lindsay Lopez
Printed Name

Subscribed and sworn to before me this 10th day of September 2018

Laura Madeline Davis
Notary Public

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

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **Central Missouri Food Bank Network, Inc** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.
5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment

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eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

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

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

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

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

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

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

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

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

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
 - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
 - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any

action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (1)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of

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employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

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

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The

Company ID Number: 159633

Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

Company ID Number: 159633

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

Company ID Number: 159633

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer Central Missouri Food Bank Network, Inc

Shari Riley

Name (Please type or print)

Title

Electronically Signed

10/21/2008

Signature

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

10/21/2008

Signature

Date

Company ID Number: 159633

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: Central Missouri Food Bank Network, Inc

Company Facility Address: 2101 Vandiver Dr Suite B
Columbia, MO 65202

Company Alternate Address: _____

County or Parish: BOONE

Employer Identification Number: 431238934

North American Industry
Classification Systems Code: 624

Parent Company: _____

Number of Employees: 20 to 99 Number of Sites Verified for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Shari Riley	Fax Number:	(573) 474 - 9932
Telephone Number:	(573) 474 - 1020 ext. 308		
E-mail Address:	sharir@centralmofoodbank.org		
Name:	Sally Thies	Fax Number:	
Telephone Number:	(573) 474 - 1020 ext. 317317		
E-mail Address:	sallyt@centralmofoodbank.org		



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #1 - Issued August 13, 2018

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

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheets from the pre-proposal conference held on August 9 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. Audit: We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year. Is this acceptable, or do you require a full audit to have been completed before the proposal is submitted?

Response: If the organization is not required to complete a full audit, an independent financial review will be acceptable.

- b. Background Checks: We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- c. Can we apply for capital funding?

Response: No, the RFP is to purchase health services. However, organizations can submit a request for development or start-up funds within the application but there are no guarantees the request will be awarded by the Community Health Advisory Board.

- d. What should we do when our service does not quite fit into the list of Boone County Impact Group Taxonomy of Services?

Response: We request that you review the Taxonomy of Services and select the service that best fits your proposed service. Be sure to thoroughly describe how the service will be delivered in the Service Description narrative.

- e. Can we still apply for funds if our organization has not received its non-profit status yet?

Response: Yes, you can still apply, however, the organization must have its non-profit status before entering into a contract.

By:

Melinda B. Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund, receipt of which is hereby acknowledged:

Company Name: The Food Bank for Central and Northeast Missouri

Address: 2101 Vondive Drive

Phone Number: 573-474-1020

Fax Number: 573-474-9932

E-mail: lindsayl@sharefoodbringhope.org

Authorized Representative Signature: Lindsay Lopez Date: 9/10/18

Authorized Representative Printed Name: Lindsay Lopez

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 – Purchase of Service Contracts – Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kristin Cummins	Community Health	886-7274	
3.	Kelly Wallis	Community Health	886-7218	
4.	Kristin Enber For Gary Littleton	Mary Lee Johnston Community Learning Center	573-449- 5600	573-875- 1585
5.	Annette Triplett	PedNet Coalition	999-9894	—
6.	Kasey Schramm	First Chance for Children	777 1815	777 1816
7.	Michael Brown	ALL ADULT DAY CONNECTION	882-7078	
8.	Kip Bane	Southern Boone YMCA	573-657-9600	
9.	Louisa Trammell	Southern Boone YMCA	573-690-5397	
10.	Madison Anderson	Services for Independence Living	573 871 1616	
11.	Billy Polanski	CCSA	514 4174	
12.	PHIL ASHLEY	Family Health Center	573-886-6761	
13.	Catherine Miller	PECC	513-884-376	
14.	WILLIAM STUBBS	Boone Public Health + Human Svcs	573-6631	
15.				
16.				
17.				
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 - Purchase of Service Contracts - Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

22.	Nick Foster	VAC	874-2273	
23.	Gary Schmidt	Compass Health	573-209- 531	
24.	Tim Rich	Welcome Home	573-493-8001	
25.	Nicole Dean	Great Circle	442-8331	
26.	Emmie Harcourt	The Four Bank	573-338-4080	
27.	Wintney Soss	St. Raymonds Society	(717) 677-5215	
28.	Regina Knight	St. Raymonds Society	573-353-0959	
29.	Melissa Schmitt	BCEC	573-336-1007	
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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

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

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

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

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety registry for staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP, described in Section 3.4, are eligible for funding. No services have been excluded from eligibility for funding.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: The Food Bank for Central and Northeast Missouri

Address: 2101 Vandiver Drive

Phone Number: 573-474-1020 Fax Number: 573-474-9932

E-mail: lindsayl@sharefoodbringhope.org

Authorized Representative Signature: Lindsay Lopez Date: 9/10/18

Authorized Representative Printed Name: Lindsay Lopez



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #3 - Issued September 6, 2018

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

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

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

- a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

- b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

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

- c. Is an electronic signature acceptable?

Response: No

- d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval.

- e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

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

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name: The Food Bank for Central and Northeast Missouri

Address: 2101 Vandiver Drive

Phone Number: 573-474-1020

Fax Number: 573-474-9932

E-mail: lindsay1@sharefoodbrininghope.org

Authorized Representative Signature: Lindsay Lopez Date: 9/10/18

Authorized Representative Printed Name: Lindsay Lopez



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

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

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

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

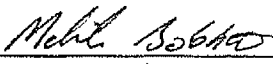
- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

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

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #4 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name: The Food Bank for Central and Northeast Missouri

Address: 2101 Vandiver Drive

Phone Number: 573-474-1020

Fax Number: 573-474-9932

E-mail: lindsay1@sharefaithandhope.org

Authorized Representative Signature: Lindsay Lopez Date: 9/10/18

Authorized Representative Printed Name: Lindsay Lopez

Program Overview (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	The Food Bank for Central and Northeast Missouri, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Central Pantry
Amount of Request	\$50,000.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

In Boone County, 17.5 percent of the population lives in poverty (Boone Indicators Dashboard). When families are faced with budget shortfalls, food is often the first item to be cut. Individuals may reduce portion sizes, skip meals or rely on low-cost, calorie-dense foods in order to pay for other expenses such as rent, utilities and medical care (Weinfeld et al., 2014).

Feeding America estimates that 16.2 percent of the population is food insecure in Boone County. This equals approximately 28,000 individuals (Feeding America, 2018). Food insecurity refers to limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways (United States Department of Agriculture, 2018a).

Food insecurity can contribute to or exasperate a number of negative health outcomes, such as obesity, diabetes, hypertension and high blood pressure, creating a cycle of food insecurity and illness. As medical conditions worsen due to poor diet quality, medical costs also increase and individuals may become unable to work, further reducing food budgets (Health Implication of Food Insecurity, 2018).

In children, food insecurity can lead to chronic health conditions such as asthma, anemia and oral health problems. It is also linked to behavioral health problems such as hyperactivity, aggression and anxiety. Food insecure children are also more likely to require hospitalization (Gunderson, 2013).

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

According to the Boone Indicators Dashboard, 31.4% of Boone County households are cost-burdened (spend over 30% of income on housing), 7.4% of individuals under 65 lack health insurance and 2.6% of individuals are unemployed. All of these factors put individuals at risk for food insecurity.

While many low-income individuals receive assistance through programs such as SNAP and WIC, these programs do not completely address the community-level issues described above. In Missouri, the average monthly SNAP (Supplemental Nutrition Assistance Program) allotment is \$121.60 per person (Supplemental Nutritional Assistance Program, 2017). This equals approximately \$1.30 per meal. Even using the USDA's lowest cost estimate for a nutritionally adequate diet, a monthly benefit of \$121.60 does not cover the full cost of a month's worth of meals (United States Department of Agriculture, 2018b). This means that many individuals are left with several days or weeks during the month which their SNAP benefits do not cover.

Additionally, Feeding America's Map the Meal Gap study estimates that approximately 36 percent of food insecure individuals in Boone County are above the income threshold (more than 185% poverty) for nutrition assistance programs such as SNAP, WIC and free and reduced-price school meals (Feeding America, 2018). This means that charitable food assistance programs such as food pantries and soup kitchens are often the only resource available to these individuals.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

By operating Central Pantry, we strive to (1) reduce food insecurity by providing supplemental food to low-income individuals in Boone County and (2) increase access to nutritious foods by distributing foods such as fresh produce, protein and dairy.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

As one of the largest food pantries in the state, Central Pantry serves approximately 10,000 individuals monthly. Each year, Central Pantry distributes over five million pounds of food to those in need.

The pantry uses a participant-choice model which allows participants to select food items themselves instead of receiving a pre-made food box. The pantry is set up with a similar layout to a grocery store, with shelves of dry goods and shelf-stable products as well as cooler and freezer space for perishable foods. The amount of food a participant can select in each category is determined by household size. The pantry is staffed by both paid employees and dedicated volunteers who donate their time to the program.

Individuals may select food items from the full pantry once per month. Next to the waiting area, the pantry also features a "Sharing Room" which is used to distribute additional perishable foods such as produce and bread. Individuals may receive food from the Sharing Room daily.

At Central Pantry, we strive to not only provide food to those in need, but to also increase access to nutritious foods which improve health outcomes. During 2017, Central Pantry distributed over 1.5 million pounds of fresh produce. To date in 2018 (Jan-Aug), 1.1 million produce pounds have been distributed at the pantry. Through a partnership with the MU Coordinated Program in Dietetics, students provide recipe demonstrations and nutrition education at the pantry during the summer months.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The majority of the people that we serve at Central Pantry live in poverty, including individuals who are homeless or at risk of being homeless. During the first half of 2018 (Jan-July), 99% of the individuals served at Central Pantry were below 200% of the federal poverty level. However, we also serve individuals who may have found themselves unexpectedly in need of assistance due to a job loss, medical emergency, natural disaster or other circumstance. For example, one participant reported that a single medical diagnosis moved their family from the middle class to relying on assistance in order to eat.

Central Pantry serves individuals of all ages, though the majority of participants are between the ages of 20-59. The program serves both men and women, though women are more likely to be the head of household member who comes to the pantry to pick up food. All races/ethnicities are served by the pantry. Participants who reported their race/ethnicity as White, Black/African American, Hispanic/Latino or multiple races made up the largest percentage of those served.

Based on Listen for Good survey results (discussed in Program Quality section), 38% of surveyed Central Pantry participants reported a health-related barrier which limited the food they could eat.

Central Pantry participants may use the pantry for a short-term period or as a long-term way to acquire food. Many participants also utilize SNAP but find that their benefits do not last the full month.

b. Why will these particular consumers be served? (1500 character limit)

Central Pantry is a resource which is available to anyone in the community who is food insecure. It is promoted to the community through our website, publications, direct outreach and partnerships with other local non-profits.

The demographics of those served at Central Pantry are in line with demographics for food insecure individuals served nationally. Research by Feeding America determined that 72% of households served by the Feeding America network were below 100% of the poverty level. More than half of households had a member with high blood pressure and one-third had a member with diabetes. Households served also included individuals of all ages and racial/ethnic backgrounds (Weinfeld et al., 2014).

Participant survey results also show that the program has a positive impact on the food security, health and disposable income of the consumers currently served by the program. During 2018, 100% of surveyed Central Pantry participants reported that the food that they received from the pantry allowed them to redirect income to other expenses such as bills. 95% reported that the pantry allowed their household to eat more healthfully and 79.5% reported that the pantry gave them a meal when they would otherwise have had none.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

(1) There remains a social stigma in place surrounding receiving food assistance. This prevents some food insecure individuals from accessing available

programs. As part of our mission, we are working to educate the community about the impact of food insecurity and the importance of food assistance.

(2) Central Pantry may be difficult to access for participants in other areas of the county with limited transportation. For individuals who cannot access Central Pantry, we also operate two mobile pantries within Boone County and provide food to 29 additional partner agencies.

d. Total number of unduplicated individuals to be served by the proposed program:

23387

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

14.21

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

22302

City of Columbia

19860

Cooper County

46

Howard County

34

Other Counties

1005

Residence Total

23387

Record Lock

1

Race

White (alone)

12564

Black or African American (alone)

6889

Multiple Races

1357

Asian (alone)

522

Native American Indian or Alaskan Native

141

Native Hawaiian or other Pacific Islander (alone)

69

Some Other Race

905

Race Total

22447

Ethnicity**Hispanic or Latino (of any race)**

940

Not Hispanic or Latino

22447

Ethnicity Total

23387

Gender**Female**

12331

Male

11056

Other

0

Gender Total

23387

Income**At or below 200% of Federal Poverty Level**

23130

Over 200% of Federal Poverty Level

257

Income Total

23387

Age (City-Social Services/County-Health/HMUW-RFP)**Under 5 years**

1844

5-19 years

6954

20-59 years

12118

60 years and over

2471

Age Total (1)

23387

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

Central Pantry is located at 1007 Big Bear Boulevard, Columbia, MO 65202. Central Pantry is open Tuesday-Friday from 10 a.m. - 4 p.m. as well as Saturday from 10 a.m. - 2 p.m.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

New Central Pantry participants are asked to provide an ID for the head of household, proof of address for the head of household (can be a bill or other formal mail) and proof of the number of members in the household. This can include social security cards, passports, immunization records, custody papers, etc. Proof of address is used to determine Boone County residence. Individuals outside of Boone County will be served on a one-time or temporary basis. The number of individuals in the household is used to determine how many food items an individual can select in each category.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Central Pantry exists to serve all Boone County residents in need of food assistance. This allows the program to serve as a safety net for individuals in poverty, as well as those who may find themselves unexpectedly in need after a job loss, medical emergency, natural disaster or other circumstance. Food is an immediate need which everyone should be able to access. If we were to charge participants a fee for the food that they receive, this would prevent the program from serving this essential function in the community.

Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

As stated above, food is an immediate need which everyone should be able to access. Charging fees of any amount would prevent Central Pantry from truly serving as a safety net for all community members in need of food assistance.

Additionally, we are a member of the national hunger-relief organization Feeding America. As part of our member contract, we are prohibited from selling any donated food products. We also must ensure that all of our partner agencies distribute food at no cost to participants. We receive the majority of the food that we distribute through the Feeding America network.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

To maintain our affiliation with Feeding America, we are required to complete regular compliance audits to ensure we are conforming with Feeding America standards and regulations. This audit also covers our programs, such as Central Pantry. Our last audit was completed during June 2018. The audit concluded that we were in compliance with Feeding America regulations.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No

Provide the name of the accreditation agency. (300 character limit)

N/A

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Participant-choice models (also referred to as client-choice models) are considered a best practice for food pantries (Michigan State University Extension, 2013).

According to the above cited source, the advantages of a participant-choice food pantry model include the following:

- (1) Increased dignity for participants
- (2) Reduced food waste
- (3) Participants can tailor selections to their dietary needs and preferences
- (4) Improved participant satisfaction with the food received

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

There has been limited large-scale, peer-reviewed research on the efficacy of food pantries.

A 2018 research study analyzed the eating habits of individuals before and after visiting a food pantry. After visiting the food pantry, study participants showed an increase in the number of eating occasions as well as the variety of food eaten. Fruit consumption was also shown to increase during the period after study participants visited the pantry. These changes were most pronounced among study participant who were deemed to be food insecure (Wright et al., 2018).

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)

There is not an established evidence-based program model for food pantries. However, we do utilize a number of established best practices in the operation of Central Pantry.

These include the use of the participant-choice model as well as the implementation of Feeding America's Foods to Encourage model. The Foods to Encourage model focuses on the distribution of healthy foods such as fruits, vegetables, lean protein, low-fat dairy and whole grains.

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

The proposed program features the following unique/innovate aspects:

(1) The majority of food pantries receive food from an affiliated food bank of which they are a partner agency. Central Pantry is directly owned and operated by our organization. Many of our partner agencies are entirely volunteer run, operate out of churches or other shared spaces and are open one day per month. Having a dedicated space and paid staff allow the pantry to be open to serve Boone County residents five days a week.

(2) Central Pantry uses a participant-choice model which allows participants to select their own food items as they would in a regular grocery store. This provides participants with a more dignified experience while reducing food waste.

(3) The Sharing Room allows participants to select perishable foods, including fresh produce, on a daily basis (with the exception of Sunday-Monday when the pantry is closed). This allows participants with a greater need for food assistance to access the pantry more regularly.

(4) Central Pantry benefits from substantial cooler and freezer space which allow us to distribute healthy, perishable foods such as produce, protein and dairy.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

During December 2017, we were awarded a two-year grant focused on collecting participant feedback through the Fund for Shared Insight's Listen for Good initiative. The goal of Listen for Good is for non-profits to collect feedback from those they serve which is then used to improve services and guide decision making. The process focuses on the implementation of feedback loops containing the following: design (design a survey to collect feedback), collect (survey participants), interpret (analyze data and determine trends), respond (respond to feedback by making changes) and close loop (results are shared with participants).

This survey also uses the net-promoter system which is typically used in the for-profit sector to measure customer satisfaction. This involves asking participants how likely they would be to recommend the service to a friend or familiar member in a similar situation on a scale of 0 (Not Likely at All) to 10 (Extremely Likely). Based on these results, we are assigned a Net Promoter Score which we are able to compare to the other 150+ non-profits participating in the initiative. We will be implementing multiple rounds of surveys, allowing us to measure the impact of program changes on both our Net Promoter Score and general feedback.

Program consumer outcomes are measured using our participant survey, which is distributed twice per year at Central Pantry. This survey measures how the program is (1) reducing food insecurity and (2) improving diet quality.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Through the Listen for Good initiative, feedback surveys are being collected at ten food pantries, including Central Pantry. Questions include topics such as how well the pantry has met participant needs, what the pantry could do better, how often participants feel they are treated with respect/fairly and what additional services the pantry could offer.

During the spring of 2018, approximately 500 surveys were collected at Central Pantry. 70% of survey respondents stated that the pantry was meeting their needs either "very well" or "extremely well." Two focus groups were also held among participants interested in providing more detailed feedback.

During late 2018, signage displaying survey results and changes will be displayed at Central Pantry. We will then conduct another round of surveys at Central Pantry during 2019 in order to measure any changes in feedback based on the first round of implemented changes.

We plan to continue using this survey tool to collect participant feedback beyond the Listen for Good grant period. Our staff are working to convert open-ended questions into a check-all-that-apply question format. Currently, coding open-ended question responses is the most time intensive part of the survey project, so this change will allow the project to be sustainable over time.

Additionally, our participant survey contains an open-ended response field for additional comments or feedback.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Columbia Center for Urban Agriculture (CCUA): Through their Planting for the Pantry program, CCUA donates all of the produce grown at their urban farm to hunger-relief outlets such as Central Pantry. During 2017, we were able to distribute nearly 17,000 pounds of high-quality, local produce to our participants due to this partnership. Once CCUA's new Agricultural Park is complete, the amount of produce that we receive through this partnership will increase substantially.

MU Coordinated Program in Dietetics: The Food Bank has partnered with the MU Coordinated Program in Dietetics for more than a decade. As part of their 5-year master's degree program, students in the program provide recipe demonstrations and nutrition education to participants at Central Pantry.

Fund for Shared Insight: Through our Listen for Good grant funding, our staff received technical assistance in survey design and implementation from the Fund for Shared Insight which improved our ability to gather feedback from the individuals that we serve. This included providing feedback on survey questions, sampling methods and delivery (paper, electronic, etc.) as well as data analysis.

Boonville Correctional Center Garden: Inmates at the Boonville Correctional Center manage a 5-acre garden, with all produce donated to local hunger-relief outlets. To date in 2018 (Jan-Aug), we were able to distribute approximately 2,300 pounds of local produce at Central Pantry due to this partnership.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF

format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Pantry Manager	B.A.	1.00	\$45,000.00	\$50,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Pantry Assistant Manager	High School Diploma or Equivalent	1.00	\$35,000.00	\$40,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Pantry Volunteer Coordinator	High School Diploma or Equivalent	1.00	\$25,000.00	\$30,000.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Pantry Driver	High School Diploma or Equivalent, CDL B	1.00	\$30,000.00	\$35,000.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
Pantry Worker	High School Diploma or Equivalent	3.00	\$25,000.00	\$30,000.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Pantry Manager: The pantry manager is responsible for overseeing the day-to-day operations of the pantry as well as supervising all other pantry staff members. The pantry manager is also responsible for insuring proper tracking of program data.

Pantry Assistant Manager: The pantry assistant manager assists with the daily operations of the pantry, supervision of staff and volunteers, maintaining accurate program records and other duties as assigned by the pantry manager.

Pantry Volunteer Coordinator: The pantry volunteer coordinator assists in the recruitment, scheduling, training and supervision of volunteers for Central Pantry.

Pantry Driver: The pantry driver is responsible for picking up food shipments for Central Pantry. This includes picking up food donations from local retail locations and other food donors.

Pantry Worker (3): The three pantry workers assist with the participant-intake process as well as stocking shelves, receiving food deliveries and donations, maintaining the pantry warehouse, assisting participants and other duties as they arise.

These salary ranges and qualifications are in line with similar positions at other Feeding America food banks. A CDL B license is required to drive the vehicle used for retail pickups.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)

We receive an annual funding allocation of \$108,000 from the Heart of Missouri United Way. This allocation is split evenly between Central Pantry (\$54,000) and our Buddy Pack program (\$54,000). We began a new funding cycle with this funder in July 2018.

1A 1A%
\$54,000.00 16

B. Other United Ways (300 character limit)

1B 1B%
\$0.00 0

C. Capital Campaigns (300 character limit)

1C 1C%
\$0.00 0

D. Grants (non-governmental) (300 character limit)

1D 1D%
\$0.00 0

E. Fund Raising & Other Direct Support (300 character limit)

We anticipate receiving the following amount in individual donations and other direct support for Central Pantry during the year.

1E 1E%
\$198,423.00 60

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)

2A 2A %
\$0.00 0

B. Boone County - Community Health Funding (300 character limit)

Through this proposal, we are requesting a continuation of our current funding amount of \$50,000 through the Boone County Community Health Fund.

2B 2B %
\$50,000.00 15

C. Boone County- Other Funding (300 character limit)

2C 2C %
\$0.00 0

D. Funding from Other Counties (300 character limit)

2D 2D %
\$0.00 0

E. City of Columbia - Social Service Funding (300 character limit)

Our contract with the City of Columbia Social Services Fund is currently being considered for renewal for FY2019 for the amount of \$30,000. We hope to continue to receive funding from this source during 2019.

2E 2E %
\$30,000.00 9

F. City of Columbia - CDBG/Home Funding (300 character limit)

2F 2F %
\$0.00 0

G. City of Columbia - CHDO Funding (300 character limit)

2G 2G %
\$0.00 0

H. City of Columbia - Other Funding (300 character limit)

2H 2H %
\$0.00 0

I. Funding from Other Cities (300 character limit)

2I 2I %
\$0.00 0

J. Federal (Medicaid, Title III, etc.) (300 character limit)

2J 2J %
\$0.00 0

K. State (Purchase of Service, Grants, etc.) (300 character limit)

2K 2K %
\$0.00 0

L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	332423	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$280,123.00	84
Personnel Narrative (300 character limit)		
Personnel expenses include the following: salaries, payroll taxes, worker's compensation, health insurance, life insurance, vision and dental insurance and retirement contributions and fees. Staff positions include the manager, assistant manager, volunteer coordinator, driver and pantry workers.		
2. Non-Personnel	2.	2. %
	\$52,300.00	16

Non-Personnel Narrative (300 character limit)

Nonpersonnel expenses include the following: fuel, utilities, supplies, telephone, insurance and maintenance and security. The acquisition of food is included in The Food Bank's general operating budget instead of the Central Pantry budget.

TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	332423	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

Our development team works to secure funding for our programs through appeals, personal solicitations, grants and special events. During 2018, we have focused heavily on promoting the greater impact of financial donations compared to donations of food items (\$1=\$21 in groceries) due to our bulk purchasing power. We are also working to grow our planned giving program.

Additionally, we submitted a new funding proposal for Central Pantry to the Heart of Missouri United Way in January 2018.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Boone Indicators Dashboard. (n.d.). Individuals in Poverty. Retrieved August, 2018, from booneindicators.org/Issues.aspx?id=1#4810

Feeding America. (2018). Map the Meal Gap. Retrieved August, 2018, from map.feedingamerica.org/county/2016/overall/missouri/county/boone

Gundersen, C. (2013). Food Insecurity Is an Ongoing National Concern. *Advances in Nutrition*, 4(1), 36-41. doi:10.3945/an.112.003244

Health Implications of Food Insecurity (Rep.). (2018). Retrieved August, 2018, from Feeding America website: www.feedingamerica.org/research/map-the-meal-gap/2016/2016-map-the-meal-gap-health-implications.pdf

Michigan State University Extension. (2013, March). Client-choice food pantry model reduces food waste and improves food distribution. Retrieved August, 2018, from msue.anr.msu.edu/news/client_choice_food_pantry_model_food_waste_improves_food_distribution

Supplemental Nutrition Assistance Program. (2017, September). State Activity Report(Rep.). Retrieved August, 2018, from Food and Nutrition Service website: fns-prod.azureedge.net/sites/default/files/snap/FY16-State-Activity-Report.pdf

United States Department of Agriculture. (2018, August). Food Insecurity in the U.S. - Measurement. Retrieved August, 2018, from www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx#security

United States Department of Agriculture. (2018, August). USDA Food Plans: Cost of Food Report July 2018(Rep.). Retrieved August, 2018, from www.cnpp.usda.gov/sites/default/files/CostofFoodJul2018.pdf

Weinfield, N., Mills, G., Borger, C., Gearing, M., Macaluso, T., Montaquila, J., & Zedlewski, S. (2014, August). Hunger in America 2014(Rep.). Retrieved August, 2018, from Feeding America website: help.feedingamerica.org/HungerInAmerica/hunger-in-america-2014-full-report.pdf

Wright, B., Bailey, R., Craig, B., Mattes, R., McCormack, L., Stluka, S., . . . Eicher-Miller, H. (2018). Daily Dietary Intake Patterns Improve after Visiting a Food Pantry among Food-Insecure Rural Midwestern Adults. *Nutrients*, 10(5), 583. doi:10.3390/nu10050583

Linked 'Agreement Form - V3' Records

Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

Link Info

Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
The Food Bank for Central and Northeast Missouri, Inc.	Central Pantry	11/01/2018			<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	The Food Bank for Central and Northeast Missouri, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Central Pantry
Amount of Request	\$50,000.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled. Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

Supplemental Food (1.8)

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Supplemental Food (1.8): Provision of food to supplement a household food budget.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

As one of the largest food pantries in the state, Central Pantry serves approximately 10,000 individuals monthly. During the first half of 2018, 99% of the individuals served were below 200% of the federal poverty level. Each year, Central Pantry distributes over five million pounds of food to those in need within Boone County.

Participants come to the pantry location at 1007 Big Bear Boulevard to receive services. Central Pantry is open Tuesday-Saturday. New Central Pantry participants are asked to provide an ID for the head of household, proof of address for the head of household (can be a bill or other formal mail) and proof of household size. This can include social security cards, passports, immunization records, custody papers, etc. If an individual does not have this paperwork on their initial visit, they are still able to receive food. They will then need to provide the required documentation on their second visit to continue utilizing the pantry.

The new participant's information will then be entered into our participant-intake system, Oasis, which allows us to track visit frequency and demographic information. We can also track if an individual is utilizing any of our other partner food pantries which use the Oasis system. If an individual resides outside of Boone County, they will be able to receive assistance on a one-time or temporary basis. However, they will be provided information about food assistance in their county of residence and told to use the appropriate pantry moving forward.

Central Pantry uses a participant-choice model which allows participants to select food items themselves instead of receiving a pre-made food box. The pantry is set up with a similar layout to a grocery store, with shelves of dry goods and shelf-stable products as well as cooler and freezer spaces for perishable foods. The amount of food a participant can select in each category is determined by household size. The pantry is staffed by both paid employees and dedicated volunteers who donate their time to the program.

Individuals may select food items from the full pantry once per month. Next to the waiting area, the pantry also features a "Sharing Room" which is used to distribute additional perishable foods such as produce and bread. Individuals may receive food from the Sharing Room daily.

Through a partnership with the MU Coordinated Program in Dietetics, students provide recipe demonstrations and nutrition education at the pantry during the summer months. We also partner with the Columbia Center for Urban Agriculture and the Boonville Correctional Center Garden in order to acquire additional local produce for distribution at the pantry.

Additionally, our SNAP program coordinator periodically provides information about signing up for the SNAP program through outreach events held at the pantry. Pantry staff also keep a list of information about services offered by other local non-profits in order to make referrals.

Record Lock

1

Service #1 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)**

1 food box (28 pounds)

b. Unit Rate (#1)

\$1.73

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

There is not an established public funding unit rate available for this service. The provided unit rate is the program budget (\$332,423) divided by the anticipated number of units of service (192,207).

d. Total Number of Units of Service to be Provided (#1)

192207

e. Total Number of Unduplicated Individuals (#1)

23387

f. Average Number of Units of Service per Unduplicated Individual (#1)

8.22

g. Average Cost of Service per Individual (#1)

14.22

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

No

Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Central Pantry exists to serve all Boone County residents in need of food assistance. This allows the program to serve as a safety net for individuals in poverty, as well as those who may find themselves unexpectedly in need after a job loss, medical emergency, natural disaster or other circumstance. Food is an immediate need which everyone should be able to access. If we were to charge participants a fee for the food that they receive, this would prevent the program from serving this essential function in the community.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

The proposed service does not qualify for reimbursement through any third-party payors. There are no subsidies or other third-party payors who offer reimbursement for providing charitable food assistance to the general public.

Service #1 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)**

Yes (complete the Other Funders Chart below)

Service #1 - Local Funding Chart

FUNDERS (#1)	UNIT RATE (#1)	CONTRACTED UNITS (#1)	TOTAL AMOUNT CONTRACTED (#1)
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$1.48	1b2. 33784	1b3. \$50,000.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$1.96	1c2. 15306	1c3. \$30,000.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$1.73	1e2. 31213	1d4. \$54,000.00

Service #1 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)**

\$50,000.00

b. Proposed Number of Units of Service (#1)

28901.73

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

The Food Bank respectfully requests a continuation of our current level of funding through the Boone County Community Health Fund (\$50,000). The funds that we currently receive through this source help us to provide nutritious foods such as produce, protein and dairy which are more expensive to acquire than shelf-staple foods such as canned goods.

Service #1- Performance Measures**Outcome (1-1) Indicator (1-1)****Method of**

Increase access to nutritious foods.	90 percent of Central Pantry survey respondents will answer either "Strongly Agree" or "Agree" in response to the question, "Receiving food from this pantry has helped my household eat more healthfully."	Measurement (1-1) Participant Survey Results
Additional Outcome (1-2) Increase food security.	Additional Indicator (1-2) 70 percent of Central Pantry survey respondents will answer either "Strongly Agree" or "Agree" in response to the question, "Receiving food from this pantry gave us a meal when we would have otherwise had none."	Additional Method (1-2) Participant Survey Results
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

The proposed outcomes directly align with the stated program goals by measuring the program's ability to (1) reduce food insecurity (2) improve access to healthy foods and diet quality among those served. This measures the program's ability to both meet basic needs and improve health outcomes. These outcomes also align with our overall organizational goals and mission as stated in our Organizational Profile and Strategic Plan.

In order to ensure consistency, these program outcomes have also been submitted to the City of Columbia and the Heart of Missouri United Way.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

A large portion of the food distributed at Central Pantry is received through the Feeding America network and retail store donations. Major changes in either of these food sources could affect our ability to continue our current level of distribution, particularly in regards to perishable foods such as fresh produce. Similarly, a major crop failure could affect availability both through these sources and locally.

Additionally, reductions in government assistance programs such as SNAP or WIC could drastically increase the need for charitable food assistance within Boone County.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

The provided measurement levels are based on 2018 participant survey results for Central Pantry. Currently, a larger percentage of participants report that the pantry allows their household to eat more healthfully than the percentage who report that the pantry provides them a meal when they would otherwise have no other food. This is in line with established research on food insecurity which shows that food insecure households often rely on low-cost, unhealthy foods in order to stretch food budgets.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The proposed outcomes will be measured using our participant survey. Participant surveys are conducted twice per year. Pantry staff distribute surveys among a random sample of participants.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

b. Service #2 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

b. Unit Rate (#2)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

d. Total Number of Units of Service to be Provided (#2)

0

e. Total Number of Unduplicated Individuals (#2)

0

f. Average Number of Units of Service per Unduplicated Individual (#2)

0

g. Average Cost of Service per Individual (#2)

0

Service #2 - Service Fee

a. Will the proposed service consumers be charged a fee? (#2)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

Service #2 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$0.00

b. Proposed Number of Units of Service (#2)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

d. Provide a rationale for each method of measurement (2). (600 character limit)

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

b. Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)**d. Total Number of Units of Service to be Provided (#3)**

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee**a. Will the proposed service consumers be charged a fee? (#3)****b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)****Service #3 - Local Funding**

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)**

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

Service #4 - Name, Definition, and Description

- a. Service #4 - Taxonomy of Service Name (300 character limit)
- b. Service #4 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered (3000 character limit)

Service #4 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)
- b. Unit Rate (#4)
\$0.00
- IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)
- c. Is the proposed Unit Rate tied to an established public funding rate? (#4)
- d. Total Number of Units of Service to be Provided (#4)
0
- e. Total Number of Unduplicated Individuals (#4)
0
- f. Average Number of Units of Service per Unduplicated Individual (#4)
0
- g. Average Cost of Service per Individual (#4)

Service #4 - Service Fee

- a. Will the proposed service consumers be charged a fee? (#4)
- b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

Service #4 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Funding Request

- a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)
\$0.00
- b. Proposed Number of Units of Service (#4)
0
- c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Service #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)
- d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

- a. Service #5 - Taxonomy of Service Name (300 character limit)
- b. Service #5 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)
- b. Unit Rate (#5)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

- c. Is the proposed Unit Rate tied to an established public funding rate? (#5)
- d. Total Number of Units of Service to be Provided (#5)
0
- e. Total Number of Unduplicated Individuals (#5)
0
- f. Average Number of Units of Service per Unduplicated Individual (#5)
0
- g. Average Cost of Service per Individual (#5)
0

Service #5 - Service Fee

- a. Will the proposed service consumers be charged a fee? (#5)
- b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Funding Request

- a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00
- b. Proposed Number of Units of Service (#5)
0
- c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling

the organization access to funding from other funding sources (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5
50000

Linked 'Agreement Form - V3' Records

Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
The Food Bank for Central and Northeast Missouri, Inc.	Central Pantry	11/01/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

The Food Bank for Central and Northeast Missouri, Inc.
Attn: Eric Maly, Director of Programs
1007 Big Bear Boulevard
Columbia, MO 65202
emaly@sharefoodbringhope.org

RE: Written Clarification #1 to 36-13SEP18 – *Community Health/Medical Fund*

Dear Mr. Maly:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 36-13SEP18 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Table, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

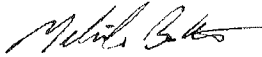
If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 5:00 p.m. October 26, 2018 by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Community Health Advisory Council Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPPO, CPPB
Director of Purchasing

cc: Proposal File

Emmie Harcourt – eharcourt@sharefoodbringhope.org

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

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

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

Organization	The Food Bank for Central and Northeast Missouri, Inc.
Name of Program	Central Pantry

Organization Profile	
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Financial Information

1. The 990 is for 2016.

Action Required: Update the 990 on the Organization Profile.

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Program Overview Form	
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Consumer Demographics

2. The total in the Race Demographic section does not match the other totals listed in the Consumer Demographics Section.

Action Required: Complete the following table so that the total for Race total matches the other sections or provide an explanation on why the total does not match the other sections.

White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native	
Native Hawaiian or other Pacific Islander (alone)	
Some Other Race	
Race Total	

Narrative:

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Program Services Form (1-5)	
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Program Service 1 – Supplemental Food

3. The unit measure of “one box” seems difficult to track since individuals select food they want to take home.

Action Required: Provide clarification on how this unit measure can be tracked and whether this is the best option.

--

4. The Service #1 – Other Funders Chart lists varying unit rates. The City of Columbia, Heart of Missouri United Way, and Boone County prefer services and outputs aligned.

Action Required: Provide clarification on the unit rate. Make any necessary changes in the attached ‘Program Outputs and Funding Request Tables’.

--

5. The Amount Requested to Boone County does not purchase a whole number of units.

Action Required: Provide a requesting amount that purchases a whole number of units in the attached ‘Program Outputs and Funding Request Tables’.

--

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

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

Program Outputs and Funding Request Tables – Best and Final Offer

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

Organization Name: The Food Bank for Central and Northeast Missouri, Inc.				
Program Name: Central Pantry				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Supplemental Food				

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Supplemental Food		
Total Amount Requested to Boone County:		

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

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

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

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 24, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – Community Health/Medical Fund

CLARIFICATION FORM #1

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

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

Company Name: The Food Bank for Central and Northeast Missouri

Address: 2101 Vandiver Drive
Columbia, MO 65202

Telephone: 573-474-1020 Fax: 573-474-9932

Federal Tax ID (or Social Security #): 43-1238934

Print Name: Lindsay Lopez Title: Executive Director

Signature: Lindsay Lopez Date: 10/25/18

E-mail: lindsay1@sharefoodbringhope.org

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

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

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

Organization	The Food Bank for Central and Northeast Missouri, Inc.
Name of Program	Central Pantry

Organization Profile	
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Financial Information

1. The 990 is for 2016.

Action Required: Update the 990 on the Organization Profile.

Our 2017 990 was uploaded to the Organizational Profile in Apricot on 10/10/2018.

Our 2017 990 was not yet available at the time the application was submitted. Our 2017 audited financial statements were delayed this year because our auditing group submitted them for their required peer review. Our 990 could not be completed until the audited financial statements were received.

Program Overview Form	
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Consumer Demographics

2. The total in the Race Demographic section does not match the other totals listed in the Consumer Demographics Section.

Action Required: Complete the following table so that the total for Race total matches the other sections or provide an explanation on why the total does not match the other sections.

White (alone)	12,564
Black or African American (alone)	6,889
Multiple Races	1,357
Asian (alone)	522
Native American Indian or Alaskan Native	141
Native Hawaiian or other Pacific Islander (alone)	69
Some Other Race	1,845
Race Total	23,387

Narrative:

The total for the Race Demographic section does not match the other demographic categories because there is not a field for Hispanic/Latino individuals served. Hispanic/Latino individuals served were listed separately in the Ethnicity Demographic section.

We have updated the Race Demographic section to include Hispanic/Latino individuals served under the "Some other Race" section.

Program Services Form (1-5)

Program Service 1 – Supplemental Food

3. The unit measure of "one box" seems difficult to track since individuals select food they want to take home.

Action Required: Provide clarification on how this unit measure can be tracked and whether this is the best option.

Historically, we have used 1 28-pound food box as our unit measure for the City of Columbia, Heart of Missouri United Way and Boone County. However, after discussions internally and with the City of Columbia after this proposal was submitted, we would like to change our unit measure to 1 pound of food. We believe that this change will more easily measure program outputs and satisfy the above concerns.

The "Program Outputs and Funding Request Table" has been updated to reflect the change to a unit measure of 1 pound of food.

4. The Service #1 – Other Funders Chart lists varying unit rates. The City of Columbia, Heart of Missouri United Way, and Boone County prefer services and outputs aligned.

Action Required: Provide clarification on the unit rate. Make any necessary changes in the attached 'Program Outputs and Funding Request Tables'.

The unit rate originally submitted through this funding proposal (\$1.73) is consistent with the rate submitted to the Heart of Missouri United Way earlier this year. Because our program budget and total number of proposed units will fluctuate over time, it is likely that unit rates proposed during different years will differ.

However, because we have changed the unit measure to 1 pound of food, we have also provided a new unit rate of \$0.06. We will communicate this change to the City of Columbia and Heart of Missouri United Way. Moving forward, all funding proposal to these entities will use the unit measure of 1 pound of food, however, it is possible that unit rates proposed during different years could still differ due to the above cited reasons.

5. The Amount Requested to Boone County does not purchase a whole number of units.

Action Required: Provide a requesting amount that purchases a whole number of units in the attached 'Program Outputs and Funding Request Tables'.

The requested amount has been updated to purchase a whole number of units.

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

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

Program Outputs and Funding Request Tables – Best and Final Offer

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

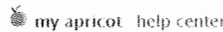
Organization Name: The Food Bank for Central and Northeast Missouri, Inc.				
Program Name: Central Pantry				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Supplemental Food	1 Pound of Food	0.06	5,381,796	23,387

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Supplemental Food	\$49,999.98	833,333
Total Amount Requested to Boone County:	\$49,999.98	

The Food Bank for Central and Northeast Missouri, Inc.

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program's proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click "Submit Agreement" once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.



The Food Bank for Ce.ORG

Organizations

Collapse All

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Additional Documents

Program Overview (V3) (1 records) ▾

Boone County (includes City of Columbia residents) %

TOTAL REVENUE %

2. %

Complete

Page 1 of 1 | 20 records per page

Program Services 1-5 (V3) (1 records) ▾

a. Service #1 - Taxonomy of Service Name (300 character limit) %

Record ID %

Complete

Page 1 of 1 | 20 records per page

Program Services 6-10 (V3)

Program Services 11-15 (V3)

Program Services 16-20 (V3)

Agreement Form - V3.1 (1 records) ▾

Organization Name %

Program Name %

Date Completed %

Complete

Page 1 of 1 | 20 records per page

Agreement Form - V3.1 (Services 11-20)

Interim Report -V3

Interim Report - V3 (Services 6-15)

Folder Actions ▾

Edit Proposal Cover

Return to Search

Application Overview

Print Records


Copy Records

Record History

Grant Actions ▾

Submit Agreement

Required Fields ✓



Follow-up is needed for the Agreement Form:

Agreement Form Section	Items Updated	Action Required:
Program Budget	1. The Program Budget has been updated according to responses provided in the Written Clarification.	1. Please review the budget and make updates as needed.
Consumer Demographic Narrative	1. Demographics in the Race section have been updated.	1. Please review the budget and make updates as needed.
Program Service 1 – Supplemental Food	1. The Outputs have been updated according to the Written Clarifications	1. Please review Service 1 Outputs.

Agreement Form - V3.1

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	The Food Bank for Central and Northeast Missouri, Inc.
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Central Pantry
Amount of Request	\$50,000.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

The Food Bank for Central and Northeast Missouri, Inc.

Program Name

Central Pantry

Date Completed

11/01/2018

Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way

(A) 1A.

\$54,000.00

B. Other United Ways

(A) 1B.

\$0.00

C. Capital Campaigns

(A) 1C.

\$0.00

D. Grants (non-governmental)

(A) 1D.

\$0.00

E. Fund Raising & Other Direct Support

(A) 1E.

\$198,423.02

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding

(A) 2A.

\$0.00

B. Boone County - Community Health Funding

(A) 2B.

\$49,999.98

C. Boone County - Other Funding

(A) 2C.

\$0.00

D. Funding from Other Counties

(A) 2D.

\$0.00

E. City of Columbia - Social Service Funding

(A) 2E.

\$30,000.00

F. City of Columbia - CDGB/Home Funding

(A) 2F.

\$0.00

G. City of Columbia - CHDO Funding

(A) 2G.

\$0.00

H. City of Columbia - Other Funding

(A) 2H.

\$0.00

I. Funding from Other Cities

(A) 2I.

\$0.00

J. Federal (Medicaid, Title III, etc.)

(A) 2J.

\$0.00

K. State (Purchase of Services, Grants, etc.)

(A) 2K.

\$0.00

L. Other (Schools, Courts, etc.)

(A) 2L.

\$0.00

3. Program Service Fees

(A) 3.

\$0.00

4. Investment Income (realized & unrealized)

(A) 4.

\$0.00

5. Other Revenue Items**(A) 5.**

\$0.00

(A) Total Revenue

332423

TOTAL PROGRAM REVENUE

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$280,123.00

2. Non-Personnel**(A) 2.**

\$52,300.00

TOTAL PROGRAM EXPENSES

(A) Total Expenses

332423

Residence**RESIDENCE****AGREEMENT RESIDENCE (A)**

City of Columbia

(A) City of Columbia

19860

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

22302

Cooper County

(A) Cooper County

46

Howard County

(A) Howard County

34

Other Counties

(A) Other Counties

1005

RESIDENCE TOTAL

(A) Residence Total:

23387

Race**RACE****AGREEMENT RACE (A)**

White (alone)

(A) White (alone)

12564

Black or African American (alone)

(A) Black or African American (alone)

6889

Multiple Races

(A) Multiple Races

1357

Asian (alone)

(A) Asian (alone)

522

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

141

Native Hawaiian or other Pacific Islander (alone)

(A) Native Hawaiian or other Pacific Islander (alone)

69

Some Other Race

(A) Some Other Race

1845

RACE TOTAL**(A) Race Total**

23387

Ethnicity**ETHNICITY****AGREEMENT ETHNICITY (A)**

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

940

Not Hispanic or Latino

(A) Not Hispanic or Latino

22447

ETHNICITY TOTAL**(A) Ethnicity Total**

23387

Gender**GENDER****AGREEMENT GENDER (A)**

Female

(A) Female

12331

Male

(A) Male

11056

Other Gender

(A) Other Gender

0

GENDER TOTAL**(A) Gender Total**

23387

Income**INCOME****AGREEMENT INCOME (A)**

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL

23130

Over 200% of FPL

(A) Over 200% of FPL

257

INCOME TOTAL**(A) Income Total**

23387

Age (City-Social Services/County-Health/HMUW)

AGE

AGREEMENT AGE (A):

Under 5 years

(A) Under 5 years
1844

5-19 years

(A) 5-19 years
6954

20-59 years

(A) 20-59 years
12118

60 years and over

(A) 60 years and over
2471

AGE TOTAL

(A) Age Total
23387

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.

Individuals Trained

AGREEMENT (A)

Individuals to be Trained

(A) Individuals to be Trained
0

Program Service and Performance

Instructions: **Update the Agreement(A) Column with updated figures finalized through the approved contract.**

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested**(A) Amount Requested**
\$0.00**Description of Funds****(A) Description of Funds**

Program Service #1 - Outputs

Program Service #1 - Outputs:

#1 Agreement (A)

Service #1 Name

(A) Service #1

Supplemental Food

Total # of Units Provided #1

(A) Units #1

5381796

Unit Measure #1

(A) Unit Measure #1

1 pound of food

Unit Rate #1

(A) Unit Rate #1

\$0.06

Total # of Unduplicated Individuals Served #1

(A) Unduplicated Individuals #1

23387

Program Service #1 - Funding

Funding Amount #1

(A) Agreement Amount #1

\$49,999.98

Units #1

(A) Agreement Units #1

833333

Program Service #1 - Performance Measures (Agreement)(A) Program
Service 1
Outcomes:

(A) Program Service 1 Indicators:

(A) Program Service 1
Method of
Measurements:**(A) Outcome 1-1**
Increase access to
nutritious foods.**(A) Indicator 1-1**

90% of Central Pantry survey respondents will answer either "Strongly Agree " or "Agree" in response to the question, "Receiving food from this pantry has helped my household eat more healthfully."

**(A) Method of
Measurement 1-1**

Participant Survey Results

**(A) Additional
Outcome 1-2**
Increase food
security.**(A) Additional Indicator 1-2**

70% of Central Pantry survey respondents will answer either "Strongly Agree " or "Agree" in response to the question, "Receiving food from this pantry gave us a meal when we would have otherwise had none."

(A) Additional Method 1-2

Participant Survey Results

**(A) Additional
Outcome 1-3****(A) Additional Indicator 1-3****(A) Additional Method 1-3****(A) Additional
Outcome 1-4****(A) Additional Indicator 1-4****(A) Additional Method 1-4****(A) Additional
Outcome 1-5****(A) Additional Indicator 1-5****(A) Additional Method 1-5****Program Service #2 - Outputs**

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Total # of Units #2

(A) Units #2

0

Unit Measure #2

(A) Unit Measure #2

Unit Rate #2

(A) Unit Rate #2

\$0.00

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

0

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$0.00

Units #2

(A) Agreement Units #2

0

Program Service #2 - Performance Measures (Agreement)

(A) Program Service 2 Outcomes:

(A) Program Service 2 Indicators:

(A) Program Service 2 Method of Measurement

(A) Outcome 2-1**(A) Indicator 2-1****(A) Method of Measurement 2-1****(A) Additional Outcome 2-2****(A) Additional Indicator 2-2****(A) Additional Method 2-2****(A) Additional Outcome 2-3****(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3

Total # of Units #3

(A) Units #3

0

Unit Measure #3

(A) Unit Measure #3

Unit Rate #3

(A) Unit Rate #3

\$0.00

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

0

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$0.00

Units #3

(A) Agreement Units #3

0

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes: (A) Program Service 3 Indicators: (A) Program Service 3 Method of Measurement.:

(A) Outcome 3-1	(A) Indicator 3-1	(A) Method of Measurement 3-1
(A) Additional Outcome 3-2	(A) Additional Indicator 3-2	(A) Additional Method 3-2
(A) Additional Outcome 3-3	(A) Additional Indicator 3-3	(A) Additional Method 3-3
(A) Additional Outcome 3-4	(A) Additional Indicator 3-4	(A) Additional Method 3-4
(A) Additional Outcome 3-5	(A) Additional Indicator 3-5	(A) Additional Method 3-5

Program Service #4 - Outputs

Program Service 4 Outputs: #4 Agreement (A)

Service #4 Name (A) Service #4

Total # of Units #4 (A) Units #4
0

Unit Measure #4 (A) Unit Measure #4

Unit Rate #4 (A) Unit Rate #4
\$0.00

Total # of Unduplicated Individuals Served #4 (A) Unduplicated Individuals #4
0

Program Service #4 - Funding

Funding Amount #4 (A) Agreement Amount #4
\$0.00

Units #4 (A) Agreement Units #4
0

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes: (A) Program Service 4 Indicators: (A) Program Service 4 Method of Measurements:

(A) Outcome 4-1	(A) Indicator 4-1	(A) Method of Measurement 4-1
(A) Additional Outcome 4-2	(A) Additional Indicator 4-2	(A) Additional Method 4-2
(A) Additional Outcome 4-3	(A) Additional Indicator 4-3	(A) Additional Method 4-3
(A) Additional Outcome 4-4	(A) Additional Indicator 4-4	(A) Additional Method 4-4
(A) Additional Outcome 4-5	(A) Additional Indicator 4-5	(A) Additional Method 4-5

Program Service #5 - Outputs

Program Service 5 Outputs: #5 Agreement (A)

Service Name #5 (A) Service #5

Total # of Units Provided #5 (A) Units #5
0

Unit Measure #5 (A) Unit Measure #5

Unit Rate #5 (A) Unit Rate #5
\$0.00

Total # of Unduplicated Individuals Served #5 (A) Unduplicated Individuals #5
0

Program Service #5 - Funding

Funding Amount #5 (A) Agreement Amount #5
\$0.00

Units #5 (A) Agreement Units #5
0

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes: (A) Program Service 5 Indicators: (A) Program Service 5 Method of Measurements:

(A) Outcome 5-1 (A) Indicator 5-1 (A) Method of Measurement 5-1

(A) Additional Outcome 5-2 (A) Additional Indicator 5-2 (A) Additional Method 5-2

(A) Additional Outcome 5-3 (A) Additional Indicator 5-3 (A) Additional Method 5-3

(A) Additional Outcome 5-4 (A) Additional Indicator 5-4 (A) Additional Method 5-4

(A) Additional Outcome 5-5 (A) Additional Indicator 5-5 (A) Additional Method 5-5

Program Service #6 - Outputs

Program Service 6 Outputs: #6 Agreement (A):

Service #6 Name: (A) Service #6

Total # of Units #6: (A) Units #6
0

Unit Measure #6: (A) Unit Measure #6

Unit Rate #6: (A) Unit Rate #6
\$0.00

Total # of Unduplicated Individuals Served #6: (A) Unduplicated Individuals #6
0

Program Service #6 - Funding

Funding Amount #6	(A) Agreement Amount #6 \$0.00
Units #6	(A) Agreement Units #6 0

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:	(A) Program Service 6 Indicators:	(A) Program Service 6 Method of Measurements:
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(A) Outcome 6-1	(A) Indicator 6-1	(A) Method of Measurement 6-1
(A) Additional Outcome 6-2	(A) Additional Indicator 6-2	(A) Additional Method 6-2
(A) Additional Outcome 6-3	(A) Additional Indicator 6-3	(A) Additional Method 6-3
(A) Additional Outcome 6-4	(A) Additional Indicator 6-4	(A) Additional Method 6-4
(A) Additional Outcome 6-5	(A) Additional Indicator 6-5	(A) Additional Method 6-5

Program Service #7 - Outputs

Program Service 7 Outputs:	#7 Agreement (A)
Service #7 Name	(A) Service #7
Total # of Units #7	(A) Units #7 0
Unit Measure #7	(A) Unit Measure #7
Unit Rate #7	(A) Unit Rate #7 \$0.00
Total # of Unduplicated Individuals Served #7	(A) Unduplicated Individuals #7 0

Program Service #7 - Funding

Funding Amount #7	(A) Agreement Amount #7 \$0.00
Units #7	(A) Agreement Units #7 0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes:	(A) Program Service 7 Indicators:	(A) Program Service 7 Method of Measurements:
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(A) Outcome 7-1	(A) Indicator 7-1	(A) Method of Measurement 7-1
(A) Additional Outcome 7-2	(A) Additional Indicator 7-2	(A) Additional Method 7-2
(A) Additional Outcome 7-3	(A) Additional Indicator 7-3	(A) Additional Method 7-3
(A) Additional Outcome 7-4	(A) Additional Indicator 7-4	(A) Additional Method 7-4
(A) Additional Outcome 7-5	(A) Additional Indicator 7-5	(A) Additional Method 7-5

Program Service #8 - Outputs

Program Service #8 - Outputs:	#8 Agreement (A)
Service #8 Name	(A) Service #8
Total # of Units Provided #8	(A) Units #8 0
Unit Measure #8	(A) Unit Measure #8
Unit Rate #8	(A) Unit Rate #8 \$0.00
Total # of Unduplicated Individuals Served #8	(A) Unduplicated Individuals #8 0

Program Service #8 - Funding

Funding Amount #8	(A) Agreement Amount #8 \$0.00
Units #8	(A) Agreement Units #8 0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes:	(A) Program Service 8 Indicators:	(A) Program Service 8 Method of Measurements:
(A) Outcome 8-1	(A) Indicator 8-1	(A) Method of Measurement 8-1
(A) Additional Outcome 8-2	(A) Additional Indicator 8-2	(A) Additional Method 8-2
(A) Additional Outcome 8-3	(A) Additional Indicator 8-3	(A) Additional Method 8-3
(A) Additional Outcome 8-4	(A) Additional Indicator 8-4	(A) Additional Method 8-4
(A) Additional Outcome 8-5	(A) Additional Indicator 8-5	(A) Additional Method 8-5

Program Service #9 - Outputs

Program Service #9 - Outputs:	#9 Agreement (A)
Service #9 Name	(A) Service #9

Total # of Units Provided #9	(A) Units #9 0
Unit Measure #9	(A) Unit Measure #9
Unit Rate #9	(A) Unit Rate #9 \$0.00
Total # of Unduplicated Individuals Served #9	(A) Unduplicated Individuals #9 0

Program Service #9 - Funding

Funding Amount #9	(A) Agreement Amount #9 \$0.00
Units #9	(A) Agreement Units #9 0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes:	(A) Program Service 9 Indicators:	(A) Program Service 9 Method of Measurements:
(A) Outcome 9-1	(A) Indicator 9-1	(A) Method of Measurement 9-1
(A) Additional Outcome 9-2	(A) Additional Indicator 9-2	(A) Additional Method 9-2
(A) Additional Outcome 9-3	(A) Additional Indicator 9-3	(A) Additional Method 9-3
(A) Additional Outcome 9-4	(A) Additional Indicator 9-4	(A) Additional Method 9-4
(A) Additional Outcome 9-5	(A) Additional Indicator 9-5	(A) Additional Method 9-5

Program Service #10 - Outputs

Program Service 10 Outputs:	#10 Agreement (A)
Service Name #10	(A) Service #10
Total # of Units Provided #10	(A) Units #10 0
Unit Measure #10	(A) Unit Measure #10
Unit Rate #10	(A) Unit Rate #10 \$0.00
Total # of Unduplicated Individuals Served #10	(A) Unduplicated Individuals #10 0

Program Service #10 - Funding

(A) Agreement Amount #10

Funding Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes: (A) Program Service 10 Indicators: (A) Program Service 10 Method of Measurements:

(A) Outcome 10-1**(A) Indicator 10-1****(A) Method of Measurement 10-1****(A) Additional Outcome 10-2****(A) Additional Indicator 10-2****(A) Additional Method 10-2****(A) Additional Outcome 10-3****(A) Additional Indicator 10-3****(A) Additional Method 10-3****(A) Additional Outcome 10-4****(A) Additional Indicator 10-4****(A) Additional Method 10-4****(A) Additional Outcome 10-5****(A) Additional Indicator 10-5****(A) Additional Method 10-5****Total Funding Amount - Services 1-10****Total Funding Request for Services 1-10**

49999.98

Links for Agreement Form (V3)



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Services Contract *Harbor House Emergency Shelter*

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **The Salvation Army, an Illinois Corporation** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **TSA**.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

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

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY TSA

TSA is expected to the greatest extent possible to maximize funding from all other sources. TSA shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. TSA shall only request reimbursement for services not reimbursable by any other source. TSA shall not invoice the County for units of service invoiced to another funding source. TSA shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

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

2. **Contract Documents.** TSA will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal **#36-13SEP18** (Purchase of Services) and TSA's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over TSA's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The County agrees to purchase from TSA and TSA agrees to furnish the **Harbor House Emergency Shelter** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the TSA's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$54,993.79** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. TSA agrees and understands that the County may require supplemental information to be submitted at the request of the County.

This contract may at the sole discretion of the County and with the agreement of TSA be renewed for an **additional one-year period**. TSA agrees and understands that the County may require supplemental information to be submitted by TSA prior to any renewal of this agreement.

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
24-hour Emergency Shelter	One bed night	\$45.79	1,201	\$54,993.79

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

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

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The County shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by TSA to monitor service delivery and program expenditures. TSA agrees to submit to the County an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by TSA and, if so stipulated, are noted on this contract document. Payments may be withheld from TSA if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. TSA agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

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

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

10. **Modification or Amendment.** In the event TSA requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County for approval. A board resolution from TSA may be required with the request. For consideration of a request to modify or amend the contract, requests should be submitted to the Director of the Community Services Department for consideration.

OTHER TERMS OF THIS CONTRACT

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

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

13. **CHF to be used for Services Provided.** TSA agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to TSA's provision of such services.

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

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

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

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

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

19. **Board Ownership.** If TSA ceases to be funded by the County or ceases to provide programs and services to address community health needs, pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the TSA. In addition, if TSA no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, TSA will need County approval to re-direct the use of such.

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

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

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

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

c. The County may terminate this agreement should TSA fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

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

22. Insurance Requirements. TSA shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. Worker's Compensation and Employers' Liability Insurance: TSA shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, TSA shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by TSA.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. Comprehensive General Liability Insurance: TSA shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. TSA shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

TSA shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of TSA in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a

combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to TSA.

c. **Professional Liability Insurance:** TSA is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

24. **Publicity by TSA.** TSA shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. TSA will acknowledge the County as a funding source whenever publicizing CHF funded programs. TSA will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. TSA agrees to acknowledge the Community Health Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

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

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

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

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

29. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

Any written notice or communication to TSA shall be mailed or delivered to:

The Salvation Army, an Illinois Corporation
Attn: Gary Busiek
P.O. Box 21787
Saint Louis, MO 63109-0787

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

The Salvation Army, an Illinois Corporation

By: _____

Signature


12/5/18
Bramwell E. Higgins
Secretary

By: _____

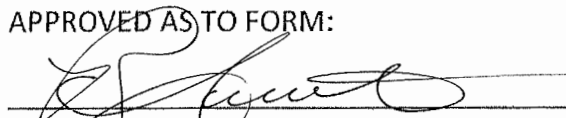
Printed Name/Title

Boone County, Missouri


By: Boone County Commission


Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:


County Counselor

ATTEST:


Taylor W. Burks, County Clerk

DKB

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

Signature

Date

(2130/71106/\$54,993.79)
Appropriation Account

An Affirmative Action/Equal Opportunity Employer



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

Purchase of Service Contracts Community Health/Medical Fund 2018 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for **Thursday, August 9, 2018, at 3:00 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, September 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, September 13, 2018** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, September 13, 2018 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by **Thursday, September 13, 2018 at 10:00 a.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Attachment A - Agency Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. **Program Overview:** Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Renea Smith
Assistant Secretary

Printed Name - Agency Executive Director/President/CEO

12/5/18
Date



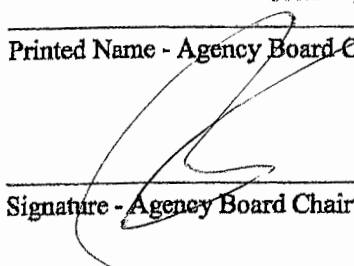
Signature - Agency Executive Director/President/CEO

Date

Bramwell E. Higgins
Secretary

Printed Name - Agency Board Chair

Date



Signature - Agency Board Chair

12/5/18
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Bramwell E. Higgins
Secretary

Name and Title of Authorized Representative

Signature

Date

12/5/18

ATTACHMENT C

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

County of Cook)
State of Illinois)ss
)

My name is Bramwell E. Higgins am an authorized agent of The Salvation Army (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

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

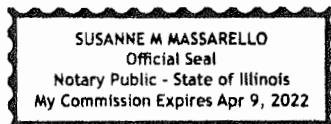
[Signature]
Affiant

Bramwell E. Higgins
Secretary

12/5/18
Date

Printed Name

Subscribed and sworn to before me this 5th day of December, 20 18.



Susanne Massarello
Notary Public

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

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click **Save Record** on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click **Save Record** you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

The Salvation Army, an Illinois Corporation

DBA:

The Salvation Army, Columbia, Missouri

Federal EIN Number:

36-2167910

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1130 Hampton Avenue

City

Saint Louis

State

Missouri

County

St. Louis City

Zip

63139-3147

Address

P.O. Box 21787

City

Saint Louis

State

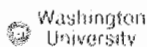
Missouri

County

St Louis

Zip

63109-0787

**Organization Phone Number:**

314-646-3000

Website:

THE HILL

**Organization Fax Number:**

314-646-3203

Email:

www.TSACentralmissouri.org

TSAMidlandContracts@usc.salvationarmy.org

Head of Organization**Head of Organization Title (e.g. Director, President, CEO)**

Dan Jennings

Lt. Col, Divisional Commander

Head of Organization Phone:**Head of Organization Email:**

314-646-3000

USC_MID_Leadership@usc.salvationarmy.org

Local Organization Contact Information (If there is a local office with differen**Local Organization Name:**

The Salvation Army, Columbia, Missouri

Local Organization Fax:

573-449-6185

Address

1108 West Ash Street

Address

P. O. Box 1864

City

Columbia

City

Columbia

State

Missouri

State

Missouri

County

Boone

County

Boone

Zip

65203-2103

Zip

65205-1864

**Local Contact Name:**

Nancy Holloway

Local Contact Title:

Major, Area Coordinator

Local Contact Email:

Nancy_Holloway@usc.salvationarmy.org

Local Contact Phone:

573-442-3229

General Information

Organization Mission Statement
(Purpose):

Provide your organization's mission statement. (600 character limit)

The mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

Organization History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

The Salvation Army began in England in 1865 and its work spread to the U.S. and other countries. Since 1952, The Salvation Army has been working in Boone County to meet the basic human needs of safe shelter, food and clothing.

Brief Statement of
Organization's Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Provide emergency shelter, and through various social services programs, other assistance to community members in times of crisis, including emergency disaster response.

Articles of Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1433800631_30405_36-2167910ArticlesofIncorporation.pdf/

**Provide a copy of the
organization's Articles of
Incorporation.**

Bylaws: **Provide a copy of the
organization's Bylaws.**

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1468587816_34051_TSABY-Laws.pdf/

Organizational Chart (MUST BE IN PDF FORMAT)
 /document/download/filename/1541013481_30406_OrgChartforUW2018-2019.pdf/

Organizational Chart
 (must be for the entire organization):

Strategic Plan (MUST BE IN PDF FORMAT)
 /document/download/filename/1504473156_42846_ExeSummaryStrategicStudy.pdf/

Strategic Plan:

Briefly describe the geographic area in which your organization provides services. (600 character limit)
 The Salvation Army provides services to the City of Columbia and the majority of the Boone County, Missouri area.

Service Area:

Briefly describe the population(s) served by your organization. (600 character limit)
 The Salvation Army serves homeless men, women and parents with children at The Salvation Army Harbor House. Other services are provided to people in poverty and others in crises.

Population Served:

Does your organization have a written Conflict of Interest policy?
 yes

Conflict of Interest Policy:

Does your organization have a written Whistleblower policy?
 yes

Whistleblower Policy:

Does your organization have a written Business Continuity plan?
 yes

Business Continuity Plan:

Does your organization have a written Records Retention policy?
 yes

Records Retention Policy:

If yes, does the Records retention policy include a Records Retention Schedule?
 yes

Governing Board

Length of Board Term (e.g. "2 years"):

Unspecified. Membership is reviewed annually.

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Phillip J Maxwell	Trustee	06/27/2018		5550 Prairie Stone Parkway Hoffman Estates, IL 60192	✓	Added on 07/13/2018
Beverly A Gates	Assistant Treasurer	10/09/2017		5550 Prairie Stone Parkway Hoffman Estates, IL 60192	✓	Added on 01/22/2018
Bradford F Bailey	President	07/02/2017		5550 Prairie Stone Parkway Hoffman Estates, IL 60192	✓	Added on 01/22/2018
Steven M Howard	Vice-President	07/02/2017		5550 Prairie Stone Parkway Hoffman Estates, IL 60192	✓	Added on 01/22/2018
Renea L. Smith	Assistant Secretary	07/01/2017		5550 Prairie Stone Parkway Hoffman Estates, IL 61092	✓	Added on 01/22/2018
Heidi J Bailey	Trustee	07/01/2017		5550 Prairie Stone Parkway Hoffman Estates 61029	✓	Added on 01/22/2018
David E Jeffrey	Chairman of the Board	11/01/2013		5550 Prairie Stone Parkway, Hoffman Estates, IL 60192	✓	Added on 06/09/2015
Shelagh M Stuart-Andrews	Trustee	07/05/2016		5550 Prairie Stone Parkway, Hoffman Estates, IL 60192	✓	Added on 07/20/2016

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Bramwell E Higgins	Secretary	07/06/2010		5550 Prairie Stone Parkway, Hoffman Estates, IL 60192	✓	Added on 06/09/2015
Richard Amick	Treasurer	03/08/2011		5550 Prairie Stone Parkway, Hoffman Estates, IL 60192	✓	Added on 06/09/2015
Paul D Smith	Trustee	10/09/2012		5550 Prairie Stone Parkway, Hoffman Estates, IL 60192	✓	Added on 06/09/2015

Total Active Links:11, Total Deactivated Links:8, Current Active Links:11, Current Deactivated Links:8

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")**

Unspecified. Membership is reviewed annually.

Describe the function of the Advisory Board as it relates to the work of your organization:

The Advisory Board is made up of local community leaders with a passion for serving those in need. It provides advice and guidance to the local officers and staff in the conduct of agency business and the provision of social services. The members also create connections for the agency with other community people to support and enhance the work of The Salvation Army.

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Link Info	
					Active	Date
Andrea Tapia	Member	09/18/2017	09/30/2020	Columbia Housing Authority 201 Switzler St. Columbia, MO 65203	✓	Added on 09/18/2017
Russ Vinson	Member	07/01/2017	06/30/2020	2801 Woodard Dr., Ste 105, Columbia, MO 65202	✓	Added on 07/05/2017
Trent Poindexter	Member	07/01/2017	06/30/2020	501 Business Loop 70 East, Columbia, MO 65201	✓	Added on 07/05/2017
Geoffrey Jones	Member	07/01/2017	06/30/2020	600 E. Walnut, Columbia, MO 65201	✓	Added on 07/05/2017
Daniel Peery	Member, Chair	09/17/2009		3717-A Monterey, Columbia, MO 65203	✓	Added on 06/09/2015
Tony Bonderer	Life Member, Past Chair	07/01/1976		1300 County Road 252, Fulton, MO 65251	✓	Added on 06/09/2015
William E Boston	Member, Past Chair	07/19/2001		311 W Parkway, Columbia, MO 65203	✓	Added on 06/09/2015
Winfield J Burggraaff	Member	11/19/2015		707 Thilly Ave, Columbia, MO 65203	✓	Added on 01/13/2016
Celeste Hardnock	Member	05/17/2012		2620 Ridgefield, Columbia, MO 65203	✓	Added on 06/09/2015
Jill Jackson	Member	05/17/2012		3210 Bluff Creek Drive, Columbia, MO 65201	✓	Added on 06/09/2015
Randall Johnston	Member, Past Chair	04/16/1992		2800 Forum Blvd, Ste 3A, Columbia, MO 65203	✓	Added on 06/09/2015
Leigh Kottwitz	Member	11/19/2015		Po Box 6015, Columbia, MO 65205	✓	Added on 06/09/2015
Rick Matson	Member, Past Chair	07/01/2004		4000 Damson Ct, Columbia, MO 65203	✓	Added on 06/09/2015
Larry Mead	Member, Past Chair	04/17/2008		PO Box 796, Columbia, MO 65205	✓	Added on 06/09/2015

Advisory Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Link Info	
					Active	Date
Chris Steuber	Member	05/17/2012		PO Box 1867, Columbia, MO 65205	✓	Added on 06/09/2015
Harry Tyrer	Member, Past Chair	07/01/1982		305 Engineering Building West, Columbia, MO 65211	✓	Added on 06/09/2015
Don Waltman	Member	07/01/1983		2102 Hunter Lane, Columbia, MO 65202	✓	Added on 06/09/2015

Total Active Links:17, Total Deactivated Links:10, Current Active Links:17, Current Deactivated Links:10

Financial Information

Organization Fiscal Year:

October 1 - September 30

If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the filing date: MM/DD/YYYY

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1433884872_29953_07.03.13NewTreasuryEmployerID36-2167910TaxExemptLetter12.13.11.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1516387156_29954_SalvationArmyColumbiaCombined.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1516387156_29955_ColTSAFY17proformasignedforUW.pdf/

Financial Policies and Procedures: Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Monthly financial statements are emailed to all Advisory Board members. The statements are reviewed and discussed in Finance Committee meetings and presented for further questions at monthly board meetings. Finances are also monitored by the next level of oversight at Divisional Headquarters in St Louis.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Link Info Salary:	Benefits:	Active	Date
Director of Planned Employee Title:	MA in Business, Mgt Organization, Marketing, PR, or other related Qualifications: 5 years experience	1.00	\$87,000.00	\$26,417.77	Active	Added on 06/15/2015
Executive Divisional Social Service Director	MSW-MA or better in related human services field and 7 years experience in Social Services work	1.00	\$91,198.00	\$25,551.20	✓	Added on 01/27/2016
Finance Director	BA in Accounting with 5 years experience	1.00	\$82,292.00	\$24,083.33	✓	Added on 06/15/2015
Operations Director	BA with Business in accounting/Finance, CPA with a minimum of 5 years experience	1.00	\$84,706.00	\$24,333.87	✓	Added on 06/15/2015
Social Services Director	BA in Social Services, 7 years including policy, planning & fiscal management, 2 years supervisory experience	1.00	\$80,096.50	\$24,070.34	✓	Added on 06/15/2015
Total Active Links:5, Total Deactivated Links:1, Current Active Links:5, Current Deactivated Links:1						

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Not applicable for our organization or the program for which we seek funding.

Accreditation 2:

Not applicable.

Accreditation 3:

Not applicable.

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Local Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and *Third Party Financial Statement Review or **Audit (*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / **Audit required for Organizations reporting \$250,000 or more in annual revenue).

/document/download/filename/1511813170_32839_TSAOrg.Budget17-18forHMUW.pdf/

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a *Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) *Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1516292936_32678_CertificateofLiabilityInsurance.pdf/

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	The Salvation Army, an Illinois Corporation	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	✓	Added on 09/09/2018
HMUW-Financial Stability(Income) RFP:JUL2016 Cycle (Interim Report 1 ends 09/02/2016 12:00 PM CDT)	The Salvation Army, an Illinois Corporation	HMUW Financial Stability (Income) and Basic Needs (Safety Net) RFP	Heart of Missouri United Way	Financial Stability (Income) JUL2016-JUN2019 and Basic Needs (Safety Net) JUL2016-JUN2018	✓	Added on 01/13/2016
HMUW - Basic Needs RFP: JUL2018 Cycle (Interim Report ends 04/01/2019 11:59 AM CDT)	The Salvation Army, an Illinois Corporation	HMUW Basic Needs RFP	Heart of Missouri United Way	JUL2018 - JUN2020	✓	Added on 01/17/2018
Community Health/Medical Fund - POS #26-15JUN15 (Interim Reporting ends 11/16/2018 12:00 PM CST)	The Salvation Army	Community Health/Medical Fund - POS	Boone County	RFP #26-15JUN15	✓	Added on 05/20/2015
City of Columbia- RFP FY2017 Social Services (Year End Report ends 12/26/2017 11:59 AM CST)	The Salvation Army, an Illinois Corporation	Social Services FY2016	City of Columbia	2016	✓	Added on 08/03/2016

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

System Fields

Proposal Cover Sheet

Proposal Request Information

Grant

Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)

Organization Name (will auto-populate)

The Salvation Army, an Illinois Corporation

Fund Source

Community Health/Medical Fund - RFP #36-13SEP18

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

Harbor House Emergency Shelter

Amount of Request

\$55,000.00

Program Information

Program Website (will default to Organization website)

www.TSAcentralmissouri.org

Address

1130 Hampton Avenue

City

Saint Louis

State

Missouri

County

St. Louis City

Zip

63139-3147

Address

P.O. Box 21787

City

Saint Louis

State

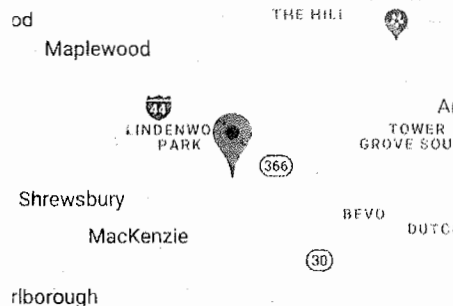
Missouri

County

St Louis

Zip

63109-0787


Program Administrator Name

Nancy Holloway

Phone Number

573-442-3229

Program Administrator Title

Columbia/Jefferson City Area Coordinator

Email

Nancy_Holloway@usc.salvationarmy.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1536764990_30421_TSAAttachmentA.pdf/

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

/document/download/filename/1536764990_30420_TSAAttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1536764990_30419_TSAAAttachmentC.pdf/

Signed Addendums

/document/download/filename/1536764990_30418_TSA SignedAddendums.pdf/

Link to Organization Profile Record**Link to Organization Records****Organization Profile****Organization Name (the offi...****Organization Mailing Address:****Head of Organization****Record ID****Link Info****Active Date**

The Salvation Army, an Illinois Corporation

P.O. Box 21787

Dan Jennings

12705

✓

Added on
09/09/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

36-2167910

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)**Link Instructions -1****Linked 'Agreement Form - V2' Records****Link Instructions Agreement Form V2****Linked 'Interim Report - V3' Records****Link Instructions Interim Report****Linked 'Interim Report - V3 (Services 6-15)' Records****Link Instructions - V3 (6-15)****Linked 'Interim Report - YHP' Records****Link Instructions - 2****Linked 'Agreement Form - V3 (Services 16-20)' Records****Link Instructions - Agreement form****Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'****Link Instructions 3**

Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records

Link Instructions 4

Linked 'Year End Report - V3' Records

Link Instructions YER Svcs 1-5

Linked 'Year End Report - V3 (Services 6-15)' Records

Link Instructions YER Svcs 6-15

Linked 'Agreement Form - V3.1' Records

Link Instructions Agreement Form 3.1

Proposal Cover Sheet

Agreement Form - V3.1

Link Info

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	The Salvation Army, an Illinois Corporation	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	The Salvation Army, an Illinois Corporation	Harbor House Emergency Shelter	11/06/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Agreement Form - V3.1 (Services 11-20)' Records

Link Instructions

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Nancy Holloway
Printed Name - Agency Executive Director/President/CEO

9-10-18
Date

Nancy Holloway
Signature - Agency Executive Director/President/CEO

9-10-18
Date

LEIGH KOTWITZ
Printed Name - Agency Board Chair

9-11-18
Date

Leigh Kotwitz
Signature - Agency Board Chair

9-11-18
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Nancy Holloway Central Missouri Area Coordinator
Name and Title of Authorized Representative

Nancy Holloway 9-10-18
Signature Date

ATTACHMENT C

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

County of Boone)
)ss
State of Missouri)

My name is Nancy Holloway. I am an authorized agent of The Salvation Army (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Nancy Holloway 9-11-18
Affiant Date

Nancy Holloway
Printed Name

Subscribed and sworn to before me this 11th day of September, 2018.



NICK A. WHITWORTH
My Commission Expires
October 10, 2021
Boone County
Commission #17464044

[Signature]
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.



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THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and The Salvation Army, Midland Division Missouri Units (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).



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4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative



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nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.



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6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking



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adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as



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authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the



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contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.



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ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible



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after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take



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mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



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To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer The Salvation Army, Midland Division Missouri Units

Earl Polsley

Name (Please Type or Print)

Title

Electronically Signed

Signature

05/19/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

05/19/2009

Date

E-Verify



Company ID Number: 214482

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: The Salvation Army, Midland Division Missouri Units

Company Facility Address: 1130 Hampton Avenue

St Louis, MO 63139

Company Alternate
Address:

County or Parish: SAINT LOUIS CITY

Employer Identification
Number: 813

North American Industry
Classification Systems
Code: 813

Parent Company: The Salvation Army, Central Territory

Number of Employees: 500 to 999

Number of Sites Verified
for: 22

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- MISSOURI 22 site(s)



Company ID Number: 214482

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: Jody A Becker
Telephone Number: (314) 646 - 3069 Fax Number: (314) 646 - 3060
E-mail Address: jody_becker@usc.salvationarmy.org

Name: Smith M Rose
Telephone Number: (314) 646 - 3000 ext. 30573057 Fax Number: (314) 646 - 3060
E-mail Address: rose_smith@usc.salvationarmy.org

FAITH BASED ORGANIZATIONS

Does your agency provide any religious activities or services? IF yes, attach a description of the activities/services offered and whether or not non religious alternatives are offered for clients who do not wish to participate in religious activities/services.

Harbor Light Job Training Program

The Harbor Light Center offers, but does not mandate participation in the following religious activities: worship services on Sunday at the on site Chapel, Sunday School, Bible study, discipleship as independent study and practice, Bible study, soldiership classes, spiritual mentoring, church leadership development, devotional meetings, prayer groups, spiritual growth enrichment workshops, community care ministry and evangelistic outreach opportunities. We allow pre-screened churches/ministries to participate in the above spiritual program on the HLC campus. Quiet meditation time is offered in place of attending worship services. Clients that are not mandated to be on the campus as part of their stage of treatment, can attend a church of their choice in the community.

O'Fallon Lodge Emergency Shelter

The Salvation Army O'Fallon Lodge Emergency Shelter is located adjacent to The Salvation Army O'Fallon Corps Community Center which functions as a church and a community program facility which offers social service and worship services to the surrounding community. Residents at the Lodge are welcome to attend services and other religious activities offered by the Center but are not mandated to participate. The following activities are offered at the Center: worship services, Sunday school, Bible study, scholarship classes, spiritual mentoring, community care ministries and character building programs. Residents can attend services or ask the pastors for spiritual support if they choose to but it is not required. Non religious focused educational and skill building workshops which are part of the Lodge's comprehensive services related to character building, parenting, money management and counseling services are separate from the Community Center and offered at the Lodge facility.



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #1 - Issued August 13, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheets from the pre-proposal conference held on August 9 are attached for informational purpose.
- III. The County received the following questions and is providing a response:

- a. Audit: We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year. Is this acceptable, or do you require a full audit to have been completed before the proposal is submitted?

Response: If the organization is not required to complete a full audit, an independent financial review will be acceptable.

- b. Background Checks: We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- c. Can we apply for capital funding?

Response: No, the RFP is to purchase health services. However, organizations can submit a request for development or start-up funds within the application but there are no guarantees the request will be awarded by the Community Health Advisory Board.

- d. What should we do when our service does not quite fit into the list of Boone County Impact Group Taxonomy of Services?

Response: We request that you review the Taxonomy of Services and select the service that best fits your proposed service. Be sure to thoroughly describe how the service will be delivered in the Service Description narrative.

- e. Can we still apply for funds if our organization has not received its non-profit status yet?

Response: Yes, you can still apply, however, the organization must have its non-profit status before entering into a contract.

By:

Melinda B. Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 36-13SEP18 - Purchase of Service Contracts - Boone County Community Health - Medical Fund, receipt of which is hereby acknowledged:

Company Name: The Salvation Army, Harbor House

Address: 602 Ann, Columbia, MO 65201

Phone Number: (573) 442-3229 Fax Number: _____

E-mail: Nancy Holloway@usc.salvationarmy.org

Authorized Representative Signature: Nancy Holloway Date: 9-10-18

Authorized Representative Printed Name: Nancy Holloway

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 - Purchase of Service Contracts - Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	856-4391	886-4390
2.	Kristin Cummins	Community Health	886-7274	
3.	Kelly Walker	Community Health	886-7218	
4.	Kristin Gamber Dr. Gary Litchner	Mary Lee Johnston Community Learning Center	573-449-8600	573-875-1585
5.	Annette Triplett	PedNet Coalition	999-9894	—
6.	Kasey Schachling	First Choice for Children	777 1815	777 1816
7.	Michael Brown	All About Day Connection	882-7078	
8.	Kip Kane	Southern Boone YMCA	573-657-9600	
9.	Lonna Trammel	Southern Boone YMCA	573-690-5397	
10.	Madison Prohman	Services for Independent Living	573 871 1616	
11.	Billy Polanski	CCJA	514 4174	
12.	Phil Ashley	Family Health Center	573-886-6761	
13.	Chadwick Miller	BOECC	573-884-3770	
14.	Michelle Smith	Boone County Public Health Department	875-6331	
15.				
16.				
17.				
18.				
19.				
20.				
21.				

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 - Purchase of Service Contracts - Community Health / Medical Fund
 August 9, 2018, 3:00 p.m.

22.	Nick Easter	VAC	824-2273	
23.	Cory Schmidt	Compass Health	573-209- 539	
24.	Tim Rich	Welcome Home	573-493-4001	
25.	Nicole Dean	Great Circle	462-8331	
26.	Emmie Harcourt	The Four Bank	573-338-4080	
27.	Whitney Sand	St. Raymond's Society	(713) 677-2115	
28.	Rebecca Knight	St Raymond's Society	573-353-0959	
29.	Melissa Stenot	BCEC	573-338-1007	
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BOONE COUNTY, MISSOURI

Request for Proposal #: 36-13SEP18 - Purchase of Service Contracts -
Boone County Community Health - Medical Fund

ADDENDUM #2 - Issued August 27, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's Response Form.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety Registry for staff who do not provide direct care services.

b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP, described in Section 3.4, are eligible for funding. No services have been excluded from eligibility for funding.

By:

Melinda Bobbit
Melinda Bobbit, CPRO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 36-13SEP18 - Purchase of Service Contracts - Boone County Community Health - Medical Fund, receipt of which is hereby acknowledged:

Company Name: The Salvation Army, Harbor House

Address: 602 North Ann, Columbia, MO 65201

Phone Number: (660) 442-3229 Fax Number: _____

E-mail: Nancy_Holloway@usc.salvationarmy.org

Authorized Representative Signature: Nancy Holloway Date: 9-10-18

Authorized Representative Printed Name: Nancy Holloway

RFP #: 36-13SEP18

1

8/27/18



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #3 - Issued September 6, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

c. Is an electronic signature acceptable?

Response: No

d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval.

e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service." Each service must be entered separately.

By: Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 36-13SEP18 - *Purchase of Service Contracts - Boone County Community Health - Medical Fund*, receipt of which is hereby acknowledged:

Company Name: The Salvation Army, Harbor House

Address: 602 North Ann, Columbia, MO 65201

Phone Number: (573) 442-3229 Fax Number: _____

E-mail: Nancy Holloway@usc.salvationarmy.org

Authorized Representative Signature: Nancy Holloway Date: 9-10-18

Authorized Representative Printed Name: Nancy Holloway



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

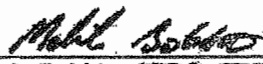
- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service. Each service must be entered separately."

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #4 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name: The Salvation Army, Harbor House

Address: 602 North Ann, Columbia, MO 65201

Phone Number: (573) 442-3229

Fax Number: _____

E-mail: Nancy_Holloway@usc.salvationarmy.org

Authorized Representative Signature: Nancy Holloway Date: 9-10-18

Authorized Representative Printed Name: Nancy Holloway

Program Overview (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	The Salvation Army, an Illinois Corporation
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Harbor House Emergency Shelter
Amount of Request	\$55,000.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

According to the National Coalition for the Homeless, the average age of a homeless person is nine. While some dispute this fact, the U.S. Department of Housing and Urban Development (HUD), in their 2017 Annual Homeless Assessment Report (AHAR) stated, "children under the age of 18 made up 59% of people experiencing homelessness in families." Yet differing definitions between HUD and school districts highlight the stark difference between the 2017 Point-in-Time (PIT) count and local school district data. The PIT count indicates that 265 individuals (adults and children) were homeless in Boone County, yet school district data indicates that 323 school age children are homeless. Regardless, according to the Columbia Daily Tribune (January 29, 2017) Boone County has the highest rate of homelessness among all counties in mid-Missouri. Additionally, the Homeless Research Institute estimates that the number of homeless in counted in any PIT count is inaccurate and individuals are certainly undercounted. In fact, HRI indicates that the true numbers of homeless is likely three to five times greater than the PIT count. Our local experience tells us that the HRI estimate is closer to reality. On average, we provide more than 14,000 bed nights of shelter per year, with an average length of stay of three months. Mental illness, loss of income, or no income were the main reasons given by our shelter clients for their homelessness and reflects the reasons cited in the PIT count.

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

According to the Community Input Report prepared by the Institute of Public Policy at the Harry S. Truman School of Public Affairs at the University of Missouri, there are 10 homeless service providers in Boone County providing temporary (or emergency) shelter. The Salvation Army Harbor House is one of those providers. In fact, we are the only provider of emergency shelter to homeless families. Our work is aimed at supporting the stability of families and keeping them intact. We recognize that the individuals and families we work with do not have informal safety nets in place, and that they lack self-help mechanisms and basic life skills. Sometimes it is just one unexpected expense for a family that was living on the edge to cause homelessness. Sometimes the cause is family or community violence that leads a family to abruptly leave their home without a destination in mind. At

times the proposed solution fails and the family is left to sleep in their car and seek the support of emergency shelter. Regardless, The Salvation Army stands ready to provide emergency shelter services to children and their families.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Our goal is to improve the physical, mental and emotional health, well-being, and safety of homeless adults and families with children. With shelter and supportive services, we work to address the root-causes of homelessness with each family, and help them secure permanent and stable housing.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The Salvation Army is a recognized leader across the United States in providing high-quality services to homeless individuals and families. Homeless services is an essential part of our mission. While The Salvation Army is a faith-based organization, we do not proselytize in providing human services, including homeless services. Instead we live our mission by meeting human needs without discrimination. Individuals and families served are not required to engage in any particular religious activity in order to receive services.

Harbor House recognizes that homeless individuals and families are particularly vulnerable. Many of the homeless families served are single parents with children. Many became homeless due to household violence, loss of employment, health issues, and inadequate income. Our staff works to identify the root cause of their homelessness and develop an action plan that guides them toward stability and permanent housing. The program is grounded in best practices including utilizing a Housing First approach that is a best practice recognized by the U.S. Department of Housing and Urban Development (HUD). Additionally, case management is provided that supports the individual and family to become stable.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

According to the Columbia Daily Tribune (January 29, 2017) Boone County has the highest rate of homelessness among all counties in mid-Missouri. The 2017 Point In Time Count indicates that there were 265 homeless individuals in Boone County in January 2017. Most, according to HUD provided data (www.hudexchange.info) were either unsheltered, or living in emergency shelters such as Harbor House. Yet, the Homeless Research Institute estimates that the number of homeless in the Point in Time Count is undercounted. In fact, HRI indicates that the true numbers of homeless is likely three to five times greater than the PITC. Our local experience tells us that the HRI estimate is closer to reality. On average, we provide more than 14,000 bed nights of shelter per year, with an average length of stay of three months. Mental illness, loss of income, or no income were the main reasons given by our shelter clients for their homelessness.

b. Why will these particular consumers be served? (1500 character limit)

Consumers are served because they are homeless. They are either referred to The Salvation Army Harbor House by other community agencies, or they are self-referred. They come to us because they have nowhere else to go and need help to stabilize, develop a plan for stability and permanent housing, and then work on identified action steps that help them to become stably rehoused.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

On average, The Columbia Salvation Army Harbor House provides more than 14,000 bed nights of shelter per year, with an average length of stay of three months. A lack of affordable housing in Columbia (and across Boone County), particularly in areas desired by families to ensure that their child remains in their "home" school district, mental illness, loss of income, or no income were the main reasons given by our shelter clients for their homelessness.

d. Total number of unduplicated individuals to be served by the proposed program:

200

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

4972.18

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

200

City of Columbia

200

Cooper County

0

Howard County

0

Other Counties

0

Residence Total

200

Record Lock

1

Race

White (alone)

128

Black or African American (alone)

60

Multiple Races

12

Asian (alone)

0

Native American Indian or Alaskan Native

0

Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

0

Race Total

200

Ethnicity

Hispanic or Latino (of any race)

32

Not Hispanic or Latino

168

Ethnicity Total

200

Gender

Female

77

Male

123

Other

0

Gender Total

200

Income**At or below 200% of Federal Poverty Level**

200

Over 200% of Federal Poverty Level

0

Income Total

200

Age (City-Social Services/County-Health/HMUW-RFP)**Under 5 years**

9

5-19 years

21

20-59 years

159

60 years and over

11

Age Total (1)

200

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Not applicable.

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

Emergency shelter services will be provided at the Harbor House, located at 602 N. Ann Street, Columbia, MO 65201. Harbor House operates on a year-round basis, 24 hours per day, seven days per week. Harbor House is fully-staffed, day and night, to ensure the safety and security of the individuals and families served. Individuals who are on the sex-offender registry are not able to be serviced. nor do we serve individuals who have outstanding warrants.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Clients seeking shelter are referred to our program from a variety of community organizations, as well as self referral. Clients need to present a photo identification and Social Security Number. To help lower barriers to housing, the shelter will work with the client to obtain an appropriate form of identification and/or social security number, as appropriate. Since children live at the shelter, a personal cannot be on a sex offender registry list. To remain in the program, clients must abide by the shelter rules that are provided upon entry.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Our experience in working with homeless individuals and families at Harbor House is that they need to save funds to support their relocation to permanent housing, including security deposits for housing and utilities. Rather than imposing a fee for service, we instead require the individuals and families we serve to establish a savings account to support their goal for permanent housing.

Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Previously we required residents with earned or unearned income to pay 10 percent of their net income to Harbor House. Our belief is that paying a portion of their income provided them with a level of dignity. However, we now understand that the relatively high costs of housing, combined with security deposits and costs of getting utilities connected are challenging for the individuals and families we serve. Therefore, while we still require savings, we no longer require a program fee.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Programming at Harbor House is not subject to any local, state, or national licensing. We are inspected at least annually by the fire and health departments and undergo rigorous annual program reviews conducted by leadership structure of The Salvation Army. We provide reports on our services and outcomes using the Continuum of Care's Homeless Management Information System, our case management notes, and follow-up services that document the provision of services.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No

Provide the name of the accreditation agency. (300 character limit)

Not Applicable.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Our program is grounded in best practices including utilizing a Housing First model which is a best practice recognized by the U.S. Department of Housing and Urban Development. Additionally, case management, which is also an evidenced-based practice, is grounded in a collaborative and planned approach to ensuring that a person who experiences homelessness gets the services and supports they need to move forward with their lives (Homeless Hub).

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

According to the HUD Exchange, a resource for identifying best-practices, "housing models that use a Housing First approach have been proven to be highly effective for ending homelessness, particularly for people experiencing chronic homelessness who have higher service needs." (<https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>). In fact, the Balance of State Continuum of Care operations reflects the principle that HUD's homeless housing programs are intended to help persons through the provision of services to address their special needs in order to become more independent, as quickly as possible. With this focus on helping persons become more independent—emphasized in the law, regulation, application, and performance reporting required by HUD—grantees such as Harbor House are required to assist clients in achieving this goal and to provide environments in which this progress can take place.

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)

Harbor House uses a Housing First model as it is required by one of our funders, HUD. We also use this model as it has proven effective across many communities.

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Within Boone County our services are unique as we are the only emergency shelter that serves families with children.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

As a HUD funded program, we focus on quality improvement through X key performance metrics that include: 1) reducing the length of time a person/family is homeless; and 2) preventing recidivism through follow-up services that are designed to support permanency for the family. Additional measures of quality include consumer satisfaction surveys, and examining consumer statements regarding exits from the program. Together these elements help us measure the overall effectiveness of our program, as well as the efficiency and consumer satisfaction of our program.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Upon exit, each consumer is provided with an opportunity to critique our services and offer suggestions as to how our services can be improved. While in the program, consumers meet regularly with their case manager to initially develop an action plan, and later to measure progress. Consumer feedback is an essential part of measuring the progress toward their action plan. Our case management staff celebrate successes with those we serve, and work collaboratively with the consumer and other service organizations to overcome challenges. Our leadership examines the successes and challenges to identify any emerging trends so that our programming may be adjusted as appropriate.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

The Salvation Army staff work closely with clients to ensure they have the basic human needs of safe shelter, food, and clothing met to provide a sense of stability while avenues are explored for permanent housing. Clients are engaged in case management services and develop a housing plan as part of those services. One of the keys to permanent housing is ensuring clients receive mainstream benefits, according to eligibility guidelines. Our case management staff works with every client to ensure they are receiving these benefits including SNAP, TANF, SSI/SSDI, etc. Additionally clients are connected with employment offices and training resources to help them obtain employment and increase their household income, which is often essential to stable housing. Other Salvation Army social services are also made available to clients for ongoing food and clothing assistance both while in the shelter, and as they transition to permanent housing.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Shelter Director	MQ1 Bachelor's degree, and 4 years of experience	FTE1 1.00	SR1 FROM \$40,850.00	SR1 TO \$44,000.00
P2 Shelter Case Manager	MQ2 Bachelor's degree and experience working with individuals/families in crisis	FTE2 1.00	SR2 FROM \$32,200.00	SR2 TO \$36,000.00
P3 Shelter Lead Cook	MQ3 High School Diploma, ServSafe Certification, Experience in a commercial kitchen	FTE3 1.00	SR3 FROM \$22,450.00	SR3 TO \$25,000.00
P4 Shelter Weekend Cook	MQ4 High School Diploma, ServSafe Certificate, Experience in a commercial kitchen	FTE4 0.40	SR4 FROM \$8,050.00	SR4 TO \$9,050.00
P5 Lead Shelter Monitor	MQ5 Associates Degree in human services. 2 years experience working with individuals/families in crisis	FTE5 1.00	SR5 FROM \$21,750.00	SR5 TO \$22,500.00
P6 Shelter Monitor	MQ6 High school diploma, associates degree in human services preferred, 1 year of experience working with individuals/families in crisis	FTE6 6.70	SR6 FROM \$20,500.00	SR6 TO \$23,500.00
P7	MQ7	FTE7 0.00	SR7 FROM \$0.00	SR7 TO \$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The Shelter Director is responsible for the overall program, including supervising staff, addressing grievances, ensuring appropriate coverage, compliance with contractual obligations, and reporting. The Shelter Case Manager works with the individuals/families to develop an individual action plan, monitor the progress toward achieving identified steps in the action plan, and identifying and making appropriate referrals. The Shelter Case Manager also works with families to ensure their children are appropriately enrolled in school and receiving the services they need to be successful. The Shelter Lead Cook plans all meals that are served at the shelter and ensures that they meet the nutritional requirements of the adults/children we serve. The Shelter Lead Cook and Weekend Cook prepare and serve all meals and ensure that the kitchen is maintained in accordance with health and sanitation standards. The Shelter Monitors provide day and overnight supervision of the shelter, ensuring that the program is staffed at all times. They work with individuals/families to address problems as they arise, and ensure a safe and appropriate environment for all residents. Minimum qualifications for each position are established in accordance with The Salvation Army's requirements. Salary ranges are based on standards established by The Salvation Army and local salary data.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
United Way funds core operating expenses of the program	\$44,000.00	4
B. Other United Ways (300 character limit)	1B	1B%
Not applicable	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
Not applicable	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Not applicable	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Private donations largely support salary and operating costs associated with the program	\$169,117.00	17

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Not applicable	\$0.00	0
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Funding from Boone county will support personnel costs, food and other supplies, building insurance, maintenance and repairs, and other occupancy costs associated with the program	\$55,000.00	6
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Not applicable	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Funding from the City of Columbia supports operating costs including personnel costs, food and supplies, and professional fees (such as audit).	\$7,000.00	1
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Hearth Act, Emergency Solutions Grant funding supports shelter operations including food, building occupancy costs (insurance, utilities, building maintenance and repair); the Emergency Food and Shelter program also supports these expenses.	\$67,000.00	7
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %

The Missouri Housing Trust fund also supports the personnel costs associated with our shelter operations.	\$25,000.00	3
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
In-Kind donations, and other revenues from The Salvation Army, provide essential support with our shelter operations, funding food, travel and transportation, emergency assistance for clients, food, supplies, and the costs associated with occupancy	\$627,318.00	63
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	994435	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$316,396.00	32
Personnel Narrative (300 character limit)		
Staffing includes a 1.0 FTE shelter director, a 1.0 FTE professional case manager, 1.4 FTE cooks, and 7.7 FTE shelter monitors for a total of 11.10 FTE staff. Staff are required to ensure the needs of the residents are met in a safe environment.		
2. Non-Personnel	2.	2. %
	\$678,039.00	68
Non-Personnel Narrative (300 character limit)		
Non-personnel expenses include: professional fees (legal and audit), food, shelter supplies, communications, building insurance, equipment purchases, maintenance and repairs, building occupancy (utilities, pest control, security, cleaning), travel and transportation, and depreciation.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	994435	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

The Salvation Army Harbor House is working with a grants professional to identify other sources of grant funding for Harbor House. Additionally, we work with our Divisional Development Department to coordinate our Tree of Lights Campaign and other fund raising activities.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Linked 'Agreement Form - V3' Records

Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

Link Info

Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
The Salvation Army, an Illinois Corporation	Harbor House Emergency Shelter	11/06/2018			✓	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	The Salvation Army, an Illinois Corporation
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Harbor House Emergency Shelter
Amount of Request	\$55,000.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

We are not requesting start up funding.

c. Provide justification for the request for one-time funding. (600 character limit)

We are not requesting start up funding.

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

Emergency Shelter

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Emergency shelter provided for a 24 hour period for up to 30 days within a one year period. Services may be provided on a first come, first served or reserved basis. Program consumers should be provided meals and have access to bathing and laundry facilities.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Services are provided 24 hours per day, 365 days per year and include safe sleeping accommodations, meals, access to services needed for hygiene (showers/laundry and supplies), along with case management and referrals to other needed services. Up to 30 nights of service are provided to each individual/family with children. In situations where 30 nights is insufficient to address their personal circumstances, individuals/families are transferred to our transitional shelter program where they may receive services for up to one year.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One bed night

b. Unit Rate (#1)

\$45.79

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

Yes

Indicate the publicly available rate and describe the source. (#1) (600 character limit)

The rate was established by the U.S. Department of Veterans Affairs

d. Total Number of Units of Service to be Provided (#1)

2300

e. Total Number of Unduplicated Individuals (#1)

200

f. Average Number of Units of Service per Unduplicated Individual (#1)

11.5

g. Average Cost of Service per Individual (#1)

526.59

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

No

Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Our experience in working with homeless individuals and families at Harbor House is that they need to save funds to support their relocation to permanent housing, including security deposits for housing and utilities. Rather than imposing a fee for service, we instead require the individuals and families we serve to establish a savings account to support their goal for permanent housing.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

We have found no third-party payors for this service.

Service #1 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funders Chart below)

Service #1 - Local Funding Chart

FUNDERS (#1)	UNIT RATE (#1)	CONTRACTED UNITS (#1)	TOTAL AMOUNT CONTRACTED (#1)
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$43.32	1b2. 1155	1b3. \$50,000.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$43.32	1c2. 582	1c3. \$25,200.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$45.79	1e2. 1267	1d4. \$58,000.00

Service #1 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)**

\$55,000.00

b. Proposed Number of Units of Service (#1)

1201.14

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

The Salvation Army provides emergency shelter services to homeless individuals and families. In fact, we are the only family shelter in the community. Services are provided 24-hours per day, 365 days per year. In accordance with HUD requirements, we provide services with low barriers which requires expanded staffing to ensure the safety and security of all residents. Compliance with HUD requirements has caused us to double the number of shelter monitors in the past year to ensure an appropriate environment for all we serve.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
The basic need for shelter was met.	100% of program service consumers, who would otherwise be homeless, were safely sheltered.	HMIS
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

The program goal is to provide a safe, habitable place for individuals to reside that will include the provision of hygiene facilities (showers, laundry, and supplies), life skills classes, and case management.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Mental health, substance abuse and addictions can be an issue in helping an individual or family with children to find the right resources to help them.

The availability of financial resources to help with security deposits, rent, utility bills/deposits, can also be challenging to families working to transition from our emergency shelter toward a path of sustainability.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

For everyone that comes into Harbor House, that is one less individual/adult with children that are off the streets, out of harms way, and working in a life changing program to help them toward self-sufficiency, stability, and a sustainable future.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The U.S. Department of Housing and Urban Development program funding requires our participation in the HMIS system to track and document services. This method is the most comprehensive that is available and documents services by individual/family, including number of nights in emergency service.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

Overnight Shelter (Hot/Cold Cots as determined by weather).

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Emergency shelter provided overnight only on a first come, first served basis. Program consumers may not be excluded from the service based on intermittent use. Program consumers should not be charge a program service fee.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Hot/Cold Cots are opened during periods of extreme weather. Consumers have access to overnight shelter beds, hygiene (including showers and laundry and supplies), nutritional meals, and case management services.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

one bed night

b. Unit Rate (#2)

\$45.79

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

Yes

Indicate the publicly available rate and describe the source. (#2) (600 character limit)

The rate is established by the Department of Veterans Affairs

d. Total Number of Units of Service to be Provided (#2)

264

e. Total Number of Unduplicated Individuals (#2)

205

f. Average Number of Units of Service per Unduplicated Individual (#2)

1.29

g. Average Cost of Service per Individual (#2)

58.97

Service #2 - Service Fee

a. Will the proposed service consumers be charged a fee? (#2)

No

Provide a rationale why no fee will be charged for the service. (#2) (600 character limit)

Our experience in working with homeless individuals and families at Harbor House is that they need to save funds to support their relocation to permanent housing, including security deposits for housing and utilities. Rather than imposing a fee for service, we instead require the individuals and families we serve to establish a savings account to support their goal for permanent housing.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

No

Explain why the proposed service is not billable to a third-party payor. (#2) (600 character limit)

We have not identified any third-party payor.

Service #2 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

No

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$0.00

b. Proposed Number of Units of Service (#2)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

This is an intermittent service provided by The Salvation Army Harbor House during periods of inclement weather. We provide it to ensure that homeless individuals/families have access to emergency shelter during inclement periods of weather (cold/heat) that would potentially threaten life.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
The basic need for shelter was met	100% of program consumers, who would otherwise be homeless, were safely sheltered	HMIS
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

The program goal is to provide a safe, habitable place for individuals to reside that will include the provision of hygiene facilities (showers, laundry and supplies), life skills classes, and case management. While the Cold/Hot Cot program is designed to prevent the loss of life (or serious health issues) during inclement weather, we also strive to encourage individuals to work toward a path of self-sufficiency in safe, sanitary, and secure housing.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Mental health, substance abuse, and addictions can be an issue in helping an individual or family with children to find the right resources to help them. The availability of financial resources to help with security deposits, rent, utility bills/deposits, can also be challenging to families working to transition into permanent housing.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

For everyone that comes into Harbor House, that is one less individual/adult with children that are off the streets, out of harms way, and working in a life changing program to help them toward self-sufficiency, stability, and a sustainable future.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The U.S. Department of Housing and Urban Development program funding requires our participation in the HMIS system to track and document services. This method is the most comprehensive that is available and documents services by individuals/families, including the number of nights in emergency shelter.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

Transitional Shelter (31 to 364 days)

b. Service #3 - Taxonomy Definition of Service (300 character limit)

24-hour shelter provided beyond the initial 30 days of 24 hour emergency shelter provided within a one year period. Program consumers should be provided meals and have access to hygiene facilities. Supportive services (e.g., case management) should be provided in conjunction with shelter.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Services are provided 24 hours per day, 365 days per year, and include safe sleeping accommodations, meals, access to services needed for hygiene

(showers/laundry and supplies), along with case management and referrals to other needed services. Services are provided to each individual/family as they work to transition from emergency shelter to permanent housing using a rapid rehousing model. Challenges with income and finding suitable permanent and affordable housing complicate the situation for some individuals/families with children.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

one bed night

b. Unit Rate (#3)

\$45.79

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

Yes

Indicate the publicly available rate and describe the source. (#3) (600 character limit)

The rate was established by the Department of Veterans Affairs

d. Total Number of Units of Service to be Provided (#3)

16500

e. Total Number of Unduplicated Individuals (#3)

380

f. Average Number of Units of Service per Unduplicated Individual (#3)

43.42

g. Average Cost of Service per Individual (#3)

1988.25

Service #3 - Service Fee

a. Will the proposed service consumers be charged a fee? (#3)

No

Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

Our experience in working with homeless individuals and families at Harbor House is that they need to save funds to support their relocation to permanent housing, including security deposits for housing and utilities. Rather than imposing a fee for service, we instead require the individuals and families we serve to establish a savings account to support their goal for permanent housing.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

No

Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

We have not identified any third-party payor for this service.

Service #3 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

No

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

It is our understanding that Boone County funds can only pay for up to 30 nights of shelter.

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
The basic need for shelter has been met	100% of program service consumers, who would otherwise be homeless, were safely sheltered	HMIS
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)

The program goal is to provide a safe, habitable place for individuals to reside that will include the provision of hygiene facilities (showers/laundry and supplies), life skills classes, and case management.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Mental health, substance abuse and addictions can be an issue in helping an individual or family with children to find the right resources to help them. The availability of financial resources to help with security deposits, rent, utility bills/deposits can also be challenging to families working to transition from our transitional shelter toward a path of sustainability.

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

For everyone that comes into Harbor House, that is one less individual/adult with children that are off the streets, out of harms way, and working in a life changing program to help them toward self-sufficiency, stability, and a sustainable future.

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

The U.S. Department of Housing and Urban Development program funding requires our participation in the HMIS system to track and document services. This method is the most comprehensive that is available and documents services by individual/family, including number of nights in transitional shelter.

Service #4 - Name, Definition, and Description

a. Service #4 - Taxonomy of Service Name (300 character limit)

Case Management

b. Service #4 - Taxonomy Definition of Service (300 character limit)

A collaborative process that assesses, plan, implements, coordinates, monitors and evaluates the options and services required to meet the consumer's health and human service needs. It is characterized by advocacy, communication, and resource management, and promotes quality and efficient outcomes.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Case management services are provided to residents in shelter who wish to engage in the service. Case management includes the development of an action plan that provides a pathway, with clearly outlined steps, toward self-sufficiency. Individuals/families participating in case management meet routinely with their case manager to document actions taken, challenges encountered, and successes. With the case management process, we work with the individual/family to identify other needed services, and make appropriate referrals to other organizations.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

15 minutes

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

We have no unit rate specific for this service as it is embedded in our overall approach to services

d. Total Number of Units of Service to be Provided (#4)

560

e. Total Number of Unduplicated Individuals (#4)

370

f. Average Number of Units of Service per Unduplicated Individual (#4)

1.51

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee**a. Will the proposed service consumers be charged a fee? (#4)**

No

Provide a rationale why no fees will be charged for the proposed service. (#4) (600 character limit)

Our experience in working with homeless individuals and families at Harbor House is that they need to save funds to support their relocation to permanent housing, including security deposits for housing and utilities. Rather than imposing a fee for service, we instead require the individuals and families we serve to establish a savings account to support their goal for permanent housing.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

No

Explain why the proposed service is not billable to a third-party payor. (#4) (600 character limit)

We have not identified any third-party payor for this service.

Service #4 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)**

No

Service #4 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)**

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

This service is part of our shelter service.

Service #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Increased housing stability	66% of program service consumers were able to transition to permanent, affordable housing, or were diverted to family and friends	Case notes, goals, exit plans
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

Our case management services are designed to support the individual/family to address the root causes of their homelessness and establish a plan toward stable, affordable housing that is safe, sanitary, and secure.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Mental health, substance abuse, addictions, and other personal circumstances impact the individual/family's ability to secure permanent housing. Additional factors such as the lack of affordable housing options, and insufficient income make securing permanent housing challenging.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

In our experience, approximately 66% of the individuals/families we serve are able to transition to safe, permanent affordable housing and/or are diverted to living with friends and family. The remaining individuals often require longer-term supports or medical interventions that are beyond the scope of our program.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

We use case notes, the individual action plan, and exit plans to document individual progress and, when taken together, the results of our program.

Service #5 - Name, Definition, and Description**a. Service #5 - Taxonomy of Service Name (300 character limit)****b. Service #5 - Taxonomy Definition of Service (300 character limit)**

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)****b. Unit Rate (#5)**

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate tied to an established public funding rate? (#5)**d. Total Number of Units of Service to be Provided (#5)**

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee**a. Will the proposed service consumers be charged a fee? (#5)****b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)****Service #5 - Local Funding**

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)**

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)**
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)**
- c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)**
- d. Provide a rationale for each method of measurement (#5) (600 character limit)**

Total Amount Requested for Start-Up and Service #1 - Service #5**Total Amount Requested for Start-Up and Service #1 - Service - #5**

55000

Linked 'Agreement Form - V3' Records**Link Instructions****Linked 'Agreement Form - V3.1' Records****Link Instructions**

Agreement Form - V3.1

Link Info

Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
The Salvation Army, an Illinois Corporation	Harbor House Emergency Shelter	11/06/2018			<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 17, 2018

The Salvation Army, an Illinois Corporation
Attn: Nancy Holloway, Columbia/Jefferson City Area Coordinator
PO Box 1864
Columbia, MO 65205
Nancy_holloway@usc.salvationarmy.org

RE: Written Clarification #1 to 36-13SEP18 – *Community Health/Medical Fund*

Dear Ms. Holloway:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 36-13SEP18 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Table, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

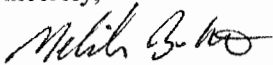
If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 5:00 p.m. October 26, 2018 by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Community Health Advisory Council Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Melinda Bobbitt', with a stylized flourish at the end.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Salvation Army, an Illinois Corporation
Name of Program	Harbor House Emergency Shelter

Organization Profile	
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Financial Information

1. The 990 is dated for 2016.

Action Required: Update the 990 in the Financial Information section.

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Program Overview Form	
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Note: The program should match what is contracted by Heart of Missouri United Way (HMUW) and the City of Columbia Social Services Funding. The Consumer Demographics, Program Budget, and Services (service names, outputs, and performance measures) should align with these other contracts. Please make the following corrections to align with the City and HMUW.

2. The Program Overview lacked information on how homelessness and/or housing instability impacts health.

Action Required: Provide a brief overview of how homelessness and/or housing instability impacts health.

--

3. The Consumer Demographics lists 200 unduplicated individuals, but Service 3 lists 380 individuals will be served. The Consumer Demographics need to be provided for the whole program, regardless of funding.

Action Required: Complete the Demographics table below for the whole program. The demographics should match what is listed with HMUW and the City.

Residence	
Boone County (includes City of Columbia residents):	
City of Columbia:	
Cooper County	
Howard County	
Other Counties:	
Residence Total:	
Race:	
White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native (alone)	
Native Hawaiian or other Pacific Islander (alone)	
Some other Race	
Race Total:	
Ethnicity:	
Hispanic or Latino (of any race)	
Not Hispanic or Latino	
Ethnicity Total:	
Gender	
Female	
Male	
Other	
Gender Total:	
Income	
At or below 200% of Federal Poverty Level	
Over 200% of Federal Poverty Level	
Income Total:	
Age	
Under 5 years	
5-19 years	
20-59 years	
60 years and over	
Age Total:	

4. The proposed budget significantly varies from the budget in the HMUW Agreement Form.
Action Required: Provide clarification on the differences on revenues/expenses between the proposal and HMUW's Agreement form. See the table below comparing the two budgets. Provide narratives explaining the differences for the items colored red. Complete the BAFO Amount column that include corrections (please, re-list all revenues/expenses sources).

TOTAL PROGRAM REVENUE	HMUW Agreement Form Budget	PROPOSED AMOUNT	BAFO AMOUNT
1. DIRECT SUPPORT			
A. Heart of Missouri United Way	\$28,420	\$44,000	\$
Narrative:			
B. Other United Ways	\$	\$	\$
Narrative:			
C. Capital Campaigns	\$	\$	\$
Narrative:			
D. Grants (non-governmental)	\$	\$	\$
Narrative:			
E. Fund Raising & Other Direct Support	\$366,861	\$169,117	\$
Narrative:			
2. GOVERNMENT CONTRACTS/SUPPORT:			
A. Boone County - Children's Services Funding	\$	\$	\$
Narrative:			
B. Boone County - Community Health Funding	\$50,000	\$55,000	\$
Narrative:			
C. Boone County - Other Funding	\$	\$	\$
Narrative:			
D. Funding from Other Counties	\$	\$	\$
Narrative:			
E. City of Columbia - Social Service Funding	\$25,000	\$7,000	\$
Narrative:			
F. City of Columbia - CDGB/Home Funding	\$	\$	\$
Narrative:			
G. City of Columbia - CHDO Funding	\$	\$	\$
Narrative:			
H. City of Columbia - Other Funding	\$	\$	\$
Narrative:			
I. Funding from Other Cities	\$	\$	\$
Narrative:			
J. Federal (Medicaid, Title III, etc.)	\$69,581	\$67,000	\$
Narrative:			
K. State (Purchase of Services, Grants, etc.)	\$35,000	\$25,000	\$
Narrative:			
L. Other (Schools, Courts, etc.)	\$	\$	\$
Narrative:			
3. Program Service Fees	\$	\$	\$
Narrative:			

4. Investment Income (realized & unrealized)	\$	\$	\$
Narrative:			
5. Other Revenue Items	\$352,873	\$627,318	\$
Narrative:			
TOTAL PROGRAM REVENUE	\$927,735	\$994,435	\$
Narrative:			
PROGRAM EXPENSES	PROPOSED YEAR		
1. Personnel	\$427,315	\$316,396	
Narrative:			
2. Non-Personnel	\$530,000	\$678,039	
Narrative:			
TOTAL PROGRAM EXPENSES	\$957,315	\$994,435	\$

5. The Reference List was not completed on the proposal.

Action Required: Provide the sources utilized in the proposal in the field below in APA format.

Program Services Form (1-5)

Program Service 1 – Emergency Shelter

6. A meeting was held prior to the RFP release to align services and outputs between the City, HMUW, and Boone County. Our notes state that there should be **1,800 units and 175 unduplicated individuals served**. This also matches the HMUW's Agreement Form.

Action Required: Complete the attached *Service Change Table* with the correct outputs for 24-hour Emergency Shelter.

7. The proposal shows that HMUW is purchasing 1,267 units but the HMUW Agreement Form states HMUW is not purchasing 24-hour Emergency Shelter.

Action Required: Provide clarification on the funding sources for 24-hour Emergency Shelter.

8. The unit rate in the Service #1 – Other Funders Chart has varying unit rates.

Action Required: Provide clarification on how the unit rate of \$45.79 was established for Service 1.

9. The Amount Requested from Boone County does not purchase a whole number of units.

Action Required: Update the requesting amount in the attached forms so that a whole number of units is proposed.

Service 2 – Overnight Shelter

10. A meeting was held prior to the RFP release to align services and outputs between the City, HMUW, and Boone County. Our notes state that there should be **100 units and 25 unduplicated individuals served**. This also matches the HMUW's Agreement Form.

Action Required: Complete the attached *Service Change Table* with the correct outputs for Overnight Shelter.

Service 3 – Transitional Shelter

11. A meeting was held prior to the RFP release to align services and outputs between the City, HMUW, and Boone County. Our notes state that there should be **15,000 units and 225 unduplicated individuals served**. This also matches the HMUW's Agreement Form.

Action Required: Complete the attached *Service Change Table* with the correct outputs for Transitional Shelter.

Service 4 – Case Management

12. A unit rate was not provided for Case Management.

Action Required: Complete the attached *Service Change Table* with the correct unit rate for Case Management.

--

13. A meeting was held prior to the RFP release to align services and outputs between the City, HMUW, and Boone County. Our notes state that there should be **600 units and 200 unduplicated individuals served**. This also matches the HMUW's Agreement Form.

Action Required: Complete the attached *Service Change Table* with the correct outputs for Case Management.

--

14. Indicator 4-1 states "66% of program service consumers..." but HMUW Agreement Form states "80% of program service consumers....".

Action Required: Update the Program Performance Measures on the *Service Change Table* for Case Management. Provide any additional outcomes/indicators/method of measurements that can be utilized for the program or Case Management.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
--	---------------------------

15. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Table			
Organization Name: The Salvation Army			
Program Name: Harbor House			
Service #1 – Taxonomy of Service Name: 24-Hour Emergency Shelter			
Service #1 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One bed night			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Information provided in proposal	Information provided in proposal		Information provided in proposal

Service Change Table			
Organization Name: The Salvation Army			
Program Name: Harbor House			
Service #2 – Taxonomy of Service Name: Overnight Emergency Shelter			
Service #2 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One bed night	\$45.79		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Information provided in proposal	Information provided in proposal	Information provided in proposal	

Service Change Table			
Organization Name: The Salvation Army			
Program Name: Harbor House			
Service #3 – Taxonomy of Service Name: Transitional Shelter			
Service #3 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One bed night	\$45.79		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Information provided in proposal	Information provided in proposal	Information provided in proposal	

Service Change Table			
Organization Name: The Salvation Army			
Program Name: Harbor House			
Service #4 – Taxonomy of Service Name: Case Management			
Service #4 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased housing stability	66% of program service consumers were able to transition to permanent, affordable housing, or were diverted to family and friends	Case notes, goals, exit plans	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: The Salvation Army				
Program Name: Harbor House				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
24-Hour Emergency Shelter	One bed night			
Overnight Emergency Shelter	One bed night			
Transitional Shelter	One bed night			
Case Management	15 minutes			
Funding Request to Community Health Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
24-Hour Emergency Shelter				
Overnight Emergency Shelter				
Transitional Shelter				
Case Management				
Total Amount Requested to Boone County:				

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 24, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: The Salvation Army

Address: 1108 W Ash Street
Columbia, MO

Telephone: 573-442-3229 Fax: 573-449-6185

Federal Tax ID (or Social Security #): 430653584

Print Name: Nancy Holloway Title: Area Coordinator

Signature: Nancy Holloway Date: October 24, 2018

E-mail: Nancy.Holloway@usc.salvationarmy.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Salvation Army, an Illinois Corporation
Name of Program	Harbor House Emergency Shelter

Organization Profile	
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Financial Information

1. The 990 is dated for 2016.

Action Required: Update the 990 in the Financial Information section.

Please see Attachment A for the Fiscal Year 2017 IRS Form 990. Please note while the form is labeled "2016" the dates on the form indicate it covers the period of October 1, 2016 through September 30, 2017. Also note that The Salvation Army is not required to file IRS form 990 and has provided a disclaimer at the beginning of the required submission.

Program Overview Form	
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Note: The program should match what is contracted by Heart of Missouri United Way (HMUW) and the City of Columbia Social Services Funding. The Consumer Demographics, Program Budget, and Services (service names, outputs, and performance measures) should align with these other contracts. Please make the following corrections to align with the City and HMUW.

2. The Program Overview lacked information on how homelessness and/or housing instability impacts health.

Action Required: Provide a brief overview of how homelessness and/or housing instability impacts health.

According to the National Health Care for the Homeless Council simply being homeless both creates new health problems and exacerbates existing issues. In fact, individuals experiencing homelessness are three to four times more likely to die prematurely and experience an average life expectancy as low as 41 years. Experiencing homelessness and/or housing instability is stressful and exposes individuals to a variety of communicable diseases, violent situations, poor nutrition, and harsh weather conditions. Common medical issues including high blood pressure, diabetes, and asthma often worsen due to poor living conditions and the inability to store medications properly. Many homeless individuals experience complex, co-occurring medical issues including severe physical and psychiatric conditions as well as issues with substance abuse and social problems. Recovery and healing are also more difficult when an individual is homeless or unstably housed. Finally, according to the U.S. Department of

Housing and Urban Development, individuals living in shelters are more than twice as likely to have a disability compared to the general population. Further, the individual can become chronically homeless when his or her health condition becomes disabling and stable housing is too difficult to maintain without help.

Among children, homelessness is associated with higher rates of issues such as asthma and mental health problems. According to the Institute for Children, Poverty & Homelessness, homeless children experience more health problems and medical needs than housed and low-income children, suffering rates of chronic and acute illnesses at twice the rate of the general population. Additionally, they are more likely to be obese, suffer from severe dental issues, and lack essential immunizations.

3. The Consumer Demographics lists 200 unduplicated individuals, but Service 3 lists 380 individuals will be served. The Consumer Demographics need to be provided for the whole program, regardless of funding.

Action Required: Complete the Demographics table below for the whole program. The demographics should match what is listed with HMUW and the City.

Residence	
Boone County (includes City of Columbia residents):	
City of Columbia:	500
Cooper County	
Howard County	
Other Counties:	
Residence Total:	500
Race:	
White (alone)	340
Black or African American (alone)	129
Multiple Races	29
Asian (alone)	0
Native American Indian or Alaskan Native (alone)	2
Native Hawaiian or other Pacific Islander (alone)	0
Some other Race	0
Race Total:	500
Ethnicity:	
Hispanic or Latino (of any race)	12
Not Hispanic or Latino	488
Ethnicity Total:	500
Gender	
Female	300
Male	200
Other	0
Gender Total:	500
Income	
At or below 200% of Federal Poverty Level	500
Over 200% of Federal Poverty Level	0

Income Total:		500
Age		
Under 5 years		40
5-19 years		166
20-59 years		250
60 years and over		44
Age Total:		500

4. The proposed budget significantly varies from the budget in the HMUW Agreement Form.
Action Required: Provide clarification on the differences on revenues/expenses between the proposal and HMUW's Agreement form. See the table below comparing the two budgets. Provide narratives explaining the differences for the items colored red. Complete the BAFO Amount column that include corrections (please, re-list all revenues/expenses sources).

TOTAL PROGRAM REVENUE	HMUW Agreement Form Budget	PROPOSED AMOUNT	BAFO AMOUNT
1. DIRECT SUPPORT			
A. Heart of Missouri United Way	\$28,420	\$44,000	\$28,420
Narrative:	TSA requested a grant of \$44,000 but received \$28,420		
B. Other United Ways	\$	\$	\$
Narrative:			
C. Capital Campaigns	\$	\$	\$
Narrative:			
D. Grants (non-governmental)	\$	\$	\$
Narrative:			
E. Fund Raising & Other Direct Support	\$366,861	\$169,117	\$331,945
Narrative:	Final budget amount approved after grant submission		
2. GOVERNMENT CONTRACTS/SUPPORT:			
A. Boone County - Children's Services Funding	\$	\$	\$
Narrative:			
B. Boone County - Community Health Funding	\$50,000	\$55,000	\$55,000
Narrative:			
C. Boone County - Other Funding	\$	\$	\$
Narrative:			
D. Funding from Other Counties	\$	\$	\$
Narrative:			
E. City of Columbia - Social Service Funding	\$25,000	\$7,000	\$25,000
Narrative:			
F. City of Columbia - CDGB/Home Funding	\$	\$	\$
Narrative:			
G. City of Columbia - CHDO Funding	\$	\$	\$

Narrative:			
H. City of Columbia - Other Funding	\$	\$	\$
Narrative:			
I. Funding from Other Cities	\$	\$	\$
Narrative:			
J. Federal (Medicaid, Title III, etc.)	\$69,581	\$67,000	\$67,961
Narrative:	Updated award amounts		
K. State (Purchase of Services, Grants, etc.)	\$35,000	\$25,000	\$52,500
Narrative:	Updated award amounts		
L. Other (Schools, Courts, etc.)	\$	\$	\$
Narrative:			
3. Program Service Fees	\$	\$	\$
Narrative:			
4. Investment Income (realized & unrealized)	\$	\$	\$
Narrative:			
5. Other Revenue Items	\$352,873	\$627,318	\$317,345
Narrative:	Gift in kind and vending		
TOTAL PROGRAM REVENUE	\$927,735	\$994,435	\$873,171
Narrative:	United Way operates on a fiscal year different from the county calendar year, financially		
PROGRAM EXPENSES	PROPOSED YEAR		
1. Personnel	\$427,315	\$316,396	373,644
Narrative:	The Salvation Army committed to provide double staffing on all monitor shifts to assist with the safety of residents		
2. Non-Personnel	\$530,000	\$678,039	\$499,527
Narrative:	Lowered Gifts-in-Kind due to recent trends		
TOTAL PROGRAM EXPENSES	\$957,315	\$994,435	\$873,171

5. The Reference List was not completed on the proposal.

Action Required: Provide the sources utilized in the proposal in the field below in APA format.

Homeless & Health: What's the Connection? June 2011, <https://tinyurl.com/kx6g2pa>

Morrison, D.S. (2009). Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. *Int J Epidemiol*, 38(3): p. 877-83.

Effects of Homelessness on Families and Children. September 2015, <https://tinyurl.com/y9hjf3fd>

Department of Veterans Affairs, Homeless Veterans Program Grant and Per Diem Rates; accessed at <https://tinyurl.com/y98afktw>

Program Services Form (1-5)	
------------------------------------	--

Program Service 1 – Emergency Shelter

6. A meeting was held prior to the RFP release to align services and outputs between the City, HMUW, and Boone County. Our notes state that there should be **1,800 units and 175 unduplicated individuals served**. This also matches the HMUW's Agreement Form.
Action Required: Complete the attached *Service Change Table* with the correct outputs for 24-hour Emergency Shelter.

Changes made, as requested

7. The proposal shows that HMUW is purchasing 1,267 units but the HMUW Agreement Form states HMUW is not purchasing 24-hour Emergency Shelter.
Action Required: Provide clarification on the funding sources for 24-hour Emergency Shelter.

Consistent with our budget, we use EFSP and City of Columbia funds for our 24-hour Emergency Shelter program. The instructions from HMUW indicated that we should designate their funds where needed. We chose not to designate them for Service Area #1 due to the funding restrictions from various funders.
--

8. The unit rate in the Service #1 – Other Funders Chart has varying unit rates.
Action Required: Provide clarification on how the unit rate of \$45.79 was established for Service 1.

According to the Department of Veterans Affairs Grant and Per Diem Program, the per diem rate for the homeless veterans program is \$45.79 per night. The Salvation Army uses this rate across its programs. Please see this website for details: https://tinyurl.com/y98afktw

9. The Amount Requested from Boone County does not purchase a whole number of units.
Action Required: Update the requesting amount in the attached forms so that a whole number of units is proposed.

Changes made, as requested.

Service 2 – Overnight Shelter

10. A meeting was held prior to the RFP release to align services and outputs between the City, HMUW, and Boone County. Our notes state that there should be **100 units and 25 unduplicated individuals served**. This also matches the HMUW's Agreement Form.
Action Required: Complete the attached *Service Change Table* with the correct outputs for Overnight Shelter.

Changes made, as requested.

Service 3 – Transitional Shelter

11. A meeting was held prior to the RFP release to align services and outputs between the City, HMUW, and Boone County. Our notes state that there should be **15,000 units and 225 unduplicated individuals served**. This also matches the HMUW's Agreement Form.

Action Required: Complete the attached *Service Change Table* with the correct outputs for Transitional Shelter.

Changes made, as requested.

Service 4 – Case Management

12. A unit rate was not provided for Case Management.

Action Required: Complete the attached *Service Change Table* with the correct unit rate for Case Management.

Case management services are included in the overnight rate and are not a separate billable item.

13. A meeting was held prior to the RFP release to align services and outputs between the City, HMUW, and Boone County. Our notes state that there should be **600 units and 200 unduplicated individuals served**. This also matches the HMUW's Agreement Form.

Action Required: Complete the attached *Service Change Table* with the correct outputs for Case Management.

Changes made, as requested.

14. Indicator 4-1 states "66% of program service consumers..." but HMUW Agreement Form states "80% of program service consumers....".

Action Required: Update the Program Performance Measures on the *Service Change Table* for Case Management. Provide any additional outcomes/indicators/method of measurements that can be utilized for the program or Case Management.

Changes made, as requested.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--	---------------------------

15. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Table			
Organization Name: The Salvation Army			
Program Name: Harbor House			
Service #1 – Taxonomy of Service Name: 24-Hour Emergency Shelter			
Service #1 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One bed night	\$45.79	1800	175
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Information provided in proposal	Information provided in proposal		Information provided in proposal

Service Change Table			
Organization Name: The Salvation Army			
Program Name: Harbor House			
Service #2 – Taxonomy of Service Name: Overnight Emergency Shelter			
Service #2 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One bed night	\$45.79	100	25
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Information provided in proposal	Information provided in proposal	Information provided in proposal	

Service Change Table			
Organization Name: The Salvation Army			
Program Name: Harbor House			
Service #3 – Taxonomy of Service Name: Transitional Shelter			
Service #3 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One bed night	\$45.79	15,000	225
Funding Request			
Amount Requested to Boone County: \$55,000		Proposed Number of Units of Service: 1,204	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Information provided in proposal	Information provided in proposal		Information provided in proposal

Service Change Table			
Organization Name: The Salvation Army			
Program Name: Harbor House			
Service #4 – Taxonomy of Service Name: Case Management			
Service #4 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	Included in Overnight Rate	600	200
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased housing stability	80% of program service consumers were able to transition to permanent, affordable housing, or were diverted to family and friends		Case notes, goals, exit plans
Increased budgeting knowledge of clients	25% of program service consumers were able to complete a comprehensive program on money management		Class attendance sheet, Certificate of Completion
Increased knowledge of healthy eating	90% of program service consumers were able to participate in Life Skill classes relating to healthy food choices		Class attendance

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: The Salvation Army				
Program Name: Harbor House				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
24-Hour Emergency Shelter	One bed night			
Overnight Emergency Shelter	One bed night			
Transitional Shelter	One bed night	\$45.79	1,204	70
Case Management	15 minutes			
Funding Request to Community Health Fund:				
Service:		Amount Requested to Boone County:		Proposed # of Units of Service:
24-Hour Emergency Shelter				
Overnight Emergency Shelter				
Transitional Shelter		\$55,000		1,204
Case Management				
Total Amount Requested to Boone County:				



The Salvation Army

Founded in 1865 by William and Catherine Booth

MIDLAND DIVISIONAL HEADQUARTERS
1130 Hampton Avenue, St. Louis, MO 63139
P.O. Box 21787, St. Louis, MO 63109-0787
(314) 646-3000 FAX: (314) 646-3201
www.stl-salvationarmy.org
Donations: 1-800-SAL-ARMY or www.1800SALARMY.org

Attachment A: Fiscal Year 2017 Form 990

Andre Cox
General

Commissioner Paul R. Seiler
Territorial Commander

Lt. Colonel Dan Jennings
Divisional Commander

DISCLAIMER

The Salvation Army is not required to file IRS form 990. Therefore, this form is submitted under protest, in compliance with the ruling of the CFC opinion 88-1 which states: "Organizations that are not required to file IRS Form 990 with the IRS must nonetheless submit a completed copy of that form with their application for national or local eligibility."



DOING THE MOST GOOD

"Have you remembered The Salvation Army in your will?"



Proforma See Disclaimer Attached

Assessment of Fiscal Year 2017 Form 990

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning October 1 , 2016, and ending September 30 , 2017	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SALVATION ARMY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1108 WEST ASH STREET City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, MO 65203
	D Employer identification number 36-2167910
	E Telephone number 573-442-3229
	G Gross receipts \$ 2,356,317
	F Name and address of principal officer: CARMON CAMP
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1913 M State of legal domicile: IL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,928,049	1,831,986
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,252	3,543
	11 Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)	1,404	5,790
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	527,593	514,998
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,470,297	2,356,317
	14 Benefits paid to or for members (Part IX, column (A), line 4)	527,986	348,098
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	571,046	680,822
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,875	1,872
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 141,490		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	88,832	93,399
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,179,758	1,232,125
	19 Revenue less expenses. Subtract line 18 from line 12	2,381,465	2,262,918
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,421,513	1,513,235
	22 Net assets or fund balances. Subtract line 21 from line 20	62,415	60,737

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Carmon Camp</i>	Date 11/27/17
	Type or print name and title Carmon Camp Corps Officer	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2016)

Proforma See Disclaimer Attached

Form 990 (2016)

Fiscal Year 2017 Form 990

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Nancy Holloway Area Coordinator	40+			✓						
(2) Jack Holloway Area Business Administrator	40+			✓						
(3) Carmon Camp Corps Officer	40+			✓						
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Proforma See Disclaimer Attached

Form 990 (2016)

Fiscal Year 2017 Form 990

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		✓
4		✓
5		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Proforma See Disclaimer Attached

Attachment A: Fiscal Year 2017 Form 990

Form 990 (2016)

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	35,200			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	211,933			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,584,853			
	g	Noncash contributions included in lines 1a-1f: \$		918,913			
	h	Total. Add lines 1a-1f		1,831,986			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue		3,543			
	g	Total. Add lines 2a-2f		3,543			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,790			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)		2,000			
	d	Net gain or (loss)		2,000			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a	515,281			
	b	Less: cost of goods sold	b	-33			
c	Net income or (loss) from sales of inventory		515,248				
Miscellaneous Revenue			Business Code				
11a	CHANGE IN INVENTORY		-1,437				
b	INSURANCE PROCEEDS		1,187				
c							
d	All other revenue						
e	Total. Add lines 11a-11d		-250				
12	Total revenue. See instructions		2,356,317				

Form 990 (2016)

Proforma See Disclaimer Attached

Attachment A Fiscal Year 2017 Form 990

Form 990 (2016)

Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	348,099	348,099		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	521,641	395,211	74,446	51,984
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	107,727	81,894	18,933	6,900
10 Payroll taxes	51,454	41,591	4,819	5,244
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,098		2,049	2,049
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,872			1,872
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	68,813	68,813		
12 Advertising and promotion	4,696	3,717		979
13 Office expenses	25,068	24,157	651	260
14 Information technology				
15 Royalties				
16 Occupancy	825,901	794,842	18,082	12,977
17 Travel	42,985	36,683	4,350	1,952
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,864	5,399	1,465	
20 Interest				
21 Payments to affiliates	135,585	121,294	5,708	8,583
22 Depreciation, depletion, and amortization	17,793	16,233	780	780
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE & SHIPPING	16,649	2,142	264	14,243
b PRINTED MATERIALS	32,877	2,015		30,962
c				
d				
e All other expenses	50,696	45,344	2,647	2,705
25 Total functional expenses. Add lines 1 through 24e	2,262,918	1,987,434	133,994	141,490
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form **990** (2016)

Check if Schedule O contains a response or note to any line in this Part XI

Check if Schedule B contains a response or note to any line in this Part XII

Form 990 (2016)

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 1, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: The Salvation Army

Address: 1108 W Ash St
Columbia, MO 65293

Telephone: 573-442-3229 Fax: 573-4496185

Federal Tax ID (or Social Security #): 430653584

Print Name: Nancy Holloway Title: Area Coordinator

Signature: Nancy Holloway Date: November 1, 2018

E-mail: Nancy_Holloway@uscs.salvationarmy.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Salvation Army
Name of Program	Harbor House Emergency Shelter

1. The response to Written Clarification Form #1 changed the full funding request amount from 24-hour Emergency Shelter to Transitional Shelter without an explanation.

Action Required: Please provide an explanation on why the funding request changed to Transitional Shelter or clarify whether this was a mistake.

This was an error on the part of The Salvation Army. We would like to respectfully request that the grant be identified to fund the 24-hour Emergency Shelter. The residents identified in this area are individuals within the first 30 day of their stay.

The Salvation Army

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program's proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click "Submit Agreement" once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.

my apricot help center

The Salvation Army - CORE
Organizations
Collapse All

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Additional Documents			
Program Overview (V3) (1 records)			
Boone County (includes City of Columbia residents)	TOTAL REVENUE	2.	Complete
Page 1 of 1 20 records per page			
Program Services 1-5 (V3) (1 records)			
a. Service #1 - Taxonomy of Service Name (300 character limit)	Record ID		Complete
Page 1 of 1 20 records per page			
Program Services 6-10 (V3)			
Program Services 11-15 (V3)			
Program Services 16-20 (V3)			
Agreement Form - V3 1 (1 records)			
Organization Name	Program Name	Date Completed	Complete
The Salvation Army, Inc. - Boone County	Boone County Health/Medical Fund		

Folder Actions

- Edit Proposal Cover
- Return to Search
- Application Overview
- Print Records
- Copy Records
- Record History

Grant Actions

- Submit Agreement

Required Fields

- Required Fields



Follow-up is needed for the Agreement Form:

Agreement Form Section	Items Updated	Action Required:
Program Budget	1. The Program Budget has been updated according to responses provided in the Written Clarification. The Total Program Revenue amount did not match up what was provided in the Written Clarifications. The expenses exceed revenues by \$5,000.	1. Please review the budget and make updates as needed.
Consumer Demographic Narrative	1. Demographics in the Written Clarifications show a total of 500 unduplicated individuals. The HMUW Agreement Form shows a total of 440 unduplicated individuals.	1. Please update the consumer demographics.
Program Service 1 – 24-Hour Emergency Shelter	1. The Outputs have been updated according to the Written Clarifications. 2. The funding request amount for 24-Hour Emergency Shelter needs to purchase a whole number of units. The amount has been updated for the County to purchase 1,201 units.	1. Please review Service 1 Outputs. 2. Please review (A) Agreement Amount #1.
Program Service 2- Overnight Emergency Shelter	1. The Outputs have been updated according to the Written Clarifications.	1. Please review Service 2 Outputs.
Program Service 3 – Transitional Shelter	1. The Outputs have been updated according to the Written Clarifications.	1. Please review Service 3 Outputs.
Program Service 4 – Case Management	2. The Outputs and Performance Measures have been updated according to the Written Clarifications.	2. Please review Service 4 Outputs and Performance Measures.

Agreement Form - V3.1

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	The Salvation Army, an Illinois Corporation
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Harbor House Emergency Shelter
Amount of Request	\$55,000.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

The Salvation Army, an Illinois Corporation

Program Name

Harbor House Emergency Shelter

Date Completed

11/06/2018

Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way

(A) 1A.

\$28,420.00

B. Other United Ways

(A) 1B.

\$0.00

C. Capital Campaigns

(A) 1C.

\$0.00

D. Grants (non-governmental)

(A) 1D.

\$0.00

E. Fund Raising & Other Direct Support

(A) 1E.

\$331,945.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding

(A) 2A.

\$0.00

B. Boone County - Community Health Funding

(A) 2B.

\$54,993.79

C. Boone County - Other Funding

(A) 2C.

\$0.00

D. Funding from Other Counties

(A) 2D.

\$0.00

E. City of Columbia - Social Service Funding

(A) 2E.

\$25,000.00

F. City of Columbia - CDGB/Home Funding

(A) 2F.

\$0.00

G. City of Columbia - CHDO Funding

(A) 2G.

\$0.00

H. City of Columbia - Other Funding

(A) 2H.

\$0.00

I. Funding from Other Cities

(A) 2I.

\$0.00

J. Federal (Medicaid, Title III, etc.)

(A) 2J.

\$67,961.00

K. State (Purchase of Services, Grants, etc.)

(A) 2K.

\$52,500.00

L. Other (Schools, Courts, etc.)

(A) 2L.

\$0.00

3. Program Service Fees

(A) 3.

\$0.00

4. Investment Income (realized & unrealized)

(A) 4.

\$0.00

5. Other Revenue Items**(A) 5.**

\$312,345.00

TOTAL PROGRAM REVENUE

(A) Total Revenue

873164.79

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$373,644.00

2. Non-Personnel**(A) 2.**

\$499,527.00

TOTAL PROGRAM EXPENSES

(A) Total Expenses

873171

Residence**RESIDENCE**

AGREEMENT RESIDENCE (A)

City of Columbia

(A) City of Columbia

500

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

500

Cooper County

(A) Cooper County

0

Howard County

(A) Howard County

0

Other Counties

(A) Other Counties

0

RESIDENCE TOTAL

(A) Residence Total:

500

Race**RACE**

AGREEMENT RACE (A)

White (alone)

(A) White (alone)

340

Black or African American (alone)

(A) Black or African American (alone)

129

Multiple Races

(A) Multiple Races

29

Asian (alone)

(A) Asian (alone)

0

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

2

Native Hawaiian or other Pacific Islander (alone)

(A) Native Hawaiian or other Pacific islander (alone)

0

Some Other Race

(A) Some Other Race

0

RACE TOTAL**(A) Race Total**

500

Ethnicity**ETHNICITY****AGREEMENT ETHNICITY (A)**

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

12

Not Hispanic or Latino

(A) Not Hispanic or Latino

488

ETHNICITY TOTAL**(A) Ethnicity Total**

500

Gender**GENDER****AGREEMENT GENDER (A)**

Female

(A) Female

300

Male

(A) Male

200

Other Gender

(A) Other Gender

0

GENDER TOTAL**(A) Gender Total**

500

Income**INCOME****AGREEMENT INCOME (A)**

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL

500

Over 200% of FPL

(A) Over 200% of FPL

0

INCOME TOTAL**(A) Income Total**

500

Age (City-Social Services/County-Health/HMUW)**AGE****AGREEMENT AGE (A):**

Under 5 years

(A) Under 5 years

40

5-19 years

(A) 5-19 years

166

20-59 years

(A) 20-59 years

250

60 years and over

(A) 60 years and over

44

AGE TOTAL

(A) Age Total

500

Consumer Demographics Narrative (optional)**Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.****Individuals Trained****AGREEMENT (A)**

Individuals to be Trained

(A) Individuals to be Trained

0

Program Service and Performance*Instructions:* **Update the Agreement(A) Column with updated figures finalized through the approved contract.****Development/Start Up Service Funding****AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)****Amount Requested****(A) Amount Requested**

\$0.00

Description of Funds**(A) Description of Funds****Program Service #1 - Outputs**

Program Service #1 - Outputs:

#1 Agreement (A)

Service #1 Name

(A) Service #1

24-Hour Emergency Shelter

Total # of Units Provided #1

(A) Units #1

1800

Unit Measure #1

(A) Unit Measure #1

One bed night

Unit Rate #1

(A) Unit Rate #1

\$45.79

Total # of Unduplicated Individuals Served #1

(A) Unduplicated Individuals #1

175

Program Service #1 - Funding

Funding Amount #1

(A) Agreement Amount #1

\$54,993.79

Units #1

(A) Agreement Units #1

1201

Program Service #1 - Performance Measures (Agreement)(A) Program Service 1
Outcomes:

(A) Program Service 1 Indicators:

(A) Program Service 1 Method of
Measurements:**(A) Outcome 1-1**

The basic need for shelter was met.

(A) Indicator 1-1

100% of program service consumers, who would otherwise be homeless, were safely sheltered.

(A) Method of Measurement 1-1

HMIS

(A) Additional Outcome 1-2**(A) Additional Indicator 1-2****(A) Additional Method 1-2****(A) Additional Outcome 1-3****(A) Additional Indicator 1-3****(A) Additional Method 1-3****(A) Additional Outcome 1-4****(A) Additional Indicator 1-4****(A) Additional Method 1-4****(A) Additional Outcome 1-5****(A) Additional Indicator 1-5****(A) Additional Method 1-5****Program Service #2 - Outputs**

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Overnight Emergency Shelter

Total # of Units #2

(A) Units #2

100

Unit Measure #2

(A) Unit Measure #2

one bed night

Unit Rate #2

(A) Unit Rate #2

\$45.79

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

25

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$0.00

Units #2

(A) Agreement Units #2

0

Program Service #2 - Performance Measures (Agreement)

(A) Program Service 2 Outcomes:

(A) Program Service 2 Indicators:

(A) Program Service 2 Method of Measurement

(A) Outcome 2-1

The basic need for shelter was met

(A) Indicator 2-1

100% of program consumers, who would otherwise be homeless, were safely sheltered

(A) Method of Measurement 2-1

HMIS

(A) Additional Outcome 2-2**(A) Additional Indicator 2-2****(A) Additional Method 2-2****(A) Additional Outcome 2-3****(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3

Transitional Shelter (31 to 364 days)

Total # of Units #3

(A) Units #3

15000

Unit Measure #3

(A) Unit Measure #3

one bed night

Unit Rate #3

(A) Unit Rate #3

\$45.79

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

225

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$0.00

Units #3

(A) Agreement Units #3

0

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Indicators:

(A) Program Service 3
Outcomes:(A) Program Service 3 Method of
Measurement.:**(A) Outcome 3-1**The basic need for shelter has
been met**(A) Indicator 3-1**100% of program service consumers, who would otherwise be
homeless, were safely sheltered**(A) Method of Measurement 3-1**

HMIS

(A) Additional Outcome 3-2**(A) Additional Indicator 3-2****(A) Additional Method 3-2****(A) Additional Outcome 3-3****(A) Additional Indicator 3-3****(A) Additional Method 3-3****(A) Additional Outcome 3-4****(A) Additional Indicator 3-4****(A) Additional Method 3-4****(A) Additional Outcome 3-5****(A) Additional Indicator 3-5****(A) Additional Method 3-5****Program Service #4 - Outputs**

Program Service 4 Outputs:

#4 Agreement (A)

Service #4 Name

(A) Service #4

Case Management

Total # of Units #4

(A) Units #4

600

Unit Measure #4

(A) Unit Measure #4

15 minutes

Unit Rate #4

(A) Unit Rate #4

\$0.00

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

200

Program Service #4 - Funding

Funding Amount #4

(A) Agreement Amount #4

\$0.00

Units #4

(A) Agreement Units #4

0

Program Service #4 - Performance Measures (Agreement)(A) Program Service 4
Outcomes:

(A) Program Service 4 Indicators:

(A) Program Service 4 Method
of Measurements:**(A) Outcome 4-1**Clients improve housing
stability**(A) Indicator 4-1**80% of program service consumers were able to transition to permanent,
affordable housing, or were diverted to family and friends**(A) Method of Measurement 4-1**

Case notes, goals, exit plans

(A) Additional Outcome 4-2Clients increased budgeting
knowledge**(A) Additional Indicator 4-2**

25% of clients completed the money management program.

(A) Additional Method 4-2Class attendance sheet, certificate of
completion**(A) Additional Outcome 4-3**Clients increased
knowledge of healthy eating**(A) Additional Indicator 4-3**

90% of clients participated in Life Skill classes related to healthy food choices

(A) Additional Method 4-3

Class attendance.

(A) Additional Outcome 4-4**(A) Additional Indicator 4-4****(A) Additional Method 4-4**

4

(A) Additional Outcome 4- (A) Additional Indicator 4-5

(A) Additional Method 4-5

5

Program Service #5 - Outputs

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

(A) Service #5

Total # of Units Provided #5

(A) Units #5

0

Unit Measure #5

(A) Unit Measure #5

Unit Rate #5

(A) Unit Rate #5

\$0.00

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5

0

Program Service #5 - Funding

Funding Amount #5

(A) Agreement Amount #5

\$0.00

Units #5

(A) Agreement Units #5

0

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes:

(A) Program Service 5 Indicators:

(A) Program Service 5 Method of Measurements:

(A) Outcome 5-1

(A) Indicator 5-1

(A) Method of Measurement 5-1

(A) Additional Outcome 5-2

(A) Additional Indicator 5-2

(A) Additional Method 5-2

(A) Additional Outcome 5-3

(A) Additional Indicator 5-3

(A) Additional Method 5-3

(A) Additional Outcome 5-4

(A) Additional Indicator 5-4

(A) Additional Method 5-4

(A) Additional Outcome 5-5

(A) Additional Indicator 5-5

(A) Additional Method 5-5

Program Service #6 - Outputs

Program Service 6 Outputs:

#6 Agreement (A):

Service #6 Name:

(A) Service #6

Total # of Units #6:

(A) Units #6

0

Unit Measure #6:

(A) Unit Measure #6

Unit Rate #6:

(A) Unit Rate #6

\$0.00

Total # of Unduplicated Individuals Served #6:

(A) Unduplicated Individuals #6

0

Program Service #6 - Funding

Funding Amount #6

(A) Agreement Amount #6

\$0.00

Units #6

(A) Agreement Units #6

0

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:

(A) Program Service 6 Indicators:

(A) Program Service 6 Method of Measurements:

(A) Outcome 6-1**(A) Indicator 6-1****(A) Method of Measurement 6-1****(A) Additional Outcome 6-2****(A) Additional Indicator 6-2****(A) Additional Method 6-2****(A) Additional Outcome 6-3****(A) Additional Indicator 6-3****(A) Additional Method 6-3****(A) Additional Outcome 6-4****(A) Additional Indicator 6-4****(A) Additional Method 6-4****(A) Additional Outcome 6-5****(A) Additional Indicator 6-5****(A) Additional Method 6-5****Program Service #7 - Outputs**

Program Service 7 Outputs:

#7 Agreement (A)

Service #7 Name

(A) Service #7

Total # of Units #7

(A) Units #7

0

Unit Measure #7

(A) Unit Measure #7

Unit Rate #7

(A) Unit Rate #7

\$0.00

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7

0

Program Service #7 - Funding

Funding Amount #7

(A) Agreement Amount #7

\$0.00

Units #7

(A) Agreement Units #7

0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes: (A) Program Service 7 Indicators: (A) Program Service 7 Method of Measurements:

(A) Outcome 7-1	(A) Indicator 7-1	(A) Method of Measurement 7-1
(A) Additional Outcome 7-2	(A) Additional Indicator 7-2	(A) Additional Method 7-2
(A) Additional Outcome 7-3	(A) Additional Indicator 7-3	(A) Additional Method 7-3
(A) Additional Outcome 7-4	(A) Additional Indicator 7-4	(A) Additional Method 7-4
(A) Additional Outcome 7-5	(A) Additional Indicator 7-5	(A) Additional Method 7-5

Program Service #8 - Outputs

Program Service #8 - Outputs: #8 Agreement (A)

Service #8 Name **(A) Service #8**

Total # of Units Provided #8 **(A) Units #8**
0

Unit Measure #8 **(A) Unit Measure #8**

Unit Rate #8 **(A) Unit Rate #8**
\$0.00

Total # of Unduplicated Individuals Served #8 **(A) Unduplicated Individuals #8**
0

Program Service #8 - Funding

Funding Amount #8 **(A) Agreement Amount #8**
\$0.00

Units #8 **(A) Agreement Units #8**
0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes: (A) Program Service 8 Indicators: (A) Program Service 8 Method of Measurements:

(A) Outcome 8-1	(A) Indicator 8-1	(A) Method of Measurement 8-1
(A) Additional Outcome 8-2	(A) Additional Indicator 8-2	(A) Additional Method 8-2
(A) Additional Outcome 8-3	(A) Additional Indicator 8-3	(A) Additional Method 8-3
(A) Additional Outcome 8-4	(A) Additional Indicator 8-4	(A) Additional Method 8-4
(A) Additional Outcome 8-5	(A) Additional Indicator 8-5	(A) Additional Method 8-5

Program Service #9 - Outputs

Program Service #9 - Outputs:	#9 Agreement (A)
Service #9 Name	(A) Service #9
Total # of Units Provided #9	(A) Units #9 0
Unit Measure #9	(A) Unit Measure #9
Unit Rate #9	(A) Unit Rate #9 \$0.00
Total # of Unduplicated Individuals Served #9	(A) Unduplicated Individuals #9 0

Program Service #9 - Funding

Funding Amount #9	(A) Agreement Amount #9 \$0.00
Units #9	(A) Agreement Units #9 0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes:	(A) Program Service 9 Indicators:	(A) Program Service 9 Method of Measurements:
(A) Outcome 9-1	(A) Indicator 9-1	(A) Method of Measurement 9-1
(A) Additional Outcome 9-2	(A) Additional Indicator 9-2	(A) Additional Method 9-2
(A) Additional Outcome 9-3	(A) Additional Indicator 9-3	(A) Additional Method 9-3
(A) Additional Outcome 9-4	(A) Additional Indicator 9-4	(A) Additional Method 9-4
(A) Additional Outcome 9-5	(A) Additional Indicator 9-5	(A) Additional Method 9-5

Program Service #10 - Outputs

Program Service 10 Outputs:	#10 Agreement (A)
Service Name #10	(A) Service #10
Total # of Units Provided #10	(A) Units #10 0
Unit Measure #10	(A) Unit Measure #10
Unit Rate #10	(A) Unit Rate #10 \$0.00

Total # of Unduplicated Individuals Served #10

(A) Unduplicated Individuals #10

0

Program Service #10 - Funding

Funding Amount #10

(A) Agreement Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes: (A) Program Service 10 Indicators: (A) Program Service 10 Method of Measurements:

(A) Outcome 10-1**(A) Indicator 10-1****(A) Method of Measurement 10-1****(A) Additional Outcome 10-2****(A) Additional Indicator 10-2****(A) Additional Method 10-2****(A) Additional Outcome 10-3****(A) Additional Indicator 10-3****(A) Additional Method 10-3****(A) Additional Outcome 10-4****(A) Additional Indicator 10-4****(A) Additional Method 10-4****(A) Additional Outcome 10-5****(A) Additional Indicator 10-5****(A) Additional Method 10-5****Total Funding Amount - Services 1-10****Total Funding Request for Services 1-10**

54993.79

Links for Agreement Form (V3)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CHESTERFIELD INSURANCE AGENCY, INC. P.O. BOX 237 GREEN, OH 44232-0237	CONTACT NAME: DEANNA KRUGER PHONE (A/C, No, Ext): 866-896-8123 FAX (A/C, No): 330-896-6548 E-MAIL ADDRESS: Deanna.Kruger@tpa4tsa.com																					
INSURED THE SALVATION ARMY AN ILLINOIS CORP. 5550 PRAIRIE STONE PARKWAY HOFFMAN ESTATES IL 60192	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>ZURICH AMERICAN INSURANCE COMPANY</td><td>16535</td></tr><tr><td>INSURER B:</td><td>THE SALVATION ARMY LIABILITY RISK TRUST</td><td>N/A</td></tr><tr><td>INSURER C:</td><td>THE SALVATION ARMY, AN ILLINOIS CORP.</td><td>N/A</td></tr><tr><td>INSURER D:</td><td>AMERICAN ZURICH INSURANCE COMPANY</td><td>40142</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	ZURICH AMERICAN INSURANCE COMPANY	16535	INSURER B:	THE SALVATION ARMY LIABILITY RISK TRUST	N/A	INSURER C:	THE SALVATION ARMY, AN ILLINOIS CORP.	N/A	INSURER D:	AMERICAN ZURICH INSURANCE COMPANY	40142	INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	ZURICH AMERICAN INSURANCE COMPANY	16535																				
INSURER B:	THE SALVATION ARMY LIABILITY RISK TRUST	N/A																				
INSURER C:	THE SALVATION ARMY, AN ILLINOIS CORP.	N/A																				
INSURER D:	AMERICAN ZURICH INSURANCE COMPANY	40142																				
INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER: 15512****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	SELF INSURED RETENTION	01/01/18	01/01/19	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	BAP 8978529-22	01/01/18	01/01/19	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 500,000	X	X	TRUST #19578500	01/01/18	01/01/19	EACH OCCURRENCE \$ 3,500,000 AGGREGATE \$ 3,500,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	WC 8978534-22	01/01/18	01/01/19	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	AUTO LIABILITY EXCESS	X	X	SELF INSURED RETENTION	01/01/18	01/01/19	\$400,000 XS \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

COVERAGE APPLIES TO 1108 WEST ASH COLUMBIA, MO 65203 FOR PROGRAMS AT 602 NORTH ANN COLUMBIA, MO 65201 COUNTY OF BOONE MISSOURI IS AN ADDITIONAL INSURED AS RESPECTS TO THE SHELTER AND SERVICES FOR HOMELESS RESIDENTS AND VISITORS/SERVICE SEEKERS TO THE PROPERTY IN ACCORDANCE WITH THE POLICY PROVISIONS, 120 DAYS ADVANCE NOTICE OF CANCELLATION WILL BE PROVIDED
LOC# 206-080-011

CERTIFICATE HOLDER**CANCELLATION**

COUNTY OF BOONE, MISSOURI C/O PURCHASING DEPARTMENT 613 E. ASH STREET COLUMBIA, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Services Contract

Healthy Hometown – Southern Boone County

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **Jefferson City Area Young Men's Christian Association** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **YMCA**.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

WHEREAS, YMCA has submitted a complete Request for Proposal Application to the County detailing the services and other supports to be provided along with the expected cost to YMCA thereof; and

WHEREAS, the County has approved the Request for Proposal Application in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY YMCA

YMCA is expected to the greatest extent possible to maximize funding from all other sources. YMCA shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. YMCA shall only request reimbursement for services not reimbursable by any other source. YMCA shall not invoice the County for units of service invoiced to another funding source. YMCA shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

1. **County Funding Policy.** The County Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** YMCA will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #36-13SEP18 (Purchase of Services) and YMCA's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over YMCA's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The County agrees to purchase from YMCA and YMCA agrees to furnish the **Healthy Hometown – Southern Boone County** program for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the YMCA's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$49,942.72** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. YMCA agrees and understands that the County may require supplemental information to be submitted at the request of the County.

This contract may at the sole discretion of the County and with the agreement of YMCA be renewed for **an additional one-year period**. YMCA agrees and understands that the County may require supplemental information to be submitted by YMCA prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Physical Exercise	One hour	\$60.00	640	\$38,400.00
Health Education	One hour	\$3.23	3,264	\$10,542.72
Best Practices Training	One individual	\$125.00	8	\$1,000.00

All billing shall be invoiced to the County monthly by the 10th of the month following the month for which services were provided. The County agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing

dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of YMCA, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. *Availability of Funds.* Payments under this contract are dependent upon the availability of funds or as otherwise determined by the County. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the County shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. *Reporting.* The County shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by YMCA to monitor service delivery and program expenditures. YMCA agrees to submit to the County an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by YMCA and, if so stipulated, are noted on this contract document. Payments may be withheld from YMCA if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. YMCA agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

8. *Audits.* YMCA also agrees to make available to the County a copy of its annual audit within four months after the close of YMCA's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the County requires that the management report of any audit as it relates to the County program activities be made available to the County as part of the required audit. Payment may be withheld from YMCA, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. *Monitoring.* YMCA agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County to monitor, survey and inspect YMCA's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, YMCA hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CHF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event YMCA requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County for approval. A board resolution from YMCA may be required with the request. For consideration of a request to modify or amend the contract, requests should be submitted to the Director of the Community Services Department for consideration.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Community Health Fund shall be investigated in accordance with YMCA's policies and procedures and in accordance with any local/state/federal regulations. YMCA agrees to notify the County through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the County of any substantiated allegations. YMCA must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** YMCA will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CHF to be used for Services Provided.** YMCA agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to YMCA's provision of such services.

14. **Accreditation/Licensure/Certifications.** YMCA must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** YMCA agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and YMCA, and this shall include any transaction in which YMCA is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** YMCA may enter into subcontracts for components of the contracted service as YMCA deems necessary within the terms of the contract. All such subcontracts require the written approval of the County or their designated representative. In performing all services under the resulting contract agreement, YMCA shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** YMCA agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. YMCA shall require each subcontractor to affirmatively state in its Agreement with the YMCA that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide YMCA a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** YMCA agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against YMCA or any individual acting on the YMCA's behalf, including subcontractors, which seek to enjoin or prohibit YMCA from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If YMCA ceases to be funded by the County or ceases to provide programs and services to address community health needs, pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the YMCA. In addition, if YMCA no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, YMCA will need County approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event YMCA, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the County, such failure or refusal shall constitute a default hereunder, and the County will be relieved of any further obligation to make payments to YMCA as set out herein. This contract will be terminated at the option of the County.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the County upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. The County may terminate this agreement due to material breach of any term or condition of this agreement, or

b. The County may terminate this agreement if key personnel providing services are changed such that in the opinion of the County delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of the County, or

c. The County may terminate this agreement should YMCA fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, YMCA shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. The County shall reimburse YMCA for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. Insurance Requirements. YMCA shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. **Worker's Compensation and Employers' Liability Insurance:** YMCA shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, YMCA shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by YMCA.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. **Comprehensive General Liability Insurance:** YMCA shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. YMCA shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

YMCA shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of YMCA in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a

combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to YMCA.

c. **Professional Liability Insurance:** YMCA is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

d. **Commercial Automobile Liability:** YMCA shall maintain during the life of this contract, Commercial Automobile Liability Insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the YMCA's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

23. **Indemnification.** To the extent permitted under Missouri law, YMCA agrees to hold harmless, defend and indemnify the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of YMCA (meaning anyone, including but not limited to consultants having a contract with YMCA or subcontractor for part of the services), or anyone directly or indirectly employed by YMCA, or of anyone for whose acts YMCA may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

24. **Publicity by the YMCA.** YMCA shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. YMCA will acknowledge the County as a funding source whenever publicizing CHF funded programs. YMCA will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. YMCA agrees to acknowledge the Community Health Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

25. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the County and YMCA. The County does not recognize any of the YMCA's employees, agents, or volunteers as those of the County.

26. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

27. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

28. **Record Retention Clause.** YMCA shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

29. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to YMCA shall be mailed or delivered to:

Jefferson City Area Young Men's Christian Association
Attn: Kip Batye
P.O. Box 56
Ashland, MO 65010

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

Jefferson City Area Young Men's Christian Association

By: [Signature]
Signature

By: Kip Batye, Branch Director
Printed Name/Title

Boone County, Missouri

By: [Signature]
Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

[Signature]
Taylor W. Burks, County Clerk
DKB

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

[Signature] by jg 12/20/2018 (2130/71106/\$49,942.72)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

Purchase of Service Contracts Community Health/Medical Fund 2018 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for **Thursday, August 9, 2018, at 3:00 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, September 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, September 13, 2018** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, September 13, 2018 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by **Thursday, September 13, 2018 at 10:00 a.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Attachment A - Agency Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. **Program Overview:** Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of _____)
)ss
 State of _____)

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Date _____

Printed Name _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

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Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click **Save Record** on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click **Save Record** you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Jefferson City Area YMCA

DBA:

Southern Boone Area YMCA

Federal EIN Number:

43-0953286

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

525 Ellis Blvd.

City

Jefferson City

State

Missouri

County

Cole

Zip

65101

Organization Phone Number:

573-657-9622

Website:

<http://www.jcymca.org>

Head of Organization

Craig Lammers

Head of Organization Phone:

573-761-9011

Address

PO Box 104176

City

Jefferson City

State

Missouri

County

Cole

Zip

65101

Organization Fax Number:**Email:****Head of Organization Title (e.g. Director, President, CEO)**

CEO

Head of Organization Email:

craigl@jcymca.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Southern Boone Area YMCA

Local Organization Fax:

Address

101 West Broadway

City

Ashland

State

Missouri

County

Boone

Zip

65010

Local Contact Name:

Kip Evan Batye

Local Contact Email:

kbatye@jcymca.org

Address

PO Box 56

City

Ashland

State

Missouri

County

Boone

Zip

65010

Local Contact Title:

Branch Director

Local Contact Phone:

573-657-9600

General Information

Provide your organization's mission statement. (600 character limit)

Organization Mission Statement (Purpose): The YMCA is an association comprised of persons of all ages, ethnic groups and religious affiliations dedicated to putting Christian principles into practice through programs that build a healthy spirit, mind and body for all.

The Four Core Values of the YMCA are Caring, Honesty, Respect, and Responsibility.

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Organization History: The Jefferson City Area YMCA opened the Knowles Center in 1976, the Firley YMCA in 1988, and the West YMCA in 2009. The Southern Boone Area YMCA opened its doors in a rented facility in April 2015. Due to the success in 2016 from a growing membership base of more than 2,000 individuals, as well as new sports and fitness programming, we purchased 15 acres of land where we plan to build our own facility that will better meet the needs of our growing community.

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Brief Statement of Organization's Major Goals: We know that lasting personal and social change comes about when we all work together. That's why at the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of Incorporation: /document/download/filename/1536835244_30405_AritclesOfIncorporationYMCA.pdf/

Provide a copy of the organization's Articles of Incorporation.

Bylaws (MUST BE IN PDF FORMAT)

Bylaws: /document/download/filename/1541703462_34051_JC-ByLaws.pdf/

Provide a copy of the organization's Bylaws.

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational Chart (must be for the entire organization): /document/download/filename/1536835434_30406_OrganizationalChartSept1%2C2018.pdf/

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan: /document/download/filename/1536835414_42846_ApprovedStrategicPlan2015-2019112014.pdf/

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Service Area: Ashland, a city in Boone County Missouri, is located off of highway 63 between Columbia and Jefferson City. According to the

Census Bureau webpage, Ashland, Mo has a population of 3,851 people with a median age of 33.9 and a median household income of \$56,696. The racial makeup of the city is 96.7% White, 0.8% African American, 0.3% Native American, 0.5% Asian, 0.4% from other races and 1.3% from two or more races. Hispanic or Latino of any race were 1.5% of the population.

Briefly describe the population(s) served by your organization. (600 character limit)

Population
Served:

The Southern Boone Area YMCA welcomes all residents and visitors of Boone County. As of August 2018, the YMCA has just over 2,500 members. The majority of members live in Ashland while others live in over a dozen of the surrounding communities.

Conflict of
Interest
Policy:

Does your organization have a written Conflict of Interest policy?

yes

Whistleblower
Policy:

Does your organization have a written Whistleblower policy?

yes

Business
Continuity
Plan:

Does your organization have a written Business Continuity plan?

no

Records
Retention
Policy:

Does your organization have a written Records Retention policy?

no

If yes, does the Records retention policy include a Records Retention Schedule?

no

Governing Board

Length of Board Term (e.g. "2 years"):

1 - 1 year tm, 1 - 2 year tm, & 1 - 3 year tm

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Kip Batye	Board Member	01/01/2017	12/31/2018	4110 Laura Avenue, Jefferson City, MO 65109		Added on 08/30/2018
Janet Wear-Enloe	Board Member	01/01/2017	12/31/2018	1021 Tanya Lynn Drive, Jefferson City, MO 65109		Added on 08/30/2018
David Roehl	Board Member	01/01/2017	12/31/2018	318 Virginia Trail, Jefferson City, MO 65109		Added on 08/30/2018
Sarah Garrett	Board Member	01/01/2018	12/31/2018	4155 East Edwards Road, Ashland, MO 65010		Added on 08/30/2018
Allyson Walker	Board Member	01/01/2018	12/31/2018	3420 Flanders Road, Jefferson City, MO 65109		Added on 08/30/2018
Andre Grinston	Board Member	01/01/2018	12/31/2018	4515 Leandra Lane, Jefferson City, MO 65109		Added on 08/30/2018
Ken Theroff	Board Member	01/01/2017	12/31/2018	3560 Gettysburg Place, Jefferson City, MO 65109		Added on 08/30/2018
Larry Linthacum	Board Member	01/01/2016	12/31/2018	6316 Gardenwood Drive, Jefferson City, MO 65109		Added on 08/30/2018
Angela Randolph	Board Member	01/01/2018	12/31/2019	1039 Boonville, Jefferson City, MO 65109		Added on 08/30/2018

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Bob Black	Board Member	01/01/2018	12/31/2019	8120 North Gretlein, Jefferson City, MO 65109	✓	Added on 08/30/2018
Brad Bates	Board Member	01/01/2017	12/31/2018	2305 Express View Drive, Jefferson City, MO 65101	✓	Added on 08/30/2018
Brian Bernskoetter	Board Member	01/01/2018	12/31/2019	1015 Los Brisas Court, Jefferson City, MO 65101	✓	Added on 08/30/2018
Carla Dowden	Board Member	01/01/2017	12/31/2019	309 Joe Lane, Jefferson City, MO 65010	✓	Added on 08/30/2018
Lonna Trammell	Board Member	01/01/2018	12/31/2018	955 Eagle Point Drive, Ashland, MO 65010	✓	Added on 08/30/2018
Mike Bates	Board Member	01/01/2018	12/31/2018	Central Missouri Professional Services; 2500 East McCarty, Jefferson City, MO 65101	✓	Added on 08/30/2018
Steve Price	Board Member	01/01/2018	12/31/2018	2316 Green Meadow Drive, Jefferson City, MO 65010	✓	Added on 08/30/2018
Vicki Meyers	Board Member	01/01/2016	12/31/2018	2408 Parkcrest Drive, Jefferson City, MO 65101	✓	Added on 08/30/2018
Stu Murphy	Member at large	01/01/2016	12/31/2018	1110 Moreau Drive, Jefferson City, MO 65101	✓	Added on 08/30/2018
Steve Buchholz	Secretary	01/01/2018	12/31/2018	804 Cari Ann Court, Jefferson City, MO 65109	✓	Added on 08/30/2018
Cindy Dixon	Past President	01/01/2018	12/31/2018	303 Summerhill Drive, Jefferson City, MO 65109	✓	Added on 08/30/2018
Jon Browning	President	01/01/2018	12/31/2018	5501 Bull Rock Drive, Jefferson City, MO 65109	✓	Added on 08/30/2018
Jeremy Morris	Treasurer	01/01/2018	12/31/2020	1806 Hastings Road, Jefferson City, MO 65109	✓	Added on 08/30/2018
Gaspare Calvaruso	President Elect	01/01/2018	12/31/2018	3551 Antietam Court, Jefferson City, MO 65109	✓	Added on 08/30/2018

Total Active Links:23, Total Deactivated Links:0, Current Active Links:23, Current Deactivated Links:0

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

1 - 1 year term, 1 - 2 year term, & 1 - 3 year term

Describe the function of the Advisory Board as it relates to the work of your organization:

Under the leadership of the Chairperson of the Board of Directors, members of the board are responsible for the formulation of policy, fiscal oversight, planning, fund-raising and providing general direction for the association.

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Advisory Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Link Info	
					Active	Date
Steve Wilmoth	Board Member	01/01/2018	12/31/2018	3520 East Hidden Lane, Hartsburg, MO 65039	✓	Added on 08/29/2018
Dave Westhoff	Board Member	01/01/2018	12/31/2020	1570 South Hawkins Road, Ashland, MO 65010	✓	Added on 08/29/2018
Bruce Wallace	Board Member	01/01/2018	12/31/2018	1308 Weaver Drive, Columbia, MO 65203	✓	Added on 08/29/2018

Advisory Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Active	Date
Brittney Sones	Board Member	01/01/2018	12/31/2020	4040 East Biggs Road, Ashland, MO 65010		Added on 08/29/2018
Sue Rodgers	Board Member	01/01/2018	12/31/2019	3750 East Franklin Road, Hartsburg, MO 65039		Added on 08/29/2018
Kim Ponder	Board Member	01/01/2018	12/31/2018	8800 South Rangeline Road, Columbia, MO 65201		Added on 08/29/2018
Mary Beth Marrs	Board Member	01/01/2018	12/31/2020	4715 East Woodson Harris Road, Columbia, MO 65201		Added on 08/29/2018
Pat Lacy	Board Member	01/01/2018	12/31/2018	2902 East Hwy MM, Ashland, MO 65010		Added on 08/29/2018
Sarah Glass	Board Member	01/01/2017	12/31/2019	17111 South Hawkins Road, Ashland, MO 65010		Added on 08/29/2018
Sarah Giboney	Board Member	01/01/2017	12/31/2019	290 Sequoia Circle, Ashland, MO 65010		Added on 08/29/2018
Sarah Garrett	Secretary	01/01/2018	12/31/2019	4155 East Edwards Road, Ashland, MO 65010		Added on 08/29/2018
Carl Freiling	Board Member	01/01/2018	12/31/2020	PO Box 319, Ashland, MO 65010		Added on 08/29/2018
Chris Felmlee	Board Member	01/01/2018	12/31/2018	1551 East Cedar Tree Lane, Hartsburg, MO 65039		Added on 08/29/2018
Donna Hilgedick	Board Member	01/01/2018	12/31/2018	21001 South Hart Creek Road, Hartsburg, MO 65039		Added on 08/29/2018
Becky Edwards	Board Member	01/01/2018	12/31/2018	3400 East Franklin Road, Hartsburg, MO 65039		Added on 08/29/2018
Noelle Case	Treasurer	01/01/2018	12/31/2019	6761 American Setter Drive, Ashland, MO 65010		Added on 08/29/2018
Stephanie Bell	Board Member	01/01/2018	12/31/2018	503 Terra Linda Lane, Ashland, MO 65010		Added on 08/29/2018
Lonna Trammell	President	01/01/2018	12/31/2019	955 Eagle Point Drive, Ashland, MO 65010		Added on 08/29/2018

Total Active Links:18, Total Deactivated Links:0, Current Active Links:18, Current Deactivated Links:0

Financial Information

Organization Fiscal Year:

January 1st, 2018 - December 31st 2018

If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the filing date: MM/DD/YYYY

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1536839850_29953_IRS501c3.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1540554476_29954_YMCAAUDITREPORT2017FINAL.PDF/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1536839673_29955_2017Form990.pdf/

Financial Policies and Procedures: Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The Southern Boone Area YMCA is a chartered branch that operates with our own Advisory Board. All high level, financial decisions are approved by the Jefferson City Area YMCA Board of Directors.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click **+New** to add Employee Compensation information.

Employees

Employees Compensation

Employee Title:	Qualifications:	FTE:	Link Info		Active	Date
			Salary:	Benefits:		
Development & Marketing Director	B.A.	1.00	\$80,000.00	\$24,000.00		Added on 10/26/2018
Operations & Property Director	High School Diploma, Certification in Building Systems Repair	1.00	\$80,000.00	\$24,000.00		Added on 10/26/2018
Membership Director	B.A or B.S.	1.00	\$66,334.00	\$19,900.00		Added on 10/26/2018
Finance Director	Bachelor's Degree in Finance or Accounting and three years of Professional Accounting Experience	1.00	\$69,255.00	\$20,776.00		Added on 10/26/2018
Chief Executive Officer	B.S. or B.A. and certification as a YMCA Senior Director. 5-7 years of mid-level management.	1.00	\$119,000.00	\$35,700.00		Added on 10/26/2018

Total Active Links:5, Total Deactivated Links:4, Current Active Links:5, Current Deactivated Links:4

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Text

Accreditation 2:

Text

Accreditation 3:

Text

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Local Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and *Third Party Financial Statement Review or **Audit (*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / **Audit required for Organizations reporting \$250,000 or more in annual revenue).

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a *Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) *Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Jefferson City Area YMCA	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	✓	Added on 08/09/2018
HMUW - Health RFP: JUL2017 Cycle (Closed ends 08/31/2020 11:59 AM CDT)	Jefferson City Area YMCA	HMUW Health RFP	Heart of Missouri United Way	July 1, 2017 - June 30, 2018	✓	Added on 01/17/2017

Total Active Links:2, Total Deactivated Links:0, Current Active Links:2, Current Deactivated Links:0

System Fields

Proposal Cover Sheet

Proposal Request Information

Grant

Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)

Organization Name (will auto-populate)

Jefferson City Area YMCA

Fund Source

Community Health/Medical Fund - RFP #36-13SEP18

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

Healthy Hometown - Southern Boone County

Amount of Request

\$70,100.00

Program Information

Program Website (will default to Organization website)

<http://southernbooneymca.org>

Address

101 West Broadway

City

Ashland

State

Missouri

County**Zip**

65010

Program Administrator Name

Kip Evan Batye

Phone Number

573-657-9600

Address

PO Box 56

City

Ashland

State

Missouri

County**Zip**

65010

Program Administrator Title

Branch Director

Email

kbatye@jcymca.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1536841002_30421_AttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1536841263_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1536845576_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1542396773_30418_Addendums1-4.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

[Link Info](#)

Organization Profile Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Record ID	Active Info Date
Jefferson City Area YMCA Organization Name (the offi...	PO Box 104176 Organization Mailing Address:	Craig Lammers Head of Organization	20065 Record ID	Active Added on 11/09/2018 Date
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0				
Federal EIN Number (will auto-populate)				

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)

Link Instructions -1

Linked 'Agreement Form - V2' Records

Link Instructions Agreement Form V2

Linked 'Interim Report - V3' Records

Link Instructions Interim Report

Linked 'Interim Report - V3 (Services 6-15)' Records

Link Instructions - V3 (6-15)

Linked 'Interim Report - YHP' Records

Link Instructions - 2

Linked 'Agreement Form - V3 (Services 16-20)' Records

Link Instructions - Agreement form

Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'

Link Instructions 3

Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records

Link Instructions 4

Linked 'Year End Report - V3' Records

Link Instructions YER Svcs 1-5**Linked 'Year End Report - V3 (Services 6-15)' Records****Link Instructions YER Svcs 6-15****Linked 'Agreement Form - V3.1' Records****Link Instructions Agreement Form 3.1**

Proposal Cover Sheet					Agreement Form - V3.1			Link Info			
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Jefferson City Area YMCA	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	Jefferson City Area YMCA	Healthy Hometown - Southern Boone County	11/16/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Agreement Form - V3.1 (Services 11-20)' Records**Link Instructions**

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Kip Batye

Printed Name - Agency Executive Director/President/CEO

9/13/18

Date

[Signature]

Signature - Agency Executive Director/President/CEO

9/13/18

Date

Lonna Trammell

Printed Name - Agency Board Chair

9/13/18

Date

Lonna Trammell

Signature - Agency Board Chair

9/13/18

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

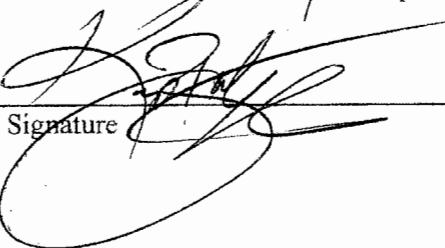
**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Mip Batye / Branch Director
Name and Title of Authorized Representative


Signature

9/13/18
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Burne)
)ss
State of Missouri)

My name is Kip Batye. I am an authorized agent of Southern Burne Area YMCA (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

[Signature]
Affiant

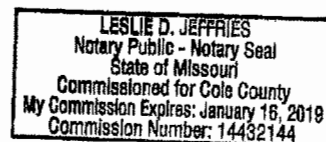
9/13/18
Date

Kip Batye
Printed Name

Subscribed and sworn to before me this 13 day of September, 2018.

[Signature]
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.



**THE E-VERIFY
MEMORANDUM OF UNDERSTANDING
FOR EMPLOYERS**

**ARTICLE I
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the Jefferson City YMCA (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II
RESPONSIBILITIES**

A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
 - a. Notice of E-Verify Participation
 - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

Company ID Number: 1123077

Approved by:

Employer Jefferson City YMCA	
Name (Please Type or Print) Katherine L Bishop	Title
Signature Electronically Signed	Date 08/30/2016
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 08/30/2016

Company ID Number: 1123077

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	Jefferson City YMCA
Company Facility Address	303 Main street Ashland, MO 65010
Company Alternate Address	101 West Broadway Ashland, MO 65010
County or Parish	BOONE
Employer Identification Number	430953286
North American Industry Classification Systems Code	611
Parent Company	
Number of Employees	1 to 4
Number of Sites Verified for	1

Company ID Number: 1123077

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MISSOURI 1 site(s)

Company ID Number: 1123077

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name Katherine L Bishop
Phone Number (573) 657 - 9600
Fax Number
Email Address kbishop@jcymca.org

Name Nabrina L Evans
Phone Number (573) 645 - 0995
Fax Number
Email Address nevans@jcymca.org

Name Kip Batye
Phone Number (573) 657 - 9600
Fax Number
Email Address kbatye@jcymca.org

Page intentionally left blank



[Tutorial Home](#) | [Exit Tutorial](#) | [Log Out](#)

E-Verify Program Administrator Tutorial for Employers 30 of 30

Knowledge Test Results



Congratulations!



Nabrina Evans (NEVA4262), your score is **89.29%**

Nabrina Evans, you successfully completed this tutorial and passed the E-Verify Knowledge Test on March 22, 2018.

Use your browser's print capability to obtain a copy of this page for your records.

To use E-Verify, select 'Exit Tutorial.'



REMINDER: You must visit 'View Essential Resources' to read the E-Verify User Manual, and you must print and clearly display the 'Notice of E-Verify Participation' and 'Right to Work' posters in all languages supplied by DHS.



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #1 - Issued August 13, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheets from the pre-proposal conference held on August 9 are attached for informational purpose.
- III. The County received the following questions and is providing a response:

- a. Audit: We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year. Is this acceptable, or do you require a full audit to have been completed before the proposal is submitted?

Response: If the organization is not required to complete a full audit, an independent financial review will be acceptable.

- b. Background Checks: We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- c. Can we apply for capital funding?

Response: No, the RFP is to purchase health services. However, organizations can submit a request for development or start-up funds within the application but there are no guarantees the request will be awarded by the Community Health Advisory Board.

- d. What should we do when our service does not quite fit into the list of Boone County Impact Group Taxonomy of Services?

Response: We request that you review the Taxonomy of Services and select the service that best fits your proposed service. Be sure to thoroughly describe how the service will be delivered in the Service Description narrative.

- e. Can we still apply for funds if our organization has not received its non-profit status yet?

Response: Yes, you can still apply, however, the organization must have its non-profit status before entering into a contract.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund, receipt of which is hereby acknowledged:

Company Name:

Superior Boone Area YMCA

Address:

101 W. Broadway, Ashland, MO 65010

Phone Number: 573-657-9600

Fax Number: _____

E-mail:

Kbatye@scymca.org

Authorized Representative Signature:

Kip Batye

Date: 10/25/18

Authorized Representative Printed Name:

Kip Batye

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
36-13SEP18 – Purchase of Service Contracts – Community Health / Medical Fund
August 9, 2018, 3:00 p.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kristin Cummins	Community Health	886-7274	
3.	Kelly Wallis	Community Health	886-7218	
4.	Kristin Gamber for Gary Litchner	Mary Lee Johnston Community Learning Center	573-449-5400	573-875-1535
5.	Annette Triplett	PedNet Coalition	999-9894	
6.	Kasey Schramm	First Chance for Children	777-1815	777-1816
7.	Michelle Brown	All Adult Day Connection	582-7078	
8.	Kip Bane	Southern Boone YMCA	573-657-9600	
9.	Lenna Trummel	Southern Boone YMCA	573-690-5397	
10.	Madison Anderson	Services for Independence Living	513-871-6116	
11.	Billy Polanski	CCOA	514-9174	
12.	PAK ASHLEY	Family Health Center	573-886-6761	
13.	Catherine Mello	PR.ECC	513-684-3110	
14.	Michelle Smith	South Boone Community Center	773-1531	
15.				
16.				
17.				
18.				
19.				
20.				
21.				

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
 36-13SEP18 – Purchase of Service Contracts – Community Health / Medical Fund
 August 9, 2018, 3:00 p.m.

22.	Nick Foster	VAC	574-2273	
23.	Gary Schmidt	Compass Health	573-209-1531	
24.	Tim Rich	Welcome Home	573-443-8001	
25.	Nicole Deorn	Great Circle	442-8331	
26.	Emmie Harcourt	The Food Bank	513-338-4080	
27.	Wendy Sore	St. Raymond's Society	(717) 671-1215	
28.	Richard Kumpf	St. Raymond's Society	573-353-0959	
29.	Melissa Schmitt	BCEC	573-356-1007	
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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

1. The County received the following questions and is providing a response:

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety registry for staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP, described in Section 3.4, are eligible for funding. No services have been excluded from eligibility for funding.

By: Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Southern Boone Area JUCA
Address: 101 West Broadway, Ashland, MO 65010
Phone Number: 573-657-9600 Fax Number: _____
E-mail: kbatye@jucua.org
Authorized Representative Signature: Kip Batye Date: 10/26/18
Authorized Representative Printed Name: Kip Batye



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #3 - Issued September 6, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

- a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Ariba.

- b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- c. Is an electronic signature acceptable?

Response: No.

- d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval.

- e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service." Each service must be entered separately.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name: Southern Boone Area Ymca
Address: 101 West Broadway, Ashland, MO 65010
Phone Number: 573-657-9600 Fax Number: _____
E-mail: Kbarye@scymca.org
Authorized Representative Signature: Kip Barye Date: 10/26/18
Authorized Representative Printed Name: Kip Barye



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:


- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "n" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service. Each service must be entered separately."

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #4 to Request for Proposal# 36-13SEP18 – *Purchase of Service Contracts - Boone County Community Health – Medical Fund*, receipt of which is hereby acknowledged:

Company Name:

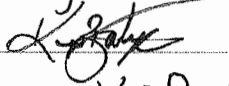
Southern Boone Area YMCA

Address:

101 West Broadway, Ashland, MO 65010

Phone Number: 573-657-9600 Fax Number: _____

E-mail: Kbatye@jynica.org

Authorized Representative Signature:  Date: 10/26/18

Authorized Representative Printed Name: Kip Batye

Program Overview (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Jefferson City Area YMCA
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Healthy Hometown - Southern Boone County
Amount of Request	\$70,100.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The program, Healthy Hometown, will address the issue of chronic disease prevention in both children and adults. The Center for Disease Control and Prevention reports that 86% of the nations \$2.7 trillion in annual health care expenditures are for people with chronic and mental health conditions. (Center for Disease Control and Prevention, 2018) Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States and they are also the leading drivers of the nation's rising health care costs.

Most chronic diseases are caused by a short list of risk behaviors including tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use. All of these risk factors are preventable through behavior change.

According to the United Health Foundation state health rankings, Missouri ranks 40th out of 50 in terms of health status.

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

According to Boone Indicators Dashboard, 25.1% of adults in Boone County are obese and 30.3% are overweight. This risk indicator is a contributing factor a number of chronic diseases. Healthy Hometown will address this through an intervention program called Health Transformation Program for adults, and through a school-based prevention program for children called Healthy Hometown Kids.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The goal of the program is to promote the health and well-being of both children and adults in Southern Boone County.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

Healthy Hometown Southern Boone County is comprehensive program to address chronic disease risk factors and promote healthy lifestyles. The overall initiative consists of two programs – the Health Transformation Program for adults transitioning from physical therapy into an ongoing healthy lifestyle of physical activity, and Healthy Hometown Kids which is an evidence-based program that teaches fourth and fifth grade children healthy habits related to physical activity, limiting screen time, and nutrition.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The people served by the initiative include adults who are suffering from a chronic health condition which requires physical therapy and who are identified by Mizzou Therapy services as good candidates for the program. In addition, the children's portion of the program will target all children in the fourth and fifth grades in the Southern Boone County School System.

b. Why will these particular consumers be served? (1500 character limit)

The adults involved require intervention beyond what physical therapy services can provide to engage in a healthy and active lifestyle. Without this intervention their condition will likely return and require more costly health care.

The goal with the children served is to teach healthy lifestyle habits to reduce the risk factors that lead to chronic disease later in life.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

We do not see any impediments.

d. Total number of unduplicated individuals to be served by the proposed program:

360

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

194.72

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

2515

City of Columbia

80

Cooper County

0

Howard County

0

Other Counties

80

Residence Total

2595

Record Lock

1

Race**White (alone)**

3584

Black or African American (alone)

29

Multiple Races

47

Asian (alone)

19

Native American Indian or Alaskan Native

12

Native Hawaiian or other Pacific Islander (alone)

1

Some Other Race

15

Race Total

3707

Ethnicity**Hispanic or Latino (of any race)**

54

Not Hispanic or Latino

3653

Ethnicity Total

3707

Gender**Female**

1966

Male

1741

Other

0

Gender Total

3707

Income**At or below 200% of Federal Poverty Level**

10725

Over 200% of Federal Poverty Level

15274

Income Total

25999

Age (City-Social Services/County-Health/HMUW-RFP)

Under 5 years

316

5-19 years

775

20-59 years

2197

60 years and over

419

Age Total (1)

3707

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

14

b. Provide information on the types of training that will be offered. (1500 character limit)

Two staff members will be trained as medical exercise specialists and 12 teachers will be trained to work with YMCA staff for the Healthy Hometown Kids program.

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

Location: 101 West Broadway, Ashland, MO 65010

Days/Hours of Operation: Monday-Thursday 5 a.m.-10 p.m., Friday 5 a.m.-8 p.m., Saturday 6 a.m.-5 p.m., Sunday 12 p.m.-6 p.m.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

There is no income eligibility. The Health Transformation Program is for individuals 18 and over, the Healthy Hometown Kids Program is for fourth and fifth grade children.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Healthy Hometown Kids will be conducted as part of the school day so we will not charge a fee. The adults who participate in the Health Transformation Program have experienced the cost of therapy and health care for their condition, therefore we do not want cost to be a barrier to participation.

Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

We believe charging a fee will be a barrier to participation.

Program Quality**a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)**

Licensing is required for the physical therapist who will be a part of the Health Transformation Program.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No

Provide the name of the accreditation agency. (300 character limit)

N/A

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

U.S. Department of Health and Human Services' 2008 Physical Activity Guidelines for Americans.

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

The benefits of physical activity. Centers for Disease Control and Prevention. <http://www.cdc.gov/physicalactivity/everyone/health/index.html>. Accessed Sept. 6, 2016.

Healthy Hometown Kids will use the evidence-based SWITCH curriculum from Iowa State University. <https://www.extension.iastate.edu/switch/>.

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)

We believe these are the best programs to achieve our goals and create lasting change.

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

The Health Transformation Program engages individuals as they are in recovery from a health condition which provides the best opportunity for them to be open to lasting behavior change. The Healthy Hometown Kids Program is a collaboration with the schools and with teachers to create an ongoing healthier school culture.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

There will be a steering committee created for both programs. The steering committee will meet monthly to evaluate progress, measure participation, and review achievements toward program goals.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

In the Health Transformation Program, feedback will be collected from both the participant and the staff at the end of the eight sessions. The steering committee will utilize this feedback to make adjustments to the program if goals are not being achieved.

With the Healthy Hometown Kids Program, feedback will be obtained from the children, parents, and teachers to be reviewed by the steering committee.

Collaboration**Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)**

The Health Transformation Program is a collaboration with Mizzou Therapy Services for referrals into the program and to work with Y staff to prescribe the best activities for the patient. The Healthy Hometown Kids Program is a collaboration with Southern Boone County Schools.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1536835069_40691_HealthTransformationletter.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):**If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):****Program Personnel Instructions**

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Branch Director	B.S	0.25	\$55,000.00	\$80,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Program Director	Associates Degree	0.50	\$35,000.00	\$60,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Medical Exercise Specialist	B.S., ACE Certification	0.50	\$35,000.00	\$45,000.00

P4	MQ4	FTE4	SR4 FROM	SR4 TO
		0.00	\$0.00	\$0.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

All salaries are based on the YMCA personnel and salary administration policy.

The branch director will oversee the planning and implementation of the program. The program director will provide coordination with the school personnel and provide direct services to the patients and school children. The medical exercise specialist will work with the physical therapists and provide direct service to the patients in the Health Transformation as well as monitor and track progress of each individual. The cost of the physical therapists will be covered by Mizzou Therapy Services.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
-----------------	----------	------------------------

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Narrative	\$0.00	0
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$70,100.00	100
C. Boone County- Other Funding (300 character limit)	2C	2C %

Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Narrative	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Narrative	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Narrative	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	70100	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$62,500.00	89
Personnel Narrative (300 character limit)		
This includes the branch director, program director, and medical program specialist.		
2. Non-Personnel	2.	2. %
	\$7,600.00	11
Non-Personnel Narrative (300 character limit)		
Portion of facility rental contribution to cover a portion of facility rental costs \$3600. Program supplies \$2000, training \$2000.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	70100	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

We are currently pursuing other grants; however, none have been secured at this point. Both Mizzou and Southern Boone County Schools will provide significant in-kind support.

Reference List



Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

The benefits of physical activity. Centers for Disease Control and Prevention. <http://www.cdc.gov/physicalactivity/everyone/health/index.html>. Accessed Sept. 6, 2016.

Healthy Hometown Kids will use the evidence-based SWITCH curriculum from Iowa State University. <https://www.extension.iastate.edu/switch/>.

Linked 'Agreement Form - V3' Records**Link Instructions****Linked 'Agreement Form - V3.1' Records****Link Instructions****Agreement Form - V3.1****Link Info**

Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Jefferson City Area YMCA	Healthy Hometown - Southern Boone County	11/16/2018				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Jefferson City Area YMCA
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Healthy Hometown - Southern Boone County
Amount of Request	\$70,100.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$48,000.00

b. Describe how the funds will be utilized. (600 character limit)

The funds will be used for personnel costs, program supplies, training, and facility rental to support the Health Transformation Program.

c. Provide justification for the request for one-time funding. (600 character limit)

The purpose of the funding is to provide startup support for the Health Transformation Program. The Center for Disease Control and Prevention reports

that 86% of the nations \$2.7 trillion in annual health care expenditures are for people with chronic and mental health conditions. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States and they are also the leading drivers of the nation's rising health care costs. Health Transformation Program aims to turn that trend around in Southern Boone County.

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

4.21 PHYSICAL ACTIVITY

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Provides opportunities and/or instruction for physical activities.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Immediately after a health incident related to a chronic disease, a person is highly motivated to make healthy lifestyle changes. The YMCA Health Transformation Program, partnering with Mizzou Health Services Physical Therapy, takes advantage of this opportunity to immediately transition a patient into a medical fitness program that will help them restore their health, develop healthy habits, and prevent future occurrences.

As patients improve and near the end of a time period where skilled physical therapy services are no longer needed, they are really just beginning their journey to health and wellness. The physical therapist has set the ground work for what should become a way of life. Therapists do this by providing education and resources for what is to come. One of the most important pieces to the success of the client is a plan for those next steps which includes referring them to a YMCA certified medical exercise specialist. The medical exercise specialist and therapist work together to provide resources and help clients navigate a path that can be both difficult and overwhelming. Through a team of health and wellness professionals (physical therapy, medical exercise specialist, personal trainers, group fitness instructors) we can ensure clients are engaged in a program to best meet their health needs for long-term success.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One unit is one hour of service.

b. Unit Rate (#1)

\$60.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

This rate is far below the public funded rate for physical therapy and below the average rate for personal training.

d. Total Number of Units of Service to be Provided (#1)

800

e. Total Number of Unduplicated Individuals (#1)

100

f. Average Number of Units of Service per Unduplicated Individual (#1)

8

g. Average Cost of Service per Individual (#1)

480

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

No

Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

We do not finances to get in the way of the transition to prevention. These individuals are experiencing high health care costs due to their chronic disease. Each person will receive this eight session Health Transform Program at no cost so they can experience the benefits of the healthy lifestyle change and continue the program on their own and at their own cost.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

Unfortunately prevention services such as this are not eligible for third-party reimbursement.

Service #1 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)**

No

Service #1 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)**

\$48,000.00

b. Proposed Number of Units of Service (#1)

800

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

The funding will allow us to expand our capacity from serving primarily healthy individuals to providing chronic disease prevention to those who need it the most – people who are suffering from, or at high risk of a chronic disease. The return on investment for the individual as well as the community is significant.

Service #1- Performance Measures**Outcome (1-1)**

Improve InBody scan measures by 10%.

Indicator (1-1)

Number of participants who achieved 10% improvement.

Method of Measurement (1-1)

InBody scan.

Additional Outcome (1-2)

Participate in 150 minutes of moderate aerobic activity weekly.

Additional Indicator (1-2)

Number of participants who participate in 150 minutes of moderate aerobic activity per week for at least eight weeks.

Additional Method (1-2)

Participants will log their activity.

Additional Outcome (1-3)**Additional Indicator (1-3)****Additional Method (1-3)****Additional Outcome (1-4)****Additional Indicator (1-4)****Additional Method (1-4)****Additional Outcome (1-5)****Additional Indicator (1-5)****Additional Method (1-5)****Service #1 - Performance Measures Narrative****a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

The aerobic activity level meets the CDC recommendation. The InBody test provides a comprehensive view of the body composition balance. Using the method of quantitative analysis, these elements of body composition analysis provide basic information required for assessing the status of the body needed for optimal health.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

A reoccurrence of the patient's health issue could cause them to be unable to participate.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

The aerobic activity level is has been established by the CDC, eight weeks of achieving this level of activity will lead to developing a healthy habit and routine. A 10% improvement in the InBody scan will show a significant change in their overall health.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The InBody scan is an object measurement of health that will show a change in health status.

Service #2 - Name, Definition, and Description**a. Service #2 - Taxonomy of Service Name (300 character limit)**

2.1 Community Collaboration

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Coordinate a partnership of stakeholders to collectively improve health.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Delivered through the local elementary school to fourth and fifth grade children, Healthy Hometown Kids is a program conducted as part of the school day by both YMCA and school staff. The focus of the program is to teach children healthy habits using the SWITCH concept – SWITCH what you DO, what you VIEW, and what you CHEW. Students will track their healthy behavior change and rewarded for achievements. Teachers are trained and take part in the planning process to implement the program and improve the health culture of the school. The program takes place in the classroom, in the lunchroom, and during physical education.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

One unit is one hour of service.

b. Unit Rate (#2)

\$3.54

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

No

Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

6240

e. Total Number of Unduplicated Individuals (#2)

260

f. Average Number of Units of Service per Unduplicated Individual (#2)

24

g. Average Cost of Service per Individual (#2)

84.96

Service #2 - Service Fee

a. Will the proposed service consumers be charged a fee? (#2)

No

Provide a rationale why no fee will be charged for the service. (#2) (600 character limit)

This is a school-based program delivered during the school day.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

No

Explain why the proposed service is not billable to a third-party payor. (#2) (600 character limit)

This program does not qualify for third-party reimbursement.

Service #2 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

No

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$22,100.00

b. Proposed Number of Units of Service (#2)

6242.94

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any

other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

The program requires three months of planning and training with school personnel and three month of implementation. The school will contribute significant staff time to assist with the implementation.

Service #2 - Performance Measures

Outcome (2-1)

Increase number of minutes of daily activity to 60 minutes per day.

Indicator (2-1)

Number of participants who achieved 60 minutes of daily activity.

Method of Measurement (2-1)

Participants will log their activity.

Additional Outcome (2-2)

Spend less than 2 hours per day in front of a screen.

Additional Indicator (2-2)

Number of participants who spend less than 2 hours of screen time.

Additional Method (2-2)

Participants log their screen time daily.

Additional Outcome (2-3)

Consumption of 5 or more servings of fruits and vegetables daily.

Additional Indicator (2-3)

Number of participants who eat 5 or more servings of fruits and vegetables daily.

Additional Method (2-3)

Participants will keep a daily log of their food consumption.

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

Each outcome reflects a healthy lifestyle habit that will contribute to children's long-term health.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Lack of parental support could affect the outcome for some children.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

These levels are evidence-based and are recommended by Iowa State University who created the program.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Participant logs are an easy and effective method to collect the data.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

b. Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

- a. Will the proposed service consumers be charged a fee? (#3)
- b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

Service #3 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Funding Request

- a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)
\$0.00
- b. Proposed Number of Units of Service (#3)
0
- c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)
- d. Provide a rationale for each method of measurement. (#3) (600 character limit)

Service #4 - Name, Definition, and Description

- a. Service #4 - Taxonomy of Service Name (300 character limit)
- b. Service #4 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)**d. Total Number of Units of Service to be Provided (#4)**

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee**a. Will the proposed service consumers be charged a fee? (#4)****b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)****Service #4 - Local Funding**

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)**

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Service #4 - Performance Measures**Outcome (4-1)****Indicator (4-1)****Method of Measurement (4-1)****Additional Outcome (4-2)****Additional Indicator (4-2)****Additional Method (4-2)****Additional Outcome (4-3)****Additional Indicator (4-3)****Additional Method (4-3)****Additional Outcome (4-4)****Additional Indicator (4-4)****Additional Method (4-4)****Additional Outcome (4-5)****Additional Indicator (4-5)****Additional Method (4-5)****Service #4 - Performance Measures Narrative**

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

- a. Service #5 - Taxonomy of Service Name (300 character limit)
- b. Service #5 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)
- b. Unit Rate (#5)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

- c. Is the proposed Unit Rate tied to an established public funding rate? (#5)
- d. Total Number of Units of Service to be Provided (#5)
0
- e. Total Number of Unduplicated Individuals (#5)
0
- f. Average Number of Units of Service per Unduplicated Individual (#5)
0
- g. Average Cost of Service per Individual (#5)
0

Service #5 - Service Fee

- a. Will the proposed service consumers be charged a fee? (#5)
- b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Funding Request

- a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00
- b. Proposed Number of Units of Service (#5)
0
- c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Service #5 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5**Total Amount Requested for Start-Up and Service #1 - Service - #5**

118100

Linked 'Agreement Form - V3' Records**Link Instructions****Linked 'Agreement Form - V3.1' Records****Link Instructions****Agreement Form - V3.1**

Organization Name	Program Name	Date Completed	Record Lock	Link Info		
				Description	Active	Date
Jefferson City Area YMCA	Healthy Hometown - Southern Boone County	11/16/2018			<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 17, 2018

Jefferson City Area YMCA
Attn: Kip Batye, Branch Director
PO Box 56
Ashland, MO 65010
kbatye@jcymca.org

RE: Written Clarification #1 to 36-13SEP18 – *Community Health/Medical Fund*

Dear Mr. Batye:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 36-13SEP18 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Table, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 5:00 p.m. October 26, 2018 by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Community Health Advisory Council Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Jefferson City Area YMCA
Name of Program	Healthy Hometown – Southern Boone County

1. The Community Health Advisory Council has recommended funding the proposed program up to \$50,000. Provide responses to the following written clarifications if the Jefferson City Area YMCA would like to continue pursuing this funding opportunity.

Action Required: Complete the attached Program Budget to reflect funding up to \$50,000 from the Community Health Fund. Provide a brief narrative below on how the proposal has been adjusted to feasibly operate with a lower funding amount.

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Organization Profile	
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1. All Governing Board Member profiles were missing all information on board positions, total years served on board, address, phone number, email address, employer, and expertise/experience the board member contributes.
- Action Required:* Complete the Governing Board Member profiles by providing information in each field.

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2. Information was not provided in the Length of Board Term field under the Governing Board section.

Action Required: Provide the length of board terms in the field described above according to the bylaws.

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3. The bylaws state there will be 25 Advisory Board members, but the Advisory Board Table only lists 18 members.

Action Required: Provide clarification and update the Organization Profile.

4. Information describing the function of the Advisory Board and length of terms was not provided at the top of the Advisory Board section.

Action Required: Provide information on the Length of Board Term field and describe the function of the Advisory Board.

5. All Advisory Board Member profiles were missing all information on total years served on board, address, phone number, email address, employer, and expertise/experience the board member contributes.

Action Required: Complete the Governing Board Member profiles by providing information in each field.

6. The Financial Statement that is uploaded is a Profit and Loss report. Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Action Required: Upload the organization's most recent financial statement.

7. There are only three employees listed in the Employees Compensation table. The proposal identifies a Medical Exercise Specialist but is not listed on the Organization Profile.

Action Required: Make sure that all compensated employees are listed.

8. Benefits were not provided for the employees listed in the Employees Compensation table.

Action Required: Provide estimates on the amount employees receive in benefits.

9. Qualifications were not provided for the Membership Coordinator position in the Employees Compensation table.

Action Required: Provide information on the minimum qualification required for the Membership Coordinator.

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Proposal Cover Sheet	
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10. The wrong form was uploaded for Attachment A.

Action Required: Please refer to Attachment A on the RFP and provide a signed copy via email.

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11. The signed Addendums were not provided on the Proposal Cover Sheet.

Action Required: Provide all four addendums of this RFP with the required signatures.

Addendums can be located the [Boone County Purchasing Department website](#).

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Program Overview Form	
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12. The program overview lacked information on the type of chronic diseases and health conditions that will be targeted for Health Transformation Program.

Action Required: Provide more information on the type of health conditions that will be targeted with the Health Transformation Program.

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13. The number of unduplicated individuals to be served varies between the different demographic totals. Each demographic total should equal the same amount.

Action Required: Provide clarification on the total number of individuals that will be served for the whole proposed program. Complete the demographics table below that has the same total for each demographic section.

--

Residence	
City of Columbia	
Boone County (includes City of Columbia residents)	
Cooper County	
Howard Count	
Other Counties	
Residence Total	

Race	
White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native	
Native Hawaiian or other pacific Islander (alone)	
Some other race	
Race Total	
Ethnicity	
Hispanic or Latino (of any race)	
Not Hispanic or Latino	
Ethnicity Total	
Gender	
Female	
Male	
Other	
Gender Total	
Income	
At or Below 200% of Federal Poverty Level	
Over 200% of Federal Poverty Level	
Income Total	
Age	
Under 5 years	
5-19 years	
20-59 years	
60 years and over	
Age Total	

14. The Individuals Trained section does not provide specific information on the type of trainings staff members and teachers will receive.

Action Required: Provide further information on the type of trainings staff members and teachers will receive.

15. The proposal lacked sufficient information under Program Quality describing required licensing for physical therapists.

Action Required: Describe licensing requirements for the Health Transformation Program, including information on physical therapists from MU's Therapy Services department.

16. The Program Quality section does not describe any certifications or credentialing required for the Medical Exercise Specialist.

Action Required: Describe certification requirements for the Medical Exercise Specialist.

17. The proposal lists the U.S. Department of Health and Human Services' 2008 Physical Activity Guidelines for Americans but does not include a description of the source.

Action Required: Provide a description of the best practices outlined in this source.

18. The proposal lists the Center for Disease Control and Prevention website but does not include a description of the source.

Action Required: Provide a description of the best practices outlined in this source and how it supports the efficacy of the program.

19. The proposal lists the SWITCH curriculum from the Iowa State University website but does not include a description of the source.

Action Required: Provide a description of the best practices outlined in this source and how it supports the efficacy of the program.

20. The response for providing a rationale for utilizing the proposed evidence-based program and/or services is not sufficient.

Action Required: Provide an objective response regarding the rationale to utilize the proposed program/services.

21. The description for the quality improvement process lacked specific information on the feedback tool and measurement that will be utilized.

Action Required: Provide specific information on the feedback tool and method that will be utilized to evaluate the Health Transformation Program and Healthy Hometown Kids Program.

22. A letter of support was uploaded instead of MOUs.

Action Required: Provide any MOUs for the program. Provide clarification on the status of obtaining MOUs with the University of Missouri's Therapy Services or Southern Boone County Schools District.

23. The Membership Coordinator is not listed in the Personnel table.

Action Required: Provide clarification on whether the Membership Coordinator contributes to this program in order to enroll physical therapy clients into the YMCA branch for the Health Transformation Program. Include an FTE estimate if the Membership Coordinator will enroll clients.

24. The physical therapists are not listed on the Program Personnel table.

Action Required: Provide clarification on whether physical therapists receive a stipend or have any expenses to the program.

25. The Development/Start Up Service Funding section lists \$48,000 to be used for costs associated to starting the Health Transformation Program. This field should only be used if the development funding request is separate from what is listed from the program services. The Total Amount Requested on the Proposal Cover Sheet and in the Program Budget is \$70,100. This matches the funding request amounts for the two services but not with the Development/Start Up Funding request included.

Action Required: Provide clarification if the \$48,000 entered in Development/Start Up is in addition to the funding amount request for Service 1. If so, provide more specific information on the personnel costs, program supplies, training, and facility rental support. Be sure to exclude or include development costs in the attached 'Program Outputs and Funding Request Tables', depending based on this clarification.

Program Service 1 (Physical Exercise)

26. The service description provides a good explanation of how clients will be connected to the program and the benefit of using establishing existing relationships with physical therapists. However, the description lacks specific information on what the Health Transformation Program will entail once clients are enrolled.

Action Required: Provide specific information on what training programs will look like, frequency, and amount of time clients participate in the program.

27. The Unit Measure is unclear based on information in the service and what type of activities will be invoiced to the County.

Action Required: Provide information on whether "one hour of service" is limited to a client spending time exercising or if it includes time spent by the health and wellness professionals (physical therapy, medical exercise specialist, personal trainers, group fitness instructors).

28. The total number of units seems low for achieving 150 minutes a week of physical activity.
Action Required: Provide clarification on the number of units proposed per person that aligns with the performance measures.

29. The outcome for Service 1 states “Improve InBody scan measures by 10%”
Action Required: Provide clarification on which areas of the body scan clients can expect to see a 10% improvement.

Program Service #6 (Community Collaboration)

30. The proposal followed the *Taxonomy of Services* well, but it appears the best name for the service is “Health Education”. Also, the service should have directly followed Service 1 on the same service form. For future reference, services should be listed in numerical order. The service form names are titled “Program Service 1-5”, “Program Services 6-10”, “Program Services 11-15”, and “Program Services 16-20”. The proposed service has been renamed to Health Education and is now listed as Service 2 on the attached Service Change Table and ‘Program Outputs and Funding Request Tables’. Information in the proposal has been moved to Service 2 on Apricot. Please complete the remaining clarifications to reflect this change.
31. The proposal mentions trainings that school staff will attend for Healthy Hometown Kids. The County prefers to list trainings as a separate service with the unit rate of “one individual”.
Action Required: Provide information on the trainings the teachers will receive for Healthy Hometown Kids. Include information on the curriculum, expected number of teachers to train, amount of time it takes to prepare and lead trainings, and the cost involved in providing trainings (including staff time).

32. The trainings will need to be listed as a separate service. The Outputs need to be updated for providing Best Practices Training to school personnel. The unit measure needs to be 'one individual'. The number of individuals attending each training needs to be tracked. The unit rate needs to reflect the cost of each training and the anticipated number of individuals attending each training. The number of units to be provided needs to reflect the anticipated number of individuals attending a training and the projected number of trainings that will be provided during one year of service. The number of unduplicated individuals to be trained needs to be provided with this change.

Action Required: Provide the Outputs in the 'Service Change Chart' for Service 3. Provide justification on the unit rate, number of units to be provided, and clarification on the number of individuals to be served. Adjust the outputs for what was originally proposed for Health Education (formerly Community Collaboration). Provide performance measures that follow the logic model (see attached).

33. The service description lacked specific information on how the program will be delivered in the schools.

Action Required: Provide more information on Healthy Hometown Kids, the SWITCH concept, incentives for students, how students track behavior change, roles of YMCA staff and teachers, etc.

34. A response was not provided regarding justification for the unit rate.

Action Required: Provide a thorough description of how the unit rate was established and what activities will be included in the unit measure.

35. The performance measures did not provide a percentage for each listed indicator.
Action Required: Provide the percentages for each indicator in the Service Change Table for Service #2.

--

36. The proposal described the amount of time needed to plan and implement the program, which causes concern on the ability to create and track long term change in students.
Action Required: Provide clarification on how quickly change can occur and whether this can be tracked over a long period of time.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
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37. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.
Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Best and Final Offer Budget Proposal		
TOTAL PROGRAM REVENUE	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$
Narrative:		
B. Other United Ways	\$	\$
Narrative:		
C. Capital Campaigns	\$	\$
Narrative:		
D. Grants (non-governmental)	\$	\$
Narrative:		
E. Fund Raising & Other Direct Support	\$	\$
Narrative:		
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding	\$	\$
Narrative:		
B. Boone County - Community Health Funding	\$70,100.00	\$
Narrative:		
C. Boone County - Other Funding	\$	\$
Narrative:		
D. Funding from Other Counties	\$	\$
Narrative:		
E. City of Columbia - Social Service Funding	\$	\$
Narrative:		
F. City of Columbia - CDGB/Home Funding	\$	\$
Narrative:		
G. City of Columbia - CHDO Funding	\$	\$
Narrative:		
H. City of Columbia - Other Funding	\$	\$
Narrative:		
I. Funding from Other Cities	\$	\$
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$	\$
Narrative:		
K. State (Purchase of Services, Grants, etc.)	\$	\$
Narrative:		
L. Other (Schools, Courts, etc.)	\$	\$
Narrative:		
3. Program Service Fees	\$	\$

Narrative:		
4. Investment Income (realized & unrealized)	\$	\$
Narrative:		
5. Other Revenue Items	\$	\$
Narrative:		
TOTAL PROGRAM REVENUE	\$70,100	\$
Narrative:		
PROGRAM EXPENSES	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. Personnel	\$62,500	\$
Narrative:		
2. Non-Personnel	\$7,600	\$
Narrative:		
TOTAL PROGRAM EXPENSES	\$70,100	\$

Service Change Table			
Organization Name: Jefferson City Area YMCA			
Program Name: Healthy Hometown – Southern Boone County			
Service #1 – Taxonomy of Service Name: Physical Exercise			
Service #1 – Taxonomy Definition of Service: Provided information in proposal			
Provide a detailed description of the proposed service: Information was requested in a previous field (Question #26)			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Jefferson City Area YMCA			
Program Name: Healthy Hometown – Southern Boone County			
Service #2 – Taxonomy of Service Name: Health Education			
Service #2 – Taxonomy Definition of Service: Provided information in proposal			
Provide a detailed description of the proposed service: Information was requested in a previous field (Question #33)			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Table			
Organization Name: Jefferson City Area YMCA			
Program Name: Healthy Hometown – Southern Boone County			
Service #3 – Taxonomy of Service Name: Best Practices Training			
Service #3 – Taxonomy Definition of Service: Provided information in proposal			
Provide a detailed description of the proposed service: Information was requested in a previous field (Question #31)			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Jefferson City Area YMCA				
Program Name: Healthy Hometown – Southern Boone County				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Funding Request to Community Health Fund:				
Service:		Amount Requested to Boone County:		Proposed # of Units of Service:
Development/Start Up Service Funding				
Total Amount Requested to Boone County:				

Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIUDALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – Community Health/Medical Fund

CLARIFICATION FORM #1

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In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Southern Boone Area YMCA

Address: 101 West Broadway
Ashland, MO 65010

Telephone: 573-657-9600 Fax: _____

Federal Tax ID (or Social Security #): 43-0953286

Print Name: Kip Batye Title: Branch Director

Signature: [Handwritten Signature] Date: 10/26/18

E-mail: kbatty@scymca.org

Health Transformation Program Assessment Form

Name: _____ Date: _____

DOB: _____

RATE PAIN Right Now	Numeric Pain Scale									
	0 = No Pain									10 = Extremely Intense
	0	1	2	3	4	5	6	7	8	9 10
At Best	0	1	2	3	4	5	6	7	8	9 10
At Worse Pain Where:	0	1	2	3	4	5	6	7	8	9 10

History:

Objectives:

HR:

BP:

Height:

Weight:

BMI:

Metabolic Syndrome Risk Assessment:

Waist:

Hip:

Ratio:

Gait:

Walks with support:

Describe gait:

Functional Assessment:

Describe Sitting Posture:

Sit to stand w/ no hands:

Needs hands to assist:

Takes more than one attempt:

Describe Standing Posture:

Stands w/ wide BOS:

Stands needing support:

Standing balance:

Step Ups:

Need hand support:

Reciprocal:

Favors one side:

ROM/Flexibility:

General mobility of neck, shoulders, trunk, hips, knees, ankles:

MMT:

Shoulders FF:

Hip Flexion:

Knee Extension:

Knee Flexion:

Ankle DF:

SLR Test for Hamstring Flexibility:

Fitness Testing Options:

Forward Reach Test:

Timed Up and Go Test:

2 Min Timed Walk Test:

10 Meter Timed Walk Test:

6 Min Timed Walk Test:

SL Balance (time): R/ L/

1 Mile Walk Test:

Chair Stand Test:

3 Min Bike for Distance Test:

Max Push-up Test:

1 Min Sit-up Test:

3 Min Step Test:

1.5 Mile Run:



School Wellness Integration Targeting Child Health

About SWITCH

SWITCH is an evidence-based obesity prevention program designed to help students adopt healthy lifestyles both in school and at home. Through SWITCH, students learn to 'switch what they do, view and chew.'

SWITCH is designed to assist schools in meeting USDA guidelines for school wellness. The focus on building capacity helps ensure that schools can sustain programming over time.

Why SWITCH?

SWITCH provides a unifying framework and support network to help schools operationalize aspects of their school wellness programming.

Promoting school wellness is a high priority for schools since research has clearly documented associations between healthy lifestyles and academic achievement. **SWITCH** creates the type of learning environment that helps children perform to their potential.

www.iowaswitch.org

 IOWA STATE UNIVERSITY
Extension and Outreach



School Environment

"School leaders making 'switches' to enhance the school environment"



SWITCH
PE

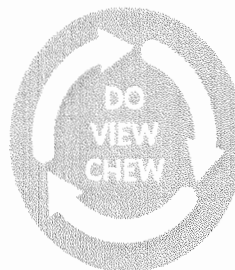


SWITCH
Classroom



SWITCH
Lunchroom

- TRACKING
- GOAL SETTING
- INCENTIVES



STUDENTS
SWITCHING
WHAT THEY
DO, VIEW
AND CHEW



Web Tracker

"Parents making 'switches' to enhance the home environment"



Home Environment



How it Works

SWITCH empowers school leaders to activate and integrate school wellness programming and to engage children and parents to create healthier school and home environments. Participating schools are provided with access to a powerful and customizable web-based content management system. The web system handles all aspects of program implementation (e.g., promotion, registration, tracking, reporting, and evaluation). It also includes separate administrative levels to facilitate district or regional coordination.

Why it Matters

SWITCH establishes a culture within the school (and at home), to help promote healthy environments and healthy lifestyles. By integrating the messages children see at school and at home they are more likely to internalize them. The ability to directly engage parents in the effort also helps create a stronger and more positive culture within the school.

Be a SWITCH School!

SWITCH is managed by an interdisciplinary research team at Iowa State University along with leaders from ISU Extension. Support to establish SWITCH was provided through a grant from the U.S. Department of Agriculture (USDA). To learn more, contact our SWITCH team at iowaswitch@gmail.com

SWITCH

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Jefferson City Area YMCA
Name of Program	Healthy Hometown – Southern Boone County

1. The Community Health Advisory Council has recommended funding the proposed program up to \$50,000. Provide responses to the following written clarifications if the Jefferson City Area YMCA would like to continue pursuing this funding opportunity.

Action Required: Complete the attached Program Budget to reflect funding up to \$50,000 from the Community Health Fund. Provide a brief narrative below on how the proposal has been adjusted to feasibly operate with a lower funding amount.

We have adjusted the budget to reflect funding up to \$50,000 by only implementing the Healthy Hometown Kids Program with 4th grade students at the Southern Boone County Elementary School. We decreased the number of participants from 260 (total 4th and 5th grade students) down to 134 (only 4th grade students) with 6 4th grade teachers, 1 PE Teacher, and 1 Food Service Assistant which totals 142.

We also adjusted the budget for the Health Transformation Program. We decreased the number of participants from 100 to 80.

TOTAL participants: 224

Organization Profile	
-----------------------------	--

1. All Governing Board Member profiles were missing all information on board positions, total years served on board, address, phone number, email address, employer, and expertise/experience the board member contributes.

Action Required: Complete the Governing Board Member profiles by providing information in each field.

Added to Governing Board Member Profile on Apricot.

2. Information was not provided in the Length of Board Term field under the Governing Board section.

Action Required: Provide the length of board terms in the field described above according to the bylaws.

This has been added on Apricot. Below is a better definition of board terms.

Terms of service on the Jefferson City Area YMCA Board of Directors and the SOBO Advisory Board shall be one one-year term, one two year term, and one three-year term. This continual service is limited to six years. Board officers are exempted from this limitation and, thus, may serve until their service as an officer is completed.

3. The bylaws state there will be 25 Advisory Board members, but the Advisory Board Table only lists 18 members.

Action Required: Provide clarification and update the Organization Profile.

Our bylaws had been revised to say "up to 25 board members." This has been added on Apricot.

4. Information describing the function of the Advisory Board and length of terms was not provided at the top of the Advisory Board section.

Action Required: Provide information on the Length of Board Term field and describe the function of the Advisory Board.

This has been added on Apricot.

Under the leadership of the Chairperson of the Board of Directors, members of the board are responsible for the formulation of policy, fiscal oversight, planning, fund-raising and providing general direction for the association.

5. All Advisory Board Member profiles were missing all information on total years served on board, address, phone number, email address, employer, and expertise/experience the board member contributes.

Action Required: Complete the Governing Board Member profiles by providing information in each field.

This has been updated on Apricot.

6. The Financial Statement that is uploaded is a Profit and Loss report. Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Action Required: Upload the organization's most recent financial statement.

This has been uploaded on Apricot.

7. There are only three employees listed in the Employees Compensation table. The proposal identifies a Medical Exercise Specialist but is not listed on the Organization Profile.

Action Required: Make sure that all compensated employees are listed.

The Medical Exercise Specialist has been added on Apricot.

8. Benefits were not provided for the employees listed in the Employees Compensation table.

Action Required: Provide estimates on the amount employees receive in benefits.

This has been added to Employee Compensation table on Apricot.

9. Qualifications were not provided for the Membership Coordinator position in the Employees Compensation table.

Action Required: Provide information on the minimum qualification required for the Membership Coordinator.

This has been added on Apricot.

The Membership Coordinator must hold, at minimum an Associate's Degree or the equivalent. He/she must understand the basic nature and philosophy of the YMCA. He/she must display good judgement in dealing with the public and staff regarding all membership functions. Serving as liaison for ActiveNet, the Membership Coordinator must be knowledgeable and proficient in all functions of ActiveNet. Knowledge of youth and adult sports programming and planning is required. Strong organizational, communication, and computer skills is a must. CPR and First Aid certifications are required. This is a part-time position required to work 30 hours a week.

Proposal Cover Sheet

10. The wrong form was uploaded for Attachment A.

Action Required: Please refer to Attachment A on the RFP and provide a signed copy via email.

Attachment A is attached.

11. The signed Addendums were not provided on the Proposal Cover Sheet.

Action Required: Provide all four addendums of this RFP with the required signatures.

Addendums can be located the [Boone County Purchasing Department website](#).

These have been signed and are attached.

Program Overview Form

12. The program overview lacked information on the type of chronic diseases and health conditions that will be targeted for Health Transformation Program.

Action Required: Provide more information on the type of health conditions that will be targeted with the Health Transformation Program.

We will focus on the most prevalent chronic diseases related to poor nutrition and inactive lifestyles including heart disease, cancer and diabetes.

13. The number of unduplicated individuals to be served varies between the different demographic totals. Each demographic total should equal the same amount.

Action Required: Provide clarification on the total number of individuals that will be served for the whole proposed program. Complete the demographics table below that has the same total for each demographic section.

These totals below include:

80 participants in the Health Transformation Program

136 4th grade students in the Healthy Hometown Kids Program

6 4th grade teachers, 1 PE teacher, and 1 Food Service Assistant in the Healthy Hometown Kids Program

Residence	
City of Columbia	5
Boone County (includes City of Columbia residents)	214
Cooper County	0
Howard Count	0
Other Counties	5
Residence Total	224
Race	
White (alone)	210
Black or African American (alone)	4
Multiple Races	4
Asian (alone)	3
Native American Indian or Alaskan Native	1
Native Hawaiian or other pacific Islander (alone)	1
Some other race	1
Race Total	224
Ethnicity	
Hispanic or Latino (of any race)	5
Not Hispanic or Latino	219
Ethnicity Total	224
Gender	
Female	126
Male	98
Other	0
Gender Total	224
Income	
At or Below 200% of Federal Poverty Level	NA
Over 200% of Federal Poverty Level	NA
Income Total	
Age	
Under 5 years	0
5-19 years	141
20-59 years	30
60 years and over	53
Age Total	224

14. The Individuals Trained section does not provide specific information on the type of trainings staff members and teachers will receive.

Action Required: Provide further information on the type of trainings staff members and teachers will receive.

The Program Director will be trained in the SWITCH curriculum and in turn he/she will train 6 4th grade teachers, 1 PE Teacher, and 1 Food Service Assistant.

15. The proposal lacked sufficient information under Program Quality describing required licensing for physical therapists.

Action Required: Describe licensing requirements for the Health Transformation Program, including information on physical therapists from MU's Therapy Services department.

Physical therapists must hold a current license to practice in the state of Missouri. Must renew every two years and requires 30 hours of continuing education.

16. The Program Quality section does not describe any certifications or credentialing required for the Medical Exercise Specialist.

Action Required: Describe certification requirements for the Medical Exercise Specialist.

Complete an accredited certification program by the National Commission for Certifying Agencies (NCCA) and pass the Medical Exercise Specialist Exam. In order to take the Medical Exercise Specialist Exam, one must be at least 18 years old, hold a current CPR/AED certification, a bachelor's degree in exercise science or a related field and complete 500 hours of work experience designing and implementing exercise programs for apparently healthy or high risk individuals.

17. The proposal lists the U.S. Department of Health and Human Services' 2008 Physical Activity Guidelines for Americans but does not include a description of the source.

Action Required: Provide a description of the best practices outlined in this source.

Best practices and guidelines for adults are listed below:

- All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.
- For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week.
- For additional and more extensive health benefits, adults should increase their aerobic physical activity to 300 minutes (5 hours) a week of moderate intensity, or 150 minutes a week of vigorous intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity activity. Additional health benefits are gained by engaging in physical activity beyond this amount.

- Adults should also do muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week, as these activities provide additional health benefits.

18. The proposal lists the Center for Disease Control and Prevention website but does not include a description of the source.

Action Required: Provide a description of the best practices outlined in this source and how it supports the efficacy of the program.

The CDC states: Regular physical activity can help you prevent, delay, or manage chronic diseases. Aim for moderate physical activity (like brisk walking or gardening) for at least 150 minutes a week. This can be found at <https://www.cdc.gov/chronicdisease/about/prevent/index.htm>.

19. The proposal lists the SWITCH curriculum from the Iowa State University website but does not include a description of the source.

Action Required: Provide a description of the best practices outlined in this source and how it supports the efficacy of the program.

Please see the SWITCH curriculum attached.

20. The response for providing a rationale for utilizing the proposed evidence-based program and/or services is not sufficient.

Action Required: Provide an objective response regarding the rationale to utilize the proposed program/services.

SWITCH has a strong track record and is design to assist school in meeting the USDA guidelines for school wellness. The focus on building capacity helps ensure that schools can sustain programming over time.

21. The description for the quality improvement process lacked specific information on the feedback tool and measurement that will be utilized.

Action Required: Provide specific information on the feedback tool and method that will be utilized to evaluate the Health Transformation Program and Healthy Hometown Kids Program.

Quality is of the utmost importance to the Southern Boone Area YMCA; however, quality improvement is a process not a specific tool. Programs, services, facilities, equipment, and staff are all important components of superior organizational performance and ultimately achieving the desired health outcomes for individuals and the community.

To maintain the highest level of quality, Healthy Hometown will have a systematic process to measure, evaluate, and improve quality. The process will consist of monthly assessments by the Quality Management Committee and recommendations for improvement.

The Quality Management Committee will be made up of the Branch Director, Kip Batye, Physical Therapist Becky Edwards, Superintendent Chris Felmlee, and Vernon Delpesce, consultant with ACB.

22. A letter of support was uploaded instead of MOUs.

Action Required: Provide any MOUs for the program. Provide clarification on the status of obtaining MOUs with the University of Missouri's Therapy Services or Southern Boone County Schools District.

Both Becky Edwards and Chris Felmlee serve on the Southern Boone Area YMCA Advisory Board.

We have received a letter of support from Becky Edwards at Mizzou Therapy Services. An MOU is forth coming once funding is secured.

We are currently communicating with Superintendent, Chris Felmlee about the program. He will provide an MOU once funding has been secured.

23. The Membership Coordinator is not listed in the Personnel table.

Action Required: Provide clarification on whether the Membership Coordinator contributes to this program in order to enroll physical therapy clients into the YMCA branch for the Health Transformation Program. Include an FTE estimate if the Membership Coordinator will enroll clients.

The Membership Coordinator will assist with InBody measurements and enroll clients in the program. The Membership Coordinator is an hourly position at \$14/HR. This program would require 20% of the Membership Coordinator's time which would cost \$4,368 annually.

24. The physical therapists are not listed on the Program Personnel table.

Action Required: Provide clarification on whether physical therapists receive a stipend or have any expenses to the program.

The physical therapists are employed by Mizzou Therapy Services and will be paid by their company.

Program Services Form (1-5)	
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Development/Start Up Funding

25. The Development/Start Up Service Funding section lists \$48,000 to be used for costs associated to starting the Health Transformation Program. This field should only be used if the development funding request is separate from what is listed from the program services. The Total Amount Requested on the Proposal Cover Sheet and in the Program Budget is \$70,100. This matches the funding request amounts for the two services but not with the Development/Start Up Funding request included.

Action Required: Provide clarification if the \$48,000 entered in Development/Start Up is in addition to the funding amount request for Service 1. If so, provide more specific information on the personnel costs, program supplies, training, and facility rental support. Be sure to exclude or include development costs in the attached 'Program Outputs and Funding Request Tables', depending based on this clarification.

The \$48,000 was to be included with the overall request for the RFP. Any and all expenses in the Health Transformation Program and Healthy Hometown Kids is included in the new ask of \$49,955.

Program Service 1 (Physical Exercise)

26. The service description provides a good explanation of how clients will be connected to the program and the benefit of using establishing existing relationships with physical therapists. However, the description lacks specific information on what the Health Transformation Program will entail once clients are enrolled.

Action Required: Provide specific information on what training programs will look like, frequency, and amount of time clients participate in the program.

An evaluation will be conducted on each individual. The Health Transformation Form is attached. Based on the results of the evaluation an individualized program will be developed for the client. It is generally 2 to 3 times per week for one hour and consists of a combination of aerobic exercise, strength exercises, and stretching. However, the exact modalities are recommended by the therapist, carried out by the medical program specialist or group exercise instructor, and based on individual needs.

27. The Unit Measure is unclear based on information in the service and what type of activities will be invoiced to the County.

Action Required: Provide information on whether "one hour of service" is limited to a client spending time exercising or if it includes time spent by the health and wellness professionals (physical therapy, medical exercise specialist, personal trainers, and group fitness instructors).

One hour of service will include meeting with medical exercise specialist and physical therapists. The medical exercise specialist will provide guidance and supervise the prescribed activity.

28. The total number of units seems low for achieving 150 minutes a week of physical activity.

Action Required: Provide clarification on the number of units proposed per person that aligns with the performance measures.

This will be individualized based on individual needs; however, many people will engage in some exercise on their own in between their sessions with the health and wellness professional. The 150 minutes of physical activity will be a goal for everyone.

29. The outcome for Service 1 states "Improve InBody scan measures by 10%"

Action Required: Provide clarification on which areas of the body scan clients can expect to see a 10% improvement.

The InBody machine measures blood pressure, grip strength, flexibility, weight, skeletal muscle mass, body fat mass, body mass index, percent body fat, total body water, and dry lean mass. Part of the initiation process of new clients is learning what types of improvements they want to see as well as what we would want to see. The "10 % improvement" will vary depending on the areas of focus for each participant.

Program Service #6 (Community Collaboration)

30. The proposal followed the *Taxonomy of Services* well, but it appears the best name for the service is "Health Education". Also, the service should have directly followed Service 1 on the same service form. For future reference, services should be listed in numerical order. The service form names are titled "Program Service 1-5", "Program Services 6-10", "Program Services 11-15", and "Program Services 16-20". The proposed service has been renamed to Health Education and is now listed as Service 2 on the attached Service Change Table and 'Program Outputs and Funding Request Tables'. Information in the proposal has been moved to Service 2 on Apricot. Please complete the remaining clarifications to reflect this change.

31. The proposal mentions trainings that school staff will attend for Healthy Hometown Kids. The County prefers to list trainings as a separate service with the unit rate of "one individual".
Action Required: Provide information on the trainings the teachers will receive for Healthy Hometown Kids. Include information on the curriculum, expected number of teachers to train, amount of time it takes to prepare and lead trainings, and the cost involved in providing trainings (including staff time).

The teachers, PE teacher, and Food Service Assistant will go through approximately 8 hours of training which also involves planning for implementation. The goal is to increase physical activity, reduce screen time, and increase fruit and vegetable consumption each day.

There will be separate training sessions for 4th grade classroom teachers, PE teacher, and cafeteria staff. They will also spend time planning together. There are specific SWITCH

resource modules available which will be purchased once we have secured the funding. There will be weekly update meetings between the Y staff coordinator and school staff after the initial training is complete and through implementation. The update meetings will provide support and measure progress.

There are 6 4th grade teachers, 1 PE teacher, and 1 Food Service Assistant who will be involved in the training and implementation. The cost to provide the training is \$7,887 which covers 64 hours of Y staff time, materials, and supplies.

32. The trainings will need to be listed as a separate service. The Outputs need to be updated for providing Best Practices Training to school personnel. The unit measure needs to be 'one individual'. The number of individuals attending each training needs to be tracked. The unit rate needs to reflect the cost of each training and the anticipated number of individuals attending each training. The number of units to be provided needs to reflect the anticipated number of individuals attending a training and the projected number of trainings that will be provided during one year of service. The number of unduplicated individuals to be trained needs to be provided with this change.

Action Required: Provide the Outputs in the 'Service Change Chart' for Service 3. Provide justification on the unit rate, number of units to be provided, and clarification on the number of individuals to be served. Adjust the outputs for what was originally proposed for Health Education (formerly Community Collaboration). Provide performance measures that follow the logic model (see attached).

This has been updated on the chart.

33. The service description lacked specific information on how the program will be delivered in the schools.

Action Required: Provide more information on Healthy Hometown Kids, the SWITCH concept, incentives for students, how students track behavior change, roles of YMCA staff and teachers, etc.

Healthy Hometown Kids is an initiative to create healthy behavior change in children. The SWITCH concept was selected as an evidence-based program to accomplish this. More information is available on the attachment titled SWITCH Conceptual Handout. More information is also available on the Iowa State Extension website at <https://www.extension.iastate.edu/switch/>. There will be incentives for students that will be established by teachers and administrators; however, they typically include special school programs, donated items donated from the community, school parties, and recognition assemblies.

There is an online tracking system available that we hope to have access to; if not, tracking will be done by hand on tracking forms. Results are recorded daily and reviewed by teachers weekly.

The role of the teachers are to help students understand the concepts as well as monitor and encourage their students. Cafeteria staff provide healthy options and encouragement. The YMCA staff will provide training, coordination, support, and track progress.

34. A response was not provided regarding justification for the unit rate.

Action Required: Provide a thorough description of how the unit rate was established and what activities will be included in the unit measure.

Best Practices Training: Approximately 50% of the cost of the training is material cost and the other 50% is staff time.

Healthy Hometown Kids Delivery: The primary delivery is provided by the 4th grade teachers, PE Coach, and Food Service Assistant and will not be compensated as part of the grant request.

35. The performance measures did not provide a percentage for each listed indicator.

Action Required: Provide the percentages for each indicator in the Service Change Table for Service #2.

The indicator has been updated to reflect a percentage.

36. The proposal described the amount of time needed to plan and implement the program, which causes concern on the ability to create and track long term change in students.

Action Required: Provide clarification on how quickly change can occur and whether this can be tracked over a long period of time.

There will be evidence of change immediately upon implementation because the teaching and activities will be part of the school day and implemented by the teachers. The initial time period is 3 months; however, the hope is that the concepts will become part of the regular curriculum and culture of the school so that it will be continued for many years.

37. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Best and Final Offer Budget Proposal		
TOTAL PROGRAM REVENUE	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$
Narrative:		
B. Other United Ways	\$	\$
Narrative:		
C. Capital Campaigns	\$	\$
Narrative:		
D. Grants (non-governmental)	\$	\$
Narrative:		
E. Fund Raising & Other Direct Support	\$	\$
Narrative:		
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding	\$	\$
Narrative:		
B. Boone County - Community Health Funding	\$70,100.00	\$49,955
Narrative:		
C. Boone County - Other Funding	\$	\$
Narrative:		
D. Funding from Other Counties	\$	\$
Narrative:		
E. City of Columbia - Social Service Funding	\$	\$
Narrative:		
F. City of Columbia - CDGB/Home Funding	\$	\$
Narrative:		
G. City of Columbia - CHDO Funding	\$	\$
Narrative:		
H. City of Columbia - Other Funding	\$	\$
Narrative:		
I. Funding from Other Cities	\$	\$
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$	\$
Narrative:		
K. State (Purchase of Services, Grants, etc.)	\$	\$
Narrative:		
L. Other (Schools, Courts, etc.)	\$	\$
Narrative:		
3. Program Service Fees	\$	\$

Narrative:		
4. Investment Income (realized & unrealized)	\$	\$
Narrative:		
5. Other Revenue Items	\$	\$
Narrative:		
TOTAL PROGRAM REVENUE	\$70,100	\$49,955
Narrative:		
PROGRAM EXPENSES	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. Personnel	\$62,500	\$42,355
Narrative:		
2. Non-Personnel	\$7,600	\$7,600
Narrative:		
TOTAL PROGRAM EXPENSES	\$70,100	\$49,955

Service Change Table			
Organization Name: Jefferson City Area YMCA			
Program Name: Healthy Hometown – Southern Boone County			
Service #1 – Taxonomy of Service Name: Physical Exercise			
Service #1 – Taxonomy Definition of Service: Provided information in proposal			
Provide a detailed description of the proposed service: Information was requested in a previous field (Question #26)			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour of service	\$60.00	640	80
Funding Request			
Amount Requested to Boone County:\$38,400		Proposed Number of Units of Service: 640	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Improve InBody scans	90% of participants will have a 10% improvement	InBody scans	
Participate in 150 minutes of moderate aerobic activity weekly.	90% of participants who participate in 150 minutes of moderate aerobic activity per week for at least 8 weeks	Participants will log their activity	

Service Change Table			
Organization Name: Jefferson City Area YMCA			
Program Name: Healthy Hometown – Southern Boone County			
Service #2 – Taxonomy of Service Name: Health Education			
Service #2 – Taxonomy Definition of Service: Provided information in proposal			
Provide a detailed description of the proposed service: Information was requested in a previous field (Question #33)			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour of service	\$1.21	3,264	136
Funding Request			
Amount Requested to Boone County: \$3,955		Proposed Number of Units of Service: 3,264	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase number of minutes of daily activity to 60 minutes per day.	Number of participants who achieved 60 minutes of daily activity.	Participants will log their activity.	
Spend less than 2 hours per day in front of a screen.	Number of participants who spend less than 2 hours of screen time.	Participants log their screen time daily.	
Consumption of 5 or more servings of fruits and vegetables daily.	Number of participants who eat 5 or more servings of fruits and vegetables daily.	Participants will keep a daily log of their food consumption.	

Service Change Table			
Organization Name: Jefferson City Area YMCA			
Program Name: Healthy Hometown – Southern Boone County			
Service #3 – Taxonomy of Service Name: Best Practices Training			
Service #3 – Taxonomy Definition of Service: Provided information in proposal			
Provide a detailed description of the proposed service: Information was requested in a previous field (Question #31)			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour of training	\$118.75	64	8
Funding Request			
Amount Requested to Boone County: \$7,600		Proposed Number of Units of Service: 64	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
To plan and implement the Healthy Hometown Kids program in their classroom	The percentage of students who are actively engaged and logging their results of the program.		Daily log of activity, screen time, and consumption of fruit and vegetables.
To plan and implement the Healthy Hometown Kids program to increase children's activity level while at school and home	The percentage of students who are actively engaged and logging their results of the program.		Daily log of activity.
To plan and implement the Healthy Hometown Kids program in the lunch room by serving and encouraging greater consumption of fruit and vegetables.	The percentage of students who are actively engaged and logging their results of the program.		Daily log of consumption of fruit and vegetables.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Jefferson City Area YMCA				
Program Name: Healthy Hometown – Southern Boone County				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Physical Exercise	One hour of service	\$60.00	640	80
Health Education	One hour of service	\$1.21	3,264	136
Best Practices Training	One hour of training	\$118.75	64	8
Funding Request to Community Health Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Physical Exercise	\$38,400		640	
Health Education	\$3,955		136	
Best Practices Training	\$7,600		64	
Development/Start Up Service Funding	\$0		0	
Total Amount Requested to Boone County:	\$49,955		840	

Program Performance Measures Information


The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIUDALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test

Jefferson City Area YMCA

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program's proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click "Submit Agreement" once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.

 my apricot help center

Jefferson City Area YMCA/ORG

Organizations

Collapse All

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Additional Documents

Program Overview (V3) (1 records) ▾

Boone County (includes City of Columbia residents) %	TOTAL REVENUE %	2 %	Complete
2815	70100	\$7,226.00	

Page 1 of 1 | 20 records per page

Program Services 1-5 (V3) (1 records) ▾

a. Service #1 - Taxonomy of Service Name (300 character limit) %	Record ID %	Complete
4 21 PHYSICAL ACTIVITY	22151	

Page 1 of 1 | 20 records per page

Program Services 6-10 (V3)

Program Services 11-15 (V3)

Program Services 16-20 (V3)

Agreement Form - V3.1 (1 records) ▾

Organization Name %	Program Name %	Date Completed %	Complete
Jefferson City Area YMCA	Healthy Hometown - Southern Boone County		

Page 1 of 1 | 20 records per page

Folder Actions ▾

Edit Proposal Cover

Return to Search

Application Overview

Print Records

Copy Records

Record History

Grant Actions ▾

Submit Agreement

Required Forms ✓

Required Fields ✓

Follow-up is needed for the Agreement Form:

Agreement Form Section	Items Updated	Action Required:
Program Budget	1. The Program Budget has been updated according to responses provided in the Written Clarification.	1. Please review the budget and make updates as needed.
Consumer Demographics	<p>The Consumer Demographics will need to be corrected.</p> <ol style="list-style-type: none"> 1. There are 5 individuals listed from Other Counties in the Written Clarifications. Adults in the Health Transformation Program must be Boone County residents for Community Health Funds to be utilized to purchase services. We understand that some teachers that receive training or some students through Healthy Hometown Kids Program may reside in another county. 2. The residence total did not match up with the other demographic totals 3. Income levels will be required for the adults participating in the Health Transformation Program. Intake forms for the program will need to include information on all the demographics listed (residence, race, ethnicity, gender, income, and age). A narrative can be provided in the "Consumer Demographics Narrative" field describing any barriers there may be to collecting demographic information. 4. Individuals from the school that are receiving training won't be listed in the demographics section. They can be listed in "Individuals Trained" section. Eight individuals have been entered according to Written Clarification response #1. 	<p>Please make updates to the demographic section based on the issues listed in "Items Updated" column.</p> <ol style="list-style-type: none"> 1. Update the consumer demographics to make sure adults in the Health Transformation Program are all Boone County residents. 2. Make sure all demographic section totals are the same total amount. 3. Update projected income levels of individuals participating in the Health Transformation Program. Provide a narrative in the "Consumer Demographics Narrative" field describing any barriers there may be to collecting demographic information. 4. Update all the consumer demographics with any school personnel that are receiving trainings removed.
Service 1 – Physical Exercise	1. The total number of units and individuals to be served has been updated.	<ol style="list-style-type: none"> 1. Please review. 2. Please review. 3. Please review the changes made to the performance

	<ol style="list-style-type: none"> 2. The Agreement Amount #1 has been added according to the Written Clarifications. 3. The performance measures have been updated and slightly reworded from the Written Clarifications. 4. A performance measure was added describing participants completing the full eight weeks. 5. There were numerous fitness testing categories provided on the assessment sheet. Are there any other outcomes/indicators that can be included in the performance measures? 	<p>measures. Add time intervals of when the Method of Measurements will be completed.</p> <ol style="list-style-type: none"> 4. Review Outcome/Indicator/Method of Measurement 1-3. Provide a percentage for indicator 1-3. Provide a method of measurement. 5. Review the Health Transformation Program Assessment Form to pull any additional performance measures for the program. Add these to the performance measure table for Service 1.
Service 2 – Health Education	<ol style="list-style-type: none"> 1. The number of units has been updated according to the Written Clarifications. The number of units will need to be updated based on issues described in Service 3. 2. The Funding Request amount in the Written Clarifications did not purchase a whole number of units. Agreement Amount #2 has been updated to purchase the full 3,264 units for the service. The agreement amount will need to be updated based on issues described in Service 3. 3. The performance measures may need to be adjusted to allow for some variance in students not meeting each goal every day. For example, could the indicator be modified and easily calculated to state “XX% of students will report on completing 60 minutes of daily activity, 71% of the week.” There’s concern the percentages will be poor without any room for kids to miss a day (+) of exercise/screen time/healthy eating. 	<ol style="list-style-type: none"> 1. Update agreement amount based on meeting conversation. 2. Update agreement amount based on meeting conversation. 3. Please review the changes made to the performance measures. Consider additional revisions to provide some leeway for kids not meeting the indicators every single day for three months. Update the percentages for the indicators based on what you hope to achieve with the program. 4. Add a percentage of students that will complete daily logs. Another percentage was added to the indicator to allow for some leeway for students that may miss submitting a few daily logs.

	4. An additional performance measure was moved from Service 3 to Service 2.	
Service 3 – Best Practices Training	<ol style="list-style-type: none"> 1. The County requires the unit measure for trainings to be “one individual”. The Written Clarifications also included time for follow-up meetings with teachers. We will need the unit rate to be for the actual amount of time to provide the training to teachers, cost of resource modules, and staff to prepare for the initial training. Any other time following the trainings should be listed as time for Service 2. 2. Agreement Amount #2 will need to be updated based on the item above. 3. The performance measures were rewritten to better reflect training and engagement of teachers. 	<ol style="list-style-type: none"> 1. Update outputs based on meeting conversation. 2. Review the updated performance measures. Provide percentages for each indicator. A suggested method of measurement was provided but will need to be reviewed. We would like a post-test or survey completed following the trainings.

Jefferson City Area YMCA

Organization Profile

1. The first Organization Contact Information field should be for the Jefferson City location address. The next section titled "Local Organization Contact Information" should be for the Ashland location.
2. Board members that are officers can have "member" entered as their Board Position on each profile.
3. Provide phone number for Kevin Schwarzer (board member).
4. In the Financial Information section, we are looking for the dates the Organization Fiscal Year follows (i.e. January 1 – December 31)
5. Thank you for adding additional employees that make up the Jefferson City Area YMCA. We only need the top five compensated employees. Please deactivate anyone below the top five.

Proposal Items to Address

1. Generally, Community Health Fund dollars can only purchase services for Boone County residents.
2. Demographics are typically collected for individuals served. Occasionally we make an except when there are children and they don't know their parents' income levels or if collecting certain demographics is a barrier to services.
3. Individuals that attend trainings are not listed in the Consumer Demographics. There's a field titled "Individuals Trained". We don't expect demographics to be collected on people attending trainings.
4. The unit measure for trainings is always "one individual". The unit rate can include time preparing, cost of materials/curriculum, and time training individuals.
5. The description provided for the school staff trainings included time for update meetings. This needs to be included as time for Service 2 (Health Education).

From: [Melinda Bobbitt](#)
To: [Kip Batye](#)
Subject: RE: Agreement Form updates
Date: Friday, November 16, 2018 10:12:23 AM

Kip,

The information entered for Income Demographics is what we were wanting. The demographics in the Agreement Form is just an estimate so it's ok if you don't know exact numbers. We do expect all demographic information to be collected for individuals participating in the Health Transformation Program once the contract begins.

There are no other follow-up items for the Agreement Form. Thank you!

Melinda

From: Kip Batye <kbatye@jcymca.org>
Sent: Friday, November 16, 2018 9:27 AM
To: Melinda Bobbitt <MBobbitt@boonecountymmo.org>
Subject: RE: Agreement Form updates

Hey Melinda,
Are you wanting the poverty level demographics entered? That's the question we are having trouble answering because we don't ask about income. I did answer the question with my best guess. Please let me know how you would like me to proceed.

From: Melinda Bobbitt [<mailto:MBobbitt@boonecountymmo.org>]
Sent: Tuesday, November 13, 2018 4:04 PM
To: kbatye@jcymca.org
Subject: Agreement Form updates

Kip,

We need the following updates to your Agreement Form:

1. Enter Income Demographics for the individuals participating in the Health Transformation Program. The total should match the number of individuals listed in Service 1 (n=80).
2. The Agreement Amount for Service #2 has been updated to purchase a whole number of units. Please review.
3. The total requesting amount has been updated based on the item above. The total in the budget for Boone County – Community Health Fund is now \$49,942.74. Please review.

Please update by Friday, November 16.

Thanks,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



Agreement Form - V3.1

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Jefferson City Area YMCA
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Healthy Hometown - Southern Boone County
Amount of Request	\$70,100.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Jefferson City Area YMCA

Program Name

Healthy Hometown - Southern Boone County

Date Completed

11/16/2018

Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way	(A) 1A. \$0.00
B. Other United Ways	(A) 1B. \$0.00
C. Capital Campaigns	(A) 1C. \$0.00
D. Grants (non-governmental)	(A) 1D. \$0.00
E. Fund Raising & Other Direct Support	(A) 1E. \$0.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding	(A) 2A. \$0.00
B. Boone County - Community Health Funding	(A) 2B. \$49,942.72
C. Boone County - Other Funding	(A) 2C. \$0.00
D. Funding from Other Counties	(A) 2D. \$0.00
E. City of Columbia - Social Service Funding	(A) 2E. \$0.00
F. City of Columbia - CDGB/Home Funding	(A) 2F. \$0.00
G. City of Columbia - CHDO Funding	(A) 2G. \$0.00
H. City of Columbia - Other Funding	(A) 2H. \$0.00
I. Funding from Other Cities	(A) 2I. \$0.00
J. Federal (Medicaid, Title III, etc.)	(A) 2J. \$0.00
K. State (Purchase of Services, Grants, etc.)	(A) 2K. \$0.00
L. Other (Schools, Courts, etc.)	(A) 2L. \$0.00
3. Program Service Fees	(A) 3. \$0.00
4. Investment Income (realized & unrealized)	(A) 4. \$0.00

5. Other Revenue Items**(A) 5.**

\$0.00

TOTAL PROGRAM REVENUE

(A) Total Revenue

49942.72

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$42,355.00

2. Non-Personnel**(A) 2.**

\$7,600.00

TOTAL PROGRAM EXPENSES

(A) Total Expenses

49955

Residence**RESIDENCE****AGREEMENT RESIDENCE (A)**

City of Columbia

(A) City of Columbia

8

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

216

Cooper County

(A) Cooper County

0

Howard County

(A) Howard County

0

Other Counties

(A) Other Counties

0

RESIDENCE TOTAL

(A) Residence Total:

216

Race**RACE****AGREEMENT RACE (A)**

White (alone)

(A) White (alone)

202

Black or African American (alone)

(A) Black or African American (alone)

4

Multiple Races

(A) Multiple Races

4

Asian (alone)

(A) Asian (alone)

3

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

Native Hawaiian or other Pacific Islander (alone)

1

(A) Native Hawaiian or other Pacific Islander (alone)

1

Some Other Race

(A) Some Other Race

1

RACE TOTAL**(A) Race Total**

216

Ethnicity**ETHNICITY****AGREEMENT ETHNICITY (A)**

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

5

Not Hispanic or Latino

(A) Not Hispanic or Latino

211

ETHNICITY TOTAL**(A) Ethnicity Total**

216

Gender**GENDER****AGREEMENT GENDER (A)**

Female

(A) Female

120

Male

(A) Male

96

Other Gender

(A) Other Gender

0

GENDER TOTAL**(A) Gender Total**

216

Income**INCOME****AGREEMENT INCOME (A)**

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL

15

Over 200% of FPL

(A) Over 200% of FPL

65

INCOME TOTAL**(A) Income Total**

80

Age (City-Social Services/County-Health/HMUW)

AGE

AGREEMENT AGE (A):

Under 5 years

(A) Under 5 years

0

5-19 years

(A) 5-19 years

141

20-59 years

(A) 20-59 years

22

60 years and over

(A) 60 years and over

53

AGE TOTAL

(A) Age Total

216

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.

These totals include:

80 participants in the Health Transformation Program

136 4th grade students in the Healthy Hometown Kids Program

Before participants can participate in the Health Transformation Program, we will have them fill out a form. We will list Residence, Race, Ethnicity, Gender, Income, and Age as REQUIRED fields.

Individuals Trained

AGREEMENT (A)

Individuals to be Trained

(A) Individuals to be Trained

8

Program Service and Performance

Instructions: **Update the Agreement(A) Column with updated figures finalized through the approved contract.**

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested**(A) Amount Requested**

\$0.00

Description of Funds**(A) Description of Funds**

Program Service #1 - Outputs

Program Service #1 - Outputs:	#1 Agreement (A)
Service #1 Name	(A) Service #1 Physical Exercise
Total # of Units Provided #1	(A) Units #1 640
Unit Measure #1	(A) Unit Measure #1 One hour of service.
Unit Rate #1	(A) Unit Rate #1 \$60.00
Total # of Unduplicated Individuals Served #1	(A) Unduplicated Individuals #1 80

Program Service #1 - Funding

Funding Amount #1	(A) Agreement Amount #1 \$38,400.00
Units #1	(A) Agreement Units #1 640

Program Service #1 - Performance Measures (Agreement)

(A) Program Service 1 Outcomes: (A) Program Service 1 Indicators: (A) Program Service 1 Method of Measurements:

(A) Outcome 1-1

Participants will improve their physical health.

(A) Indicator 1-1

- 1.) 80% of participants will have a 10% improvement in their individualized focus area.
- 2.) 80% of participants will improve their blood pressure after eight weeks.
- 3.) 80% of participants will improve their body mass index score.
- 4.) 80% of participants will increase the distance they walk in six minutes.

(A) Method of Measurement 1-1

InBody scan will be conducted at the commencement and conclusion of the program.

A log will be kept by the Medical Exercise Specialist to track distance completed of the 6 minute timed walk.

(A) Additional Outcome 1-2

Participants will achieve recommended amount of weekly physical activity.

(A) Additional Indicator 1-2

90% of participants will report completing 150 minutes of moderate aerobic activity per week for at least eight weeks.

(A) Additional Method 1-2

Participants will log their activity each day they workout.

(A) Additional Outcome 1-3

Participants will complete the Health Transformation Program.

(A) Additional Indicator 1-3

90% of participants will complete eight weeks of the Health Transformation Program.

(A) Additional Method 1-3

InBody scan will be conducted at the commencement and conclusion of the program along with 150 minutes of exercise for 8 weeks. Participants will also receive a certificate at the completion of the program.

(A) Additional Outcome 1-4

(A) Additional Indicator 1-4

(A) Additional Method 1-4

(A) Additional Outcome 1-5

(A) Additional Indicator 1-5

(A) Additional Method 1-5

Program Service #2 - Outputs

Program Service 2 Outputs:	#2 Agreement (A)
Service #2 Name	(A) Service #2 Health Education
Total # of Units #2	(A) Units #2 3264
Unit Measure #2	(A) Unit Measure #2 One hour
Unit Rate #2	(A) Unit Rate #2 \$3.23
Total # of Unduplicated Individuals Served #2	(A) Unduplicated Individuals #2 136

Program Service #2 - Funding

Funding Amount #2	(A) Agreement Amount #2 \$10,542.72
Units #2	(A) Agreement Units #2 3264

Program Service #2 - Performance Measures (Agreement)

(A) Program Service 2 Outcomes:	(A) Program Service 2 Indicators:	(A) Program Service 2 Method of Measurement
(A) Outcome 2-1 4th grade students will increase daily activity to 60 minutes a day.	(A) Indicator 2-1 75% of students will report on completing 60 minutes of daily activity, 71% of the week.	(A) Method of Measurement 2-1 Participants will log their activity.
(A) Additional Outcome 2-2 4th grade students will spend less than 2 hours per day in front of a screen.	(A) Additional Indicator 2-2 75% of students will spend less than 2 hours per day in front of a screen, 71% of the week.	(A) Additional Method 2-2 Participants log their screen time daily.
(A) Additional Outcome 2-3 4th grade students will consume 5 or more servings of fruits and vegetables daily.	(A) Additional Indicator 2-3 75% of students will report eating 5 or more servings of fruits and vegetables daily, 71% of the week.	(A) Additional Method 2-3 Participants will keep a daily log of their food consumption.
(A) Additional Outcome 2-4 Students will be actively engaged.	(A) Additional Indicator 2-4 75% of students will complete 90% of their daily logs.	(A) Additional Method 2-4 Daily log activity.
(A) Additional Outcome 2-5	(A) Additional Indicator 2-5	(A) Additional Method 2-5

Program Service #3 - Outputs

Program Service 3 Outputs:	#3 Agreement (A)
Service #3 Name	(A) Service #3 Best Practices Training
Total # of Units #3	(A) Units #3 8

Unit Measure #3

(A) Unit Measure #3

One individual

Unit Rate #3

(A) Unit Rate #3

\$125.00

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

8

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$1,000.00

Units #3

(A) Agreement Units #3

8

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:

(A) Program Service 3 Indicators:

(A) Program Service 3 Method of Measurement.:

(A) Outcome 3-1

School staff will be confident in implementing the SWITCH curriculum.

(A) Indicator 3-1

75% of school staff trained will feel confident in implementing the SWITCH curriculum.

(A) Method of Measurement 3-1

SWITCH training post-test

(A) Additional Outcome 3-2

School staff will be actively engaged in implementing the SWITCH program.

(A) Additional Indicator 3-2

75% of school staff will be actively engaged in implementing the SWITCH program.

(A) Additional Method 3-2

Daily logs completed by students

YMCA staff notes

(A) Additional Outcome 3-3**(A) Additional Indicator 3-3****(A) Additional Method 3-3****(A) Additional Outcome 3-4****(A) Additional Indicator 3-4****(A) Additional Method 3-4****(A) Additional Outcome 3-5****(A) Additional Indicator 3-5****(A) Additional Method 3-5****Program Service #4 - Outputs**

Program Service 4 Outputs:

#4 Agreement (A)

Service #4 Name

(A) Service #4

Total # of Units #4

(A) Units #4

0

Unit Measure #4

(A) Unit Measure #4

Unit Rate #4

(A) Unit Rate #4

\$0.00

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

0

Program Service #4 - Funding

Funding Amount #4	(A) Agreement Amount #4 \$0.00
Units #4	(A) Agreement Units #4 0

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes:	(A) Program Service 4 Indicators:	(A) Program Service 4 Method of Measurements:
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(A) Outcome 4-1	(A) Indicator 4-1	(A) Method of Measurement 4-1
(A) Additional Outcome 4-2	(A) Additional Indicator 4-2	(A) Additional Method 4-2
(A) Additional Outcome 4-3	(A) Additional Indicator 4-3	(A) Additional Method 4-3
(A) Additional Outcome 4-4	(A) Additional Indicator 4-4	(A) Additional Method 4-4
(A) Additional Outcome 4-5	(A) Additional Indicator 4-5	(A) Additional Method 4-5

Program Service #5 - Outputs

Program Service 5 Outputs:	#5 Agreement (A)
Service Name #5	(A) Service #5
Total # of Units Provided #5	(A) Units #5 0
Unit Measure #5	(A) Unit Measure #5
Unit Rate #5	(A) Unit Rate #5 \$0.00
Total # of Unduplicated Individuals Served #5	(A) Unduplicated Individuals #5 0

Program Service #5 - Funding

Funding Amount #5	(A) Agreement Amount #5 \$0.00
Units #5	(A) Agreement Units #5 0

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes:	(A) Program Service 5 Indicators:	(A) Program Service 5 Method of Measurements:
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(A) Outcome 5-1	(A) Indicator 5-1	(A) Method of Measurement 5-1
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(A) Additional Outcome 5-2	(A) Additional Indicator 5-2	(A) Additional Method 5-2
(A) Additional Outcome 5-3	(A) Additional Indicator 5-3	(A) Additional Method 5-3
(A) Additional Outcome 5-4	(A) Additional Indicator 5-4	(A) Additional Method 5-4
(A) Additional Outcome 5-5	(A) Additional Indicator 5-5	(A) Additional Method 5-5

Program Service #6 - Outputs

Program Service 6 Outputs:	#6 Agreement (A):
Service #6 Name:	(A) Service #6
Total # of Units #6:	(A) Units #6 0
Unit Measure #6:	(A) Unit Measure #6
Unit Rate #6:	(A) Unit Rate #6 \$0.00
Total # of Unduplicated Individuals Served #6:	(A) Unduplicated Individuals #6 0

Program Service #6 - Funding

Funding Amount #6	(A) Agreement Amount #6 \$0.00
Units #6	(A) Agreement Units #6 0

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:	(A) Program Service 6 Indicators:	(A) Program Service 6 Method of Measurements:
(A) Outcome 6-1	(A) Indicator 6-1	(A) Method of Measurement 6-1
(A) Additional Outcome 6-2	(A) Additional Indicator 6-2	(A) Additional Method 6-2
(A) Additional Outcome 6-3	(A) Additional Indicator 6-3	(A) Additional Method 6-3
(A) Additional Outcome 6-4	(A) Additional Indicator 6-4	(A) Additional Method 6-4
(A) Additional Outcome 6-5	(A) Additional Indicator 6-5	(A) Additional Method 6-5

Program Service #7 - Outputs

Program Service 7 Outputs:	#7 Agreement (A)
Service #7 Name	(A) Service #7
	(A) Units #7

Total # of Units #7

0

Unit Measure #7

(A) Unit Measure #7

Unit Rate #7

(A) Unit Rate #7

\$0.00

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7

0

Program Service #7 - Funding

Funding Amount #7

(A) Agreement Amount #7

\$0.00

Units #7

(A) Agreement Units #7

0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes:

(A) Program Service 7 Indicators:

(A) Program Service 7 Method of Measurements:

(A) Outcome 7-1**(A) Indicator 7-1****(A) Method of Measurement 7-1****(A) Additional Outcome 7-2****(A) Additional Indicator 7-2****(A) Additional Method 7-2****(A) Additional Outcome 7-3****(A) Additional Indicator 7-3****(A) Additional Method 7-3****(A) Additional Outcome 7-4****(A) Additional Indicator 7-4****(A) Additional Method 7-4****(A) Additional Outcome 7-5****(A) Additional Indicator 7-5****(A) Additional Method 7-5****Program Service #8 - Outputs**

Program Service #8 - Outputs:

#8 Agreement (A)

Service #8 Name

(A) Service #8

Total # of Units Provided #8

(A) Units #8

0

Unit Measure #8

(A) Unit Measure #8

Unit Rate #8

(A) Unit Rate #8

\$0.00

Total # of Unduplicated Individuals Served #8

(A) Unduplicated Individuals #8

0

Program Service #8 - Funding

Funding Amount #8

(A) Agreement Amount #8

\$0.00

Units #8

(A) Agreement Units #8

0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes: (A) Program Service 8 Indicators: (A) Program Service 8 Method of Measurements:

(A) Outcome 8-1**(A) Indicator 8-1****(A) Method of Measurement 8-1****(A) Additional Outcome 8-2****(A) Additional Indicator 8-2****(A) Additional Method 8-2****(A) Additional Outcome 8-3****(A) Additional Indicator 8-3****(A) Additional Method 8-3****(A) Additional Outcome 8-4****(A) Additional Indicator 8-4****(A) Additional Method 8-4****(A) Additional Outcome 8-5****(A) Additional Indicator 8-5****(A) Additional Method 8-5****Program Service #9 - Outputs**

Program Service #9 - Outputs:

#9 Agreement (A)

Service #9 Name

(A) Service #9

Total # of Units Provided #9

(A) Units #9

0

Unit Measure #9

(A) Unit Measure #9

Unit Rate #9

(A) Unit Rate #9

\$0.00

Total # of Unduplicated Individuals Served #9

(A) Unduplicated Individuals #9

0

Program Service #9 - Funding

Funding Amount #9

(A) Agreement Amount #9

\$0.00

Units #9

(A) Agreement Units #9

0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes: (A) Program Service 9 Indicators: (A) Program Service 9 Method of Measurements:

(A) Outcome 9-1**(A) Indicator 9-1****(A) Method of Measurement 9-1****(A) Additional Outcome 9-2****(A) Additional Indicator 9-2****(A) Additional Method 9-2****(A) Additional Outcome 9-3****(A) Additional Indicator 9-3****(A) Additional Method 9-3****(A) Additional Outcome 9-4****(A) Additional Indicator 9-4****(A) Additional Method 9-4**

(A) Additional Outcome 9-5

(A) Additional Indicator 9-5

(A) Additional Method 9-5

Program Service #10 - Outputs

Program Service 10 Outputs:

#10 Agreement (A)

Service Name #10

(A) Service #10

Total # of Units Provided #10

(A) Units #10

0

Unit Measure #10

(A) Unit Measure #10

Unit Rate #10

(A) Unit Rate #10

\$0.00

Total # of Unduplicated Individuals Served #10

(A) Unduplicated Individuals #10

0

Program Service #10 - Funding

Funding Amount #10

(A) Agreement Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes: (A) Program Service 10 Indicators: (A) Program Service 10 Method of Measurements:

(A) Outcome 10-1

(A) Indicator 10-1

(A) Method of Measurement 10-1

(A) Additional Outcome 10-2

(A) Additional Indicator 10-2

(A) Additional Method 10-2

(A) Additional Outcome 10-3

(A) Additional Indicator 10-3

(A) Additional Method 10-3

(A) Additional Outcome 10-4

(A) Additional Indicator 10-4

(A) Additional Method 10-4

(A) Additional Outcome 10-5

(A) Additional Indicator 10-5

(A) Additional Method 10-5

Total Funding Amount - Services 1-10

Total Funding Request for Services 1-10

49942.72

Links for Agreement Form (V3)

*Link to Proposal Cover Sheet

Proposal Cover Sheet

Link Info

Grant

Organization
Name (will aut... Fund Source

Funder

Funding
Cycle

Description

Active Date

Proposal Cover Sheet

Link Info

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Jefferson City Area YMCA	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

*Link to Program Overview (V3)

Program Overview (V3)

Link Info

Boone County (includes City...	TOTAL REVENUE	2.	TOTAL EXPENSES	Description	Active	Date
2515	70100	\$7,600.00	70100		<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Link to Program Services 1-5 (V3)

Program Services 1-5 (V3)

Link Info

a. Service #1 - Taxonomy of...	Record ID	Description	Active	Date
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JEFFE13

OP ID: PM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Naught-Naught/Jefferson City P. O. Box 1768 Jefferson City, MO 65102 Jeffrey Naught		573-634-2727		CONTACT NAME: Jeffrey Naught	
				PHONE (A/C, No, Ext): 573-634-2727	FAX (A/C, No): 866-779-8102
				E-MAIL ADDRESS: jnaught@naught-naught.com	
				INSURER(S) AFFORDING COVERAGE	
				INSURER A: West Bend Mutual Ins Co	
				INSURER B: NSI	
				INSURER C: Missouri Employers Mutual	
				INSURER D:	
				INSURER E:	
				INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EBL <input checked="" type="checkbox"/> Terrorism Incl GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		NS4 2132282	11/01/2018	11/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			NS4 2132282	11/01/2018	11/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		NU4 2132282	11/01/2018	11/01/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	2028541	10/08/2018	10/08/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

County of Boone
613 E. Ash St., Room 110
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Services Contract

VAC Basic Needs Program

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **Voluntary Action Center** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **VAC**.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

WHEREAS, VAC has submitted a complete Request for Proposal Application to the County detailing the services and other supports to be provided along with the expected cost to VAC thereof; and

WHEREAS, the County has approved the Request for Proposal Application in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY VAC

VAC is expected to the greatest extent possible to maximize funding from all other sources. VAC shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. VAC shall only request reimbursement for services not reimbursable by any other source. VAC shall not invoice the County for units of service invoiced to another funding source. VAC shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

1. **County Funding Policy.** The County Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** VAC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #36-13SEP18 (Purchase of Services) and VAC's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over VAC's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The County agrees to purchase from VAC and VAC agrees to furnish the **VAC Basic Needs Program** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the VAC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$35,275.00** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. VAC agrees and understands that the County may require supplemental information to be submitted at the request of the County.

This contract may at the sole discretion of the County and with the agreement of VAC be renewed for **an additional one-year period**. VAC agrees and understands that the County may require supplemental information to be submitted by VAC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Employment Attire	One uniform	\$25.00	200	\$5,000.00
Public Transit Fee/Fare	One instance	\$25.00	200	\$5,000.00
Car Seats	One car seat	\$25.00	183	\$4,575.00
Corrective Lenses	One instance	\$25.00	52	\$1,300.00
Prescription Medication	One prescription	\$25.00	560	\$14,000.00
Durable Medical Equipment	One instance	\$25.00	80	\$2,000.00
Dental Treatment & General Medical Care	One instance	\$25.00	136	\$3,400.00

All billing shall be invoiced to the County monthly by the 10th of the month following the month for which services were provided. The County agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of VAC, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the County. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the County shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The County shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by VAC to monitor service delivery and program expenditures. VAC agrees to submit to the County an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by VAC and, if so stipulated, are noted on this contract document. Payments may be withheld from VAC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. VAC agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** VAC also agrees to make available to the County a copy of its annual audit within four months after the close of VAC's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the County requires that the management report of any audit as it relates to the County program activities be made available to the County as part of the required audit. Payment may be withheld from VAC, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** VAC agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County to monitor, survey and inspect VAC's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, VAC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County or its designee(s) all records, facilities, and

personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CHF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event VAC requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County for approval. A board resolution from VAC may be required with the request. For consideration of a request to modify or amend the contract, requests should be submitted to the Director of the Community Services Department for consideration.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Community Health Fund shall be investigated in accordance with VAC's policies and procedures and in accordance with any local/state/federal regulations. VAC agrees to notify the County through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the County of any substantiated allegations. VAC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** VAC will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CHF to be used for Services Provided.** VAC agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to VAC's provision of such services.

14. **Accreditation/Licensure/Certifications.** VAC must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** VAC agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and VAC, and this shall include any transaction in which VAC is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** VAC may enter into subcontracts for components of the contracted service as VAC deems necessary within the terms of the contract. All such subcontracts require the written approval of the County or their designated representative. In performing all services

under the resulting contract agreement, VAC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. *Employment of Unauthorized Aliens Prohibited.* VAC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. VAC shall require each subcontractor to affirmatively state in its Agreement with the VAC that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide VAC a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. *Litigation.* VAC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against VAC or any individual acting on the VAC's behalf, including subcontractors, which seek to enjoin or prohibit VAC from entering into this contract agreement of performing its obligations under this agreement.

19. *Board Ownership.* If VAC ceases to be funded by the County or ceases to provide programs and services to address community health needs, pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the VAC. In addition, if VAC no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, VAC will need County approval to re-direct the use of such.

20. *Failure to Perform/Default.* In the event VAC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the County, such failure or refusal shall constitute a default hereunder, and the County will be relieved of any further obligation to make payments to VAC as set out herein. This contract will be terminated at the option of the County.

21. *Termination.* This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the County upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. The County may terminate this agreement due to material breach of any term or condition of this agreement, or

b. The County may terminate this agreement if key personnel providing services are changed such that in the opinion of the County delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of the County, or

c. The County may terminate this agreement should VAC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, VAC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. The County shall reimburse VAC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. Insurance Requirements. VAC shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. Worker's Compensation and Employers' Liability Insurance: VAC shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, VAC shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by VAC.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. Comprehensive General Liability Insurance: VAC shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. VAC shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

VAC shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against

any and all claims which might arise as a result of the operations of VAC in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to VAC.

c. **Professional Liability Insurance:** VAC is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

d. **Commercial Automobile Liability:** VAC shall maintain during the life of this contract, Commercial Automobile Liability Insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the VAC's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

23. **Indemnification.** To the extent permitted under Missouri law, VAC agrees to hold harmless, defend and indemnify the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **VAC** (meaning anyone, including but not limited to consultants having a contract with VAC or subcontractor for part of the services), or anyone directly or indirectly employed by VAC, or of anyone for whose acts VAC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

24. **Publicity by the VAC.** VAC shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. VAC will acknowledge the County as a funding source whenever publicizing CHF funded programs. VAC will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. VAC agrees to acknowledge the Community Health Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

25. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the County and VAC. The County does not recognize any of the VAC's employees, agents, or volunteers as those of the County.

26. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

27. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

28. **Record Retention Clause.** VAC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

29. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to VAC shall be mailed or delivered to:

Voluntary Action Center
Attn: Nick Foster
403A Vandiver Drive
Columbia, MO 65202

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

Voluntary Action Center

By: 
Signature

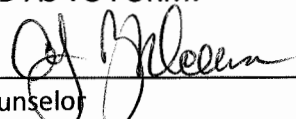
By: Nick Foster, Executive Director
Printed Name/Title

Boone County, Missouri

By: Boone County Commission


Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:


County Counselor

ATTEST:


Taylor W. Burks, County Clerk 

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

<i>June Ritchford by jg</i>	<i>12/20/2018</i>	(2130/71106/\$35,275.00)
Signature	Date	Appropriation Account

An Affirmative Action/Equal Opportunity Employer



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

Purchase of Service Contracts Community Health/Medical Fund 2018 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymmo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymmo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for **Thursday, August 9, 2018, at 3:00 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, September 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, September 13, 2018** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, September 13, 2018 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by **Thursday, September 13, 2018 at 10:00 a.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
 - 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Project Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Agency Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. **Program Overview:** Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of _____)
)ss
 State of _____)

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Affiant _____ Date _____

Printed Name _____

Subscribed and sworn to before me this day of , 20 .

Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Voluntary Action Center

DBA:

Federal EIN Number:

23-7120750

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

403A Vandiver Dr

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Phone Number:

573-847-2273

Website:

www.vacmo.org

Head of Organization

Nick Foster

Head of Organization Phone:

573-874-2273

Address

403A Vandiver Dr

City

Columbia, MO

State

Missouri

County

Boone

Zip

65202

Organization Fax Number:

573-874-9172

Email:

dir@vacmo.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

dir@vacmo.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State
County
Zip

State
County
Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose): **Provide your organization's mission statement. (600 character limit)**
To help low-income individuals and families bridge the gaps between crisis and stability and improve quality of life in Boone County.

Organization History: **Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**
Volunteers who identified the need for a central volunteer coordination agency and an information bureau founded Voluntary Action Center in Columbia, Missouri in 1969. As the agency grew, emphasis shifted from volunteer-related services to information, referral, and advocacy. The agency continued to identify gaps in service and as a result, began providing emergency assistance in areas of basic need such as food, shelter, clothing, transportation, and prescriptions. Today, VAC is an established social service agency, essential to clients, agencies, and the community as a whole.

Brief Statement of Organization's Major Goals: **Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**
VAC seeks to provide services that assist low-income residents of Boone County by providing services in the areas of basic needs, health, employment, education, and housing. The agency seeks also to remain flexible and creative in responding to new opportunities that will contribute, in partnership with others, to an effective network of services adequate to the needs of our clients. Ultimate goals include a reduction in the effects of poverty as well as a reduction in the numbers of those living in poverty.

Articles of Incorporation: **Articles of Incorporation (MUST BE IN PDF FORMAT)**
/document/download/filename/1433859001_30405_VACArticlesofIncorporation.pdf/

Provide a copy of the organization's Articles of Incorporation.

Bylaws: **Bylaws (MUST BE IN PDF FORMAT)**
/document/download/filename/1468593293_34051_VACBy-laws%28amended2.15%29.pdf/
Provide a copy of the organization's Bylaws.

Organizational Chart (must be for the entire organization): **Organizational Chart (MUST BE IN PDF FORMAT)**
/document/download/filename/1433859238_30406_VACOrganizationalChart.pdf/

Strategic Plan: **Strategic Plan (MUST BE IN PDF FORMAT)**
/document/download/filename/1510681020_42846_VACStrategicPlan11.8.17.pdf/

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
Boone County

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
Boone County residents whose family income must be under 200% of Federal poverty guidelines.

Does your organization have a written Conflict of Interest policy?
yes

Conflict of
Interest
Policy:

Whistleblower
Policy:

Does your organization have a written Whistleblower policy?
yes

Business
Continuity
Plan:

Does your organization have a written Business Continuity plan?
no

Records
Retention
Policy:

Does your organization have a written Records Retention policy?
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):

3 years, able to serve 2 consecutive terms.

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Showing 1 - 30 of 33 Links

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Melissa Carr	Board Member	11/01/2016	06/30/2019	Retired - Daniel Boone Public Library; 1109 LaRail Dr. Columbia, MO 65203		Added on 01/26/2017
Monica Barbee	Board Member	07/01/2018	06/30/2021	Veterans United Home Loans, 2931 Ridley Wood Street, Columbia, MO 65203		Added on 09/10/2018
Denise Whitworth	Board Member	07/01/2015	06/30/2021	Landmark Bank 109 E Nifong Blvd Columbia, MO 65202		Added on 07/20/2015
Lloyd Montgomery	Board Member	07/01/2015	06/30/2021	Shelter Insurance 1817 West Broadway Columbia, MO 65218		Added on 01/06/2016
Ken Hutchinson	Board Member	07/01/2018	06/30/2021	1419 N Countryside Drive Columbia, MO 65202		Added on 06/29/2018
Alex George	Board Member	07/01/2016	06/30/2019	The George Law Firm, LLC 608 Westmount Ave Columbia, MO 65203		Added on 07/15/2016
Jim Bryan	Board Member	09/30/2017	06/30/2020	343 Whitney Ct Columbia, MO 65203		Added on 11/16/2017
Jennifer Erickson	Board Member	11/01/2017	06/30/2020	Osher@Mizzou 212 W Stewart Road Columbia, MO 65203		Added on 11/16/2017
Gary Tegerdine	Board Member	07/01/2017	06/30/2020	One Ray Young Dr. Columbia, MO 65202		Added on 07/25/2017
Chris Lunn	Board Member	07/01/2017	06/30/2020	1400 Veterans United Dr. Columbia, MO 65203		Added on 07/25/2017

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Diamond Scott	Board Member	07/01/2014	06/30/2020	Influence & Co. 5029 S Providence Road, Apt D Columbia, MO 65203		Added on 06/08/2015
Chris Roskopf	Treasurer	07/01/2014	06/30/2020	Boone County National Bank PO Box 678 Columbia, MO 65205		Added on 06/08/2015
Robert Churchill	Immediate Past President	07/01/2016	06/30/2019	1119 Northshore Drive Columbia, MO 65203		Added on 06/08/2015
Kelsey Raymond	President	07/01/2017	06/30/2020	Influence & Co. 807 East Green Meadows Rd Apt 305 Columbia, MO 65201		Added on 06/08/2015
Celeste Hardnock	Board Member	11/01/2016	06/30/2019	My Sisters's Circus 1110 East Broadway Columbia, MO 65201		Added on 01/26/2017
Lynn Cole	Board Member	07/01/2016	06/30/2019	DHSS-Section for Child Care Regulation 3418 Knipp Jefferson City, MO 65101		Added on 07/29/2016
Sara Emily LaMone	Board Member	07/01/2016	06/30/2019	Little Dixie Construction 3316 Lemone Industrial Blvd. Columbia, MO 65201		Added on 06/08/2015
Total Active Links:17, Total Deactivated Links:16, Current Active Links:17, Current Deactivated Links:13						Next

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

January - December

If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the filing date: MM/DD/YYYY

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1433859238_29953_VAC501%28c%29%283%29Letter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1536599614_29954_VACAuditReport2017.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1536599614_29955_2017VACTaxReturn-PublicDisclosureCopy.pdf/

Financial Policies and Procedures: Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Voluntary Action Center has an in-depth Financial Policy which defines the procedures and policies for all financial aspects of the agency. The Financial policies of the Voluntary Action Center are adopted by the Board of Directors to guide the financial operation of the agency. The Board of Directors adopts the annual budget as developed by the Finance Committee. The Board of Directors has oversight of the purchasing, salaries, gifts, reserves, and endowments that the agency engages in. VAC's financial statements are presented and reviewed each month at the monthly board meetings.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation			Link Info			Active	Date
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:			
Executive Director	B.A., B.S., M.P.A. or M.B.A.	1.00	\$63,160.08	\$5,042.40			Added on 06/09/2015
Finance Administrator	H.S., B.A., B.S.	1.00	\$42,834.20	\$5,833.76			Added on 06/09/2015
Social Services Specialist	B.A., B.S., or M.S.W.	1.00	\$33,874.00	\$4,087.00			Added on 06/09/2015
Social Services Specialist	B.A., B.S., or M.S.W.	1.00	\$34,723.40	\$4,080.00			Added on 06/09/2015
Social Services Specialist	B.A., B.S., or M.S.W.	1.00	\$33,216.30	\$4,054.00			Added on 06/09/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Local Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and *Third Party Financial Statement Review or **Audit (*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / **Audit required for Organizations reporting \$250,000 or more in annual revenue).

/document/download/filename/1509474842_32839_Org.Budget.pdf/

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a *Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) *Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1500915797_32678_2017CertificateofInsurance.pdf/

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 8 Links

Proposal Cover Sheet						Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle		Active	Date

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		Added on 09/10/2018
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		Added on 08/16/2018
HMUW-Financial Stability(Income) RFP:JUL2016 Cycle (Interim Report 1 ends 09/02/2016 12:00 PM CDT)	Voluntary Action Center	HMUW Financial Stability (Income) and Basic Needs (Safety Net) RFP	Heart of Missouri United Way	Financial Stability (Income) JUL2016-JUN2019 and Basic Needs (Safety Net) JUL2016-JUN2018		Added on 01/26/2016
HMUW - Basic Needs RFP: JUL2018 Cycle (Interim Report ends 04/01/2019 11:59 AM CDT)	Voluntary Action Center	HMUW Basic Needs RFP	Heart of Missouri United Way	JUL2018 - JUN2020		Added on 01/12/2018
City of Columbia- RFP FY2016 Social Services (Year End Reporting ends 04/30/2018 12:01 PM CDT)	Voluntary Action Center	Social Services FY2018	City of Columbia	FY2018		Added on 06/29/2015
Total Active Links:8, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0						Next

System Fields

Record ID

12687

Modification Date

10/29/2018 2:52 PM CDT

Modified By

Voluntary Action Center ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)

Organization Name (will auto-populate)

Voluntary Action Center

Fund Source

Community Health/Medical Fund - RFP #36-13SEP18

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

VAC Basic Needs Program

Amount of Request

\$35,275.00

Program Information

Program Website (will default to Organization website)

www.vacmo.org

Address

403A Vandiver Dr

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Name

Nick Foster

Phone Number

573-874-2273

Address

403A Vandiver Dr

City

Columbia, MO

State

Missouri

County

Boone

Zip

65202

Program Administrator Title

Executive Director

Email

dir@vacmo.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1536848505_30421_AttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1536848505_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1536848505_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1542233149_30418_Addendums1-4.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Profile Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Record ID	Active Info Active Date
Voluntary Action Center	403A Vandiver Dr	Nick Foster	12687	08/16/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

23-7120750

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)

Link Instructions -1

Linked 'Agreement Form - V2' Records

Link Instructions Agreement Form V2

Linked 'Interim Report - V3' Records

Link Instructions Interim Report

Linked 'Interim Report - V3 (Services 6-15)' Records

Link Instructions - V3 (6-15)

Linked 'Interim Report - YHP' Records

Link Instructions - 2

Linked 'Agreement Form - V3 (Services 16-20)' Records

Link Instructions - Agreement form

Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'

Link Instructions 3

Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records

Link Instructions 4

Linked 'Year End Report - V3' Records



Link Instructions YER Svcs 1-5

Linked 'Year End Report - V3 (Services 6-15)' Records

Link Instructions YER Svcs 6-15



Linked 'Agreement Form - V3.1' Records

Link Instructions Agreement Form 3.1

Proposal Cover Sheet					Agreement Form - V3.1		Link Info				
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	Voluntary Action Center	VAC Basic Needs Program					Added on 10/18/2018
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0											

Linked 'Agreement Form - V3.1 (Services 11-20)' Records

Link Instructions

Proposal Cover Sheet					Agreement Form - V3.1 (Services 11-20)		Link Info				
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	Voluntary Action Center	VAC Basic Needs Program					Added on 10/18/2018
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0											

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

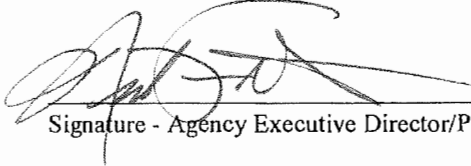
- Certificate of Corporate Good Standing
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Nick Foster

Printed Name - Agency Executive Director/President/CEO

9/13/18

Date



Signature - Agency Executive Director/President/CEO

9-13-18

Date

Kelsey M. Raymond

Printed Name - Agency Board Chair

9/13/18

Date



Signature - Agency Board Chair

9/13/18

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

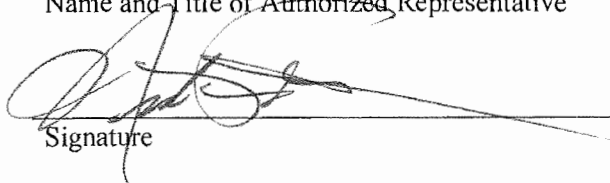
**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Nick Foster - Executive Director
Name and Title of Authorized Representative


Signature

9-13-18
Date

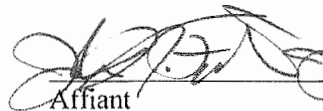
ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
)ss
State of Missouri)

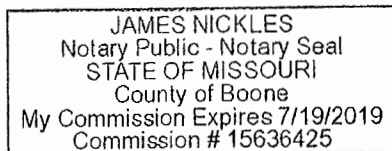
My name is John N. Foster, Jr. I am an authorized agent of Voluntary Action Center (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

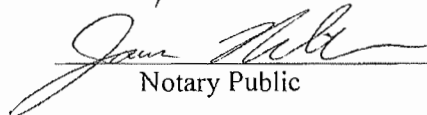
Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

 9-13-18
Affiant Date

John N. Foster, Jr.
Printed Name

Subscribed and sworn to before me this 13th day of September, 2018.




Notary Public

Attach to this form the E-Verify Memorandum of Understanding that you completed when enrolling.



Company ID Number: 304324

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Voluntary Action Center

Company Facility Address: 403A Vandiver Drive

Columbia, MO 65202

Company Alternate
Address:

County or Parish: BOONE

Employer Identification
Number: 237120750

North American Industry
Classification Systems
Code: 624

Parent Company: Voluntary Action Center

Number of Employees: 5 to 9

Number of Sites Verified
for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

• MISSOURI 1 site(s)



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304324

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer: Voluntary Action Center

Cindy Mustard

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date



BOONE COUNTY, MISSOURI

Request for Proposal #: 35-13SEP18 – Crisis Intervention Programs

ADDENDUM #1 - Issued August 13, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheet from the pre-proposal conference held on August 9 is attached for informational purpose.
- III. The County received the following questions at the pre-proposal conference and is providing a response below:

- a. Can you provide a timeline of when fundings decisions will be made?

Response: Department staff and the Children's Services Board will review applications. The Board will make decisions by November with contract negotiations occurring for the remainder of the year. Funding will begin January 1, 2019.

- b. We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year.

Response: If the organization is not required to complete a full audit an independent financial review will be acceptable.

- c. We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- d. Could funds be used to off-set case management with nursing and older youth transitioning out, so they could have access to a Nurse Practitioner?

Response: Any program that provides treatment services to children, youth, or families in crisis is eligible to apply.

- e. Could you define non-conflicted referral for follow-up care referenced in paragraph 3.4. of the proposal?

Response: Non-conflicted referral for follow-up care is defined as informing clients of all treatment and follow-up care options and ensuring clients are connected to a provider.

- f. Is there a limit on the amount of funding a program may request?

Response: There is no limit within the funding amount available.

- g. If we have a contract with the State of Missouri and that program is not fully funded, can we apply for that gap in funding?

Response: Using funds to cover gap fundings is dependant on the state contract. Typically, gap funding is not allowed. However, additional supportive services not covered by the state can be purchased by the Children's Services Fund.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **35-13SEP18 – Crisis Intervention Programs**, receipt of which is hereby acknowledged:

Company Name: Voluntary Action Center
Address: 403A Vandiver Dr, Columbia, Mo 65202

Phone Number: 573-874-2073 Fax Number: 573-874-9172

E-mail: dir@vacmo.org

Authorized Representative Signature: [Signature]

Date: 9-13-18

Authorized Representative Printed Name: Nick Foster

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
35-13SEP18 – Crisis Intervention Programs
August 9, 2018, 10:00 a.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Joanne Nelson	Children's Services	886-7219	
3.	Kelly Wallis	Children's Services	886-7218	
4.	Kari Hopkins	Coyote Hill	874-0179	875-0510
5.	Beth Vasser	Central Missouri Community Action	573-448-8706	573-874-6993
6.	Jennifer Graus	True North of Columbia	573-875-0508	573-875-0518
7.	Megan Steen	Burrell	573-777-8450	
8.	Nicole Dean	Great Circle	442-8331	442-8330
9.				
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20.				
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BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety registry for staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP, described in Section 3.4, are eligible for funding. No services have been excluded from eligibility for funding.

By:

Melinda B. Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Voluntary Action Center
Address: 403A Vandiver Dr, Columbia, MO 65202
Phone Number: 573.874-2273 Fax Number: 8573-874-4172
E-mail: dir@vacmo.org
Authorized Representative Signature: [Signature] Date: 9-13-18
Authorized Representative Printed Name: NICK FOSTER



BOONE COUNTY, MISSOURI

Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts – Boone County Community Health – Medical Fund

ADDENDUM #3 - Issued September 6, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

- a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

- b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- c. Is an electronic signature acceptable?

Response: No

- d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval.

- e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service." Each service must be entered separately.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Voluntary Action Center

Address:

400 Al Vandiver Drive

Phone Number:

874-2273

Fax Number:

874-9122

E-mail:

dir@vacmo.org

Authorized Representative Signature:

Nick Foster

Date:

9-13-18

Authorized Representative Printed Name:

Nick Foster



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service. Each service must be entered separately."

By: Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #4** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Voluntary Action Center

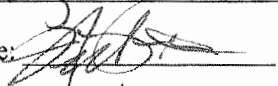
Address:

403 A Vandiver Drive 65202

Phone Number: 573-874-2273

Fax Number: 573-874-9172

E-mail: dir@vacmo.org

Authorized Representative Signature: 

Date: 10-24-18

Authorized Representative Printed Name: Nick Foster

Program Overview (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Voluntary Action Center
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	VAC Basic Needs Program
Amount of Request	\$35,275.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Through this program VAC addresses issues related to basic needs, providing immediate supports that help low-income families and individuals maintain or gain stability. For low-income individuals and families, severely limited financial resources often make it difficult to acquire even the basic necessities for daily living and they are left to hard choices between the purchase of everyday items and other basic expenses such as rent. This is especially poignant in Boone County, in which 60% of residents are cost burdened for housing expenses.(1) In 2017, VAC basic needs services included the following: Over 6,000 bags of food, 353 fans, 75 air conditioner units, over 1500 medical support services, 210 work uniform vouchers, 869 diaper packages, and 202 car seats. Additionally, VAC provided information and referral services on 8,644 occasions, helping people find their way to needed resources.(2) These numbers reflect the needs of many in our community who struggle with poverty. This program will address local concerns about community life regarding access, opportunities, and encouragement for healthy lifestyles as described in a recent community needs study.(3) According to the Boone Indicators Dashboard, 17.5% of individuals in Boone County and 19.7% of individuals in the city of Columbia were in poverty in 2016, each of these higher than the rate nationally (14%) and in Missouri (14%).(4)

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

VAC serves residents of Boone County with incomes at or below 200% of Federal poverty guidelines. Poverty remains a significant concern in our community. In 2015 38.9% of individuals in Columbia had incomes at or below 200% of Federal poverty guidelines.(5) Residents of Boone County most likely to qualify for VAC services receive a disproportionately low share of aggregate household income by quintile. In 2016 in Boone County, those in the two lowest quintiles received 11.3% of aggregate household income while the next two highest quintiles received 39.1%, and the top quintile alone received 49.6%.(6) Also of note is the significant inequality of income experienced in our community. The Gini Index of Inequality indicates that the index in 2016 was .482 in the United States. While the index was more favorable in Boone County - .471, it was significantly higher for Columbia - .496.(7) The gap of income equality indicates a concurrent gap of need for those whose incomes are inadequate to meet their needs.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Provide services for low-income residents of Columbia and Boone County that specifically address and meet needs for assistance with basic needs, helping low-income individuals and families bridge the gaps between crisis and stability and improve quality of life, minimizing the effects of poverty.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

VAC's Basic Needs Program provides services that meet essential, short-term needs. Services include provision of food, clothing and clothing vouchers, diapers and car seats, hygiene supplies, work uniforms, official ID, medical co-pays, and more. Clients receive most items at the time of office visit. Clients must present proof of residency in Boone County, official ID for each household member, and proof of any and all household income. Income must fall at or below 200% of Federal poverty guidelines. Availability of services is normally limited to twelve month limits, such as provision of food and hygiene products; a twenty-four month period, such as in the provision of fans; or a five year period, such as in the provision of ID.

For services provided by outside vendors either a voucher or check is given to the client to take to the vendor. Records of provided services are kept in VAC's Client Database, which is provided and maintained by a reputable outside vendor. Each client's record is reviewed at each visit or phone call to help determine service qualification and availability. VAC clients often receive more than one service at a single office visit. In this way individual services are leveraged to greater affect other services received. Additionally, because VAC provides extensive information and referral services as well, clients are often given information regarding other available services in the area, enhancing received services all the more.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Services will be provided to residents of Boone County whose household income is at or below 200% of Federal poverty guidelines. VAC does not discriminate on the basis of race or ethnic background, gender, age, sexual orientation, household size, or employment status. In 2017, approximately two thirds of VAC clients were of minority race, 57% were female, and 47% were under age 18.(8) In 2015, 67% were unemployed, 34% were single-parent households, and 12% of households were homeless (9). These percentages remain similar across a number of years of VAC service.

b. Why will these particular consumers be served? (1500 character limit)

All of VAC's services are intended to support a household through an immediate and/or short-term need. VAC's intent in providing services is described in the agency's mission statement, adopted in the fall of 2012: "To help low-income individuals and families bridge the gaps between crisis and stability and improve quality of life in Boone County." VAC believes that families and individuals who achieve personal stability experience a better quality of life and, as a result, the entire community benefits.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Challenges come primarily from the limitations clients experience, including low incomes. Transportation is often a problem, along with demands on personal time, and limitations in functional capacity. Circumstances are complicated by each shortcoming, sometimes resulting in the instability VAC services seek to address. A lack of information can also lead to complications and even the inability to provide services, so VAC strongly encourages clients to call before visiting our office to be informed about possible qualification for services and to learn what documents are required at each visit

d. Total number of unduplicated individuals to be served by the proposed program:

7000

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

64.34

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

***Indicates a required field.**

Residence

Boone County (includes City of Columbia residents)

7000

City of Columbia

5600

Cooper County

0

Howard County

0

Other Counties

0

Residence Total

7000

Record Lock

1

Race

White (alone)

2324

Black or African American (alone)

3175

Multiple Races

630

Asian (alone)

160

Native American Indian or Alaskan Native

35

Native Hawaiian or other Pacific Islander (alone)

9

Some Other Race

126

Race Total

6459

Ethnicity

Hispanic or Latino (of any race)

560

Not Hispanic or Latino

6440

Ethnicity Total

7000

Gender

Female

3985

Male

3005

Other

10

Gender Total

7000

Income

At or below 200% of Federal Poverty Level

7000

Over 200% of Federal Poverty Level

0

Income Total

7000

Age (City-Social Services/County-Health/HMUW-RFP)

Under 5 years

1050

5-19 years

2310

20-59 years

3290

60 years and over

350

Age Total (1)

7000

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

Monday - Friday, 8:30 a.m. - 4:30 p.m. at 403A Vandiver Drive. Columbia, Missouri 65202

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Clients must be residents of Boone County, Missouri with household income at or below 200% of Federal poverty guidelines.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

There are none.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No

Provide the name of the accreditation agency. (300 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

No

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

No

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Three years ago, VAC's Board of Directors and staff carried out a review of services. Board members were assigned to task forces in the areas of health, employment, education, and housing. Staff members were assigned to each task force. The Board retreat was taken up with reports and evaluation of the process and intermediate decisions were made. The process continued in the fall at the staff retreat, using a similar process. Some changes to services offered and their delivery were implemented as a result. The service audit led to ongoing reviews that continue. While program evaluation continues as an ongoing process, the agency will begin in 2019 a new effort to review and evaluate all agency programs in a more comprehensive manner. This process will be informed by the agency's strategic plan adopted in 2018. VAC implemented a new client database in 2014 to better collect data and provide more options in reporting that data. The database is updated regularly in response to agency and funder needs. The agency has also reviewed client surveys to better insure the effectiveness of services, resulting in a new survey instrument being produced and a more systematic approach to surveys put in place. A staff reorganization in 2017 saw specific areas of responsibilities assigned to Social Services Specialists as Services Coordinator, Housing Coordinator, and Program Coordinator, resulting in more focused work.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

VAC uses a proprietary database to maintain information on each client served. Each service provided is logged into the database by date and type. VAC's staff works closely together, often consulting with one another to make effective decisions.

In order to address service quality the client database is regularly adapted to better capture information necessary to adequately determine use and effectiveness of services. As the database is easily modified, this process makes reporting more definitive. For instance, the database has been recently modified to capture client information to identify accurately what agencies are being referred to and from whom referrals are being made. Staff meeting times have recently been enhanced, with a monthly meeting added to weekly meetings, allowing more in depth conversations about services, procedures, and service effectiveness. Staff responsibilities have been reorganized with specific areas of responsibilities assigned to Social Services Specialists as Services Coordinator, Housing Coordinator, and Program Coordinator resulting in more focused work. In 2018, following a similar process in 2016, VAC participated in the Core Capacity Assessment Tool (CCAT) survey to review the agency's capacity to function well in the provision of services. The agency is currently reviewing the results of this survey and will carefully consider the recommendations offered.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Clients are contacted by phone and asked a series of questions regarding any services they received, the degree of need for each service and the effectiveness of the service in meeting the expressed need. Responses are recorded on a Likert scale. Clients are also asked about referrals made as to whether or not they contacted the organization to whom they were referred and then responding again on a Likert scale as to the value of that referral information. Informal feedback is also received when clients return to the VAC office to seek additional services.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

VAC's value to the community is especially expressed in the way that VAC services intersect with the services of others to meet needs of shared clients. The clients of other agencies are often sent to VAC for provision of services not offered by the other agency. This not only meets individual needs but enhances the services provided by the other agencies. While there is no formal agreement in place for these interactions, there is a tacit understanding, based on years of previous experience, that VAC will provide such services. Among the many agencies with whom VAC works in this way are Phoenix Health Programs, Family Health Center, Family Dental Center, Burrell Behavioral Health, Parents as Teachers, City of Columbia Health Department, Lutheran Child and Family Services, The Wardrobe, various food pantries, Job Point, Love INC, Columbia Housing Authority, Columbia Public Schools, Boone County Family Resources, McCambridge Center, Coyote Hill Christian Home, Rainbow House, Great Circle, Central Missouri Community Action, Welcome Home, True North, Turning Point, Harbor House, Services for Independent Living, Centro Latino, Refugee and Immigration Services, Salvation Army, Family Impact Center, Big Brothers Big Sisters, Fun City, many local faith communities, and others.

VAC's staff also meets with a number of local groups in order to maintain connections. These include Basic Needs Coalition, Youth Community Coalition, Safe Kids, Networking for Early Childhood, and more.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Social Services Specialist	MQ1 B.A., B.S., or M.S.W.	FTE1 1.00	SR1 FROM \$31,000.00	SR1 TO \$35,500.00
P2 Social Services Specialist	MQ2 B.A., B.S., or M.S.W.	FTE2 1.00	SR2 FROM \$31,000.00	SR2 TO \$35,500.00
P3 Social Services Specialist	MQ3 B.A., B.S., or M.S.W.	FTE3 0.25	SR3 FROM \$31,000.00	SR3 TO \$35,500.00
P4 Executive Director	MQ4 B.A., B.S., M.P.A. or M.B.A.	FTE4 0.75	SR4 FROM \$64,000.00	SR4 TO \$66,000.00
P5 Finance Administrator	MQ5 H.S., B.A., B.S.	FTE5 0.75	SR5 FROM \$42,000.00	SR5 TO \$45,000.00
P6 Administrative Assistant	MQ6 H.S., B.A., B.S.	FTE6 0.50	SR6 FROM \$13,000.00	SR6 TO \$15,000.00
P7	MQ7	FTE7 0.00	SR7 FROM \$0.00	SR7 TO \$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Specialists meet with clients to screen for qualification and to provide specific services. Educational requirements are deemed necessary to insure an adequate background and understanding of the work VAC does. These degrees also indicate a basic level of personal and mental capacity also necessary to function in the position. Salary ranges are comparable to those of similar positions in the area.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
-----------------	----------	------------------------

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)

1A

1A%

Funding provided for VAC's basic needs program.	\$72,423.00	16
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Grant from Missouriicare	\$7,000.00	2
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Fund raising activity and direct donations.	\$145,850.00	32

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
	\$0.00	0
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Funds provided by Boone County Health Funding for provision of Basic Needs Services	\$35,275.00	8
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Funds provided by the City of Columbia for provision of Basic services.	\$28,500.00	6
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Interest from investments designated for basic needs program.	\$50.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Donations for direct client aid.	\$164,500.00	36

TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	453598	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$214,820.00	48
Personnel Narrative (300 character limit)		
Expenses related to basic needs program.		
2. Non-Personnel	2.	2. %
	\$235,530.00	52
Non-Personnel Narrative (300 character limit)		

Overhead expenses related to basic needs program.

TOTAL PROGRAM EXPENSES**TOTAL
EXPENSES**

450350

Program Budget Narrative**Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)**

VAC receives funding from other governmental agencies as indicated in the budget and submits RFPs as available and appropriate, seeks grants from other entities, continues outreach to local faith congregations and local businesses for support, conducts several fund raising events, and reaches out to individuals for donations. The agency has begun a fundraising campaign in light of our 50th anniversary in 2019 also to increase capacity.


Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

1. Missouri Housing Development Commission Statewide Homelessness Study Report (2015). p. 18. Retrieved August 15, 2016, p. 318. <http://www.mhdc.com/ci/documents/MHDC%202015%20FINAL%20Digital.pdf>
2. Data from Voluntary Action Center Client Database. Retrieved 5/1/2018.
3. Roadmap to a Vibrant, Diverse, and Healthy Community. Columbia/Boone County Community Health Assessment 2013, p.5.
4. Boone Impact Group's Boone Indicators Dashboard, Issues: Basic Needs & Safety Net. Retrieved from <http://booneindicators.org/Issues.aspx?id=1#4810> 9/11/18.
5. Boone Impact Group's Boone Indicators Dashboard, Socio-Economic and Health Inequity. Columbia & Boone County, Missouri. PowerPoint presentation by Steve Hollis, slide 16.
6. Boone Impact Group's Boone Indicators Dashboard, Community Profile, Gini Index of Income Inequality. Retrieved from <http://booneindicators.org/Issues.aspx?id=6#4818> 9/11/18
7. Boone Impact Group's Boone Indicators Dashboard, Community Profile, Gini Index of Income Inequality. Retrieved from <http://booneindicators.org/Issues.aspx?id=1#4810> 9/11/18.
8. Data from Voluntary Action Center Client Database. Retrieved 5/1/2018.
9. Data from Voluntary Action Center Client Database. Retrieved in August 29, 2016.

Linked 'Agreement Form - V3' Records**Link Instructions****Linked 'Agreement Form - V3.1' Records****Link Instructions****Agreement Form - V3.1**

				Link Info	
Organization Name	Program Name	Date Completed	Record Lock	Description	Active Date
Voluntary Action Center	VAC Basic Needs Program				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Voluntary Action Center
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	VAC Basic Needs Program
Amount of Request	\$35,275.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

1.19 Auto Repair/Assistance

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Provision of financial assistance for auto repairs.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of this service. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. Qualified clients must be employed and provide an estimate of repair cost. This cost is verified with the provider by phone by the Social Services Specialist. Upon the providers acknowledgement that they will accept a VAC check as payment a check is written to the provider and given to the client. Providers then fax a copy of the receipt to VAC's office.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One instance

b. Unit Rate (#1)

\$15.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

d. Total Number of Units of Service to be Provided (#1)

60

e. Total Number of Unduplicated Individuals (#1)

60

f. Average Number of Units of Service per Unduplicated Individual (#1)

1

g. Average Cost of Service per Individual (#1)

15

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

No

Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #1 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funders Chart below)

Service #1 - Local Funding Chart

FUNDERS (#1)	UNIT RATE (#1)	CONTRACTED UNITS (#1)	TOTAL AMOUNT CONTRACTED (#1)
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$15.00	1e2. 50	1d4. \$750.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$0.00

b. Proposed Number of Units of Service (#1)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

No request for this service.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Clients will maintain their current employment.	80% of clients will report that the service provided was a significant contributing factor to maintaining employment for a period of at least 90 days.	Phone surveys approximately 90 days after receiving assistance.
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

As transportation is an essential basic need, especially for the purpose of getting to work, this service makes a direct contribution to the stability of our clients. As clients gain or regain stability in employment, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and

mental health challenges, unexpected household changes, and recurring transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of VAC services.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

1.14 Employment Attire

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provision of work attire for employment.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of this service. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. Qualified clients must be employed and provide a "dummy receipt" for the cost of a work uniform. This cost is verified by the Social Services Specialist and a voucher is given to the client. Alternately, some clients are provided a voucher for acquisition of work attire at a local thrift store run by a partnering agency.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

One uniform.

b. Unit Rate (#2)

\$25.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

No

Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#2)

225

e. Total Number of Unduplicated Individuals (#2)

225

f. Average Number of Units of Service per Unduplicated Individual (#2)

1

g. Average Cost of Service per Individual (#2)

25

Service #2 - Service Fee

a. Will the proposed service consumers be charged a fee? (#2)

No

Provide a rationale why no fee will be charged for the service. (#2) (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

No

Explain why the proposed service is not billable to a third-party payor. (#2) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #2 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)**

Yes (complete the Other Funder's Chart below)

Service #2 - Local Funding Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
a Boone County - Children's Services Funding (#2)	2a1. \$0.00	2a2. 0	2a3. \$0.00
b. Boone County - Community Health Funding (#2)	2b1. \$25.00	2b2. 160	2b3. \$4,000.00
c. City of Columbia - Social Services Funding (#2)	2c1. \$0.00	2c2. 0	2c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

Service #2 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)**

\$5,000.00

b. Proposed Number of Units of Service (#2)

200

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

This funding will provide the necessary resources for VAC to continue and increase this long-established service at the agency, providing support for individuals as they move into new opportunities for employment. This will in turn provide greater stability for the household in which the individual resides.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
The essential need of clothing for work will be met.	100% of individuals will report that the service provided met their basic need for essential work apparel.	VAC Client Survey completed up to 3 months after service provision.
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

As clothing for work is an essential basic need, this service makes a direct contribution to the stability of our clients. As clients gain or regain stability in employment, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of VAC services.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

10.5 Official Documents Assistance

b. Service #3 - Taxonomy Definition of Service (300 character limit)

Aid in obtaining legal identification documents such as driver's license, birth certificate, and/or social security card. (Also includes food handler cards.)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of this service. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. Upon verification client is provided with a check to the appropriate provider in order to pay for the needed identification documents.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

One ID.

b. Unit Rate (#3)

\$20.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#3)

900

e. Total Number of Unduplicated Individuals (#3)

800

f. Average Number of Units of Service per Unduplicated Individual (#3)

1.13

g. Average Cost of Service per Individual (#3)

22.5

Service #3 - Service Fee

a. Will the proposed service consumers be charged a fee? (#3)

No

Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

No

Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #3 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)**

Yes (complete the Other Funders Chart below)

Service #3 - Local Funding Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$20.00	500	\$10,000.00

Service #3 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)**

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

No request for this service.

Service #3 - Performance Measures**Outcome (3-1)**

The basic need for official identification documents will be met.

Indicator (3-1)

95 to 100% of individuals will report that the ID provided met their basic need.

Method of Measurement (3-1)

VAC services follow-up survey, completed up to 6 months after the service provision.

Additional Outcome (3-2)**Additional Indicator (3-2)****Additional Method (3-2)****Additional Outcome (3-3)****Additional Indicator (3-3)****Additional Method (3-3)**

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)

As official identification documents are an essential basic need for job applications, school registration, and other purposes, this service makes a direct contribution to the stability of our clients. As clients gain or regain stability in employment, education, etc., the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of VAC services.

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #4 - Name, Definition, and Description

a. Service #4 - Taxonomy of Service Name (300 character limit)

1.20 Public Transit Fee/Fare

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Provision of local public transportation. (Also includes gas assistance.)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of this service. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. Upon verification client is provided with bus passes. The number of bus passes available may vary according to availability of funding and may also be limited to a certain number of passes within a particular time frame such as a certain number within a month's time and/or over a twelve month period.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

One instance.

b. Unit Rate (#4)

\$20.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)

d. Total Number of Units of Service to be Provided (#4)

800

e. Total Number of Unduplicated Individuals (#4)

800

f. Average Number of Units of Service per Unduplicated Individual (#4)

1

g. Average Cost of Service per Individual (#4)

20

Service #4 - Service Fee

a. Will the proposed service consumers be charged a fee? (#4)

No

Provide a rationale why no fees will be charged for the proposed service. (#4) (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

No

Explain why the proposed service is not billable to a third-party payor. (#4) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #4 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)**

Yes (complete the Other Funders Chart below)

Service #4 - Local Funding Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
	4a1.	4a2.	4a3.
a. Boone County - Children's Services Funding (#4)	\$0.00	0	\$0.00
	4b1.	4b2.	4b3.
b. Boone County - Community Health Funding (#4)	\$0.00	0	\$0.00
	4c1.	4c2.	4c3.
c. City of Columbia - Social Services Funding (#4)	\$0.00	0	\$0.00
	4d1.	4d2.	4d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	\$0.00	0	\$0.00
	4e1.	4e2.	4d4.
e. Heart of Missouri United Way Funding (#4)	\$20.00	500	\$10,000.00

Service #4 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)**

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

No request for this service.

Service #4 - Performance Measures**Outcome (4-1)**

The essential need of transportation assistance will be provided.

Indicator (4-1)

90% of individuals will report that the service provided met their basic need for transportation.

Method of Measurement (4-1)

VAC Client Survey completed up to six months after service provision.

Additional Outcome (4-2)**Additional Indicator (4-2)****Additional Method (4-2)**

Additional Outcome (4-3)**Additional Indicator (4-3)****Additional Method (4-3)****Additional Outcome (4-4)****Additional Indicator (4-4)****Additional Method (4-4)****Additional Outcome (4-5)****Additional Indicator (4-5)****Additional Method (4-5)**

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

As transportation is an essential basic need, especially for getting to work, medical appointments, and other essential tasks, this service makes a direct contribution to the stability of our clients. As clients gain or regain stability in employment, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of VAC services.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #5 - Name, Definition, and Description

a. Service #5 - Taxonomy of Service Name (300 character limit)

1.8 Supplemental Food

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Provision of food to supplement a household food budget.

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of this service. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. Client must report that they have already visited the Food Bank Central Pantry in the current month. Upon verification client is provided with food from the VAC Pantry, enough to fill an immediate need for one or two days.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

One bag.

b. Unit Rate (#5)

\$5.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate tied to an established public funding rate? (#5)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#5)

4500

e. Total Number of Unduplicated Individuals (#5)

9000

f. Average Number of Units of Service per Unduplicated Individual (#5)

0.5

g. Average Cost of Service per Individual (#5)

2.5

Service #5 - Service Fee

a. Will the proposed service consumers be charged a fee? (#5)

No

Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

No

Explain why the proposed service is not billable to a third-party payor. (#5) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Yes (complete the Other Funders Chart below)

Service #5 - Local Funding Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
	5a1.	5a2.	5a3.
a. Boone County - Children's Services Funding (#5)	\$0.00	0	\$0.00
	5b1.	5b2.	5b3.
b. Boone County - Community Health Funding (#5)	\$0.00	0	\$0.00
	5c1.	5c2.	5c3.
c. City of Columbia - Social Services Funding (#5)	\$0.00	0	\$0.00
	5d1.	5d2.	5d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	\$0.00	0	\$0.00
	5e1.	5e2.	5e3.
e. Heart of Missouri United Way (#5)	\$5.00	1400	\$7,000.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

No request for this service.

Service #5 - Performance Measures

Outcome (5-1) The basic need for food will be met.	Indicator (5-1) 95 to 100% of individuals will report that the food provided met their basic need.	Method of Measurement (5-1) VAC services follow-up survey, completed up to 6 months after the service provision.
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

As food is an essential basic need, this service makes a direct contribution to the stability of our clients. As clients gain or regain stability in food, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of VAC services.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of this vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

5000

Linked 'Agreement Form - V3' Records

Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Voluntary Action Center	VAC Basic Needs Program					Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 6-10 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Voluntary Action Center
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	VAC Basic Needs Program
Amount of Request	\$35,275.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in My Shared Files. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #6 - Name, Definition, and Description

a. Service #6 - Taxonomy of Service Name (300 character limit)

1.11 Clothing

b. Service #6 - Taxonomy Definition of Service (300 character limit)

Provision of clothing.

c. Provide a detailed description of the proposed service (#6). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

VAC clients receive clothing directly in two ways. 1) Through direct provision at VAC's Holiday Program within which approximately 90% of households receive clothing. Clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines receive this service. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of this service. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. Upon verification client is signed up for the Holiday Program through a paper application process. Items are collected from family sponsors who provide items for each family. Collection of items and distribution takes place in the first half of December with items given directly to the families. 2) Through direct provision at Warm Up Columbia, a program that collects clothing from donors at local businesses and churches and then provides items at a central location. Items are also provided to as many as 15 other local agencies to distribute also to their clients. This service is open to anyone who attends the Warm Up Columbia event.

Record Lock

1

Service #6 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#6)

One item of clothing.

b. Unit Rate (#6)

\$5.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#6)

c. Is the proposed Unit Rate tied to an established public funding rate? (#6)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#6) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#6)

7000

e. Total Number of Unduplicated Individuals (#6)

4000

f. Average Number of Units of Service per Unduplicated Individual (#6)

1.75

g. Average Cost of Service per Individual (#6)

8.75

Service #6 - Service Fee

a. Will the proposed service consumers be charged a fee? (#6)

No

Provide a rationale, why no fees will be charged for the proposed service. (#6) (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#6)

No

Explain why the proposed service is not billable to a third-party payor. (#6) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #6 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#6)

Yes (complete the Other Funder's Chart below)

Service #6 - Local Funding Chart

<u>Funders (#6)</u>	<u>Unit Rate (#6)</u>	<u># of Units Funded (#6)</u>	<u>Total Amount Contracted (#6)</u>
a. Boone County - Children's Services Funding (#6)	6a1. \$0.00	6a2. 0	6a3. \$0.00
b. Boone County - Community Health Funding (#6)	6b1. \$0.00	6b2. 0	6b3. \$0.00
c. City of Columbia - Social Services Funding (#6)	6c1. \$0.00	6c2. 0	6c3. \$0.00

d. City of Columbia - CDBG/Home/CHDO Funding (#6)	6d1. \$0.00	6d2. 0	6d3. \$0.00
e. Heart of Missouri United Way Funding (#6)	6e1. \$5.00	6e2. 1400	6d4. \$7,000.00

Service #6 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#6)
\$0.00

b. Proposed Number of Units of Service (#6)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#6) (600 character limit)
No request for this service.

Service #6 - Performance Measures

Outcome (6-1)	Indicator (6-1)	Method of Measurement (6-1)
The basic need for clothing will be met.	95 to 100% of individuals will report that the clothing provided met their basic need.	VAC services follow-up survey, completed up to 6 months after the service provision.
Additional Outcome (6-2)	Additional Indicator (6-2)	Additional Method (6-2)
Additional Outcome (6-3)	Additional Indicator (6-3)	Additional Method (6-3)
Additional Outcome (6-4)	Additional Indicator (6-4)	Additional Method (6-4)
Additional Outcome (6-5)	Additional Indicator (6-5)	Additional Method (6-5)

Service #6 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#6) (600 character limit)

As clothing is an essential basic need, this service makes a direct contribution to the stability of our clients. As clients gain or regain stability with clothing, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#6) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of VAC services.

c. Provide a rationale for the measurement level(s) for each indicator. (#6) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement. (#6) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #7 - Name, Definition, and Description

a. Service #7 - Taxonomy of Service Name (300 character limit)

1.11 Clothing

b. Service #7 - Taxonomy Definition of Service (300 character limit)

Provision of clothing. (In this case, provision of clothing vouchers.)

c. Provide a detailed description of the proposed service (#7). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines receive this service. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of this

service. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. Upon verification client is provided with a voucher that can be used to acquire clothing at The Wardrobe, Upscale Resale, or Harmony's Treasure Box.

Service #7 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#7)

One voucher.

b. Unit Rate (#7)

\$20.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#7)

c. Is the proposed Unit Rate tied to an established public funding rate? (#7)

No

Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#7) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#7)

400

e. Total Number of Unduplicated Individuals (#7)

600

f. Average Number of Units of Service per Unduplicated Individual (#7)

0.67

g. Average Cost of Service per Individual (#7)

13.33

Service #7- Service Fee

a. Will the proposed service consumers be charged a fee? (#7)

No

Provide a rationale why no fees will be charged for the service (#7). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#7)

No

Explain why the proposed service is not billable to a third party payor. (#7) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #7 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#7)

Yes (complete the Other Funder's Chart below)

Service #7 - Local Funding Chart

<u>Funders (#7)</u>	<u>Unit Rate (#7)</u>	<u># of Units Funded (#7)</u>	<u>Total Amount Contracted (#7)</u>
	7a1.	7a2.	7a3.
a Boone County - Children's Services Funding (#7)	\$0.00	0	\$0.00
	7b1.	7b2.	7b3.

b. Boone County - Community Health Funding (#7)	\$0.00	0	\$0.00
	7c1.	7c2.	7c3.
c. City of Columbia - Social Services Funding (#7)	\$0.00	0	\$0.00
	7d1.	7d2.	7d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#7)	\$0.00	0	\$0.00
	7e1.	7e2.	7e3.
e. Heart of Missouri United Way Funding (#7)	\$20.00	200	\$4,000.00

Service #7 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#7)

\$0.00

b. Proposed Number of Units of Service (#7)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#7) (600 character limit)

No request for this service.

Service #7 - Performance Measures

Outcome (7-1)

The basic need for clothing will be met.

Indicator (7-1)

95 to 100% of individuals will report that the clothing provided met their basic need.

Method of Measurement (7-1)

VAC services follow-up survey, completed up to 6 months after the service provision.

Additional Outcome (7-2)

Additional Indicator (7-2)

Additional Method (7-2)

Additional Outcome (7-3)

Additional Indicator (7-3)

Additional Method (7-3)

Additional Outcome (7-4)

Additional Indicator (7-4)

Additional Method (7-4)

Additional Outcome (7-5)

Additional Indicator (7-5)

Additional Method (7-5)

Service #7 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (7) (600 character limit)

As clothing is an essential basic need, this service makes a direct contribution to the stability of our clients. As clients gain or regain stability with clothing, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (7) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties. Limited resources make such challenges difficult.

c. Provide a rationale for the measurement level(s) for each indicator. (7) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of this vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (7). (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #8 - Name, Definition and Description

a. Service #8 - Taxonomy of Service Name (300 character limit)

1.18 Window AC Units.

b. Service #8 - Taxonomy Definition of Service (300 character limit)

Provision of window fans.

c. Provide a detailed description of the proposed service (#8). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Basic window fan units are provided to households with children under the age of 18, pregnant women, disabled persons, and the elderly.

Service #8 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#8)

One fan.

b. Unit Rate (#8)

\$20.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#8)

c. Is the proposed Unit Rate tied to an established public funding rate? (#8)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#8) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar city-funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#8)

350

e. Total Number of Unduplicated Individuals (#8)

1000

f. Average Number of Units of Service per Unduplicated Individual (#8)

0.35

g. Average Cost of Service per Individual (#8)

7

Service #8 - Service Fee

a. Will the proposed service consumers be charged a fee? (#8)

No

Provide a rationale why no fees will be charged for the proposed service. (#8) (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#8)

No

Explain why the proposed service is not billable to a third-party payor. (#8) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #8 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#8)

Yes (complete the Other Funder's Chart below)

Service #8 - Local Funding Chart

<u>Funders (#8)</u>	<u>Unit Rate (#8)</u>	<u># of Units Funded (#8)</u>	<u>Total Amount Contracted (#8)</u>
	8a1.	8a2.	8a3.
a Boone County - Children's Services Funding (#8)	\$0.00	0	\$0.00

b. Boone County - Community Health Funding (#8)	8b1. \$0.00	8b2. 0	8b3. \$0.00
c. City of Columbia - Social Services Funding (#8)	8c1. \$20.00	8c2. 250	8c3. \$5,000.00
d. City of Columbia - CDBG/Home/CHDO Funding (#8)	8d1. \$0.00	8d2. 0	8d3. \$0.00
e. Heart of Missouri United Way Funding (#8)	8e1. \$0.00	8e2. 0	8e3. \$0.00

Service #8 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#8)

\$0.00

b. Proposed Number of Units of Service (#8)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#8) (600 character limit)

No request for this service.

Service #8 - Performance Measures

Outcome (8-1)

The basic need for comfort assistance in hot weather will be met.

Indicator (8-1)

95 to 100% of individuals will report that the fan provided met their basic need.

Method of Measurement (8-1)

VAC services follow-up survey, completed up to 6 months after the service provision.

Additional Outcome (8-2)

Additional Indicator (8-2)

Additional Method (8-2)

Additional Outcome (8-3)

Additional Indicator (8-3)

Additional Method (8-3)

Additional Outcome (8-4)

Additional Indicator (8-4)

Additional Method (8-4)

Additional Outcome (8-5)

Additional Indicator (8-5)

Additional Method (8-5)

Service #8 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#8) (600 character limit)

As VAC's Basic Needs Program seeks to meet immediate, short-term needs, the provision of fans will help to stabilize the client household, allowing them to divert their personal resources to meet other needs.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#8) (600 character limit)

As low-income individuals and families are faced with a number of stressors while meeting basic needs, the provision of one support will contribute to but not necessarily meet all the needs of a particular household. As these additional challenges contribute to overall instability, the effectiveness of one provided service may be perceived as being inadequate.

c. Provide a rationale for the measurement level(s) for each indicator. (#8) (600 character limit)

This service is offered in circumstances in which needs are current and effects are immediate. Indicators for effectiveness of provided services reflect the immediate results.

d. Provide a rationale for each method of measurement. (#8) (600 character limit)

Client surveys are conducted directly with clients by phone, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #9 - Name, Definition, and Description

a. Service #9 - Taxonomy of Service Name (300 character limit)

1.18 Window AC Units.

b. Service #9 - Taxonomy Definition of Service (300 character limit)

Provision of window air conditioning units.

c. Provide a detailed description of the proposed service (#9). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

A new window air conditioner unit is provided in exchange for an older window unit.

Service #9 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#9)**

One window unit air conditioner.

b. Unit Rate (#9)

\$25.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#9)

c. Is the proposed Unit Rate tied to an established public funding rate? (#9)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#9) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#9)

85

e. Total Number of Unduplicated Individuals (#9)

225

f. Average Number of Units of Service per Unduplicated Individual (#9)

0.38

g. Average Cost of Service per Individual (#9)

9.44

Service #9 - Service Fee**a. Will the proposed service consumers be charged a fee? (#9)**

No

Provide a rationale why no fees will be charged for the proposed service. (#9) (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#9)

No

Explain why the proposed service is not billable to a third-party payor. (#9) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #9 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#9)

Yes (complete the Other Funder's Chart below)

Service #9 - Local Funding Chart

<u>Funders (#9)</u>	<u>Unit Rate (#9)</u>	<u># of Units Funded (#9)</u>	<u>Total Amount Contracted (#9)</u>
	9a1.	9a2.	9a3.

a. Boone County - Children's Services Funding (#9)	\$0.00	0	\$0.00
b. Boone County - Community Health Funding (#9)	9b1. \$0.00	9b2. 0	9b3. \$0.00
c. City of Columbia - Social Services Funding (#9)	9c1. \$25.00	9c2. 60	9c3. \$1,500.00
d. City of Columbia - CDBG/Home/CHDO Funding (#9)	9d1. \$0.00	9d2. 0	9d3. \$0.00
e. Heart of Missouri United Way Funding (#9)	9e1. \$0.00	9e2. 0	9d4. \$0.00

Service #9 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#9)

\$0.00

b. Proposed Number of Units of Service (#9)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#9) (600 character limit)

No request for this service.

Services #9 - Performance Measures

Outcome (9-1)

The basic need for comfort assistance in hot weather will be met.

Indicator (9-1)

95 to 100% of individuals will report that the air conditioner provided met their basic need.

Method of Measurement (9-1)

VAC services follow-up survey, completed up to 6 months after the service provision.

Additional Outcome (9-2)

Additional Indicator (9-2)

Additional Method (9-2)

Additional Outcome (9-3)

Additional Indicator (9-3)

Additional Method (9-3)

Additional Outcome (9-4)

Additional Indicator (9-4)

Additional Method (9-4)

Additional Outcome (9-5)

Additional Indicator (9-5)

Additional Method (9-5)

Service #9 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#9) (600 character limit)

As VAC's Basic Needs Program seeks to meet immediate, short-term needs, the provision of air conditioner window units will help to stabilize the client household, allowing them to divert their personal resources to meet other needs.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#9) (600 character limit)

As low-income individuals and families are faced with a number of stressors while meeting basic needs, the provision of one support will contribute to but not necessarily meet all the needs of a particular household. As these additional challenges contribute to overall instability, the effectiveness of one provided service may be perceived as being inadequate.

c. Provide a rationale for the measurement level(s) for each indicator (#9). (600 character limit)

This service is offered in circumstances in which needs are current and effects are immediate. Indicators for effectiveness of provided services reflect the immediate results.

d. Provide a rationale for each method of measurement. (#9) (600 character limit)

Client surveys are conducted directly with clients by phone, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #10 - Name, Definition, and Description

a. Service #10 - Taxonomy of Service Name (300 character limit)

1.20 Public Transit Fee/Fare

b. Service #10 - Taxonomy Definition of Service (300 character limit)

Provision of local public transportation (for medical purposes)

c. Provide a detailed description of the proposed service (#10). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

To receive services from VAC clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of listed services. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. The following are provided upon verification/prescription by a qualified health care provider: public transportation tickets or passes or gas voucher for medical visits.

Service #10 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#10)**

One instance.

b. Unit Rate (#10)

\$25.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#10)

c. Is the proposed Unit Rate tied to an established public funding rate? (#10)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#10) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#10)

300

e. Total Number of Unduplicated Individuals (#10)

250

f. Average Number of Units of Service per Unduplicated Individual (#10)

1.2

g. Average Cost of Service per Individual (#10)

30

Service #10 - Service Fee**a. Will the proposed service consumers be charged a fee? (#10)**

No

Provide a rationale why no fees will be charged for the proposed service. (#10) (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third party-payor(s) (e.g. health insurance, state subsidy, etc.) (#10)

No

Explain why the proposed service is not billable to a third-party payor. (#10) (600 character limit)

These services do not qualify for third-party payment reimbursement from any source known to the agency.

Service #10 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#10)

Yes (complete the Other Funder's Chart below)

Service #10 - Local Funding Chart

<u>Funders (#10)</u>	<u>Unit Rate (#10)</u>	<u># of Units Funded (#10)</u>	<u>Total Amount Contracted (#10)</u>
a. Boone County - Children's Services Funding (#10)	10a1. \$0.00	10a2. 0	10a3. \$0.00
b. Boone County - Community Health Funding (#10)	10b1. \$25.00	10b2. 103	10b3. \$2,575.00
c. City of Columbia - Social Services Funding (#10)	10c1. \$0.00	10c2. 0	10c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#10)	10d1. \$0.00	10d2. 0	10d3. \$0.00
e. Heart of Missouri United Way (#10)	10e1. \$0.00	10e2. 0	10e3. \$0.00

Service #10 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#10)

\$5,000.00

b. Proposed Number of Units of Service (#10)

200

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#10) (600 character limit)

This request represents a slight increase in funding for these services over the previous county contract. In light of increased demand for services, especially over the last 12-18 months, VAC is working to increase the number of services offered in order to more closely meet demand. This will require greater staff capacity as well as funding to provide the cost of actual services provided.

Service #10 - Performance Measures

Outcome (10-1)

The essential need for medical transportation will be met.

Indicator (10-1)

90% of individuals will report that the health service provided met their basic need.

Method of Measurement (10-1)

VAC Client Survey completed up to 6 months after service provision.

Additional Outcome (10-2)

Additional Indicator (10-2)

Additional Method (10-2)

Additional Outcome (10-3)

Additional Indicator (10-3)

Additional Method (10-3)

Additional Outcome (10-4)

Additional Indicator (10-4)

Additional Method (10-4)

Additional Outcome (10-5)

Additional Indicator (10-5)

Additional Method (10-5)

Service #10 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#10) (600 character limit)

As access to medical services and items are essential basic needs, these transportation services makes a direct contribution to the stability of our clients. As clients gain or regain stability in their household physical health, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#10) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties thus limiting service effectiveness.

c. Provide a rationale for the measurement level(s) for each indicator (#10). (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (#10). (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional

information.

Total Amount Requested for Services #6 - Service #10**Total Amount Requested for Services #6 - Service #10**

5000

System Fields**Linked 'Agreement Form - V3 (Services 6-15)' Records****Link Instructions 1****Linked 'Agreement Form - V3.1' Records****Link Instructions****Agreement Form - V3.1**

				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Voluntary Action Center	VAC Basic Needs Program				<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 11-15 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Voluntary Action Center
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	VAC Basic Needs Program
Amount of Request	\$35,275.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in My Shared Files. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #11 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#11)

a. Service #11 - Taxonomy of Service Name (150 character limit)

1.10 Car Seats

b. Service #11 - Taxonomy Definition of Service (300 character limit)

Provision of infant/children car seats.

c. Provide a detailed description of the proposed service (#11). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

To receive services from VAC clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of listed services. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. Upon verification of eligibility client is provided with an appointment at the Columbia Fire Department in order to have the car seat provided and installed.

Record Lock

1

Service #11 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#11)

One car seat.

b. Unit Rate (#11)

\$25.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc.)(#11)

c. Is the proposed Unit Rate (#11) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#11) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#11) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#11)

210

e. Total Number of Unduplicated Individuals (#11)

420

f. Average Number of Units of Service per Unduplicated Individual (#11)

0.5

g. Average Cost of Service per Individual (#11)

12.5

Service #11 - Service Fee

a. Will the proposed service (#11) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#11) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#11)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#11). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service (#11) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#11) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#11) (600 character limit)

If No - Explain why the proposed service (#11) is not billable to a third-party payor. (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#11) (600 character limit)

Service #11 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#11)

Yes (complete the Other Funder's Chart below)

Service #11 - Local Funding Chart

<u>Funders (#11)</u>	<u>Unit Rate (#11)</u>	<u># of Units Funded (#11)</u>	<u>Total Amount Contracted (#11)</u>
a. Boone County - Children's Services Funding (#11)	11a1. \$25.00	11a2. 178	11a3. \$4,450.00
b. Boone County - Community Health Funding (#11)	11b1. \$0.00	11b2. 0	11b3. \$0.00
c. City of Columbia - Social Services Funding (#11)	11c1. \$0.00	11c2. 0	11c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#11)	11d1. \$0.00	11d2. 0	11d3. \$0.00
e. Heart of Missouri United Way Funding (#11)	11e1. \$0.00	11e2. 0	11d4. \$0.00

Service #11 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#11)

\$4,575.00

b. Proposed Number of Units of Service (#11)

183

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#11) (600 character limit)

This request represents a slight increase in funding for these services over the previous county contract. In light of increased demand for services, especially over the last 12-18 months, VAC is working to increase the number of services offered in order to more closely meet demand. This will require greater staff capacity as well as funding to provide the cost of actual services provided.

Service #11 - Performance Measures

Outcome (11-1)	Indicator (11-1)	Method of Measurement (11-1)
The basic need for a car seat will be met.	95 to 100% of individuals will report that the car seat provided met their basic need.	VAC Client Survey completed up to 6 months after service provision.
Additional Outcome (11-2)	Additional Indicator (11-2)	Additional Method (11-2)
Additional Outcome (11-3)	Additional Indicator (11-3)	Additional Method (11-3)
Additional Outcome (11-4)	Additional Indicator (11-4)	Additional Method (11-4)
Additional Outcome (11-5)	Additional Indicator (11-5)	Additional Method (11-5)

Service #11 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#11) (600 character limit)

As car seats are an essential basic need, this service makes a direct contribution to the stability of our clients. As clients gain or regain stability in household safety, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#11) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of VAC services.

c. Provide a rationale for the measurement level(s) for each indicator. (#11) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement. (#11) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or

also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #12 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#12)

a. Service #12 - Taxonomy of Service Name (150 character limit)

1.13 Diapers/wipes

b. Service #12 - Taxonomy Definition of Service (300 character limit)

Provision of disposable infant diapers and/or wipes.

c. Provide a detailed description of the proposed service (#12). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

To receive services from VAC clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of listed services. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. Upon qualification, clients are provided diapers directly from the office.

Service #12 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#12)

One pack of diapers/wipes.

b. Unit Rate (#12)

\$20.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#12)

c. Is the proposed Unit Rate (#12) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#12) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#12) (600 character limit)

d. Total Number of Units of Service to be Provided (#12)

925

e. Total Number of Unduplicated Individuals (#12)

1700

f. Average Number of Units of Service per Unduplicated Individual (#12)

0.54

g. Average Cost of Service per Individual (#12)

10.88

Service #12- Service Fee

a. Will the proposed service (#12) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#12) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#12) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#12). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s)? (#12) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#12). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#12) (600 character limit)

If No - Explain why the proposed service is not billable to a third party payor. (#12) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#12) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #12 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#12)

Yes (complete the Other Funder's Chart below)

Service #12 - Local Funding Chart

<u>Funders (#12)</u>	<u>Unit Rate (#12)</u>	<u># of Units Funded (#12)</u>	<u>Total Amount Contracted (#12)</u>
	12a1.	12a2.	12a3.
a Boone County - Children's Services Funding (#12)	\$0.00	0	\$0.00
	12b1.	12b2.	12b3.
b. Boone County - Community Health Funding (#12)	\$0.00	0	\$0.00
	12c1.	12c2.	12c3.
c. City of Columbia - Social Services Funding (#12)	\$0.00	0	\$0.00
	12d1.	12d2.	12d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#12)	\$0.00	0	\$0.00
	12e1.	12e2.	12e3.
e. Heart of Missouri United Way Funding (#12)	\$20.00	600	\$12,000.00

Service #12- Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#12)

\$0.00

b. Proposed Number of Units of Service (#12)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#12) (600 character limit)

No request for this service.

Service #12 - Performance Measures

Outcome (12-1)	Indicator (12-1)	Method of Measurement (12-1)
The basic need for diapers/wipes will be met.	90% of individuals will report that the formula provided met their basic need.	VAC services follow-up survey, completed up to 6 months after the service provision.
Additional Outcome (12-2)	Additional Indicator (12-2)	Additional Method (12-2)
Additional Outcome (12-3)	Additional Indicator (12-3)	Additional Method (12-3)
Additional Outcome (12-4)	Additional Indicator (12-4)	Additional Method (12-4)

Additional Outcome (12-5)

Additional Indicator (12-5)

Additional Method (12-5)

Service #12 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (12) (600 character limit)

As diapers and wipes are essential basic needs, these services makes a direct contribution to the stability of our clients. As clients gain or regain stability, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (12) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of VAC services.

c. Provide a rationale for the measurement level(s) for each indicator. (12) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (12). (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #13 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#13)

Service #13 - Taxonomy of Service Name (150 character limit)

3.3 Academic Support

Service #13 - Taxonomy Definition of Service (300 character limit)

Provision of school supplies.

c. Provide a detailed description of the proposed service (#13). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

To receive services from VAC clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of listed services. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. Upon qualification, clients are provided school supplies directly from the office. School supplies are also provided to students who attend VAC's Back to School Health Fair at the beginning of August. Health screenings and other services are also provided at the Fair in collaboration with a number of other local agencies and providers.

Service #13 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#13)

One backpack or bag of school supplies.

b. Unit Rate (#13)

\$20.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#13)

c. Is the proposed Unit Rate (#13) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#13) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#13) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#13)

1000

e. Total Number of Unduplicated Individuals (#13)

1000

f. Average Number of Units of Service per Unduplicated Individual (#13)

1

g. Average Cost of Service per Individual (#13)

20

Service #13 - Service Fee**a. Will the proposed service (#13) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the service (#13). (600 character limit)**If a fee is charged, is there any sliding scale for proposed service (#13)? If so, please upload the fee chart.****If No - Provide a rationale why no fees will be charged for the proposed service. (#13) (600 character limit)**

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s)? (#13) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#13). (600 character limit)**If No - Explain why the proposed service is not billable to a third-party payor. (#13) (600 character limit)**

This service does not qualify for third-party payment reimbursement from any source known to the agency.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#13) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)**Service #13 - Local Funding****Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#13)**

No (if no, move on to the Funding Request section)

Service #13 - Local Funding Chart

<u>Funders (#13)</u>	<u>Unit Rate (#13)</u>	<u># of Units Funded (#13)</u>	<u>Total Amount Contracted (#13)</u>
a Boone County - Children's Services Funding (#13)	13a1. \$0.00	13a2. 0	13a3. \$0.00
b. Boone County - Community Health Funding (#13)	13b1. \$0.00	13b2. 0	13b3. \$0.00
c. City of Columbia - Social Services Funding (#13)	13c1. \$0.00	13c2. 0	13c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#13)	13d1. \$0.00	13d2. 0	13d3. \$0.00
e. Heart of Missouri United Way Funding (#13)	13e1. \$0.00	13e2. 0	13e3. \$0.00

Service #13 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#13)**

\$0.00

b. Proposed Number of Units of Service (#13)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#13) (600 character limit)

No request for this service.

Service #13 - Performance Measures**Outcome (13-1)**

The basic need for school supplies will be met.

Indicator (13-1)

90% of individuals will report that the school supplies provided met their basic need.

Method of Measurement (13-1)

VAC services follow-up survey, completed up to 6 months after the service provision.

Additional Outcome (13-2)**Additional Indicator (13-2)****Additional Method (13-2)****Additional Outcome (13-3)****Additional Indicator (13-3)****Additional Method (13-3)****Additional Outcome (13-4)****Additional Indicator (13-4)****Additional Method (13-4)****Additional Outcome (13-5)****Additional Indicator (13-5)****Additional Method (13-5)****Service #13 - Performance Measures Narrative****a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#13). (600 character limit)**

As school supplies are an essential basic need, these services makes a direct contribution to the stability of our clients. As clients gain or regain stability, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#13). (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of VAC services.

c. Provide a rationale for the measurement level(s) for each indicator (#13). (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (#13). (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #14 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#14)

a. Service #14 - Taxonomy of Service Name (150 character limit)

3.3 Academic Support

b. Service #14 - Taxonomy Definition of Service (300 character limit)

Supplementary Assistance with educational concepts and tasks (homework).

c. Provide a detailed description of the proposed service (#14). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Households within the city limits of Columbia, Missouri and who have school-age children and for whom there is no computer in the home are eligible. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of this service. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. Upon verification a printed application for the service is accepted. If more applications are received than there are computers available a lottery drawing will determine who will receive the computer equipment. Computers are distributed on a single day and picked up by the clients. Safety training is offered before computers are delivered.

Service #14 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#14)**

One computer plus peripherals.

b. Unit Rate (#14)

\$100.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#14)

c. Is the proposed Unit Rate (#14) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#14) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#14) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#14)

40

e. Total Number of Unduplicated Individuals (#14)

120

f. Average Number of Units of Service per Unduplicated Individual (#14)

0.33

g. Average Cost of Service per Individual (#14)

33.33

Service #14 - Service Fee

a. Will the proposed service (#14) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#14). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#14)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#14). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service (#14) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#14) (600 character limit)

If No - Explain why the proposed service (#14) is not billable to a third-party payor. (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#14) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #14 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#14)

Yes (complete the Other Funder's Chart below)

Service #14 - Local Funding Chart

<u>Funders (#14)</u>	<u>Unit Rate (#14)</u>	<u># of Units Funded (#14)</u>	<u>Total Amount Contracted (#14)</u>
	14a1.	14a2.	14a3.
a. Boone County - Children's Services Funding (#14)	\$0.00	0	\$0.00
	14b1.	14b2.	14b3.
	\$0.00	0	\$0.00

b. Boone County - Community Health Funding (#14)

c. City of Columbia - Social Services Funding (#14)	14c1. \$0.00	14c2. 0	14c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#14)	14d1. \$0.00	14d2. 0	14d3. \$0.00
e. Heart of Missouri United Way Funding (#14)	14e1. \$100.00	14e2. 15	14d4. \$1,500.00

Service #14 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#14)
\$0.00

b. Proposed Number of Units of Service (#14)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#14) (600 character limit)
No request for this service.

Services #14 - Performance Measures

Outcome 14-1)	Indicator (14-1)	Method of Measurement (14-1)
The essential need of a computer for educational purposes will be provided.	80% of individuals will report that the service provided met their basic need for a computer.	VAC Client Survey completed up to six months after service provision.
Additional Outcome (14-2)	Additional Indicator (14-2)	Additional Method (14-2)
Additional Outcome (14-3)	Additional Indicator (14-3)	Additional Method (14-3)
Additional Outcome (14-4)	Additional Indicator (14-4)	Additional Method (14-4)
Additional Outcome (14-5)	Additional Indicator (14-5)	Additional Method (14-5)

Service #14 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#14) (600 character limit)

As access to a computer is an essential need for education, this service makes a direct contribution to the success of our clients. As clients have their education enhanced, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#14) (600 character limit)

As internet access is also an important part of computer use, some clients may be hindered to access because of an inability to afford the cost. This is being addressed, however, by a local program that makes internet access more affordable. Computers come equipped with wireless capability to help in this area.

c. Provide a rationale for the measurement level(s) for each indicator (#14) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (#14) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #15 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#15)

a. Service #15 - Taxonomy of Service Name (150 character limit)

1.16 Hygiene Items

b. Service #15 - Taxonomy Definition of Service (300 character limit)

Provision of items used for personal hygiene/grooming (and household cleaning supplies).

c. Provide a detailed description of the proposed service (#15). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

To receive services from VAC clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of listed services. Clients must then be interviewed in person by a Social Services Specialist to verify qualification.

Upon verification Hygiene Packs are provided in the office. Packs are available to individual households twice in a twelve month period.

Upon verification Household Cleaning Packs are provided in the office. Packs are available to individual households twice in a twelve month period.

Service #15 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#15)

One hygiene pack or household cleaning pack.

b. Unit Rate (#15)

\$15.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#15)

c. Is the proposed Unit Rate (#15) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#15) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#15). (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#15)

2400

e. Total Number of Unduplicated Individuals (#15)

4000

f. Average Number of Units of Service per Unduplicated Individual (#15)

0.6

g. Average Cost of Service per Individual (#15)

9

Service #15 - Service Fee

a. Will the proposed service (#15) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#15). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#15)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#15). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service (#15) billable to a third party-payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#15) (600 character limit)

If No - Explain why the proposed service (#15) is not billable to a third-party payor. (600 character limit)

These services do not qualify for third-party payment reimbursement from any source known to the agency.

c. What fee payment options will be provided for proposed service (#15) if they are uninsured or under insured? (e.g. catastrophic coverage,

high deductible, etc.)? (600 character limit)

Service #15 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#15)

Yes (complete the Other Funder's Chart below)

Service #15 - Local Funding Chart

<u>Funders (#15)</u>	<u>Unit Rate (#15)</u>	<u># of Units Funded (#15)</u>	<u>Total Amount Contracted (#15)</u>
	15a1.	15a2.	15a3.
a. Boone County - Children's Services Funding (#15)	\$0.00	0	\$0.00
	15b1.	15b2.	15b3.
b. Boone County - Community Health Funding (#15)	\$0.00	0	\$0.00
	15c1.	15c2.	15c3.
c. City of Columbia - Social Services Funding (#15)	\$15.00	1466	\$22,000.00
	15d1.	15d2.	15d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#15)	\$0.00	0	\$0.00
	15e1.	15e2.	15e3.
e. Heart of Missouri United Way (#15)	\$0.00	0	\$0.00

Service #15 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#15)

\$0.00

b. Proposed Number of Units of Service (#15)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#15) (600 character limit)

No request for this service.

Service #15 - Performance Measures

Outcome (15-1)

The basic need for hygiene items will be met.

Additional Outcome (15-2)

The basic need for household cleaning items will be met.

Additional Outcome (15-3)

Additional Outcome (15-4)

Additional Outcome (15-5)

Indicator (15-1)

90% of individuals will report that the hygiene products provided met their basic need.

Additional Indicator (15-2)

90% of individuals will report that the household cleaning products provided met their basic need.

Additional Indicator (15-3)

Additional Indicator (15-4)

Additional Indicator (15-5)

Method of Measurement (15-1)

VAC services follow-up survey, completed up to 6 months after the service provision.

Additional Method (15-2)

VAC services follow-up survey, completed up to 6 months after the service provision.

Additional Method (15-3)

Additional Method (15-4)

Additional Method (15-5)

Service #15 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#15) (600 character limit)

As personal hygiene products and household cleaning supplies are essential basic needs, these services make a direct contribution to the stability of our clients. As clients gain or regain stability the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#15) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties. Limited resources make such challenges difficult.

c. Provide a rationale for the measurement level(s) for each indicator (#15) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (#15) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Total Amount Requested for Services #11 - Service #15

Total Amount Requested for Services #11 - Service #15

4575

Linked 'Agreement Form - V3 (Services 11-15)' Records (1)

Link Instructions

Linked 'Agreement Form - V3.1 (Services 11-20)' Records

Link Instructions

Agreement Form - V3.1 (Services 11-20)

Organization Name	Program Name	Date Completed	Record Lock	Link Info	
				Active	Date
Voluntary Action Center	VAC Basic Needs Program				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 16-20 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Voluntary Action Center
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	VAC Basic Needs Program
Amount of Request	\$35,275.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #16 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click [here](#) to view document. (#16)

a. Service #16 - Taxonomy of Service Name (150 character limit)

10.3 Information and Referral

b. Service #16 - Taxonomy Definition of Service (300 character limit)

Provides accurate information about and referrals to appropriate resources.

c. Provide a detailed description of the proposed service (#16). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Information and referral services are provided by phone to anyone who calls our office and to anyone who visits our office in person. Because VAC provides a wide range of services and works with many other local agencies, the agency is able to maintain a comprehensive knowledge and awareness of resources available in Boone County and even state-wide. Upon each inquiry our staff does our best to provide contact information and service provision information for each resource to which we refer. VAC answers the large majority of calls when they are received and returns calls the same day to those who leave messages.

Record Lock

1

Service #16 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (#16)

b. Unit Rate (#16)

\$7.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc.)(#16)

c. Is the proposed Unit Rate (#16) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#16) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#16) (600 character limit)

The agency is not aware of a standard rate applied to this service. This rate is generated from an internal agency review of service cost .

d. Total Number of Units of Service to be Provided (#16)

10000

e. Total Number of Unduplicated Individuals (#16)

10000

f. Average Number of Units of Service per Unduplicated Individual (#16)

1

g. Average Cost of Service per Individual (#16)

7

Service #16 - Service Fee

a. Will the proposed service (#16) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#16) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#16)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#16). (600 character limit)

This service is provided either over the phone or in person in conjunction with another service, so charging a fee is impractical.

b. Is this proposed service (#16) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#16) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#16) (600 character limit)

If No - Explain why the proposed service (#16) is not billable to a third-party payor. (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#16) (600 character limit)

Service #16 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#16)

Yes (complete the Other Funder's Chart below)

Service #16 - Local Funding Chart

Funders (#16)

Unit Rate
(#16)

of Units Funded
(#16)

Total Amount
Contracted (#16)

a. Boone County - Children's Services Funding (#16)	16a1. \$0.00	16a2. 0	16a3. \$0.00
b. Boone County - Community Health Funding (#16)	16b1. \$0.00	16b2. 0	16b3. \$0.00
c. City of Columbia - Social Services Funding (#16)	16c1. \$0.00	16c2. 0	16c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#16)	16d1. \$0.00	16d2. 0	16d3. \$0.00
e. Heart of Missouri United Way Funding (#16)	16e1. \$7.00	16e2. 2882	16d4. \$20,172.00

Service #16 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#16)

\$0.00

b. Proposed Number of Units of Service (#16)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#16) (600 character limit)

No request for this service.

Service #16 - Performance Measures

Outcome (16-1)

The need for information about and referral to local resources for low-income persons will be met.

Indicator (16-1)

Those seeking information and referral will report that the service was helpful.

Method of Measurement (16-1)

Anecdotal feedback from those receiving this service.

Additional Outcome (16-2)

Additional Indicator (16-2)

Additional Method (16-2)

Additional Outcome (16-3)

Additional Indicator (16-3)

Additional Method (16-3)

Additional Outcome (16-4)

Additional Indicator (16-4)

Additional Method (16-4)

Additional Outcome (16-5)

Additional Indicator (16-5)

Additional Method (16-5)

Service #16 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#16) (600 character limit)

As the lack of information about and referral to potential resources is often a barrier to receiving needed supports, this service makes a direct contribution to the stability of our clients and others. As information and referral are helpful in accessing resources, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#16) (600 character limit)

Limited or reduced staffing would impact the ability to provide this service.

c. Provide a rationale for the measurement level(s) for each indicator. (#16) (600 character limit)

Personal contact information is rarely recorded in the provision of this service and so direct follow up is unlikely. The agency occasionally hears words of appreciation in response to receiving information and referral.

d. Provide a rationale for each method of measurement. (#16) (600 character limit)

As personal contact information is rarely recorded in the provision of this service and so direct follow up is unlikely. The agency occasionally hears words of appreciation in response to receiving information and referral.

Service #17 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#17)

a. Service #17 - Taxonomy of Service Name (150 character limit)

4.2 Corrective Lenses

b. Service #17 - Taxonomy Definition of Service (300 character limit)

Provision of corrective lenses.

c. Provide a detailed description of the proposed service (#17). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

To receive services from VAC clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of listed services. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. The following is provided upon verification/prescription by a qualified health care provider: corrective lenses by check to vendor.

Service #17 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (#17)

b. Unit Rate (#17)

\$25.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#17)

c. Is the proposed Unit Rate (#17) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#17) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#17) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#17)

60

e. Total Number of Unduplicated Individuals (#17)

60

f. Average Number of Units of Service per Unduplicated Individual (#17)

1

g. Average Cost of Service per Individual (#17)

25

Service #17- Service Fee

a. Will the proposed service (#17) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#17) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#17) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#17). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s)? (#17) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#17). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#17) (600 character limit)

If No - Explain why the proposed service is not billable to a third party payor. (#17) (600 character limit)

These services do not qualify for third-party payment reimbursement from any source known to the agency.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#17) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #17 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#17)

Yes (complete the Other Funder's Chart below)

Service #17 - Local Funding Chart

<u>Funders (#17)</u>	<u>Unit Rate (#17)</u>	<u># of Units Funded (#17)</u>	<u>Total Amount Contracted (#17)</u>
a Boone County - Children's Services Funding (#17)	17a1. \$0.00	17a2. 0	17a3. \$0.00
b. Boone County - Community Health Funding (#17)	17b1. \$25.00	17b2. 48	17b3. \$1,200.00
c. City of Columbia - Social Services Funding (#17)	17c1. \$0.00	17c2. 0	17c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#17)	17d1. \$0.00	17d2. 0	17d3. \$0.00
e. Heart of Missouri United Way Funding (#17)	17e1. \$0.00	17e2. 0	17e3. \$0.00

Service #17 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#17)

\$1,300.00

b. Proposed Number of Units of Service (#17)

52

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#17) (600 character limit)

This request represents a slight increase in funding for these services over the previous county contract. In light of increased demand for services, especially over the last 12-18 months, VAC is working to increase the number of services offered in order to more closely meet demand. This will require greater staff capacity as well as funding to provide the cost of actual services provided.

Service #17 - Performance Measures

Outcome (17-1)

The essential need for corrective lenses will be met.

Indicator (17-1)

90% of individuals will report that the health service provided met their basic need.

Method of Measurement (17-1)

VAC Client Survey completed up to 6 months after service provision.

Additional Outcome (17-2)

Additional Indicator (17-2)

Additional Method (17-2)

Additional Outcome (17-3)

Additional Indicator (17-3)

Additional Method (17-3)

Additional Outcome (17-4)

Additional Indicator (17-4)

Additional Method (17-4)

Additional Outcome (17-5)

Additional Indicator (17-5)

Additional Method (17-5)

Service #17 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (17) (600 character limit)

As access to corrective lenses are essential basic needs, these services makes a direct contribution to the stability of our clients. As clients gain or regain stability in their household physical health, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (17) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties thus limiting service effectiveness.

c. Provide a rationale for the measurement level(s) for each indicator. (17) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of this vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (17). (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #18 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#18)

Service #18 - Taxonomy of Service Name (150 character limit)

4.7 Prescription Medication

Service #18 - Taxonomy Definition of Service (300 character limit)

Provision of prescription medication.

c. Provide a detailed description of the proposed service (#18). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

To receive services from VAC clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of listed services. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. The following is provided upon verification/prescription by a qualified health care provider: prescription medication by voucher to vendor.

Service #18 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (#18)****b. Unit Rate (#18)**

\$25.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#18)

c. Is the proposed Unit Rate (#18) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#18) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#18) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#18)

550

e. Total Number of Unduplicated Individuals (#18)

400

f. Average Number of Units of Service per Unduplicated Individual (#18)

1.38

g. Average Cost of Service per Individual (#18)

34.38

Service #18 - Service Fee**a. Will the proposed service (#18) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the service (#18). (600 character limit)**If a fee is charged, is there any sliding scale for proposed service (#18)? If so, please upload the fee chart.****If No - Provide a rationale why no fees will be charged for the proposed service. (#18) (600 character limit)**

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s)? (#18) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#18). (600 character limit)**If No - Explain why the proposed service is not billable to a third-party payor. (#18) (600 character limit)**

These services do not qualify for third-party payment reimbursement from any source known to the agency.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#18) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #18 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#18)

Yes (complete the Other Funder's Chart below)

Service #18 - Local Funding Chart

<u>Funders (#18)</u>	<u>Unit Rate (#18)</u>	<u># of Units Funded (#18)</u>	<u>Total Amount Contracted (#18)</u>
	18a1.	18a2.	18a3.
a Boone County - Children's Services Funding (#18)	\$0.00	0	\$0.00
	18b1.	18b2.	18b3.
b. Boone County - Community Health Funding (#18)	\$25.00	491	\$12,275.00
	18c1.	18c2.	18c3.
c. City of Columbia - Social Services Funding (#18)	\$0.00	0	\$0.00
	18d1.	18d2.	18d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#18)	\$0.00	0	\$0.00
	18e1.	18e2.	18e3.
e. Heart of Missouri United Way Funding (#18)	\$0.00	0	\$0.00

Service #18 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#18)

\$1,400.00

b. Proposed Number of Units of Service (#18)

56

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#18) (600 character limit)

This request represents a slight increase in funding for these services over the previous county contract. In light of increased demand for services, especially over the last 12-18 months, VAC is working to increase the number of services offered in order to more closely meet demand. This will require greater staff capacity as well as funding to provide the cost of actual services provided.

Service #18 - Performance Measures

Outcome (18-1)

The essential need for prescription co-pays will be met.

Indicator (18-1)

90% of individuals will report that the health service provided met their basic need.

Method of Measurement (18-1)

VAC Client Survey completed up to 6 months after service provision.

Additional Outcome (18-2)

Additional Indicator (18-2)

Additional Method (18-2)

Additional Outcome (18-3)

Additional Indicator (18-3)

Additional Method (18-3)

Additional Outcome (18-4)

Additional Indicator (18-4)

Additional Method (18-4)

Additional Outcome (18-5)

Additional Indicator (18-5)

Additional Method (18-5)

Service #18 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#18). (600 character limit)

As access to prescription medication is an essential basic needs, these services makes a direct contribution to the stability of our clients. As clients gain or regain stability in their household physical health, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#18). (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties thus limiting service effectiveness.

c. Provide a rationale for the measurement level(s) for each indicator (#18). (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (#18). (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #19 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#19)

a. Service #19 - Taxonomy of Service Name (150 character limit)

4.3 Durable Medical Equipment

b. Service #19 - Taxonomy Definition of Service (300 character limit)

Provision of durable medical equipment as prescribed by a qualified health care provider.

c. Provide a detailed description of the proposed service (#19). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

To receive services from VAC clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of listed services. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. The following are provided upon verification/prescription by a qualified health care provider: durable medical equipment by voucher or check to vendor.

Service #19 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (#19)

b. Unit Rate (#19)

\$25.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#19)

c. Is the proposed Unit Rate (#19) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#19) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided.

Provide a justification for the proposed rate. (#19) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#19)

70

e. Total Number of Unduplicated Individuals (#19)

70

f. Average Number of Units of Service per Unduplicated Individual (#19)

1

g. Average Cost of Service per Individual (#19)

25

Service #19 - Service Fee**a. Will the proposed service (#19) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the service fee (#19). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

If a fee is charged, is there any sliding scale for proposed service (#19)? If so, please upload the fee chart.**If No - Provide a rationale why no fees will be charged for the proposed service (#19). (600 character limit)****b. Is this proposed service (#19) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)**

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#19) (600 character limit)**If No - Explain why the proposed service (#19) is not billable to a third-party payor. (600 character limit)**

These services do not qualify for third-party payment reimbursement from any source known to the agency.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#19) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)**Service #19 - Local Funding****Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#19)**

Yes (complete the Other Funder's Chart below)

Service #19 - Local Funding Chart

<u>Funders (#19)</u>	<u>Unit Rate (#19)</u>	<u># of Units Funded (#19)</u>	<u>Total Amount Contracted (#19)</u>
	19a1.	19a2.	19a3.
a. Boone County - Children's Services Funding (#19)	\$0.00	0	\$0.00
	19b1.	19b2.	19b3.
b. Boone County - Community Health Funding (#19)	\$25.00	53	\$1,325.00
	19c1.	19c2.	19c3.
c. City of Columbia - Social Services Funding (#19)	\$0.00	0	\$0.00
	19d1.	19d2.	19d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#19)	\$0.00	0	\$0.00

	19e1.	19e2.	19d4.
e. Heart of Missouri United Way Funding (#19)	\$0.00	0	\$0.00

Service #19 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#19)

\$2,000.00

b. Proposed Number of Units of Service (#19)

80

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#19) (600 character limit)

This request represents a slight increase in funding for these services over the previous county contract. In light of increased demand for services, especially over the last 12-18 months, VAC is working to increase the number of services offered in order to more closely meet demand. This will require greater staff capacity as well as funding to provide the cost of actual services provided.

Services #19 - Performance Measures

Outcome (19-1)

The essential need for medical equipment will be met.

Indicator (19-1)

90% of individuals will report that the health service provided met their basic need.

Method of Measurement (19-1)

VAC Client Survey completed up to 6 months after service provision.

Additional Outcome (19-2)

Additional Indicator (19-2)

Additional Method (19-2)

Additional Outcome (19-3)

Additional Indicator (19-3)

Additional Method (19-3)

Additional Outcome (19-4)

Additional Indicator (19-4)

Additional Method (19-4)

Additional Outcome (19-5)

Additional Indicator (19-5)

Additional Method (19-5)

Service #19 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#19) (600 character limit)

As access to medical equipment is an essential basic need, these services makes a direct contribution to the stability of our clients. As clients gain or regain stability in their household physical health, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#19) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties thus limiting service effectiveness.

c. Provide a rationale for the measurement level(s) for each indicator (#19) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (#19) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #20 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. [Click here to view document.](#) (#20)

a. Service #20 - Taxonomy of Service Name (150 character limit)

4.31 Dental Treatment
4.32 General Medical Care

b. Service #20 - Taxonomy Definition of Service (300 character limit)

Treatment of oral health disorders provided by a qualified health care professional.
Routine health care provided by a qualified health care professional to detect health problems and provide procedures and/or other therapeutic services.

c. Provide a detailed description of the proposed service (#20). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

To receive services from VAC clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of listed services. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. The following are provided upon verification/prescription by a qualified health care provider: co-pays for dental and/or

Service #20 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (#20)

b. Unit Rate (#20)

\$25.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#20)

c. Is the proposed Unit Rate (#20) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#20) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#20). (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#20)

150

e. Total Number of Unduplicated Individuals (#20)

125

f. Average Number of Units of Service per Unduplicated Individual (#20)

1.2

g. Average Cost of Service per Individual (#20)

30

Service #20 - Service Fee

a. Will the proposed service (#20) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#20). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#20)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#20). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service (#20) billable to a third party-payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#20) (600 character limit)

If No - Explain why the proposed service (#20) is not billable to a third-party payor. (600 character limit)

These services do not qualify for third-party payment reimbursement from any source known to the agency.

c. What fee payment options will be provided for proposed service (#20) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #20 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#20)

Yes (complete the Other Funder's Chart below)

Service #20 - Local Funding Chart

<u>Funders (#20)</u>	<u>Unit Rate (#20)</u>	<u># of Units Funded (#20)</u>	<u>Total Amount Contracted (#20)</u>
	20a1.	20a2.	20a3.
a. Boone County - Children's Services Funding (#20)	\$0.00	0	\$0.00
	20b1.	20b2.	20b3.
b. Boone County - Community Health Funding (#20)	\$25.00	125	\$3,125.00
	20c1.	20c2.	20c3.
c. City of Columbia - Social Services Funding (#20)	\$0.00	0	\$0.00
	20d1.	20d2.	20d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#20)	\$0.00	0	\$0.00
	20e1.	20e2.	20e3.
e. Heart of Missouri United Way (#20)	\$0.00	0	\$0.00

Service #20 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#20)

\$3,400.00

b. Proposed Number of Units of Service (#20)

136

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#20) (600 character limit)

This request represents a slight increase in funding for these services over the previous county contract. In light of increased demand for services, especially over the last 12-18 months, VAC is working to increase the number of services offered in order to more closely meet demand. This will require greater staff capacity as well as funding to provide the cost of actual services provided.

Service #20 - Performance Measures

Outcome (20-1)

The essential need for dental and general medical care visits will be met.

Indicator (20-1)

90% of individuals will report that the health service provided met their basic need.

Method of Measurement (20-1)

VAC Client Survey completed up to 6 months after service provision.

Additional Outcome (20-2)

Additional Indicator (20-2)

Additional Method (20-2)

Additional Outcome (20-3)

Additional Indicator (20-3)

Additional Method (20-3)

Additional Outcome (20-4)

Additional Indicator (20-4)

Additional Method (20-4)

Additional Outcome (20-5)

Additional Indicator (20-5)

Additional Method (20-5)

Service #20 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#20) (600 character limit)

As access to dental and general medical care are essential basic needs, these services makes a direct contribution to the stability of our clients. As clients gain or regain stability in their household physical health, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#20) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and recurring transportation difficulties thus limiting service effectiveness.

c. Provide a rationale for the measurement level(s) for each indicator (#20) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (#20) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional

information.

Total for Services #16 - #20

Services #16-#20


8100

Linked 'Agreement Form - V3 (Services 16-20)' Records

Link Instructions V3

Linked 'Agreement Form - V3.1 (Services 11-20)' Records

Link Instructions V3.1**Agreement Form - V3.1 (Services 11-20)**

Organization Name	Program Name	Date Completed	Record Lock	Link Info	
				Active	Date
Voluntary Action Center	VAC Basic Needs Program				Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 17, 2018

Voluntary Action Center
Attn: Nick Foster, Executive Director
403A Vandiver Drive
Columbia, MO 65202
dir@vacmo.org

RE: Written Clarification #1 to 36-13SEP18 – *Community Health/Medical Fund*

Dear Mr. Foster:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 36-13SEP18 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Table, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 5:00 p.m. October 26, 2018 by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Community Health Advisory Council Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Voluntary Action Center (VAC)
Name of Program	VAC Basic Needs Program

Proposal Cover Sheet	
-----------------------------	--

1. Attachment C did not provide supporting Work Authorization Documentation.
Action Required: Attach the E-Verify Memorandum of Understanding for your organization.

--

1. Addendum 4 was not included in the signed addendums attachment on the Proposal Cover Sheet.

Action Required: Please provide Addendum 4 with the required signature.

--

Program Overview Form	
------------------------------	--

Consumer Demographics

2. The total in the Race Demographic section does not match the other totals listed in the Consumer Demographics Section.
Action Required: Complete the following table so that the total for Race equals 200 or provide an explanation on why the total does not match the other sections.

White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native	
Native Hawaiian or other Pacific Islander (alone)	
Some Other Race	
Race Total	

Narrative:

Collaboration

3. The Collaboration section describes a multitude of relationships with other organizations but does not provide any MOUs.

Action Required: Please provide any MOUs that are applicable to the proposed program or provide an explanation on why there are no existing MOUs.

Program Personnel

4. The FTE amount for the Executive Director and Finance Administrator seems high for the program and the narrative section lacks specific information describing the responsibilities within this program.

Action Required: Provide more information on the responsibilities of the Executive Director and Finance Administrator regarding the Basic Needs Program. Please provide an updated FTE amount, if necessary in the response box below.

Program Budget

5. The narrative fields for Personnel and Non-Personnel Expenses lacked sufficient information.

Action Required: Provide a brief explanation of the expenses included in the Personnel and Non-Personnel Expenses.

Program Services Form (16-20)

Program Service #16 – Information and Referral

6. The unit measure needs to be listed as “one individual” or “one instance”.

Action Required: Provide clarification on the correct unit measure and update in the attached 'Program Outputs and Funding Request Tables' form.

--

Program Service #17 – Corrective Lenses

7. The unit measure needs to be listed as "one instance".

Action Required: Provide clarification on the correct unit measure and update in the attached 'Program Outputs and Funding Request Tables' form.

--

Program Service #18 – Prescription Medication

8. The unit measure needs to be listed as "one instance" or "one prescription"

Action Required: Provide clarification on the correct unit measure and update in the attached 'Program Outputs and Funding Request Tables' form.

--

9. There appears to be an error in the funding request. The narrative in the Funding Request section states VAC is asking for an increase in funding. The Proposed Number of Units of Service (#18) shows 56 units but the Service #18 – Other Funders Chart shows the County is currently contracted for 491 units. Also, the sum of all Funding Request sections equals \$22,675 but the Proposal Cover Sheet Funding Request amount lists \$35,275.

Action Required: Provide clarification on the correct Funding Request for Prescription Medication. Please complete the attached *Service Change Table* and 'Program Outputs and Funding Request Tables' forms.

--

Program Service #19 – Durable Medical Equipment

10. The unit measure needs to be listed as "one instance".

Action Required: Provide clarification on the correct unit measure and update in the attached 'Program Outputs and Funding Request Tables' form.

11. The total number of units (n=70) is less than the Proposed Number of Units of Service in the Funding Request section (n=80).

Action Required: Complete the *Service Change Table* and 'Program Outputs and Funding Request Tables' forms.

Program Service #20 – Dental Treatment and General Medical Care

12. The unit measure needs to be listed as "one instance".

Action Required: Provide clarification on the correct unit measure and update in the attached 'Program Outputs and Funding Request Tables' form.

13. The service description appears to be cut off for Dental Treatment and General Medical Care.

Action Required: Provide any additional information that may be missing to describe the service.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--	---------------------------

14. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Table			
Organization Name: Voluntary Action Center			
Program Name: VAC Basic Needs Program			
Service #18 – Taxonomy of Service Name: Prescription Medication			
Service #18 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One prescription	\$25.00	550	400
Funding Request			
Amount Requested to Boone County: \$1,400.00		Proposed Number of Units of Service: 56	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Information provided in proposal	Information provided in proposal		Information provided in proposal

Service Change Table			
Organization Name: Voluntary Action Center			
Program Name: VAC Basic Needs Program			
Service #19 – Taxonomy of Service Name: Durable Medical Equipment			
Service #19 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One instance	\$25.00	70	70
Funding Request			
Amount Requested to Boone County: \$2,000.00		Proposed Number of Units of Service: 80	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Information provided in proposal	Information provided in proposal		Information provided in proposal

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Voluntary Action Center				
Program Name: VAC Basic Needs Program				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Auto Repair/Assistance	One instance	\$15.00	60	60
Employment Attire	One uniform	\$25.00	225	225
Official Documents Assistance	One ID	\$20.00	900	800
Public Transit Fee/Fare	One instance	\$20.00	800	800
Supplemental Food	One bag	\$5.00	4500	9000
Clothing	One item of clothing	\$5.00	7000	4000
Clothing	One voucher	\$20.00	400	600
Window AC Units	One fan	\$20.00	350	1000
Window AC Units	One window unit air conditioner	\$25.00	85	225
Public Transit Fee/Fare	One instance	\$25.00	300	250
Car Seats	One car seat	\$25.00	210	420
Diapers/Wipes	One pack of diapers/wipes	\$20.00	925	1700
Academic Support (school supplies)	One backpack/bag of school supplies	\$20.00	1000	1000
Academic Support (computers)	One computer plus peripherals	\$100.00	40	120
Hygiene Items (plus Household Cleaning Packs)	One hygiene/household cleaning pack	\$15.00	2400	4000
Information and Referral	1 – One individual/instance	\$7.00	10000	10000
Corrective Lenses	1 – One instance	\$25.00	60	60
Prescription Medication	1 – One instance/prescription	\$25.00	550	400
Durable Medical Equipment	1 – One instance	\$25.00	70	70
Dental Treatment & General Medical Care	1 – One instance	\$25.00	150	125

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Auto Repair/Assistance	\$0.00	0
Employment Attire	\$5,000.00	200
Official Documents Assistance	\$0.00	0
Public Transit Fee/Fare	\$0.00	0
Supplemental Food	\$0.00	0
Clothing	\$0.00	0
Clothing	\$0.00	0
Window AC Units	\$0.00	0
Window AC Units	\$0.00	0
Public Transit Fee/Fare	\$5,000.00	200
Car Seats	\$4,575.00	183
Diapers/Wipes	\$0.00	0
Academic Support (school supplies)	\$0.00	0
Academic Support (computers)	\$0.00	0
Hygiene Items (plus Household Cleaning Packs)	\$0.00	0
Information and Referral	\$0.00	0
Corrective Lenses	\$1,300.00	52
Prescription Medication	\$1,400.00	56
Durable Medical Equipment	\$2,000.00	80
Dental Treatment & General Medical Care	\$3,400.00	136
Total Amount Requested to Boone County:	\$22,675.00	

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 25, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Voluntary Action Center

Address: 403 A Vandiver Drive
Columbia, MO 65202

Telephone: 573-874-2273 Fax: 573-874-4172

Federal Tax ID (or Social Security #): 23-7120250

Print Name: Nick Foster Title: Executive Director

Signature: [Signature] Date: 10-25-18

E-mail: dir@vacmo.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Voluntary Action Center (VAC)
Name of Program	VAC Basic Needs Program

Proposal Cover Sheet	
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1. Attachment C did not provide supporting Work Authorization Documentation.

Action Required: Attach the E-Verify Memorandum of Understanding for your organization.

Attached.

1. Addendum 4 was not included in the signed addendums attachment on the Proposal Cover Sheet.

Action Required: Please provide Addendum 4 with the required signature.

Attached.

Program Overview Form	
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Consumer Demographics

2. The total in the Race Demographic section does not match the other totals listed in the Consumer Demographics Section.

Action Required: Complete the following table so that the total for Race equals 200 or provide an explanation on why the total does not match the other sections.

White (alone)	66
Black or African American (alone)	90
Multiple Races	20
Asian (alone)	4
Native American Indian or Alaskan Native	1
Native Hawaiian or other Pacific Islander (alone)	1
Some Other Race	18
Race Total	200

Narrative: There is some confusion on this issue in that clients often self-identify as Hispanic or Latino as regards race rather than as black or white and Hispanic/Latino as to ethnicity.

Collaboration

3. The Collaboration section describes a multitude of relationships with other organizations but does not provide any MOUs.

Action Required: Please provide any MOUs that are applicable to the proposed program or provide an explanation on why there are no existing MOUs.

There are no formal MOUs with referral agencies for this program; relationships are informal in that sense and are based on long-term interagency awareness of and communication regarding services which are complementary across agencies.

Program Personnel

4. The FTE amount for the Executive Director and Finance Administrator seems high for the program and the narrative section lacks specific information describing the responsibilities within this program.

Action Required: Provide more information on the responsibilities of the Executive Director and Finance Administrator regarding the Basic Needs Program. Please provide an updated FTE amount, if necessary in the response box below.

The Executive Director provides oversight for the Program, is primarily responsible for funding acquisition and reporting to funders, and provides general, daily support for basic needs activities as all personnel report directly to the Executive Director. The Finance Administrator is involved in all financial transactions and consults throughout each day with Social Services Specialists concerning provision of services, and is involved also in preparation of reports.

The agency is willing to discuss this further with the County and to consider a smaller FTE assignment for these roles.

Program Budget

5. The narrative fields for Personnel and Non-Personnel Expenses lacked sufficient information.

Action Required: Provide a brief explanation of the expenses included in the Personnel and Non-Personnel Expenses.

Personnel: Salary, Benefits, and Taxes for five full time staff and one part time employee.

Non Personnel: Includes facility rental and utilities, office equipment/maintenance and supplies, advertising/marketing, postage/printing, fundraising expenses and client services.

Program Services Form (16-20)	
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Program Service #16 – Information and Referral

6. The unit measure needs to be listed as “one individual” or “one instance”.

Action Required: Provide clarification on the correct unit measure and update in the attached ‘Program Outputs and Funding Request Tables’ form.

The form for Service #16 allowed only input of an integer (an apparent glitch.) The unit measure should be “one instance,” corrected in the form below.

Program Service #17 – Corrective Lenses

7. The unit measure needs to be listed as “one instance”.

Action Required: Provide clarification on the correct unit measure and update in the attached ‘Program Outputs and Funding Request Tables’ form.

The form for Service #17 allowed only input of an integer (an apparent glitch.) The unit measure should be “one instance,” corrected in the form below.

Program Service #18 – Prescription Medication

8. The unit measure needs to be listed as “one instance” or “one prescription”

Action Required: Provide clarification on the correct unit measure and update in the attached ‘Program Outputs and Funding Request Tables’ form.

The form for Service #18 allowed only input of an integer (an apparent glitch.) The unit measure should be “one prescription,” corrected in the form below.

9. There appears to be an error in the funding request. The narrative in the Funding Request section states VAC is asking for an increase in funding. The Proposed Number of Units of Service (#18) shows 56 units but the Service #18 – Other Funders Chart shows the County is currently contracted for 491 units. Also, the sum of all Funding Request sections equals \$22,675 but the Proposal Cover Sheet Funding Request amount lists \$35,275.

Action Required: Provide clarification on the correct Funding Request for Prescription Medication. Please complete the attached *Service Change Table* and ‘Program Outputs and Funding Request Tables’ forms.

There was an error in the funding request. This error has been corrected and the correction is reflected in the Service Change Table below. The total request is now the same as presented in the Proposal Cover Sheet.

Program Service #19 – Durable Medical Equipment

10. The unit measure needs to be listed as “one instance”.

Action Required: Provide clarification on the correct unit measure and update in the attached 'Program Outputs and Funding Request Tables' form.

The form for Service #19 allowed only input of an integer (an apparent glitch.) The unit measure should be "one instance," corrected in the form below.

11. The total number of units (n=70) is less than the Proposed Number of Units of Service in the Funding Request section (n=80).

Action Required: Complete the *Service Change Table* and 'Program Outputs and Funding Request Tables' forms.

The error has been corrected in the Service Change Table below.

Program Service #20 – Dental Treatment and General Medical Care

12. The unit measure needs to be listed as "one instance".

Action Required: Provide clarification on the correct unit measure and update in the attached 'Program Outputs and Funding Request Tables' form.

The form for Service #20 allowed only input of an integer (an apparent glitch.) The unit measure should be "one instance," corrected in the form below.

13. The service description appears to be cut off for Dental Treatment and General Medical Care.

Action Required: Provide any additional information that may be missing to describe the service.

The field seems to have been limited as to number of characters allowed. The description should read as follows:

To receive services from VAC clients must be residents of Boone County and have household incomes at or below 200% of Federal poverty guidelines. Clients may self-refer or be referred by another agency. Clients may call the VAC office for an initial determination about qualification for and availability of listed services. Clients must then be interviewed in person by a Social Services Specialist to verify qualification. The following are provided upon verification/prescription by a qualified health care provider: co-pays for dental services and/or dental items such as dentures.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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14. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Table			
Organization Name: Voluntary Action Center			
Program Name: VAC Basic Needs Program			
Service #18 – Taxonomy of Service Name: Prescription Medication			
Service #18 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One prescription	\$25.00	900	500
Funding Request			
Amount Requested to Boone County: \$14,00.00		Proposed Number of Units of Service: 560	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Information provided in proposal	Information provided in proposal	Information provided in proposal	

Service Change Table			
Organization Name: Voluntary Action Center			
Program Name: VAC Basic Needs Program			
Service #19 – Taxonomy of Service Name: Durable Medical Equipment			
Service #19 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One instance	\$25.00	80	80
Funding Request			
Amount Requested to Boone County: \$2,000.00		Proposed Number of Units of Service: 80	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Information provided in proposal	Information provided in proposal	Information provided in proposal	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Voluntary Action Center				
Program Name: VAC Basic Needs Program				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Auto Repair/Assistance	One instance	\$15.00	60	60
Employment Attire	One uniform	\$25.00	225	225
Official Documents Assistance	One ID	\$20.00	900	800
Public Transit Fee/Fare	One instance	\$20.00	800	800
Supplemental Food	One bag	\$5.00	4500	9000
Clothing	One item of clothing	\$5.00	7000	4000
Clothing	One voucher	\$20.00	400	600
Window AC Units	One fan	\$20.00	350	1000
Window AC Units	One window unit air conditioner	\$25.00	85	225
Public Transit Fee/Fare	One instance	\$25.00	300	250
Car Seats	One car seat	\$25.00	210	420
Diapers/Wipes	One pack of diapers/wipes	\$20.00	925	1700
Academic Support (school supplies)	One backpack/bag of school supplies	\$20.00	1000	1000
Academic Support (computers)	One computer plus peripherals	\$100.00	40	120
Hygiene Items (plus Household Cleaning Packs)	One hygiene/household cleaning pack	\$15.00	2400	4000
Information and Referral	1 – One instance	\$7.00	10000	10000
Corrective Lenses	1 – One instance	\$25.00	60	60
Prescription Medication	1 – One prescription	\$25.00	900	500
Durable Medical Equipment	1 – One instance	\$25.00	80	80
Dental Treatment & General Medical Care	1 – One instance	\$25.00	150	125

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Auto Repair/Assistance	\$0.00	0
Employment Attire	\$5,000.00	200
Official Documents Assistance	\$0.00	0
Public Transit Fee/Fare	\$0.00	0
Supplemental Food	\$0.00	0
Clothing	\$0.00	0
Clothing	\$0.00	0
Window AC Units	\$0.00	0
Window AC Units	\$0.00	0
Public Transit Fee/Fare	\$5,000.00	200
Car Seats	\$4,575.00	183
Diapers/Wipes	\$0.00	0
Academic Support (school supplies)	\$0.00	0
Academic Support (computers)	\$0.00	0
Hygiene Items (plus Household Cleaning Packs)	\$0.00	0
Information and Referral	\$0.00	0
Corrective Lenses	\$1,300.00	52
Prescription Medication	\$14,000.00	560
Durable Medical Equipment	\$2,000.00	80
Dental Treatment & General Medical Care	\$3,400.00	136
Total Amount Requested to Boone County:	\$35,275.00	



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service. Each service must be entered separately."

By: Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #4** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Voluntary Action Center

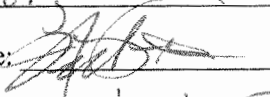
Address:

403 A Vandiver Drive 65202

Phone Number: 573-874-2273

Fax Number: 573-874-9172

E-mail: dir@vacmo.org

Authorized Representative Signature: 

Date: 10-24-18

Authorized Representative Printed Name: Nick Foster



Company ID Number: 304324

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **Voluntary Action Center** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).



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4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative



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nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

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6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking



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adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as



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authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the



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contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

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ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible



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after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take



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mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



Information Required for the E-Verify Program

Company Name: Voluntary Action Center

Columbia, MO 65202

County or Parish: BOONE

North American Industry
Classification Systems
Code: 624

Number of Employees: 5 to 9

MISSOURI 1 site(s)



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To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Voluntary Action Center

Cindy Mustard

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date



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Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: Cindy S Mustard
Telephone Number: (573) 449 - 6959 ext. 201
E-mail Address: dir@vacmo.org

Fax Number: (573) 874 - 9172

Voluntary Action Center – Basic Needs Program

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program’s proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click “Submit Agreement” once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18...

[Quick View Information](#)

Additional Documents

Program: Overview (V3) (1 records) ▾

Boone County (includes City of Columbia residents) %

1000

TOTAL REVENUE %

453654

2. %

\$235,630.00

Complete

Page 1 of 1 | 20 records per page

Program Services 1-5 (V3) (1 records) ▾

a. Service #1 - Taxonomy of Service Name (300 character limit) %

1.12 Adult Residential Assistance

Record ID %

22140

Complete

Page 1 of 1 | 20 records per page

Program Services 6-10 (V3) (1 records) ▾

a. Service #6 - Taxonomy of Service Name (300 character limit) %

1.11 Clothing

Record ID %

22142

Complete

Page 1 of 1 | 20 records per page

Program Services 11-15 (V3) (1 records) ▾

a. Service #11 - Taxonomy of Service Name (150 character limit) %

1.12 Car Service

Record ID %

22157

Complete

Page 1 of 1 | 20 records per page

Program Services 16-20 (V3) (1 records) ▾

a. Service #16 - Taxonomy of Service Name (150 character limit) %

1.2 Information and Referral

Record ID %

22159

Complete

Page 1 of 1 | 20 records per page

Agreement Form - V3 1 (1 records) ▾

Organization Name %

Voluntary Action Center

Program Name %

VAC Basic Needs Program

Date Completed %

Complete

Page 1 of 1 | 20 records per page

Agreement Form - V3 1 (Services 11-20) (1 records) ▾

Organization Name %

Voluntary Action Center

Program Name %

VAC Basic Needs Program

Date Completed %

Complete

Folder Actions ▾

- [Edit Proposal Cover](#)
- [Return to Search](#)
- [Application Overview](#)
- [Print Records](#)
- [Copy Records](#)
- [Record History](#)

Grant Actions ▾

- [Submit Agreement](#)
- [Rebuild Grant](#)
- [Required Fields](#)



Follow-up is needed for the Agreement Form:

Agreement Form Section	Items Updated	Action Required:
Program Budget	1. The Program Budget has been updated according to responses provided in the Written Clarification.	1. Please review the budget and make updates as needed.
Consumer Demographic	1. Include individuals that identify as Hispanic or Latino as "Some Other Race".	1. Update the Race section in the Consumer Demographics. The totals in each section should match.
Service 3 – Official Document Assistance	1. Indicator 3-1 has been updated to provide a set percentage rather than a range.	1. Please review.
Service 5 – Supplemental Food	1. Indicator 5-1 has been updated to provide a set percentage rather than a range.	1. Please review.
Service 6 – Clothing	1. Indicator 6-1 has been updated to provide a set percentage rather than a range.	1. Please review.
Service 7 – Clothing	1. Indicator 7-1 has been updated to provide a set percentage rather than a range.	1. Please review.
Service 8 – Window AC Units	1. Indicator 8-1 has been updated to provide a set percentage rather than a range.	1. Please review.
Service 9 – Window AC Units	1. Indicator 9-1 has been updated to provide a set percentage rather than a range.	1. Please review.
Service 11 – Behavioral Health Assessment (Outpatient Therapist)	1. Indicator 11-1 has been updated to provide a set percentage rather than a range.	1. Please review.
Service 16 – Information and Referral	1. Unit measure was updated to "One Instance". 2. Indicator 16-1 needs a percentage.	1. Please review. 2. Provide a percentage for Indicator 16-1.
Service 17 – Corrective Lenses	1. Unit measure was updated to "One Instance".	1. Please review.
Service 18 – Prescription Medication	1. Unit measure was updated to "One Instance".	1. Please review. 2. Please review.

	2. Total number of units and unduplicated individuals has been updated according to the Written Clarifications.	
Service 19 – Durable Medical Equipment	1. Unit measure was updated to “One Instance”. 2. Total number of units and unduplicated individuals has been updated according to the Written Clarifications.	1. Please review. 2. Please review.
Service 20 – Dental Treatment and General Medical Care	1. Unit measure was updated to “One Instance”. 2. Total number of units and unduplicated individuals has been updated according to the Written Clarifications.	1. Please review. 2. Please review.

Agreement Form - V3.1

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Voluntary Action Center
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	VAC Basic Needs Program
Amount of Request	\$35,275.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Voluntary Action Center

Program Name

VAC Basic Needs Program

Date Completed
Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way

(A) 1A.
\$72,423.00

B. Other United Ways

(A) 1B.
\$0.00

C. Capital Campaigns

(A) 1C.
\$0.00

D. Grants (non-governmental)

(A) 1D.
\$7,000.00

E. Fund Raising & Other Direct Support

(A) 1E.
\$145,850.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding

(A) 2A.
\$0.00

B. Boone County - Community Health Funding

(A) 2B.
\$35,275.00

C. Boone County - Other Funding

(A) 2C.
\$0.00

D. Funding from Other Counties

(A) 2D.
\$0.00

E. City of Columbia - Social Service Funding

(A) 2E.
\$28,500.00

F. City of Columbia - CDGB/Home Funding

(A) 2F.
\$0.00

G. City of Columbia - CHDO Funding

(A) 2G.
\$0.00

H. City of Columbia - Other Funding

(A) 2H.
\$0.00

I. Funding from Other Cities

(A) 2I.
\$0.00

J. Federal (Medicaid, Title III, etc.)

(A) 2J.
\$0.00

K. State (Purchase of Services, Grants, etc.)

(A) 2K.
\$0.00

L. Other (Schools, Courts, etc.)

(A) 2L.
\$0.00

3. Program Service Fees

(A) 3.
\$0.00

4. Investment Income (realized & unrealized)

(A) 4.
\$50.00

5. Other Revenue Items**(A) 5.**

\$164,500.00

TOTAL PROGRAM REVENUE

(A) Total Revenue

453598

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$214,820.00

2. Non-Personnel**(A) 2.**

\$235,530.00

TOTAL PROGRAM EXPENSES

(A) Total Expenses

450350

Residence**RESIDENCE****AGREEMENT RESIDENCE (A)**

City of Columbia

(A) City of Columbia

5600

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

7000

Cooper County

(A) Cooper County

0

Howard County

(A) Howard County

0

Other Counties

(A) Other Counties

0

RESIDENCE TOTAL

(A) Residence Total:

7000

Race**RACE****AGREEMENT RACE (A)**

White (alone)

(A) White (alone)

2324

Black or African American (alone)

(A) Black or African American (alone)

3175

Multiple Races

(A) Multiple Races

630

Asian (alone)

(A) Asian (alone)

160

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

35

(A) Native Hawaiian or other Pacific Islander (alone)

9

(A) Some Other Race

667

(A) Race Total

7000

Native Hawaiian or other Pacific Islander (alone)

Some Other Race

RACE TOTAL**Ethnicity****ETHNICITY****AGREEMENT ETHNICITY (A)****(A) Hispanic or Latino (of any race)**

560

Hispanic or Latino (of all race)

(A) Not Hispanic or Latino

6440

Not Hispanic or Latino

(A) Ethnicity Total

7000

ETHNICITY TOTAL**Gender****GENDER****AGREEMENT GENDER (A)****(A) Female**

3985

Female

(A) Male

3005

Male

(A) Other Gender

10

Other Gender

(A) Gender Total

7000

GENDER TOTAL**Income****INCOME****AGREEMENT INCOME (A)****(A) At or below 200% of FPL**

7000

At or below 200% of FPL (Federal Poverty Level)

(A) Over 200% of FPL

0

Over 200% of FPL

(A) Income Total

7000

INCOME TOTAL

Age (City-Social Services/County-Health/HMUW)

AGE

AGREEMENT AGE (A):

Under 5 years

(A) Under 5 years

1050

5-19 years

(A) 5-19 years

2310

20-59 years

(A) 20-59 years

3290

60 years and over

(A) 60 years and over

350

AGE TOTAL

(A) Age Total

7000

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.

Individuals Trained

AGREEMENT (A)

Individuals to be Trained

(A) Individuals to be Trained

0

Program Service and Performance

Instructions: **Update the Agreement(A) Column with updated figures finalized through the approved contract.**

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested**(A) Amount Requested**

\$0.00

Description of Funds**(A) Description of Funds**

Program Service #1 - Outputs

Program Service #1 - Outputs:

#1 Agreement (A)

Service #1 Name

(A) Service #1

Auto Repair/Assistance

Total # of Units Provided #1

(A) Units #1

60

Unit Measure #1

(A) Unit Measure #1

One instance

Unit Rate #1

(A) Unit Rate #1

\$15.00

Total # of Unduplicated Individuals Served #1

(A) Unduplicated Individuals #1

60

Program Service #1 - Funding

Funding Amount #1

(A) Agreement Amount #1

\$0.00

Units #1

(A) Agreement Units #1

0

Program Service #1 - Performance Measures (Agreement)(A) Program Service
1 Outcomes:

(A) Program Service 1 Indicators:

(A) Program Service 1 Method
of Measurements:**(A) Outcome 1-1**Clients will maintain their
current employment.**(A) Indicator 1-1**80% of clients will report that the service provided was a significant contributing
factor to maintaining employment for a period of at least 90 days.**(A) Method of Measurement 1-1**Phone surveys approximately 90
days after receiving assistance.**(A) Additional Outcome
1-2****(A) Additional Indicator 1-2****(A) Additional Method 1-2****(A) Additional Outcome
1-3****(A) Additional Indicator 1-3****(A) Additional Method 1-3****(A) Additional Outcome
1-4****(A) Additional Indicator 1-4****(A) Additional Method 1-4****(A) Additional Outcome
1-5****(A) Additional Indicator 1-5****(A) Additional Method 1-5****Program Service #2 - Outputs**

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Employment Attire

Total # of Units #2

(A) Units #2

225

Unit Measure #2

(A) Unit Measure #2

One uniform.

Unit Rate #2

(A) Unit Rate #2

\$25.00

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

225

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$5,000.00

Units #2

(A) Agreement Units #2

200

Program Service #2 - Performance Measures (Agreement)**(A) Program Service 2 Outcomes:****(A) Program Service 2 Indicators:****(A) Program Service 2 Method of Measurement****(A) Outcome 2-1**

The essential need of clothing for work will be met.

(A) Indicator 2-1

100% of individuals will report that the service provided met their basic need for essential work apparel.

(A) Method of Measurement 2-1

VAC Client Survey completed up to 3 months after service provision.

(A) Additional Outcome 2-2**(A) Additional Indicator 2-2****(A) Additional Method 2-2****(A) Additional Outcome 2-3****(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3

Official Documents Assistance

Total # of Units #3

(A) Units #3

900

Unit Measure #3

(A) Unit Measure #3

One ID.

Unit Rate #3

(A) Unit Rate #3

\$20.00

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

800

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$0.00

Units #3

(A) Agreement Units #3

0

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:	(A) Program Service 3 Indicators:	(A) Program Service 3 Method of Measurement.:
(A) Outcome 3-1 The basic need for official identification documents will be met.	(A) Indicator 3-1 95% of individuals will report that the ID provided met their basic need.	(A) Method of Measurement 3-1 VAC services follow-up survey, completed up to 6 months after the service provision.
(A) Additional Outcome 3-2	(A) Additional Indicator 3-2	(A) Additional Method 3-2
(A) Additional Outcome 3-3	(A) Additional Indicator 3-3	(A) Additional Method 3-3
(A) Additional Outcome 3-4	(A) Additional Indicator 3-4	(A) Additional Method 3-4
(A) Additional Outcome 3-5	(A) Additional Indicator 3-5	(A) Additional Method 3-5

Program Service #4 - Outputs

Program Service 4 Outputs:	#4 Agreement (A)
Service #4 Name	(A) Service #4 Public Transit Fee/Fare
Total # of Units #4	(A) Units #4 800
Unit Measure #4	(A) Unit Measure #4 One instance.
Unit Rate #4	(A) Unit Rate #4 \$20.00
Total # of Unduplicated Individuals Served #4	(A) Unduplicated Individuals #4 800

Program Service #4 - Funding

Funding Amount #4	(A) Agreement Amount #4 \$0.00
Units #4	(A) Agreement Units #4 0

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes:	(A) Program Service 4 Indicators:	(A) Program Service 4 Method of Measurements:
(A) Outcome 4-1 The essential need of transportation assistance will be provided.	(A) Indicator 4-1 90% of individuals will report that the service provided met their basic need for transportation.	(A) Method of Measurement 4-1 VAC Client Survey completed up to six months after service provision.
(A) Additional Outcome 4-2	(A) Additional Indicator 4-2	(A) Additional Method 4-2
(A) Additional Outcome 4-3	(A) Additional Indicator 4-3	(A) Additional Method 4-3
(A) Additional Outcome 4-4	(A) Additional Indicator 4-4	(A) Additional Method 4-4

(A) Additional Outcome 4-5

(A) Additional Indicator 4-5

(A) Additional Method 4-5

Program Service #5 - Outputs

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

(A) Service #5

Supplemental Food

Total # of Units Provided #5

(A) Units #5

4500

Unit Measure #5

(A) Unit Measure #5

One bag.

Unit Rate #5

(A) Unit Rate #5

\$5.00

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5

9000

Program Service #5 - Funding

Funding Amount #5

(A) Agreement Amount #5

\$0.00

Units #5

(A) Agreement Units #5

0

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5
Outcomes:

(A) Program Service 5 Indicators:

(A) Program Service 5 Method of Measurements:

(A) Outcome 5-1

The basic need for food will be met.

(A) Indicator 5-1

95% of individuals will report that the food provided met their basic need.

(A) Method of Measurement 5-1

VAC services follow-up survey, completed up to 6 months after the service provision.

(A) Additional Outcome 5-2**(A) Additional Indicator 5-2****(A) Additional Method 5-2****(A) Additional Outcome 5-3****(A) Additional Indicator 5-3****(A) Additional Method 5-3****(A) Additional Outcome 5-4****(A) Additional Indicator 5-4****(A) Additional Method 5-4****(A) Additional Outcome 5-5****(A) Additional Indicator 5-5****(A) Additional Method 5-5**

Program Service #6 - Outputs

Program Service 6 Outputs:

#6 Agreement (A):

Service #6 Name:

(A) Service #6

Clothing

Total # of Units #6:

(A) Units #6

7000

Unit Measure #6:

(A) Unit Measure #6

One item of clothing.

Unit Rate #6:

(A) Unit Rate #6

\$5.00

Total # of Unduplicated Individuals Served #6:

(A) Unduplicated Individuals #6

4000

Program Service #6 - Funding

Funding Amount #6

(A) Agreement Amount #6

\$0.00

Units #6

(A) Agreement Units #6

0

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:

(A) Program Service 6 Indicators:

(A) Program Service 6 Method of Measurements:

(A) Outcome 6-1

The basic need for clothing will be met.

(A) Indicator 6-1

95% of individuals will report that the clothing provided met their basic need.

(A) Method of Measurement 6-1

VAC services follow-up survey, completed up to 6 months after the service provision.

(A) Additional Outcome 6-2**(A) Additional Indicator 6-2****(A) Additional Method 6-2****(A) Additional Outcome 6-3****(A) Additional Indicator 6-3****(A) Additional Method 6-3****(A) Additional Outcome 6-4****(A) Additional Indicator 6-4****(A) Additional Method 6-4****(A) Additional Outcome 6-5****(A) Additional Indicator 6-5****(A) Additional Method 6-5****Program Service #7 - Outputs**

Program Service 7 Outputs:

#7 Agreement (A)

Service #7 Name

(A) Service #7

Clothing

Total # of Units #7

(A) Units #7

400

Unit Measure #7

(A) Unit Measure #7

One voucher.

Unit Rate #7

(A) Unit Rate #7

\$20.00

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7

600

Program Service #7 - Funding

Funding Amount #7

(A) Agreement Amount #7

\$0.00

Units #7

(A) Agreement Units #7

0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes:

(A) Program Service 7 Indicators:

(A) Program Service 7 Method of Measurements:

(A) Outcome 7-1

The basic need for clothing will be met.

(A) Indicator 7-1

95% of individuals will report that the clothing provided met their basic need.

(A) Method of Measurement 7-1

VAC services follow-up survey, completed up to 6 months after the service provision.

(A) Additional Outcome 7-2**(A) Additional Indicator 7-2****(A) Additional Method 7-2****(A) Additional Outcome 7-3****(A) Additional Indicator 7-3****(A) Additional Method 7-3****(A) Additional Outcome 7-4****(A) Additional Indicator 7-4****(A) Additional Method 7-4****(A) Additional Outcome 7-5****(A) Additional Indicator 7-5****(A) Additional Method 7-5****Program Service #8 - Outputs**

Program Service #8 - Outputs:

#8 Agreement (A)

Service #8 Name

(A) Service #8

Window AC Units.

Total # of Units Provided #8

(A) Units #8

350

Unit Measure #8

(A) Unit Measure #8

One fan.

Unit Rate #8

(A) Unit Rate #8

\$20.00

Total # of Unduplicated Individuals Served #8

(A) Unduplicated Individuals #8

1000

Program Service #8 - Funding

Funding Amount #8

(A) Agreement Amount #8

\$0.00

Units #8

(A) Agreement Units #8

0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes:

(A) Program Service 8 Indicators:

(A) Program Service 8 Method of Measurements:

(A) Outcome 8-1

The basic need for comfort assistance in hot weather will be met.

(A) Indicator 8-1

95% of individuals will report that the fan provided met their basic need.

(A) Method of Measurement 8-1

VAC services follow-up survey, completed up to 6 months after the service provision.

(A) Additional Outcome 8-2

(A) Additional Indicator 8-2

(A) Additional Method 8-2

(A) Additional Outcome 8-3

(A) Additional Indicator 8-3

(A) Additional Method 8-3

(A) Additional Outcome 8-4

(A) Additional Indicator 8-4

(A) Additional Method 8-4

(A) Additional Outcome 8-5

(A) Additional Indicator 8-5

(A) Additional Method 8-5

Program Service #9 - Outputs

Program Service #9 - Outputs:

#9 Agreement (A)

Service #9 Name

(A) Service #9

Window AC Units.

Total # of Units Provided #9

(A) Units #9

85

Unit Measure #9

(A) Unit Measure #9

One window unit air conditioner.

Unit Rate #9

(A) Unit Rate #9

\$25.00

Total # of Unduplicated Individuals Served #9

(A) Unduplicated Individuals #9

225

Program Service #9 - Funding

Funding Amount #9

(A) Agreement Amount #9

\$0.00

Units #9

(A) Agreement Units #9

0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes:

(A) Program Service 9 Indicators:

(A) Program Service 9 Method of Measurements:

(A) Outcome 9-1

The basic need for comfort assistance in hot weather will be met.

(A) Indicator 9-1

95% of individuals will report that the air conditioner provided met their basic need.

(A) Method of Measurement 9-1

VAC services follow-up survey, completed up to 6 months after the service provision.

(A) Additional Outcome 9-2

(A) Additional Indicator 9-2

(A) Additional Method 9-2

(A) Additional Outcome 9-3

(A) Additional Indicator 9-3

(A) Additional Method 9-3

(A) Additional Outcome 9-4

(A) Additional Indicator 9-4

(A) Additional Method 9-4

(A) Additional Outcome 9-5

(A) Additional Indicator 9-5

(A) Additional Method 9-5

Program Service #10 - Outputs

Program Service 10 Outputs:

#10 Agreement (A)

Service Name #10

(A) Service #10

Public Transit Fee/Fare

Total # of Units Provided #10	(A) Units #10 300
Unit Measure #10	(A) Unit Measure #10 One instance.
Unit Rate #10	(A) Unit Rate #10 \$25.00
Total # of Unduplicated Individuals Served #10	(A) Unduplicated Individuals #10 250

Program Service #10 - Funding

Funding Amount #10	(A) Agreement Amount #10 \$5,000.00
Units #10	(A) Agreement Units #10 200

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes:	(A) Program Service 10 Indicators:	(A) Program Service 10 Method of Measurements:
(A) Outcome 10-1 The essential need for medical transportation will be met.	(A) Indicator 10-1 90% of individuals will report that the health service provided met their basic need.	(A) Method of Measurement 10-1 VAC Client Survey completed up to 6 months after service provision.
(A) Additional Outcome 10-2	(A) Additional Indicator 10-2	(A) Additional Method 10-2
(A) Additional Outcome 10-3	(A) Additional Indicator 10-3	(A) Additional Method 10-3
(A) Additional Outcome 10-4	(A) Additional Indicator 10-4	(A) Additional Method 10-4
(A) Additional Outcome 10-5	(A) Additional Indicator 10-5	(A) Additional Method 10-5

Total Funding Amount - Services 1-10

Total Funding Request for Services 1-10
10000

Links for Agreement Form (V3)

*Link to Proposal Cover Sheet

Proposal Cover Sheet				Link Info			
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

*Link to Program Overview (V3)

Program Overview (V3)	Link Info
-----------------------	-----------

Program Overview (V3)

Boone County (includes City...

TOTAL REVENUE**2.****TOTAL EXPENSES****Link Info****Active****Date**

Boone County (includes City...

7000

TOTAL REVENUE

453598

2.

\$235,530.00

TOTAL EXPENSES

450350

Link Info**Active****Date**Added on
10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Link to Program Services 1-5 (V3)**Program Services 1-5 (V3)****a. Service #1 - Taxonomy of...****Record ID****Link Info****Description****Active****Date**

1.19 Auto Repair/Assistance

22010

Added on
10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Link to Program Services 6-10 (V3)**Program Services 6-10 (V3)****a. Service #6 - Taxonomy of...****Record ID****Link Info****Description****Active****Date**

1.11 Clothing

22142

Added on
10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Agreement Form - V3.1 (Services 11-20)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Voluntary Action Center
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	VAC Basic Needs Program
Amount of Request	\$35,275.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Voluntary Action Center

Program Name

VAC Basic Needs Program

Date Completed
Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Service and Performance

Instructions: Update the Agreement(A) Column with updated figures finalized through the approved contract.

Program Service #11 - Outputs

Program Service #11 - Outputs:

#11 Agreement (A)

Service #11 Name

(A) Service #11

Car Seats

Total # of Units Provided #11

(A) Units #11

210

Unit Measure #11

(A) Unit Measure #11

One car seat.

Unit Rate #11

(A) Unit Rate #11

\$25.00

Total # of Unduplicated Individuals Served #11

(A) Unduplicated Individuals #11

420

Program Service #11 - Funding

Funding Amount #11

(A) Agreement Amount #11

\$4,575.00

Units #11

(A) Agreement Units #11

183

Program Service #11 - Performance Measures (Agreement)

(A) Program Service 11 Outcomes:

(A) Program Service 11 Indicators:

(A) Program Service 11 Method of Measurements:

(A) Outcome 11-1

The basic need for a car seat will be met.

(A) Indicator 11-1

95% of individuals will report that the car seat provided met their basic need.

(A) Method of Measurement 11-1

VAC Client Survey completed up to 6 months after service provision.

(A) Additional Outcome 11-2**(A) Additional Indicator 11-2****(A) Additional Method 11-2****(A) Additional Outcome 11-3****(A) Additional Indicator 11-3****(A) Additional Method 11-3****(A) Additional Outcome 11-4****(A) Additional Indicator 11-4****(A) Additional Method 11-4****(A) Additional Outcome 11-5****(A) Additional Indicator 11-5****(A) Additional Method 11-5**

Program Service #12 - Outputs

Program Service 12 Outputs:

#12 Agreement (A)

Service #12 Name

(A) Service #12

Diapers/wipes

Total # of Units #12

(A) Units #12

925

Unit Measure #12

(A) Unit Measure #12

One pack of diapers/wipes.

Unit Rate #12

(A) Unit Rate #12

\$20.00

(A) Unduplicated Individuals #12

Total # of Unduplicated Individuals Served #12

1700

Program Service #12 - Funding

Funding Amount #12

(A) Agreement Amount #12

\$0.00

Units #12

(A) Agreement Units #12

0

Program Service #12 - Performance Measures (Agreement)

(A) Program Service 12 Outcomes:

(A) Program Service 12 Indicators:

(A) Program Service 12 Method of Measurement

(A) Outcome 12-1

The basic need for diapers/wipes will be met.

(A) Indicator 12-1

90% of individuals will report that the formula provided met their basic need.

(A) Method of Measurement 12-1

VAC services follow-up survey, completed up to 6 months after the service provision.

(A) Additional Outcome 12-2**(A) Additional Indicator 12-2****(A) Additional Method 12-2****(A) Additional Outcome 12-3****(A) Additional Indicator 12-3****(A) Additional Method 12-3****(A) Additional Outcome 12-4****(A) Additional Indicator 12-4****(A) Additional Method 12-4****(A) Additional Outcome 12-5****(A) Additional Indicator 12-5****(A) Additional Method 12-5****Program Service #13 - Outputs**

Program Service 13 Outputs:

#13 Agreement (A)

Service #13 Name

(A) Service #13

Academic Support (school supplies)

Total # of Units #13

(A) Units #13

1000

Unit Measure #13

(A) Unit Measure #13

One backpack or bag of school supplies.

Unit Rate #13

(A) Unit Rate #13

\$20.00

Total # of Unduplicated Individuals Served #13

(A) Unduplicated Individuals #13

1000

Program Service #13 - Funding

Funding Amount #13

(A) Agreement Amount #13

\$0.00

Units #13

(A) Agreement Units #13

0

Program Service #13 - Performance Measures (Agreement)

(A) Program Service 13 Outcomes:

(A) Program Service 13 Indicators:

(A) Program Service 13 Method of Measurement.:

(A) Outcome 13-1

The basic need for school supplies will be met.

(A) Indicator 13-1

90% of individuals will report that the school supplies provided met their basic need.

(A) Method of Measurement 13-1

VAC services follow-up survey, completed up to 6 months after the service provision.

(A) Additional Outcome 13-2**(A) Additional Indicator 13-2****(A) Additional Method 13-2****(A) Additional Outcome 13-3****(A) Additional Indicator 13-3****(A) Additional Method 13-3****(A) Additional Outcome 13-4****(A) Additional Indicator 13-4****(A) Additional Method 13-4****(A) Additional Outcome 13-5****(A) Additional Indicator 13-5****(A) Additional Method 13-5****Program Service #14 - Outputs**

Program Service 14 Outputs:

#14 Agreement (A)

Service #14 Name

(A) Service #14

Academic Support (computers)

Total # of Units #14

(A) Units #14

40

Unit Measure #14

(A) Unit Measure #14

One computer plus peripherals.

Unit Rate #14

(A) Unit Rate #14

\$100.00

Total # of Unduplicated Individuals Served #14

(A) Unduplicated Individuals #14

120

Program Service #14 - Funding

Funding Amount #14

(A) Agreement Amount #14

\$0.00

Units #14

(A) Agreement Units #14

0

Program Service #14 - Performance Measures (Agreement)

(A) Program Service 14 Outcomes:

(A) Program Service 14 Indicators:

(A) Program Service 14 Method of Measurements:

(A) Outcome 14-1

The essential need of a computer for educational purposes will be provided.

(A) Indicator 14-1

80% of individuals will report that the service provided met their basic need for a computer.

(A) Method of Measurement 14-1

VAC Client Survey completed up to six months after service provision.

(A) Additional Outcome 14-2**(A) Additional Indicator 14-2****(A) Additional Method 14-2****(A) Additional Outcome 14-3****(A) Additional Indicator 14-3****(A) Additional Method 14-3****(A) Additional Outcome 14-4****(A) Additional Indicator 14-4****(A) Additional Method 14-4**

(A) Additional Outcome 14-5

(A) Additional Indicator 14-5

(A) Additional Method 14-5

Program Service #15 - Outputs

Program Service 15 Outputs:

#15 Agreement (A)

Service Name #15

(A) Service #15

Hygiene Items

Total # of Units Provided #15

(A) Units #15

2400

Unit Measure #15

(A) Unit Measure #15

One hygiene pack or household cleaning pack.

Unit Rate #15

(A) Unit Rate #15

\$15.00

Total # of Unduplicated Individuals Served #15

(A) Unduplicated Individuals #15

4000

Program Service #15 - Funding

Funding Amount #15

(A) Agreement Amount #15

\$0.00

Units #15

(A) Agreement Units #15

0

Program Service #15 - Performance Measures (Agreement)

(A) Program Service 15 Outcomes:

(A) Program Service 15 Indicators:

(A) Program Service 15 Method of Measurements:

(A) Outcome 15-1

The basic need for hygiene items will be met.

(A) Indicator 15-1

90% of individuals will report that the hygiene products provided met their basic need.

(A) Method of Measurement 15-1

VAC services follow-up survey, completed up to 6 months after the service provision.

(A) Additional Outcome 15-2

The basic need for household cleaning items will be met.

(A) Additional Indicator 15-2

90% of individuals will report that the household cleaning products provided met their basic need.

(A) Additional Method 15-2

VAC services follow-up survey, completed up to 6 months after the service provision.

(A) Additional Outcome 15-3**(A) Additional Indicator 15-3****(A) Additional Method 15-3****(A) Additional Outcome 15-4****(A) Additional Indicator 15-4****(A) Additional Method 15-4****(A) Additional Outcome 15-5****(A) Additional Indicator 15-5****(A) Additional Method 15-5**

Program Service #16 - Outputs

Program Service 16 Outputs:

#16 Agreement (A):

Service #16 Name:

(A) Service #16

Information and Referral

Total # of Units #16:

(A) Units #16

10000

Unit Measure #16:

(A) Unit Measure #16

One instance

Unit Rate #16:

(A) Unit Rate #16

\$7.00

Total # of Unduplicated Individuals Served #16:

(A) Unduplicated Individuals #16

10000

Program Service #16 - Funding

Funding Amount #16

(A) Agreement Amount #16

\$0.00

Units #16

(A) Agreement Units #16

0

Program Service #16 - Performance Measures (Agreement)

(A) Program Service 16 Outcomes:

(A) Program Service 16 Indicators:

(A) Program Service 16 Method of Measurements:

(A) Outcome 16-1

The need for information about and referral to local resources for low-income persons will be met.

(A) Indicator 16-1

80% seeking information and referral will report that the service was helpful.

(A) Method of Measurement 16-1

Anecdotal feedback from those receiving this service.

(A) Additional Outcome 16-2**(A) Additional Indicator 16-2****(A) Additional Method 16-2****(A) Additional Outcome 16-3****(A) Additional Indicator 16-3****(A) Additional Method 16-3****(A) Additional Outcome 16-4****(A) Additional Indicator 16-4****(A) Additional Method 16-4****(A) Additional Outcome 16-5****(A) Additional Indicator 16-5****(A) Additional Method 16-5****Program Service #17 - Outputs**

Program Service 17 Outputs:

#17 Agreement (A)

Service #17 Name

(A) Service #17

Corrective Lenses

Total # of Units #17

(A) Units #17

60

Unit Measure #17

(A) Unit Measure #17

One instance

Unit Rate #17

(A) Unit Rate #17

\$25.00

Total # of Unduplicated Individuals Served #17

(A) Unduplicated Individuals #17

60

Program Service #17 - Funding**(A) Agreement Amount #17**

Funding Amount #17

\$1,300.00

Units #17

(A) Agreement Units #17

52

Program Service #17 - Performance Measures (Agreement)

(A) Program Service 17 Outcomes:

(A) Program Service 17 Indicators:

(A) Program Service 17 Method of Measurements:

(A) Outcome 17-1

The essential need for corrective lenses will be met.

(A) Indicator 17-1

90% of individuals will report that the health service provided met their basic need.

(A) Method of Measurement 17-1

VAC Client Survey completed up to 6 months after service provision.

(A) Additional Outcome 17-2**(A) Additional Indicator 17-2****(A) Additional Method 17-2****(A) Additional Outcome 17-3****(A) Additional Indicator 17-3****(A) Additional Method 17-3****(A) Additional Outcome 17-4****(A) Additional Indicator 17-4****(A) Additional Method 17-4****(A) Additional Outcome 17-5****(A) Additional Indicator 17-5****(A) Additional Method 17-5****Program Service #18 - Outputs**

Program Service #18 - Outputs:

#18 Agreement (A)

Service #18 Name

(A) Service #18

Prescription Medication

Total # of Units Provided #18

(A) Units #18

900

Unit Measure #18

(A) Unit Measure #18

One prescription

Unit Rate #18

(A) Unit Rate #18

\$25.00

Total # of Unduplicated Individuals Served #18

(A) Unduplicated Individuals #18

500

Program Service #18 - Funding

Funding Amount #18

(A) Agreement Amount #18

\$14,000.00

Units #18

(A) Agreement Units #18

560

Program Service #18 - Performance Measures (Agreement)

(A) Program Service 18 Outcomes:

(A) Program Service 18 Indicators:

(A) Program Service 18 Method of Measurements:

(A) Outcome 18-1**(A) Indicator 18-1****(A) Method of Measurement 18-1**

The essential need for prescription co-pays will be met.

90% of individuals will report that the health service provided met their basic need.

VAC Client Survey completed up to 6 months after service provision.

(A) Additional Outcome 18-2

(A) Additional Indicator 18-2

(A) Additional Method 18-2

(A) Additional Outcome 8-3

(A) Additional Indicator 18-3

(A) Additional Method 18-3

(A) Additional Outcome 18-4

(A) Additional Indicator 18-4

(A) Additional Method 18-4

(A) Additional Outcome 18-5

(A) Additional Indicator 18-5

(A) Additional Method 18-5

Program Service #19 - Outputs

Program Service #19 - Outputs:

#19 Agreement (A)

Service #19 Name

(A) Service #19

Durable Medical Equipment

Total # of Units Provided #19

(A) Units #19

80

Unit Measure #19

(A) Unit Measure #19

One instance

Unit Rate #19

(A) Unit Rate #19

\$25.00

Total # of Unduplicated Individuals Served #19

(A) Unduplicated Individuals #19

80

Program Service #19 - Funding

Funding Amount #19

(A) Agreement Amount #19

\$2,000.00

Units #19

(A) Agreement Units #19

80

Program Service #19 - Performance Measures (Agreement)

(A) Program Service 19 Outcomes:

(A) Program Service 19 Indicators:

(A) Program Service 19 Method of Measurements:

(A) Outcome 19-1

The essential need for medical equipment will be met.

(A) Indicator 19-1

90% of individuals will report that the health service provided met their basic need.

(A) Method of Measurement 19-1

VAC Client Survey completed up to 6 months after service provision.

(A) Additional Outcome 19-2

(A) Additional Indicator 19-2

(A) Additional Method 19-2

(A) Additional Outcome 19-3

(A) Additional Indicator 19-3

(A) Additional Method 19-3

(A) Additional Outcome 19-4

(A) Additional Indicator 19-4

(A) Additional Method 19-4

(A) Additional Outcome 19-5

(A) Additional Indicator 19-5

(A) Additional Method 19-5

Program Service #20 - Outputs

Program Service 20 Outputs:

#20 Agreement (A)

Service Name #20

(A) Service #20Dental Treatment
General Medical Care

Total # of Units Provided #20

(A) Units #20

150

Unit Measure #20

(A) Unit Measure #20

One instance

Unit Rate #20

(A) Unit Rate #20

\$25.00

Total # of Unduplicated Individuals Served #20

(A) Unduplicated Individuals #20

125

Program Service #20 - Funding

Funding Amount #20

(A) Agreement Amount #20

\$3,400.00

Units #20

(A) Agreement Units #20

136

Program Service #20 - Performance Measures (Agreement)

(A) Program Service 20 Outcomes:

(A) Program Service 20 Indicators:

(A) Program Service 20 Method of Measurements:

(A) Outcome 20-1

The essential need for dental and general medical care visits will be met.

(A) Indicator 20-1

90% of individuals will report that the health service provided met their basic need.

(A) Method of Measurement 20-1

VAC Client Survey completed up to 6 months after service provision.

(A) Additional Outcome 20-2**(A) Additional Indicator 20-2****(A) Additional Method 20-2****(A) Additional Outcome 20-3****(A) Additional Indicator 20-3****(A) Additional Method 20-3****(A) Additional Outcome 20-4****(A) Additional Indicator 20-4****(A) Additional Method 20-4****(A) Additional Outcome 20-5****(A) Additional Indicator 20-5****(A) Additional Method 20-5****Total Funding Amount - Services 11-20****Total Funding Request for Services 11-20**

25275

Links for Agreement Form (V3)***Link to Proposal Cover Sheet**

Proposal Cover Sheet					Link Info		
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 11-15 (V3)

Program Services 11-15 (V3)

a. Service #11 - Taxonomy o...

Record ID

Link Info

Active Date

1.10 Car Seats

22157

Added on
10/18/2018



CERTIFICATE OF LIABILITY INSURANCE

VOLUN-1

OP ID: WG

DATE (MM/DD/YYYY)

11/29/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Naught-Naught/Columbia, MO
3928 S Providence
Columbia, MO 65203
Cody Thorne

CONTACT NAME: Naught-Naught Commercial Team
PHONE (A/C, No, Ext): 573-874-3102 **FAX (A/C, No):** 866-779-8102
E-MAIL ADDRESS: CLCertificate@naught-naught.com

INSURED Voluntary Action Center
Nick Foster
403-A Vandiver Dr
Columbia, MO 65202-1510

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Cincinnati Insurance Company	10677
INSURER B : Cincinnati Indemnity Company	23280
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		EPP 0030672	05/17/2018	05/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 5,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EPP 0030672	05/17/2018	05/17/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EWC 0315828	04/15/2018	04/15/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

-All Board Members and Volunteers are excluded from workers compensation coverage.
-County of Boone, Missouri is listed as additional insured in respects to general liability.

CERTIFICATE HOLDER**CANCELLATION****COUNTY1**

County of Boone, Missouri
c/o Purchasing Dept
613 E. Ash St.
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Services Contract VAC Housing Program

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **Voluntary Action Center** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **VAC**.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

WHEREAS, VAC has submitted a complete Request for Proposal Application to the County detailing the services and other supports to be provided along with the expected cost to VAC thereof; and

WHEREAS, the County has approved the Request for Proposal Application in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY VAC

VAC is expected to the greatest extent possible to maximize funding from all other sources. VAC shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. VAC shall only request reimbursement for services not reimbursable by any other source. VAC shall not invoice the County for units of service invoiced to another funding source. VAC shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

1. **County Funding Policy.** The County Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** VAC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal **#36-13SEP18** (Purchase of Services) and VAC's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over VAC's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The County agrees to purchase from VAC and VAC agrees to furnish the **VAC Housing Program** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the VAC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$10,040.00** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. VAC agrees and understands that the County may require supplemental information to be submitted at the request of the County.

This contract may at the sole discretion of the County and with the agreement of VAC be renewed for **an additional one-year period**. VAC agrees and understands that the County may require supplemental information to be submitted by VAC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Rental Assistance	15 minutes	\$12.55	800	\$10,040.00

All billing shall be invoiced to the County monthly by the 10th of the month following the month for which services were provided. The County agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of VAC, the County agrees to pay interest at a rate

of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the County. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the County shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The County shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by VAC to monitor service delivery and program expenditures. VAC agrees to submit to the County an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by VAC and, if so stipulated, are noted on this contract document. Payments may be withheld from VAC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. VAC agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** VAC also agrees to make available to the County a copy of its annual audit within four months after the close of VAC's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the County requires that the management report of any audit as it relates to the County program activities be made available to the County as part of the required audit. Payment may be withheld from VAC, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** VAC agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County to monitor, survey and inspect VAC's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, VAC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CHF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event VAC requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County for approval. A board resolution from VAC may be required with the request. For consideration of a request to modify or amend the contract, requests should be submitted to the Director of the Community Services Department for consideration.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Community Health Fund shall be investigated in accordance with VAC's policies and procedures and in accordance with any local/state/federal regulations. VAC agrees to notify the County through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the County of any substantiated allegations. VAC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** VAC will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CHF to be used for Services Provided.** VAC agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to VAC's provision of such services.

14. **Accreditation/Licensure/Certifications.** VAC must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** VAC agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and VAC, and this shall include any transaction in which VAC is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** VAC may enter into subcontracts for components of the contracted service as VAC deems necessary within the terms of the contract. All such subcontracts require the written approval of the County or their designated representative. In performing all services under the resulting contract agreement, VAC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** VAC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. VAC shall require each subcontractor to affirmatively state in its Agreement with the VAC that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide VAC a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** VAC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against VAC or any individual acting on the VAC's behalf, including subcontractors, which seek to enjoin or prohibit VAC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If VAC ceases to be funded by the County or ceases to provide programs and services to address community health needs, pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the VAC. In addition, if VAC no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, VAC will need County approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event VAC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the County, such failure or refusal shall constitute a default hereunder, and the County will be relieved of any further obligation to make payments to VAC as set out herein. This contract will be terminated at the option of the County.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the County upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. The County may terminate this agreement due to material breach of any term or condition of this agreement, or

b. The County may terminate this agreement if key personnel providing services are changed such that in the opinion of the County delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of the County, or

c. The County may terminate this agreement should VAC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, VAC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. The County shall reimburse VAC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. Insurance Requirements. VAC shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. Worker's Compensation and Employers' Liability Insurance: VAC shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, VAC shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by VAC.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. Comprehensive General Liability Insurance: VAC shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. VAC shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

VAC shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of VAC in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a

combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to VAC.

c. **Professional Liability Insurance:** VAC is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

d. **Commercial Automobile Liability:** VAC shall maintain during the life of this contract, Commercial Automobile Liability Insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the VAC's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

23. **Indemnification.** To the extent permitted under Missouri law, VAC agrees to hold harmless, defend and indemnify the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of VAC (meaning anyone, including but not limited to consultants having a contract with VAC or subcontractor for part of the services), or anyone directly or indirectly employed by VAC, or of anyone for whose acts VAC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

24. **Publicity by the VAC.** VAC shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. VAC will acknowledge the County as a funding source whenever publicizing CHF funded programs. VAC will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. VAC agrees to acknowledge the Community Health Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

25. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the County and VAC. The County does not recognize any of the VAC's employees, agents, or volunteers as those of the County.

26. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

27. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

28. **Record Retention Clause.** VAC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

29. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to VAC shall be mailed or delivered to:

Voluntary Action Center
Attn: Nick Foster
403A Vandiver Drive
Columbia, MO 65202

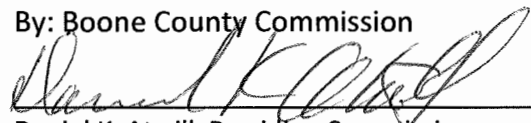
IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

Voluntary Action Center

By: 
Signature

By: Nick Foster, Executive Director
Printed Name/Title



Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner


APPROVED AS TO FORM:


County Counselor

ATTEST:


Taylor W. Burks, County Clerk 

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

 by 12/20/2018 (2130/71106/\$10,040.00)
Signature Date Appropriation Account



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 36-13SEP18

Purchase of Service Contracts Community Health/Medical Fund 2018 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	August 1, 2018
Initial Written Questions Due By	mbobbitt@boonecountymo.org	August 7, 2018 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	August 9, 2018 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	September 13, 2018 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	September 13, 2018 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 36-13SEP18 – Purchase of Service Contracts – Community Health/Medical Fund – 2018 Application

A pre-proposal conference has been scheduled for **Thursday, August 9, 2018, at 3:00 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, September 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, September 13, 2018** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 36-13SEP18

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, August 1, 2018

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 36-13SEP18](http://www.showmeboone.com/Purchasing/Current%20Bids/36-13SEP18).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, September 13, 2018 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2018 Bid Tabulations".
- c) Proposal responses are due by **Thursday, September 13, 2018 at 10:00 a.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the

proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of services to address community health needs.

- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Attachment A - Agency Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., August 7, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for August 9, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Indicators Dashboard
<http://booneindicators.org/>
- Boone Hospital's Community Health Needs Assessment:
https://boone.thehcn.net/content/sites/boone/Final_2016_BHC_CHNA_Report.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2018/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<https://www.como.gov/health/wp-content/uploads/sites/13/2017/12/2017-CHA-Addendum.pdf>
- Community Input Report created for Boone County Children's Services Board:
<https://www.showmeboone.com/community-services/community-input-report.asp>

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000 available to purchase services that address community health needs.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to address community health needs.

- 3.7.1. **Program Overview:** Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. **Program Services:** Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. **Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. **Contractor Agency Requirements:**

3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold

harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Community Health/Medical Fund – RFP #36-13SEP18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#36-13SEP18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 10:00 a.m. on September 13, 2018 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to

submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Voluntary Action Center

DBA:**Federal EIN Number:**

23-7120750

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

403A Vandiver Dr

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Phone Number:

573-847-2273

Website:

www.vacmo.org

Head of Organization

Nick Foster

Head of Organization Phone:

573-874-2273

Address

403A Vandiver Dr

City

Columbia, MO

State

Missouri

County

Boone

Zip

65202

Organization Fax Number:

573-874-9172

Email:

dir@vacmo.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

dir@vacmo.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:**Local Organization Fax:****Address****Address****City****City**

State
County
Zip

State
County
Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Provide your organization's mission statement. (600 character limit)

Organization Mission Statement (Purpose): To help low-income individuals and families bridge the gaps between crisis and stability and improve quality of life in Boone County.

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Organization History: Volunteers who identified the need for a central volunteer coordination agency and an information bureau founded Voluntary Action Center in Columbia, Missouri in 1969. As the agency grew, emphasis shifted from volunteer-related services to information, referral, and advocacy. The agency continued to identify gaps in service and as a result, began providing emergency assistance in areas of basic need such as food, shelter, clothing, transportation, and prescriptions. Today, VAC is an established social service agency, essential to clients, agencies, and the community as a whole.

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Brief Statement of Organization's Major Goals: VAC seeks to provide services that assist low-income residents of Boone County by providing services in the areas of basic needs, health, employment, education, and housing. The agency seeks also to remain flexible and creative in responding to new opportunities that will contribute, in partnership with others, to an effective network of services adequate to the needs of our clients. Ultimate goals include a reduction in the effects of poverty as well as a reduction in the numbers of those living in poverty.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of Incorporation: /document/download/filename/1433859001_30405_VACArticlesofIncorporation.pdf/

Provide a copy of the organization's Articles of Incorporation.

Bylaws (MUST BE IN PDF FORMAT)

Bylaws: /document/download/filename/1468593293_34051_VACBy-laws%28amended2.15%29.pdf/

Provide a copy of the organization's Bylaws.

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational Chart (must be for the entire organization): /document/download/filename/1433859238_30406_VACOrganizationalChart.pdf/

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan: /document/download/filename/1510681020_42846_VACStrategicPlan11.8.17.pdf/

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Service Area: Boone County

Briefly describe the population(s) served by your organization. (600 character limit)

Population Served: Boone County residents whose family income must be under 200% of Federal poverty guidelines.

Does your organization have a written Conflict of Interest policy?

yes

Conflict of
Interest
Policy:

Whistleblower
Policy:

Does your organization have a written Whistleblower policy?

yes

Business
Continuity
Plan:

Does your organization have a written Business Continuity plan?

no

Records
Retention
Policy:

Does your organization have a written Records Retention policy?

yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

3 years, able to serve 2 consecutive terms.

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Showing 1 - 30 of 33 Links

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Melissa Carr	Board Member	11/01/2016	06/30/2019	Retired - Daniel Boone Public Library; 1109 LaRail Dr. Columbia, MO 65203		Added on 01/26/2017
Monica Barbee	Board Member	07/01/2018	06/30/2021	Veterans United Home Loans, 2931 Ridley Wood Street, Columbia, MO 65203		Added on 09/10/2018
Denise Whitworth	Board Member	07/01/2015	06/30/2021	Landmark Bank 109 E Nifong Blvd Columbia, MO 65202		Added on 07/20/2015
Lloyd Montgomery	Board Member	07/01/2015	06/30/2021	Shelter Insurance 1817 West Broadway Columbia, MO 65218		Added on 01/06/2016
Ken Hutchinson	Board Member	07/01/2018	06/30/2021	1419 N Countryside Drive Columbia, MO 65202		Added on 06/29/2018
Alex George	Board Member	07/01/2016	06/30/2019	The George Law Firm, LLC 608 Westmount Ave Columbia, MO 65203		Added on 07/15/2016
Jim Bryan	Board Member	09/30/2017	06/30/2020	343 Whitney Ct Columbia, MO 65203		Added on 11/16/2017
Jennifer Erickson	Board Member	11/01/2017	06/30/2020	Osher@mizzou 212 W Stewart Road Columbia, MO 65203		Added on 11/16/2017
Gary Tegerdine	Board Member	07/01/2017	06/30/2020	One Ray Young Dr. Columbia, MO 65202		Added on 07/25/2017
Chris Lunn	Board Member	07/01/2017	06/30/2020	1400 Veterans United Dr. Columbia, MO 65203		Added on 07/25/2017

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Diamond Scott	Board Member	07/01/2014	06/30/2020	Influence & Co. 5029 S Providence Road, Apt D Columbia, MO 65203	<input checked="" type="checkbox"/>	Added on 06/08/2015
Chris Roszkopf	Treasurer	07/01/2014	06/30/2020	Boone County National Bank PO Box 678 Columbia, MO 65205	<input checked="" type="checkbox"/>	Added on 06/08/2015
Robert Churchill	Immediate Past President	07/01/2016	06/30/2019	1119 Northshore Drive Columbia, MO 65203	<input checked="" type="checkbox"/>	Added on 06/08/2015
Kelsey Raymond	President	07/01/2017	06/30/2020	Influence & Co. 807 East Green Meadows Rd Apt 305 Columbia, MO 65201	<input checked="" type="checkbox"/>	Added on 06/08/2015
Celeste Hardnock	Board Member	11/01/2016	06/30/2019	My Sisters's Circus 1110 East Broadway Columbia, MO 65201	<input checked="" type="checkbox"/>	Added on 01/26/2017
Lynn Cole	Board Member	07/01/2016	06/30/2019	DHSS-Section for Child Care Regulation 3418 Knipp Jefferson City, MO 65101	<input checked="" type="checkbox"/>	Added on 07/29/2016
Sara Emily LaMone	Board Member	07/01/2016	06/30/2019	Little Dixie Construction 3316 Lemone Industrial Blvd. Columbia, MO 65201	<input checked="" type="checkbox"/>	Added on 06/08/2015

Total Active Links:17, Total Deactivated Links:16, Current Active Links:17, Current Deactivated Links:13

| Next

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

January - December

If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the filing date: MM/DD/YYYY

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1433859238_29953_VAC501%28c%29%283%29Letter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1536599614_29954_VACAuditReport2017.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1536599614_29955_2017VACTaxReturn-PublicDisclosureCopy.pdf/

Financial Policies and Procedures: Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Voluntary Action Center has an in-depth Financial Policy which defines the procedures and policies for all financial aspects of the agency. The Financial policies of the Voluntary Action Center are adopted by the Board of Directors to guide the financial operation of the agency. The Board of Directors adopts the annual budget as developed by the Finance Committee. The Board of Directors has oversight of the purchasing, salaries, gifts, reserves, and endowments that the agency engages in. VAC's financial statements are presented and reviewed each month at the monthly board meetings.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Executive Director	B.A., B.S., M.P.A. or M.B.A.	1.00	\$63,160.08	\$5,042.40	<input checked="" type="checkbox"/>	Added on 06/09/2015
Finance Administrator	H.S., B.A., B.S.	1.00	\$42,834.20	\$5,833.76	<input checked="" type="checkbox"/>	Added on 06/09/2015
Social Services Specialist	B.A., B.S., or M.S.W.	1.00	\$33,874.00	\$4,087.00	<input checked="" type="checkbox"/>	Added on 06/09/2015
Social Services Specialist	B.A., B.S., or M.S.W.	1.00	\$34,723.40	\$4,080.00	<input checked="" type="checkbox"/>	Added on 06/09/2015
Social Services Specialist	B.A., B.S., or M.S.W.	1.00	\$33,216.30	\$4,054.00	<input checked="" type="checkbox"/>	Added on 06/09/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Local Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and *Third Party Financial Statement Review or **Audit (*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / **Audit required for Organizations reporting \$250,000 or more in annual revenue).

/document/download/filename/1509474842_32839_Org.Budget.pdf/

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a *Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) *Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1500915797_32678_2017CertificateofInsurance.pdf/

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 8 Links

Proposal Cover Sheet						Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle		Active	Date

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		Added on 09/10/2018
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18		Added on 08/16/2018
HMUW-Financial Stability(Income) RFP:JUL2016 Cycle (Interim Report 1 ends 09/02/2016 12:00 PM CDT)	Voluntary Action Center	HMUW Financial Stability (Income) and Basic Needs (Safety Net) RFP	Heart of Missouri United Way	Financial Stability (Income) JUL2016-JUN2019 and Basic Needs (Safety Net) JUL2016-JUN2018		Added on 01/26/2016
HMUW - Basic Needs RFP: JUL2018 Cycle (Interim Report ends 04/01/2019 11:59 AM CDT)	Voluntary Action Center	HMUW Basic Needs RFP	Heart of Missouri United Way	JUL2018 - JUN2020		Added on 01/12/2018
City of Columbia- RFP FY2016 Social Services (Year End Reporting ends 04/30/2018 12:01 PM CDT)	Voluntary Action Center	Social Services FY2018	City of Columbia	FY2018		Added on 06/29/2015
Total Active Links:8, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0						Next

System Fields

Record ID

12687

Modification Date

10/29/2018 2:52 PM CDT

Modified By

Voluntary Action Center ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Anrcot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)

Organization Name (will auto-populate)

Voluntary Action Center

Fund Source

Community Health/Medical Fund - RFP #36-13SEP18

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

VAC Housing Program

Amount of Request

\$10,040.00

Program Information

Program Website (will default to Organization website)

www.vacmo.org

Address

403A Vandiver Dr

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Name
Phone Number
Address

403A Vandiver Dr

City

Columbia, MO

State

Missouri

County

Boone

Zip

65202

Program Administrator Title
Email

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1536848888_30421_AttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1536848888_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1536848888_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1542233197_30418_Addendums1-4.pdf/

Link to Organization Profile Record

Link to Organization Records
Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Record ID

Link Info

Active Date

Organization Profile				Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Record ID	Active	Date
Voluntary Action Center	403A Vandiver Dr	Nick Foster	12687		Added on 09/10/2018
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0					
Federal EIN Number (will auto-populate) 23-7120750					

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)

Link Instructions -1

Linked 'Agreement Form - V2' Records

Link Instructions Agreement Form V2

Linked 'Interim Report - V3' Records

Link Instructions Interim Report

Linked 'Interim Report - V3 (Services 6-15)' Records

Link Instructions - V3 (6-15)

Linked 'Interim Report - YHP' Records

Link Instructions - 2

Linked 'Agreement Form - V3 (Services 16-20)' Records

Link Instructions - Agreement form

Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'

Link Instructions 3

Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records

Link Instructions 4

Linked 'Year End Report - V3' Records

[Link Instructions YER Svcs 1-5](#)

Linked 'Year End Report - V3 (Services 6-15)' Records

[Link Instructions YER Svcs 6-15](#)



Linked 'Agreement Form - V3.1' Records

Link Instructions Agreement Form 3.1

Proposal Cover Sheet

Agreement Form - V3.1

Link Info

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	Voluntary Action Center	VAC Housing Program					Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Agreement Form - V3.1 (Services 11-20)' Records

[Link Instructions](#)

ATTACHMENT A

2018 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

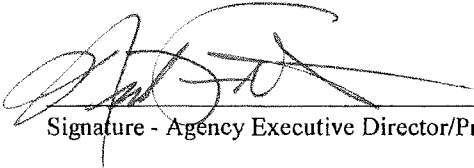
- Certificate of Corporate Good Standing
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Nick Foster

Printed Name - Agency Executive Director/President/CEO

9/13/18

Date



Signature - Agency Executive Director/President/CEO

9-13-18

Date

Kelsey M. Raymond

Printed Name - Agency Board Chair

9/13/18

Date



Signature - Agency Board Chair

9/13/18

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Nick Foster - Executive Director
Name and Title of Authorized Representative


Signature

9-13-18
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
)ss
State of Missouri)

My name is John N. Foster, Jr. I am an authorized agent of Volunteer Action Center (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

[Signature] 9-13-18
Affiant Date

John N. Foster, Jr.
Printed Name

Subscribed and sworn to before me this 13th day of September, 2018.

JAMES NICKLES
Notary Public - Notary Seal
STATE OF MISSOURI
County of Boone
My Commission Expires 7/19/2019
Commission # 15636425

[Signature]
Notary Public

Attach to this form the E-Verify Memorandum of Understanding that you completed when enrolling.



Company ID Number: 304324

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Voluntary Action Center

Company Facility Address: 403A Vandiver Drive

Columbia, MO 65202

Company Alternate
Address:

County or Parish: BOONE

Employer Identification

Number: 237120750

North American Industry

Classification Systems

Code: 624

Parent Company: Voluntary Action Center

Number of Employees: 5 to 9

Number of Sites Verified

for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- MISSOURI 1 site(s)



Company ID Number: 304324

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer: Voluntary Action Center

Cindy Mustard

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date



BOONE COUNTY, MISSOURI

Request for Proposal #: 35-13SEP18 – Crisis Intervention Programs

ADDENDUM #1 - Issued August 13, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum **should be acknowledged** and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., September 5, 2018.
- II. Sign-In Sheet from the pre-proposal conference held on August 9 is attached for informational purpose.
- III. The County received the following questions at the pre-proposal conference and is providing a response below:

- a. Can you provide a timeline of when fundings decisions will be made?

Response: Department staff and the Children's Services Board will review applications. The Board will make decisions by November with contract negotiations occurring for the remainder of the year. Funding will begin January 1, 2019.

- b. We have not had an audit prepared because we are a small organization and an audit has not been required by our funders. We do, however, have an independent accountant prepare our quarterly financials as well as our 990 each year.

Response: If the organization is not required to complete a full audit an independent financial review will be acceptable.

- c. We have not required annual background checks on our employees. Will we be required to have background checks completed before we can submit a proposal?

Response: Background checks are not required before a proposal is submitted, however, all program staff must have the Family Care Safety Registry completed during the contract term.

- d. Could funds be used to off-set case management with nursing and older youth transitioning out, so they could have access to a Nurse Practitioner?

Response: Any program that provides treatment services to children, youth, or families in crisis is eligible to apply.

- e. Could you define non-conflicted referral for follow-up care referenced in paragraph 3.4. of the proposal?

Response: Non-conflicted referral for follow-up care is defined as informing clients of all treatment and follow-up care options and ensuring clients are connected to a provider.

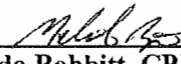
- f. Is there a limit on the amount of funding a program may request?

Response: There is no limit within the funding amount available.

- g. If we have a contract with the State of Missouri and that program is not fully funded, can we apply for that gap in funding?

Response: Using funds to cover gap fundings is dependant on the state contract. Typically, gap funding is not allowed. However, additional supportive services not covered by the state can be purchased by the Children's Services Fund.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **35-13SEP18 – Crisis Intervention Programs**, receipt of which is hereby acknowledged:

Company Name: Voluntary Action Center
Address: 403A Vandiver Dr, Columbia, Mo 65202

Phone Number: 573-874-2273 Fax Number: 573-874-9172

E-mail: dir@vacmo.org

Authorized Representative Signature:  Date: 9-13-18

Authorized Representative Printed Name: Nick Foster

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
35-13SEP18 – Crisis Intervention Programs
August 9, 2018, 10:00 a.m.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Joanne Nelson	Children's Services	886-7219	
3.	Kelly Wallis	Children's Services	886-7218	
4.	Kari Hopkins	Coyote Hill	874-0179	875-0510
5.	Beth Vasser	Central Missouri Community Action	573-442-8706	573-874-0993
6.	Jennifer Graves	True North of Columbia	573-875-0508	573-875-0518
7.	Megan Steen	Burrell	573-777-8450	
8.	Nicole Dean	Great Circle	442-8331	442-8330
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #2 - Issued August 27, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

- a. Will an agency be required to have staff complete the Family Care Family Registry if no staff provides direct care services?

Response: Agencies will not be required to complete the Family Care Safety registry for staff who do not provide direct care services.

- b. Since no specific guidance has been provided, can we assume that services purchased in the most recent county contract will be eligible for funding within this current RFP?

Response: Services that address the Funding Goals of the RFP, described in Section 3.4, are eligible for funding. No services have been excluded from eligibility for funding.

By: Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Voluntary Action Center
Address: 403A Vandiver Dr, Columbia, MO 65202
Phone Number: 573.874-7273 Fax Number: 573.874-9172
E-mail: dic@valmo.org
Authorized Representative Signature: [Signature] Date: 9-13-18
Authorized Representative Printed Name: NICK FOSTER



BOONE COUNTY, MISSOURI

Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts – Boone County Community Health – Medical Fund

ADDENDUM #3 - Issued September 6, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

- a. Do we return addendums as we receive them?

Response: When you are ready to submit your proposal, scan all of addendums into one PDF and upload into Apricot.

- b. We would like to include both the psychiatric assessment (1hr) and the medication management (15min) service. Would these services be labeled as (4.20 Psychiatric Treatment) and (4.5 Medication Management) in the taxonomy of services?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- c. Is an electronic signature acceptable?

Response: No

- d. Does the signature page 12 require documentation of a board approval for this application submission? Or are the signatures of Executive Director and our Board Chairman acceptable?

Response: Attachment A does not require documentation of board approval.

- e. Our previous application to the Community Health grant allowed for us to submit a service titled "Onsite Assessment / Evaluation / Brief Clinical Intervention / Care Coordination (Comprehensive Health Care Delivery)". With the revised format of the application, what taxonomy number do you recommend choosing for this service

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service." Each service must be entered separately.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Voluntary Action Center

Address:

400 Al Vandiver Drive

Phone Number:

874-2273

Fax Number:

874-9172

E-mail:

dir@vacmo.org

Authorized Representative Signature:

Nick Foster

Date:

9-13-18

Authorized Representative Printed Name:

Nick Foster



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

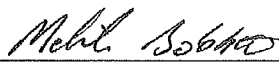
- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service. Each service must be entered separately."

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #4** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Voluntary Action Center

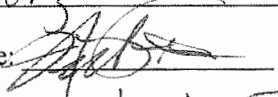
Address:

403 A Vandiver Drive 65202

Phone Number: 573-874-2273

Fax Number: 573-874-9172

E-mail: dir@vacmo.org

Authorized Representative Signature: 

Date: 10-24-18

Authorized Representative Printed Name: Nick Foster

Program Overview (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Voluntary Action Center
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	VAC Housing Program
Amount of Request	\$10,040.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Homelessness and the risk of homelessness remain significant in Boone County. In 2015 52.7 of renters had a cost burden greater than 30% of household income. (1). 8,525 of those households had a housing cost burden greater than 50% (1). MHDC's 2015 Homelessness Study found that 60% of our county's population is cost overburdened in relationship to housing. That study indicates the availability of affordable housing in Boone is complicated by conditions that make for a "hot housing market" including "competition for affordable apartments, elimination of older, less costly units and an interest among developers in building luxury student housing" (2). Data from 2-1-1 for 1/1/18 through 6/30/18 indicates that of 485 calls from Boone County, 102 were for rent payment assistance, the greatest number of requests made. An additional 29 calls were for rental deposit assistance. Of the top unmet needs, rental deposit assistance was the first item with 28 occasions, with homeless motel vouchers second at 20. (3) As to homelessness, this number remains challenging. The Boone County Issues Analysis in 2013 reported increased numbers in the PIT count, with counts going from 147 to 236 in January of 2008 and 2012 respectively and 131 to 286 in July of 2008 and 2012 respectively (4). The PIT for Boone County count in Winter 2018 was 280 (5).

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

VAC serves residents of Boone County with incomes at or below 200% of Federal poverty guidelines. Poverty remains a significant concern in our community. According to the Boone Indicators Dashboard, 18.5% of individuals in Boone County and 24.6% of individuals in the city of Columbia were in poverty in 2015, each of these higher than the rate nationally (14.7%) and in Missouri (14.8%).(6) Additionally, in that same year 38.9% of individuals in Columbia had incomes at or below 200% of Federal poverty guidelines.(7) Also of note is the significant inequality of income experienced in our community. The Gini Index of Inequality indicates that the index is .482 in the United States. While the index is slightly more favorable in Boone County - .479, it is significantly higher for Columbia - .526.(8) The gap of income equality indicates a concurrent gap of need for those whose incomes are inadequate to meet their needs.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The primary goal of the program is that clients will regain stability in their housing situations by moving into permanent housing or be assisted to remain in their current housing.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

VAC provides housing assistance to residents of Boone County who are homeless or at risk of becoming homeless. VAC provides security deposits, rent, utility deposits, and utility arrears. VAC also provides short-term motel assistance for those who have arrangements for permanent housing. VAC provides wraparound services to address other basic needs and health concerns and to assist in acquisition of or maintaining of employment. VAC maintains a comprehensive knowledge of other resources available in the community for effective referrals.

Clients must be residents of Boone County, income-eligible to receive services, and able to demonstrate inability to pay rent. All other sources of rental assistance must also be exhausted. To remain in the program, clients must be responsive to follow up contact and case management. VAC uses the VI-SPDAT screening tool to determine housing vulnerability. The tool is used at the initial interview with a potential client. Those most at risk are given higher priority. VAC also participates in the Functional Zero Task Force, a coalition of local agencies addressing homelessness. This group has created a priority list, of local residents who are chronically homeless or veterans experiencing homelessness. All those on the list have been administered the VI-SPDAT and are listed according to the resulting score to indicate vulnerability. VAC is receiving referrals from this list.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Services will be provided to residents of Boone County whose household income is at or below 200% of Federal poverty guidelines. VAC does not discriminate on the basis of race or ethnic background, gender, age, sexual orientation, household size, or employment status. In 2017, approximately two thirds of VAC clients were of minority race, 57% were female, and 47% were under age 18.(9) In 2015, 67% were unemployed. 34% were single-parent households, and 12% of households were homeless (10). These percentages remain similar across a number of years of VAC service.

b. Why will these particular consumers be served? (1500 character limit)

Specifically for the Housing Program, the intent is to limit and reduce homelessness in the Boone County community. The program seeks to identify those who are most at risk, providing services that reduce the amount of time clients are homeless and to support clients in such a way that current housing can be maintained. VAC's intent in providing all services is described in the agency's mission statement, adopted in the fall of 2012: "To help low-income individuals and families bridge the gaps between crisis and stability and improve quality of life in Boone County." VAC believes that families and individuals who achieve personal stability experience a better quality of life, and, as a result, the entire community benefits. All of VAC's services are intended to support a household through an immediate and/or short-term need.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

The largest single challenge is the lack of affordable housing. Clients can spend months finding appropriate rental units. Maintaining an adequate income is also a major issue as these clients face a number of difficulties that often threaten income. Challenges also come from the limitations clients experience. Transportation is often a problem, along with demands on personal time, and limitations in functional capacity. Circumstances are complicated by each shortcoming, sometimes resulting in the instability VAC services seek to address.

d. Total number of unduplicated individuals to be served by the proposed program:

200

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

906.85

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

***Indicates a required field.**

Residence

Boone County (includes City of Columbia residents)

200

City of Columbia

175

Cooper County

0

Howard County

0

Other Counties

0

Residence Total

200

Record Lock

1

Race

White (alone)

66

Black or African American (alone)

90

Multiple Races

20

Asian (alone)

4

Native American Indian or Alaskan Native

1

Native Hawaiian or other Pacific Islander (alone)

1

Some Other Race

2

Race Total

184

Ethnicity

Hispanic or Latino (of any race)

16

Not Hispanic or Latino

184

Ethnicity Total

200

Gender

Female

105

Male

90

Other

5

Gender Total

200

Income

At or below 200% of Federal Poverty Level

200

Over 200% of Federal Poverty Level

0

Income Total

200

Age (City-Social Services/County-Health/HMUW-RFP)

Under 5 years

32

5-19 years

65

20-59 years

95

60 years and over

8

Age Total (1)

200

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

Monday - Friday, 8:30 a.m. - 4:30 p.m. at 403A Vandiver Drive, Columbia, Missouri 65202

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Clients must be residents of Boone County, Missouri with household income at or below 200% of Federal poverty guidelines.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character

limit)

Participation in the Missouri Continuum of Care, specifically in Region 5. VAC attends all required meetings and trainings offered by the CoC, Region 5, MHDC, and others. The program must meet requirements of the several Federal and State of Missouri programs under which funding is provided, e.g., Emergency Food and Shelter Program, Emergency Solutions Program, Missouri Housing Trust Fund, and Missouri Housing Innovation Program.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No

Provide the name of the accreditation agency. (300 character limit)**c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.**

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Best practices include identification and assessment of vulnerable clients, a rapid response that leads to stable housing as soon as possible, empowerment of and involvement by the client, strategic provision of cash services for rent and other necessary payments, and case management especially to assist clients in planning and assessing other community services.(11)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

Government resources at both the state and Federal level have for several years been directed in larger measure to programs such as this one, supporting the "Housing First" model especially. Studies such as one recently published in Science indicate that cash assistance for purposes of stabilizing housing are in fact quite effective. The study was of a program very similar in purpose and procedures to that of VAC's, indicating that cash assistance for those who called the agency when funds were available were 88 less likely to be homeless after three months and 76% less likely to be homeless after six months.(12) The study further found a significant cost savings, with the example that "the mortality-reducing benefit per person that avoids homelessness comes to about \$13,000....Based on this estimate, the benefits stemming from reduced mortality alone exceed the costs."(13)

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)**e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)**

As with all VAC services, the agency works in a continuous manner to review and adjust service provision in order to increase the quality and effectiveness of this program. Access, quality, and effectiveness of VAC's Housing Program has been enhanced by the advent of the Functional Zero Task Force (FZTF) of which VAC and a number of other local agencies are part. The FZTF identifies, screens, and refers veterans who are homeless and the chronically homeless. The group meets twice each month to review a priority list of those identified.. A determination is made as to each person's vulnerability and then plans are made for meeting each person's need. VAC has had several referrals made from this list for the purpose of providing Rapid Rehousing assistance. As the FZTF develops, the number of such referrals should increase in number and quality. The FZTF is also acting as the "door" for the comprehensive Coordinated Entry (CE) project. A similar process is in place in Region 5 of the Balance of State Continuum of Care, of which Boone County is part. CE is providing an entryway for individuals and households to access any and all housing services in our state; Boone County and Region 5 are among the leaders putting this process in place.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

VAC continuously reviews housing services to confirm program effectiveness. Most specifically, the Social Service Specialist who is the lead for service provision reviews the program on a regular basis with the Executive Director. The program is prompted for quality improvement also by regular file audits carried out by the Missouri Housing Development Commission (MHDC). MHDC makes awards for and oversees ESG funding for the state of Missouri. They also review processes in a similar fashion for MHTF and MoHIP funding. While concerns have been minimal as the result of these audits, they have led to improvements in the program's procedures. Additionally, VAC has recently put into place an Advisory Committee to review the program quarterly and to recommend improvements. This group is made up of persons who have experienced homelessness. Some have previously received services through VAC's Housing Program.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Consumer feedback is collected in an ongoing fashion throughout the process of providing rent assistance and then in the case management for each client. This is also used in the review of the program. Feedback from participating landlords is also taken into consideration for making decisions regarding the program. An advisory board made up of former housing clients is now also in place to provide feedback about the program on a regular basis.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Applicable partnerships and collaborations are described in "e" above. Additionally, as VAC is becoming better known for having rental assistance funds, especially for a general clientele, more agencies are making referrals to VAC for that purpose. VAC works with such agencies in order to coordinate and make most effective use of services provided across the agency landscape. Such agencies include are Phoenix Health Programs, Family Health Center, Family Dental Center, Burrell Behavioral Health, Parents as Teachers, City of Columbia Health Department, Lutheran Child and Family Services, The Wardrobe, various food pantries, Job Point, Love INC, Columbia Housing Authority, Columbia Public Schools, Boone County Family Resources, McCambridge Center, Coyote Hill Christian Home, Rainbow House, Great Circle, Central Missouri Community Action, Welcome Home, True North, Turning Point, Harbor House, Services for Independent Living, Centro Latino, Refugee and Immigration Services, Salvation Army, Family Impact Center, Big Brothers Big Sisters, Fun City, many local faith communities, and others.

VAC's staff also meets with a number of local groups in order to maintain connections. These include Basic Needs Coalition, Youth Community Coalition, Safe Kids, Networking for Early Childhood, and more.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Social Services Specialist	B.A., B.S., or M.S.W.	0.75	\$31,000.00	\$35,500.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Executive Director	B.A., B.S., M.P.A. or M.B.A.	0.25	\$64,000.00	\$66,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Finance Administrator	H.S., B.A., B.S.	0.25	\$42,000.00	\$45,000.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
		0.00	\$0.00	\$0.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The lead Social Services Specialist/Housing Coordinator for this service provides personal interaction with clients, screening for qualification and then providing services directly. Minimum educational requirements are deemed to be necessary to insure an adequate background and understanding of the work VAC does. Other Social Services Specialist provide support. These degrees also indicate a basic level of personal and mental capacity also necessary to function in the position. Salary ranges are comparable to those of similar positions in the area.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
Funding for motel assistance.	\$500.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Fund raising activity and direct donations designated for housing services.	\$13,000.00	7
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
	\$0.00	0
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Funds provided by Boone County Health Funding for provision of Housing Services	\$10,040.00	6
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Funds provided by the City of Columbia for provision of Housing services.	\$15,000.00	8
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
\$50,000 in ESG fund for Rapid rehousing and homelessness prevention services. \$22,000 in ESFP fund for rental assistance and motel assistance. The vast majority of these funds are for direct assistance.	\$72,000.00	40
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
\$33,000 Missouri Housing Innovation Program (MoHIP), \$36,500 Missouri Housing Trust Fund (MHTF). The vast majority of these funds are for direct assistance.	\$69,500.00	39
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	180040	

PROGRAM EXPENSES

1. Personnel	1. \$43,930.00	1. % 24
Personnel Narrative (300 character limit) Personnel expenses for housing program.		
2. Non-Personnel	2. \$137,440.00	2. % 76
Non-Personnel Narrative (300 character limit) Operational funding for housing program.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES 181370	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

VAC receives funding from other governmental agencies as indicated in the budget and submits RFPs as available and appropriate, seeks grants from other entities, continues outreach to local faith congregations and local businesses for support, conducts several fund raising events, and reaches out to individuals for donations. VAC received two new grants for housing services in 2018. The agency has begun a fundraising campaign in light of our 50th anniversary in 2019 also to increase capacity.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

1. Boone Impact Group's Boone Indicators Dashboard, Issues: Basic Needs & Safety Net. Retrieved from <http://booneindicators.org/Issues.aspx?id=1#4785>, retrieved 9/12/18.
2. Missouri Housing Development Commission Statewide Homelessness Study Report (2015). p. 318. Retrieved August 15, 2016, p. 318f. <http://www.mhdc.com/ci/documents/MHDC%202015%20FINAL%20Digital.pdf>
3. 2-1-1 Boone County Report, Received via email 7/5/2018 to dir@vacmo.org from Kate Rollins, Kate.Rollins@stl.unitedway.org. Missouri/Illinois 2-1-1
4. Boone County Issues Analysis, Basic Needs & Emergency Services, June 4, 2013, Retrieved 8/29/2016, p. 8. <https://www.como.gov/health/wp-content/uploads/sites/13/2015/06/2013BNEsanalysisreportFINAL6-4-13.pdf>
5. Point in Time Count, Boone County Missouri, Winter 2018. Received via email 9/12/18 to dir@vacmo.org from steve.hollis@como.gov.
6. Boone Impact Group's Boone Indicators Dashboard, Issues: Basic Needs & Safety Net. Retrieved from <http://booneindicators.org/Issues.aspx?id=1#1813> 1/16/2018.
7. Boone Impact Group's Boone Indicators Dashboard, Socio-Economic and Health Inequity, Columbia & Boone County, Missouri. PowerPoint presentation by Steve Hollis, slide 16.
8. Boone Impact Group's Boone Indicators Dashboard, Community Profile, Gini Index of Income Inequality. Retrieved from <http://booneindicators.org/CommunityProfile.aspx#1809> 1/21/18.
9. Data from Voluntary Action Center Client Database. Retrieved 5/1/2018.
10. Data from Voluntary Action Center Client Database. Retrieved in August 29, 2016.
11. "Necessary Activities of Best Practice Rapid Re-Housing Programs Handout", Retrieved 8/27/2016, <http://www.endhomelessness.org/library/entry/homelessness-prevention-creating-programs-that-work>, and "Homelessness Prevention and Rapid Re-Housing Best Practice Standards," Retrieved 8/27/2016, http://www.va.gov/homeless/docs/ssvf/ssvf_practice_standards_april_2013.pdf
12. Science Magazine, "The impact of homelessness prevention programs on homelessness," p. 696. Discovered at <http://science.sciencemag.org/content/353/6300/694>. Full article retrieved through institutional access 8/28/2016.
13. Ibid., p. 698.

Linked 'Agreement Form - V3' Records

Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Voluntary Action Center	VAC Housing Program					Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Voluntary Action Center
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	VAC Housing Program
Amount of Request	\$10,040.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

10.11 Case Management

b. Service #1 - Taxonomy Definition of Service (300 character limit)

A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective...

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Clients who receive case management from VAC are those who receive rental assistance also through the agency. Case management includes support for identification of a rental unit, financial planning, assistance with locating employment, etc. All housing program clients are eligible and may receive assistance also with other wrap-around services such as those found in VAC's RFP for basic needs services. Clients are also counseled as to the availability of other resources and so are given information about and referral to these other services and agencies.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

15 minutes

b. Unit Rate (#1)

\$12.55

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

Yes

Indicate the publicly available rate and describe the source. (#1) (600 character limit)

The rate is tied in part to rates as described by the St. Louis Children's Service Fund's Approved Units of Service rates for 2016 and is also informed by an internal agency review of service cost.

d. Total Number of Units of Service to be Provided (#1)

1500

e. Total Number of Unduplicated Individuals (#1)

100

f. Average Number of Units of Service per Unduplicated Individual (#1)

15

g. Average Cost of Service per Individual (#1)

188.25

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

No

Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #1 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for

this service? (#1)

Yes (complete the Other Funders Chart below)

Service #1 - Local Funding Chart

FUNDERS (#1)	UNIT RATE (#1)	CONTRACTED UNITS (#1)	TOTAL AMOUNT CONTRACTED (#1)
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$12.55	1c2. 1195	1c3. \$15,000.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)**

\$0.00

b. Proposed Number of Units of Service (#1)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

No request for this service.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Clients will gain or regain stability in their housing.	At least 95% of clients will remain in housing after 30 days. At least 80% of clients will remain in housing after 90 days.	Direct contact by Social Services Specialist in follow-up meeting or call.
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

As housing is an essential basic need, this service makes a direct contribution to the stability of our clients. As clients gain or regain stability in permanent housing, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and transportation difficulties. Limited resources make such challenges difficult to overcome

and can limit the effectiveness of VAC services.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or in this case also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

5.15 Rental Assistance

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provision of financial assistance to households for rent.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Rent assistance is provided through the VAC office. Clients must be residents of Boone County with incomes at or below 200% of Federal poverty guidelines. Clients may be referred by another agency or self-refer. An initial screening is done to determine possible qualification; upon determination that client may be qualified an appointment is made with VAC's Housing Coordinator to complete intake and begin the process of providing assistance. Paperwork is begun and a file created. If one has not already been done, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) is administered to determine the client's current housing vulnerability. If the client qualifies, a determination is made as to just what assistance is needed - rent and/or utility arrears, rent and/or utility payments, fees, deposits, etc. The Coordinator will also provide assistance, if needed, in identifying a rental unit. Contact is made with the landlord to confirm that he/she will work with VAC, accept our payment, and guarantee there will be no eviction. Checks are written directly to the landlord, property management companies, and utility companies. VAC works closely with a number of other agencies to provide rental assistance, largely through the Functional Zero Task Force (FZTF) and case conferencing through Region 5 of the Balance of State Continuum of Care. Each of these has created a Priority List of homeless persons and referrals are made from these lists. VAC also receives referrals directly from a number of agencies including Love INC, Salvation Army, Phoenix Health Programs, Welcome Home, and others.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

15 minutes

b. Unit Rate (#2)

\$12.55

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

Yes

Indicate the publicly available rate and describe the source. (#2) (600 character limit)

The rate is tied in part to rates as described by the St. Louis Children's Service Fund's Approved Units of Service rates for 2016 and is also informed by an internal agency review of service cost.

d. Total Number of Units of Service to be Provided (#2)

1500

e. Total Number of Unduplicated Individuals (#2)

150

f. Average Number of Units of Service per Unduplicated Individual (#2)

10

g. Average Cost of Service per Individual (#2)

125.5

Service #2 - Service Fee

a. Will the proposed service consumers be charged a fee? (#2)

No

Provide a rationale why no fee will be charged for the service. (#2) (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and

individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

No

Explain why the proposed service is not billable to a third-party payor. (#2) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #2 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Local Funding Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$12.50	404	\$5,050.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$10,040.00

b. Proposed Number of Units of Service (#2)

800

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

This request represents an increase in funding for these services over the previous county contract. VAC has significantly increased the agency's activities with the provision of rental assistance with the acquisition of two new grants in 2017 for this purpose, more than doubling the amount of rental assistance available. The agency is finding new ways to expand staff capacity in order to meet this increased level of service.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Clients will gain or regain stability in their housing.	At least 90% of clients will remain in housing after 30 days. At least 75% of clients will remain in housing after 90 days.	Direct contact by Social Services Specialist in follow-up meeting or call.
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

As clients gain or regain stability in permanent housing, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Clients who are unstable in housing are often vulnerable because they face a number of challenges in maintaining stability. Income instability, physical or mental illness, or unexpected changes within a family can result in a renewed bout of instability.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

As above, clients who are unstable in housing often are vulnerable for a number of reasons. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Client surveys are conducted directly with clients by phone, or in this case also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

5.20 Hotel/Motel Stay

b. Service #3 - Taxonomy Definition of Service (300 character limit)

Provision of a one night hotel/motel stay for persons experiencing homelessness.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Motel vouchers are provided in the VAC office after screening by a Social Services Specialist and determination of qualification. Clients must be residents of Boone County with incomes at or below 200% of Federal poverty guidelines. Because of limited funding, this service is most often provided when the client will be able to move into permanent housing or a transitional shelter following a motel stay. Clients may self-refer or be referred by another agency such as Love INC, Salvation Army, Welcome Home, or others. As with all other services, clients may be able to also access other wrap-around services that are described elsewhere in this application.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

One night

b. Unit Rate (#3)

\$25.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

This rate is generated from an internal agency review of service cost and comparable rates generated from similar funded proposals in previous years.

d. Total Number of Units of Service to be Provided (#3)

50

e. Total Number of Unduplicated Individuals (#3)

85

f. Average Number of Units of Service per Unduplicated Individual (#3)

0.59

g. Average Cost of Service per Individual (#3)

14.71

Service #3 - Service Fee

a. Will the proposed service consumers be charged a fee? (#3)

No

Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

No

Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

This service does not qualify for third-party payment reimbursement from any source known to the agency.

Service #3 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)**

Yes (complete the Other Funders Chart below)

Service #3 - Local Funding Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$25.00	20	\$500.00

Service #3 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)**

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

No request for this service.

Service #3 - Performance Measures**Outcome (3-1)**

Individuals and families will be housed on an interim basis before moving into permanent housing.

Indicator (3-1)

95 to 100% of individuals will report that the motel stay provided met their immediate need for housing.

Method of Measurement (3-1)

VAC services follow-up survey, completed up to six months after the service provision.

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)

As housing is an essential basic need, this service makes a direct contribution to the stability of our clients. As clients gain or regain stability in permanent housing, the primary goal of the program will be met.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of VAC services.

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Service #4 - Name, Definition, and Description

a. Service #4 - Taxonomy of Service Name (300 character limit)

b. Service #4 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service consumers be charged a fee? (#4)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

Service #4 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Service #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

a. Service #5 - Taxonomy of Service Name (300 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate tied to an established public funding rate? (#5)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee**a. Will the proposed service consumers be charged a fee? (#5)****b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)****Service #5 - Local Funding**

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)**

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

10040

Linked 'Agreement Form - V3' Records

Link Instructions**Linked 'Agreement Form - V3.1' Records****Link Instructions****Agreement Form - V3.1****Link Info**

Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Voluntary Action Center	VAC Housing Program				<input checked="" type="checkbox"/>	Added on 10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 17, 2018

Voluntary Action Center
Attn: Nick Foster, Executive Director
403A Vandiver Drive
Columbia, MO 65202
dir@vacmo.org

RE: Written Clarification #1 to 36-13SEP18 – *Community Health/Medical Fund*

Dear Mr. Foster:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 36-13SEP18 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Table, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

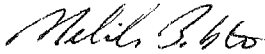
If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 5:00 p.m. October 26, 2018 by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Community Health Advisory Council Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Voluntary Action Center (VAC)
Name of Program	VAC Housing Program

Proposal Cover Sheet	
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1. Attachment C did not provide supporting Work Authorization Documentation.
Action Required: Attach the E-Verify Memorandum of Understanding for your organization.

--

2. Addendum 4 was not included in the signed addendums attachment on the Proposal Cover Sheet.

Action Required: Please provide Addendum 4 with the required signature.

--

Program Overview Form	
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Program Overview

3. The Program Overview lacked information on how homelessness and/or housing instability impacts health.

Action Required: Provide a brief overview of how homelessness and/or housing instability impacts health.

--

Consumer Demographics

4. The total in the Race Demographic section does not match the other totals listed in the Consumer Demographics Section.

Action Required: Complete the following table so that the total for Race equals 200 or provide an explanation on why the total does not match the other sections.

White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native	
Native Hawaiian or other Pacific Islander (alone)	
Some Other Race	
Race Total	

Narrative:

Program Quality

5. A narrative was not provided describing the rationale for utilizing the proposed evidence-based program and/or service.

Action Required: Provide this information in the field below.

--

6. The information regarding collecting consumer feedback lacked specific information on a tool or method of measurement utilized to collect feedback.

Action Required: Provide specific information on the tool/method of measurement utilized for consumer feedback for the VAC Housing Program.

--

Collaboration

7. The Collaboration section describes a multitude of relationships with other organizations but does not provide any MOUs.

Action Required: Please provide any MOUs that are applicable to the proposed program or provide an explanation on why there are no existing MOUs.

--

Program Personnel Narrative

8. The narrative does not explain the responsibilities of the Executive Director or Finance Administrator for this program.

Action Required: Please provide a brief explanation of the Executive Director and Finance Administrator's responsibilities for the Housing Program.

--

Program Budget

9. The narrative fields for Personnel and Non-Personnel Expenses lacked sufficient information.

Action Required: Provide a brief explanation of the expenses included in the Personnel and Non-Personnel Expenses.

--

Program Services Form (1-5)

Program Service 2 – Rental Assistance

10. The service describes the process clients complete to receive rental assistance which includes screenings, paperwork, VI-SPDAT, contacting the landlord, etc. The description concludes that checks are written directly to the landlord, property management companies, and utility companies. The unit measure is "15 minutes" with a total of 1,500 units.

Action Required: Provide clarification on whether the outputs are to coordinate the service or to pay for the checks provided for rental assistance. Would it be possible to move units utilized to coordinate the service to Case Management and adjust the unit measure/rate to pay for the actual rental assistance? Please provide information in the field below and adjust the Outputs based on what would be the most beneficial for billing in the attached Service Change Table.

--

Program Performance Measures

11. The Performance Measures each followed the logic model well. However, all three services list one outcome/indicator/method of measurement for each service. Also, an indicator should provide one percentage rather than a range (i.e. "95 to 100% of individuals).

Action Required: Please provide additional Performance Measures that can be gathered for clients in the Housing Program such as any social/emotional or health outcomes that can be captured through case follow-up. Provide this information in the attached *Service Change Table*.

--

12. The percentages in the Indicators regarding housing stability varies between Case Management and Rental Assistance.

Action Required: Provide clarification on why the indicators are different between Case Management and Rental Assistance. Update the Performance Measures in the I, if necessary.

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--	---------------------------

13. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Table			
Organization Name: Voluntary Action Center			
Program Name: VAC Housing Program			
Service #1 – Taxonomy of Service Name: Case Management			
Service #1 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 Minutes	\$12.55	1500	100
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Clients will gain or regain stability in their housing.	At least 95% of clients will remain in housing after 30 days. At least 80% of clients will remain in housing after 90 days.	Direct contact by Social Services Specialist in follow-up meeting or call.	
Provide additional Outcomes	Provide additional Indicators	Provide additional Method of Measurement (if applicable)	

Service Change Table			
Organization Name: Voluntary Action Center			
Program Name: VAC Housing Program			
Service #2 – Taxonomy of Service Name: Rental Assistance			
Service #2 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 Minutes	\$12.55	1500	150
Funding Request			
Amount Requested to Boone County: \$10,040		Proposed Number of Units of Service: 800	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Clients will gain or regain stability in their housing.	At least 90% of clients will remain in housing after 30 days. At least 75% of clients will remain in housing after 90 days.		Direct contact by Social Services Specialist in follow-up meeting or call.
Provide additional Outcomes	Provide additional Indicators		Provide additional Method of Measurement (if applicable)

Service Change Table			
Organization Name: Voluntary Action Center			
Program Name: VAC Housing Program			
Service #3 – Taxonomy of Service Name: Hotel/Motel Stay			
Service #3 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One night	\$25.00	50	85
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Individuals and families will be housed on an interim basis before moving into permanent housing.	95 to 100% of individuals will report that the motel stay provided met their immediate need for housing.		VAC services follow-up survey, completed up to six months after the service provision.
Provide additional Outcomes	Provide additional Indicators		Provide additional Method of Measurement (if applicable)

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Voluntary Action Center				
Program Name: VAC Housing Program				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Case Management				
Rental Assistance				
Hotel/Motel Stay				

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Case Management		
Rental Assistance		
Hotel/Motel Stay		
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 17, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – *Community Health/Medical Fund*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 25, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 36-13SEP18 – Community Health/Medical Fund

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name:

Voluntary Action Center

Address:

403A Vandiver Drive

Columbia, MO 65202

Telephone:

573-874-2273

Fax:

573-874-9172

Federal Tax ID (or Social Security #):

23-7120750

Print Name:

Nick Foster

Title:

Executive Director

Signature:

[Handwritten Signature]

Date:

10-25-18

E-mail:

dir@vacmo.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #36-13SEP18 – *Purchase of Service Contracts*

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Voluntary Action Center (VAC)
Name of Program	VAC Housing Program

Proposal Cover Sheet	
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1. Attachment C did not provide supporting Work Authorization Documentation.
Action Required: Attach the E-Verify Memorandum of Understanding for your organization.

Attached.

2. Addendum 4 was not included in the signed addendums attachment on the Proposal Cover Sheet.

Action Required: Please provide Addendum 4 with the required signature.

Attached.

Program Overview Form	
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Program Overview

3. The Program Overview lacked information on how homelessness and/or housing instability impacts health.

Action Required: Provide a brief overview of how homelessness and/or housing instability impacts health.

Housing stability has been shown to contribute to positive health impacts. The lack of housing stability results in higher rates of chronic mental and physical health conditions as well as co-occurring disorders. These disorders in and of themselves present barriers to adequate health care and the acquisition of affordable housing itself. (American Public Health Association, <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2018/01/18/housing-and-homelessness-as-a-public-health-issue>. Retrieved October 23, 2018.) The Housing First model and the offer of supportive services are recommended to address these concerns. VAC follows the Housing First model and provides additional supportive services.

Consumer Demographics

4. The total in the Race Demographic section does not match the other totals listed in the Consumer Demographics Section.

Action Required: Complete the following table so that the total for Race equals 200 or provide an explanation on why the total does not match the other sections.

White (alone)	66
Black or African American (alone)	90
Multiple Races	20
Asian (alone)	4
Native American Indian or Alaskan Native	1
Native Hawaiian or other Pacific Islander (alone)	1
Some Other Race	18
Race Total	200

Narrative: There is some confusion on this issue in that clients often self-identify as Hispanic or Latino as regards race rather than as black or white and Hispanic/Latino as to ethnicity.

Program Quality

5. A narrative was not provided describing the rationale for utilizing the proposed evidence-based program and/or service.

Action Required: Provide this information in the field below.

As the Housing First model has been shown to result in positive outcomes for clients, and as state and Federal government agencies have encouraged the model's use, and as housing stability itself is reported to result in positive health outcomes in particular, VAC provides these services, as well as other supportive services, to that end.

6. The information regarding collecting consumer feedback lacked specific information on a tool or method of measurement utilized to collect feedback.

Action Required: Provide specific information on the tool/method of measurement utilized for consumer feedback for the VAC Housing Program.

VAC has developed and uses a survey tool developed specifically for use to collect consumer feedback. This tool is used both in person and by phone to collect information regarding service effectiveness. These surveys are conducted at 30 days and 90 days following client's exit from the program.

Collaboration

7. The Collaboration section describes a multitude of relationships with other organizations but does not provide any MOUs.

Action Required: Please provide any MOUs that are applicable to the proposed program or provide an explanation on why there are no existing MOUs.

There are no formal MOUs with many referral agencies for this program; relationships are informal in that sense. However, there is an MOU in place with the Missouri Balance of State Continuum of Care (attached.) This includes Region 5 of the Continuum as well as the Functional Zero Task Force. That MOU is attached.

Program Personnel Narrative

8. The narrative does not explain the responsibilities of the Executive Director or Finance Administrator for this program.

Action Required: Please provide a brief explanation of the Executive Director and Finance Administrator's responsibilities for the Housing Program.

The Executive Director provides oversight for the Program, is primarily responsible for funding acquisition and reporting to funders, and provides general support for housing activities. The Finance Administrator is involved in all financial transactions including interactions with clients and landlords and is involved also in preparation of reports.

Program Budget

9. The narrative fields for Personnel and Non-Personnel Expenses lacked sufficient information.

Action Required: Provide a brief explanation of the expenses included in the Personnel and Non-Personnel Expenses.

Personnel: Salary, Benefits, and Taxes for five full time staff and one part time.

Non Personnel: Includes facility rental and utilities, office equipment/maintenance and supplies, advertising/marketing, postage/printing, fundraising expenses and client services.

Program Services Form (1-5)

Program Service 2 – Rental Assistance

10. The service describes the process clients complete to receive rental assistance which includes screenings, paperwork, VI-SPDAT, contacting the landlord, etc. The description concludes that checks are written directly to the landlord, property management companies, and utility companies. The unit measure is "15 minutes" with a total of 1,500 units.

Action Required: Provide clarification on whether the outputs are to coordinate the service or to pay for the checks provided for rental assistance. Would it be possible to move units utilized to coordinate the service to Case Management and adjust the unit measure/rate to pay for the actual rental assistance? Please provide information in the field below and adjust the Outputs based on what would be the most beneficial for billing in the attached Service Change Table.

Outputs are to coordinate the service, the process of providing information, completing screening and intake into the program, interacting with landlords, making payments for rent, utilities, and other allowed expenditures, etc. The agency has used the 5.15 Rental Assistance taxonomy designation to indicate the nature of the service. Provision of rental assistance as supported by the County has been requested in this way after consultation with the County, City of Columbia, and Heart of Missouri United Way to best determine how funding from each might be provided.

Program Performance Measures

11. The Performance Measures each followed the logic model well. However, all three services list one outcome/indicator/method of measurement for each service. Also, an indicator should provide one percentage rather than a range (i.e. "95 to 100% of individuals).

Action Required: Please provide additional Performance Measures that can be gathered for clients in the Housing Program such as any social/emotional or health outcomes that can be captured through case follow-up. Provide this information in the attached *Service Change Table*.

Provided in the Service Change Table.

12. The percentages in the Indicators regarding housing stability varies between Case Management and Rental Assistance.

Action Required: Provide clarification on why the indicators are different between Case Management and Rental Assistance. Update the Performance Measures in the I, if necessary.

Indicators should be the same for each of these. See adjustments in the Service Change Table.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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13. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Table			
Organization Name: Voluntary Action Center			
Program Name: VAC Housing Program			
Service #1 – Taxonomy of Service Name: Case Management			
Service #1 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 Minutes	\$12.55	1500	100
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Clients will gain or regain stability in their housing.	At least 95% of clients will remain in housing after 30 days. At least 80% of clients will remain in housing after 90 days.	Direct contact by Social Services Specialist in follow-up meeting or call.	
Clients will report an improvement in mental and/or physical well-being.	80% of clients will report such improvement as measured on a five point Likert scale.	Direct contact by Social Services Specialist in follow-up meeting or call.	

Service Change Table			
Organization Name: Voluntary Action Center			
Program Name: VAC Housing Program			
Service #2 – Taxonomy of Service Name: Rental Assistance			
Service #2 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 Minutes	\$12.55	1500	150
Funding Request			
Amount Requested to Boone County: \$10,040		Proposed Number of Units of Service: 800	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Clients will gain or regain stability in their housing.	At least 90% of clients will remain in housing after 30 days. At least 75% of clients will remain in housing after 90 days.	Direct contact by Social Services Specialist in follow-up meeting or call.	
Clients will report an improvement in mental and/or physical well-being.	80% of clients will report such improvement as measured on a five point Likert scale.	Direct contact by Social Services Specialist in follow-up meeting or call.	

Service Change Table			
Organization Name: Voluntary Action Center			
Program Name: VAC Housing Program			
Service #3 – Taxonomy of Service Name: Hotel/Motel Stay			
Service #3 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One night	\$25.00	50	85
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Individuals and families will be housed on an interim basis before moving into permanent housing.	95% of individuals will report that the motel stay provided met their immediate need for housing.	VAC services follow-up survey, completed up to six months after the service provision.	
Clients will report an improvement in mental and/or physical well-being.	80% of clients will report such improvement as measured on a five point Likert scale.	VAC services follow-up survey, completed up to six months after the service provision..	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Voluntary Action Center				
Program Name: VAC Housing Program				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Case Management	15 minutes	\$12.55	1500	100
Rental Assistance	15 minutes	\$12.55	1500	150
Hotel/Motel Stay	One night	\$25.00	50	85

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Case Management		
Rental Assistance	\$10,040	800
Hotel/Motel Stay		
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Missouri Balance of State Continuum of Care CES Memorandum of Understanding

The following Memorandum of Understanding (MOU) details the Missouri Balance of State Continuum of Care (MO BoS CoC) Member Agency Coordinated Entry System (CES) participation requirements.

All agencies/organizations participating in the MO BoS CoC CES must be a MO BoS CoC Member.

Once the MOU is signed by the Member Agency, it must be submitted to the MO BoS CoC Regional CE Representative(s) where the agency is participating. The Regional CE Representative must sign the MOU and forward a copy to moboscoc@outlook.com. The MO BoS CoC Chair will sign the form and retain the records for the MO BoS CoC.

Regional CE Representatives are responsible for assuring that all CES participants in their region have an MOU in place before participating in case conferencing. If an organization participates in more than one MO BoS CoC Region they must submit an MOU copy to each Regional CE Representative.

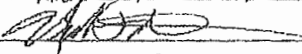
Voluntary Action Center (Agency) agrees to implement the following procedures and practices as a participating member of the Missouri Balance of State Continuum of Care Coordinated Entry System (MO BoS CoC CES) for the purpose of ending homelessness in the Missouri:

- Participate regularly in regional coordinated entry system meetings. Make thoughtful decisions and communicate openly and clearly. Provide up-to-date program availability information and eligibility criteria during regional coordinated entry system meetings.
- Accept referrals from the coordinated entry process. Use only the Coordinated Entry Prioritization List and not maintain a separate wait list.
- Maintain client confidentiality of information shared during case conferencing and comply with any and all applicable laws and regulations concerning the confidentiality of client records, files or communications.
- Promote collaborative and inclusive planning and decision making practices.
- Promote client - centered practices so that every person experiencing homelessness is treated with dignity and respect, offered at least minimal assistance, and participate in their own housing plan.
- Provide information to local communities and assist in marketing the MO BoS CoC CES. Help ensure consistent communication about the MO BoS CoC CES.
- Participate in regular evaluation of regional and statewide MO BoS CoC CES performance.

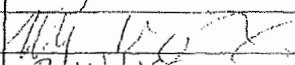
This Memorandum of Understanding is entered into and becomes effective once signed by the Member Agency, the Regional CE Representative and the MO BoS CoC Chair and will remain in effect unless terminated by written notice of the Member Agency or by the MO BoS CoC.

Missouri Balance of State Continuum of Care CES Memorandum of Understanding
Signature Page


Member Agency:

Agency Name:	Voluntary Action Center
Representative Name:	Nick Foster
Title:	Executive Director
Signature:	
Date:	2-13-18
CES Regions:	5

Regional CE Representative:

CE Lead:	Kelli Watkins-Turley
Region:	5
Signature:	
Date:	2/14/18

MO BoS CoC:

Chair:	Becky Fortna
Signature:	
Date:	10/23/18



BOONE COUNTY, MISSOURI

**Request for Proposal #: 36-13SEP18 – Purchase of Service Contracts –
Boone County Community Health – Medical Fund**

ADDENDUM #4 - Issued September 7, 2018

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following questions and is providing a response:

- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section. An individual may receive multiple program services but would only be counted once for the Total Unduplicated Individuals in the demographics section on the Program Overview.

- b. One of our services is an oral x-ray. As this service does not neatly fit into the taxonomy, how do you advise that we describe it in the RFP? We are also offering exams under 4.28 *PREVENTIVE DENTAL EXAM*. Should our x-ray services be combined with another service (i.e. basic dental service) within 4.31 *DENTAL TREATMENT* or with the exam (4.28)? If so, this will impact the granularity of our reporting. Alternatively, should we describe all services (exams, x-rays, and treatments) under a single taxonomy service?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service. Each service must be entered separately."

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #4** to Request for Proposal# **36-13SEP18 – Purchase of Service Contracts - Boone County Community Health – Medical Fund**, receipt of which is hereby acknowledged:

Company Name:

Voluntary Action Center

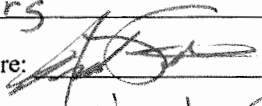
Address:

403 A Vandiver Drive 65202

Phone Number: 573-874-2273

Fax Number: 573-874-9122

E-mail: dir@vacmo.org

Authorized Representative Signature: 

Date: 10-24-18

Authorized Representative Printed Name: Nick Foster



Company ID Number: 304324

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **Voluntary Action Center** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

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4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative



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nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.
 - B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.
5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
 - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.



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6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking



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adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as



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authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the



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contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.



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ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible



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after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take

Company ID Number: 304324

mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304324

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Voluntary Action Center

Company Facility Address: 403A Vandiver Drive

Columbia, MO 65202

Company Alternate
Address:

County or Parish: BOONE

Employer Identification

Number: 237120750

North American Industry
Classification Systems

Code: 624

Parent Company: Voluntary Action Center

Number of Employees: 5 to 9

Number of Sites Verified

for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

• MISSOURI 1 site(s)



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304324

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Voluntary Action Center

Cindy Mustard

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304324

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: Cindy S Mustard
Telephone Number: (573) 449 - 6959 ext. 201
E-mail Address: dir@vacmo.org

Fax Number: (573) 874 - 9172

Voluntary Action Center – Housing Program

Agreement Form Follow-Up Notes

Instructions: An Agreement Form has been created under your program's proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click "Submit Agreement" once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.

my apricot help center

Voluntary Action Center ORG

Organizations

Collapse All

Proposal Cover Sheet Document Folder

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Additional Documents

Program Overview (V3) (1 records)

Boone County (includes City of Columbia residents)

200

TOTAL REVENUE

130040

2.

\$137,440.00

Complete

Page 1 of 1 20 records per page

Program Services 1-5 (V3) (1 records)

a. Service #1 - Taxonomy of Service Name (300 character limit)

10 11 Case Management

Record ID

22165

Complete

Page 1 of 1 20 records per page

Program Services 6-10 (V3)

Program Services 11-15 (V3)

Program Services 16-20 (V3)

Agreement Form - V3.1 (1 records)

Organization Name

Voluntary Action Center

Program Name

VAC Housing Program

Date Completed

Complete

Page 1 of 1 20 records per page

Folder Actions

Edit Proposal Cover

Return to Search

Application Overview

Print Records

Copy Records

Record History

Grant Actions

Submit Agreement

Required Fields

Required Fields

Follow-up is needed for the Agreement Form:

Agreement Form Section	Items Updated	Action Required:
Program Budget	1. The Program Budget has been updated according to responses provided in the Written Clarification.	1. Please review the budget and make updates as needed.
Consumer Demographic	1. Include individuals that identify as Hispanic or Latino as "Some Other Race".	1. Update the Race section in the Consumer Demographics. The totals in each section should match.
Program Service 1 – Case Management	1. Indicator 1-2 has been reworded slightly from the Written Clarifications.	1. Please review. Provide a time interval for when a follow-up call/meeting will be provided in Method 1-2.
Program Service 2 – Rental Assistance	1. Why are the percentages for Indicator 2-2 different than what listed in Service 1? 2. Indicator 2-2 has been reworded slightly from the Written Clarifications.	1. Please review and make changes if necessary. 2. Please review. Provide a time interval for when a follow-up call/meeting will be provided in Method 2-2.
Program Service 3 – Hotel/Motel Stay	1. Indicator 3-1 has been updated. 2. Indicator 3-2 has been reworded slightly from the Written Clarifications.	1. Please review. 2. Please review. Provide a time interval for when a follow-up call/meeting will be provided in Method 3-2.

Agreement Form - V3.1

Community Health/Medical Fund - RFP #36-13SEP18...

Quick View Information

Grant	Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)
Organization Name (will aut...	Voluntary Action Center
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	VAC Housing Program
Amount of Request	\$10,040.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Voluntary Action Center

Program Name

VAC Housing Program

Date Completed
Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

*** Indicates Required Field**

Program Budget Instructions

Instructions: **As needed and/or required, update the information in the Agreement (A) Column.**

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way	(A) 1A. \$500.00
B. Other United Ways	(A) 1B. \$0.00
C. Capital Campaigns	(A) 1C. \$0.00
D. Grants (non-governmental)	(A) 1D. \$0.00
E. Fund Raising & Other Direct Support	(A) 1E. \$13,000.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding	(A) 2A. \$0.00
B. Boone County - Community Health Funding	(A) 2B. \$10,040.00
C. Boone County - Other Funding	(A) 2C. \$0.00
D. Funding from Other Counties	(A) 2D. \$0.00
E. City of Columbia - Social Service Funding	(A) 2E. \$15,000.00
F. City of Columbia - CDGB/Home Funding	(A) 2F. \$0.00
G. City of Columbia - CHDO Funding	(A) 2G. \$0.00
H. City of Columbia - Other Funding	(A) 2H. \$0.00
I. Funding from Other Cities	(A) 2I. \$0.00
J. Federal (Medicaid, Title III, etc.)	(A) 2J. \$72,000.00
K. State (Purchase of Services, Grants, etc.)	(A) 2K. \$69,500.00
L. Other (Schools, Courts, etc.)	(A) 2L. \$0.00
3. Program Service Fees	(A) 3. \$0.00
4. Investment Income (realized & unrealized)	(A) 4. \$0.00

5. Other Revenue Items**(A) 5.**

\$0.00

TOTAL PROGRAM REVENUE

(A) Total Revenue

180040

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$43,930.00

2. Non-Personnel**(A) 2.**

\$137,440.00

TOTAL PROGRAM EXPENSES

(A) Total Expenses

181370

Residence**RESIDENCE****AGREEMENT RESIDENCE (A)**

City of Columbia

(A) City of Columbia

175

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

200

Cooper County

(A) Cooper County

0

Howard County

(A) Howard County

0

Other Counties

(A) Other Counties

0

RESIDENCE TOTAL

(A) Residence Total:

200

Race**RACE****AGREEMENT RACE (A)**

White (alone)

(A) White (alone)

66

Black or African American (alone)

(A) Black or African American (alone)

90

Multiple Races

(A) Multiple Races

20

Asian (alone)

(A) Asian (alone)

4

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

1

(A) Native Hawaiian or other Pacific Islander (alone)

1

Native Hawaiian or other Pacific Islander (alone)

(A) Some Other Race

18

Some Other Race

(A) Race Total

200

RACE TOTAL**Ethnicity****ETHNICITY****AGREEMENT ETHNICITY (A)****(A) Hispanic or Latino (of any race)**

16

Hispanic or Latino (of all race)

(A) Not Hispanic or Latino

184

Not Hispanic or Latino

(A) Ethnicity Total

200

ETHNICITY TOTAL**Gender****GENDER****AGREEMENT GENDER (A)****(A) Female**

105

Female

(A) Male

90

Male

(A) Other Gender

5

Other Gender

(A) Gender Total

200

GENDER TOTAL**Income****INCOME****AGREEMENT INCOME (A)****(A) At or below 200% of FPL**

200

At or below 200% of FPL (Federal Poverty Level)

(A) Over 200% of FPL

0

Over 200% of FPL

(A) Income Total

200

INCOME TOTAL

Age (City-Social Services/County-Health/HMUW)

AGE

AGREEMENT AGE (A):

Under 5 years

(A) Under 5 years

32

5-19 years

(A) 5-19 years

65

20-59 years

(A) 20-59 years

95

60 years and over

(A) 60 years and over

8

AGE TOTAL

(A) Age Total

200

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.

Individuals Trained

AGREEMENT (A)

Individuals to be Trained

(A) Individuals to be Trained

0

Program Service and Performance

Instructions: **Update the Agreement(A) Column with updated figures finalized through the approved contract.**

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested**(A) Amount Requested**

\$0.00

Description of Funds**(A) Description of Funds**

Program Service #1 - Outputs

Program Service #1 - Outputs:

#1 Agreement (A)

Service #1 Name

(A) Service #1

Case Management

Total # of Units Provided #1

(A) Units #1

1500

Unit Measure #1

(A) Unit Measure #1

15 minutes

Unit Rate #1

(A) Unit Rate #1

\$12.55

Total # of Unduplicated Individuals Served #1

(A) Unduplicated Individuals #1

100

Program Service #1 - Funding

Funding Amount #1

(A) Agreement Amount #1

\$0.00

Units #1

(A) Agreement Units #1

0

Program Service #1 - Performance Measures (Agreement)**(A) Program Service 1 Outcomes:****(A) Program Service 1 Indicators:****(A) Program Service 1 Method of Measurements:****(A) Outcome 1-1**

Clients will gain or regain stability in their housing.

(A) Indicator 1-1

1.) At least 95% of clients will remain in housing after 30 days.

(A) Method of Measurement 1-1

Direct contact by Social Services Specialist in follow-up meeting or call.

(A) Additional Outcome 1-2

Clients will report an improvement in mental and/or physical well-being

(A) Additional Indicator 1-2

80% of clients will report improvement in mental and/or physical well-being.

(A) Additional Method 1-2

Direct contact by Social Services Specialist in follow-up meeting or call after 30 days of receiving service. (Likert scale)

(A) Additional Outcome 1-3**(A) Additional Indicator 1-3****(A) Additional Method 1-3****(A) Additional Outcome 1-4****(A) Additional Indicator 1-4****(A) Additional Method 1-4****(A) Additional Outcome 1-5****(A) Additional Indicator 1-5****(A) Additional Method 1-5****Program Service #2 - Outputs**

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Rental Assistance

Total # of Units #2

(A) Units #2

1500

Unit Measure #2

(A) Unit Measure #2

15 minutes

Unit Rate #2

(A) Unit Rate #2

\$12.55

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

150

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$10,040.00

Units #2

(A) Agreement Units #2

800

Program Service #2 - Performance Measures (Agreement)**(A) Program Service 2 Outcomes:****(A) Program Service 2 Indicators:****(A) Program Service 2 Method of Measurement****(A) Outcome 2-1**

Clients will gain or regain stability in their housing.

(A) Indicator 2-1

1.) At least 90% of clients will remain in housing after 30 days.

(A) Method of Measurement 2-1

Direct contact by Social Services Specialist in follow-up meeting or call.

2.) At least 75% of clients will remain in housing after 90 days.

(A) Additional Outcome 2-2

Clients will report an improvement in mental and/or physical well-being

(A) Additional Indicator 2-2

80% of clients will report improvement in mental and/or physical well-being.

(A) Additional Method 2-2

Direct contact by Social Services Specialist in follow-up meeting or call within 30 days of receiving service. (Likert scale)

(A) Additional Outcome 2-3**(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3

Hotel/Motel Stay

Total # of Units #3

(A) Units #3

50

Unit Measure #3

(A) Unit Measure #3

One night

Unit Rate #3

(A) Unit Rate #3

\$25.00

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

85

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$0.00

(A) Agreement Units #3

Units #3

0

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:

(A) Program Service 3 Indicators:

(A) Program Service 3 Method of Measurement.:

(A) Outcome 3-1

Individuals and families will be housed on an interim basis before moving into permanent housing.

(A) Indicator 3-1

95% of individuals will report that the motel stay provided met their immediate need for housing.

(A) Method of Measurement 3-1

VAC services follow-up survey, completed up to six months after the service provision.

(A) Additional Outcome 3-2

Clients will report an improvement in mental and/or physical well-being

(A) Additional Indicator 3-2

80% of clients will report improvement in mental and/or physical well-being.

(A) Additional Method 3-2

Direct contact by Social Services Specialist in follow-up meeting or call within 30 days of receiving service. (Likert scale)

(A) Additional Outcome 3-3**(A) Additional Indicator 3-3****(A) Additional Method 3-3****(A) Additional Outcome 3-4****(A) Additional Indicator 3-4****(A) Additional Method 3-4****(A) Additional Outcome 3-5****(A) Additional Indicator 3-5****(A) Additional Method 3-5****Program Service #4 - Outputs**

Program Service 4 Outputs:

#4 Agreement (A)

Service #4 Name

(A) Service #4

Total # of Units #4

(A) Units #4

0

Unit Measure #4

(A) Unit Measure #4

Unit Rate #4

(A) Unit Rate #4

\$0.00

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

0

Program Service #4 - Funding

Funding Amount #4

(A) Agreement Amount #4

\$0.00

Units #4

(A) Agreement Units #4

0

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes:

(A) Program Service 4 Indicators:

(A) Program Service 4 Method of Measurements:

(A) Outcome 4-1**(A) Indicator 4-1****(A) Method of Measurement 4-1****(A) Additional Outcome 4-2****(A) Additional Indicator 4-2****(A) Additional Method 4-2**

(A) Additional Outcome 4-3

(A) Additional Indicator 4-3

(A) Additional Method 4-3

(A) Additional Outcome 4-4

(A) Additional Indicator 4-4

(A) Additional Method 4-4

(A) Additional Outcome 4-5

(A) Additional Indicator 4-5

(A) Additional Method 4-5

Program Service #5 - Outputs

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

(A) Service #5

Total # of Units Provided #5

(A) Units #5

0

Unit Measure #5

(A) Unit Measure #5

Unit Rate #5

(A) Unit Rate #5

\$0.00

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5

0

Program Service #5 - Funding

Funding Amount #5

(A) Agreement Amount #5

\$0.00

Units #5

(A) Agreement Units #5

0

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes:

(A) Program Service 5 Indicators:

(A) Program Service 5 Method of Measurements:

(A) Outcome 5-1

(A) Indicator 5-1

(A) Method of Measurement 5-1

(A) Additional Outcome 5-2

(A) Additional Indicator 5-2

(A) Additional Method 5-2

(A) Additional Outcome 5-3

(A) Additional Indicator 5-3

(A) Additional Method 5-3

(A) Additional Outcome 5-4

(A) Additional Indicator 5-4

(A) Additional Method 5-4

(A) Additional Outcome 5-5

(A) Additional Indicator 5-5

(A) Additional Method 5-5

Program Service #6 - Outputs

Program Service 6 Outputs:

#6 Agreement (A):

Service #6 Name:

(A) Service #6

Total # of Units #6:

(A) Units #6

0

Unit Measure #6:

(A) Unit Measure #6

Unit Rate #6:

(A) Unit Rate #6
\$0.00

Total # of Unduplicated Individuals Served #6:

(A) Unduplicated Individuals #6
0**Program Service #6 - Funding**

Funding Amount #6

(A) Agreement Amount #6
\$0.00

Units #6

(A) Agreement Units #6
0**Program Service #6 - Performance Measures (Agreement)**

(A) Program Service 6 Outcomes:

(A) Program Service 6 Indicators:

(A) Program Service 6 Method of Measurements:

(A) Outcome 6-1**(A) Indicator 6-1****(A) Method of Measurement 6-1****(A) Additional Outcome 6-2****(A) Additional Indicator 6-2****(A) Additional Method 6-2****(A) Additional Outcome 6-3****(A) Additional Indicator 6-3****(A) Additional Method 6-3****(A) Additional Outcome 6-4****(A) Additional Indicator 6-4****(A) Additional Method 6-4****(A) Additional Outcome 6-5****(A) Additional Indicator 6-5****(A) Additional Method 6-5****Program Service #7 - Outputs**

Program Service 7 Outputs:

#7 Agreement (A)

Service #7 Name

(A) Service #7

Total # of Units #7

(A) Units #7
0

Unit Measure #7

(A) Unit Measure #7

Unit Rate #7

(A) Unit Rate #7
\$0.00

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7
0**Program Service #7 - Funding**

Funding Amount #7

(A) Agreement Amount #7
\$0.00**(A) Agreement Units #7**

Units #7

0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes: (A) Program Service 7 Indicators: (A) Program Service 7 Method of Measurements:

(A) Outcome 7-1	(A) Indicator 7-1	(A) Method of Measurement 7-1
(A) Additional Outcome 7-2	(A) Additional Indicator 7-2	(A) Additional Method 7-2
(A) Additional Outcome 7-3	(A) Additional Indicator 7-3	(A) Additional Method 7-3
(A) Additional Outcome 7-4	(A) Additional Indicator 7-4	(A) Additional Method 7-4
(A) Additional Outcome 7-5	(A) Additional Indicator 7-5	(A) Additional Method 7-5

Program Service #8 - Outputs

Program Service #8 - Outputs: #8 Agreement (A)

Service #8 Name **(A) Service #8**Total # of Units Provided #8 **(A) Units #8**
0Unit Measure #8 **(A) Unit Measure #8**Unit Rate #8 **(A) Unit Rate #8**
\$0.00Total # of Unduplicated Individuals Served #8 **(A) Unduplicated Individuals #8**
0**Program Service #8 - Funding**Funding Amount #8 **(A) Agreement Amount #8**
\$0.00Units #8 **(A) Agreement Units #8**
0**Program Service #8 - Performance Measures (Agreement)**

(A) Program Service 8 Outcomes: (A) Program Service 8 Indicators: (A) Program Service 8 Method of Measurements:

(A) Outcome 8-1	(A) Indicator 8-1	(A) Method of Measurement 8-1
(A) Additional Outcome 8-2	(A) Additional Indicator 8-2	(A) Additional Method 8-2
(A) Additional Outcome 8-3	(A) Additional Indicator 8-3	(A) Additional Method 8-3
(A) Additional Outcome 8-4	(A) Additional Indicator 8-4	(A) Additional Method 8-4
(A) Additional Outcome 8-5	(A) Additional Indicator 8-5	(A) Additional Method 8-5

Program Service #9 - Outputs

Program Service #9 - Outputs:	#9 Agreement (A)
Service #9 Name	(A) Service #9
Total # of Units Provided #9	(A) Units #9 0
Unit Measure #9	(A) Unit Measure #9
Unit Rate #9	(A) Unit Rate #9 \$0.00
Total # of Unduplicated Individuals Served #9	(A) Unduplicated Individuals #9 0

Program Service #9 - Funding

Funding Amount #9	(A) Agreement Amount #9 \$0.00
Units #9	(A) Agreement Units #9 0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes:	(A) Program Service 9 Indicators:	(A) Program Service 9 Method of Measurements:
(A) Outcome 9-1	(A) Indicator 9-1	(A) Method of Measurement 9-1
(A) Additional Outcome 9-2	(A) Additional Indicator 9-2	(A) Additional Method 9-2
(A) Additional Outcome 9-3	(A) Additional Indicator 9-3	(A) Additional Method 9-3
(A) Additional Outcome 9-4	(A) Additional Indicator 9-4	(A) Additional Method 9-4
(A) Additional Outcome 9-5	(A) Additional Indicator 9-5	(A) Additional Method 9-5

Program Service #10 - Outputs

Program Service 10 Outputs:	#10 Agreement (A)
Service Name #10	(A) Service #10
Total # of Units Provided #10	(A) Units #10 0
Unit Measure #10	(A) Unit Measure #10
Unit Rate #10	(A) Unit Rate #10 \$0.00

Total # of Unduplicated Individuals Served #10

(A) Unduplicated Individuals #10

0

Program Service #10 - Funding

Funding Amount #10

(A) Agreement Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes: (A) Program Service 10 Indicators: (A) Program Service 10 Method of Measurements:

(A) Outcome 10-1**(A) Indicator 10-1****(A) Method of Measurement 10-1****(A) Additional Outcome 10-2****(A) Additional Indicator 10-2****(A) Additional Method 10-2****(A) Additional Outcome 10-3****(A) Additional Indicator 10-3****(A) Additional Method 10-3****(A) Additional Outcome 10-4****(A) Additional Indicator 10-4****(A) Additional Method 10-4****(A) Additional Outcome 10-5****(A) Additional Indicator 10-5****(A) Additional Method 10-5****Total Funding Amount - Services 1-10****Total Funding Request for Services 1-10**

10040

Links for Agreement Form (V3)***Link to Proposal Cover Sheet****Proposal Cover Sheet****Grant****Organization
Name (will aut...****Fund Source****Funder****Funding
Cycle****Link Info****Description****Active****Date**

Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)

Voluntary
Action CenterCommunity
Health/Medical Fund -
RFP #36-13SEP18Boone
CountyRFP
#36-
13SEP18Added on
10/18/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0



CERTIFICATE OF LIABILITY INSURANCE

VOLUN-1

OP ID: WG

DATE (MM/DD/YYYY)
11/29/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Naught-Naught/Columbia, MO 3928 S Providence Columbia, MO 65203 Cody Thorne	CONTACT NAME: Naught-Naught Commercial Team	
	PHONE (A/C, No, Ext): 573-874-3102 FAX (A/C, No): 866-779-8102	
	E-MAIL ADDRESS: CLCertificate@naught-naught.com	
INSURED Voluntary Action Center Nick Foster 403-A Vandiver Dr Columbia, MO 65202-1510	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Cincinnati Insurance Company	10677
	INSURER B: Cincinnati Indemnity Company	23280
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	EPP 0030672	05/17/2018	05/17/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		EPP 0030672	05/17/2018	05/17/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	EWC 0315828	04/15/2018	04/15/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

-All Board Members and Volunteers are excluded from workers compensation coverage.
-County of Boone, Missouri is listed as additional insured in respects to general liability.

CERTIFICATE HOLDER**CANCELLATION**

COUNTY1 County of Boone, Missouri c/o Purchasing Dept 613 E. Ash St. Columbia, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFIED COPY OF ORDER

STATE OF MISSOURI

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December Session of the October Adjourned

Term. 20 18

County of Boone

In the County Commission of said county, on the

27th

day of

December 20 18

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby award bid 35-13SEP18 – Crisis Intervention Programs to the following:

True North of Columbia, Inc.
True North Children's Program
\$31,501.92

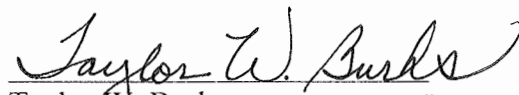
Central Missouri Foster Care & Adoption Association
Family Crisis Stabilization Program
\$69,643.70


Coyote Hill Christian Children's Home
Trauma-Informed Training Program
\$87,747.05

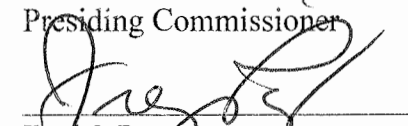
Terms of the award are stipulated in the attached Purchase of Services Agreements. It is further ordered the Presiding Commissioner is hereby authorized to sign said Purchase of Services Agreements.


Done this 27th day of December, 2018.

ATTEST:


Taylor W. Burks *DKB*
Clerk of the County Commission


Daniel K. Atwill
Presiding Commissioner


Fred J. Parry
District I Commissioner


Janet M. Thompson
District II Commissioner

Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing



613 E. Ash St., Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390

MEMORANDUM

TO: Boone County Commission
FROM: Melinda Bobbitt, CPPO, CPPB
DATE: December 21, 2018
RE: RFP Award Recommendation: *35-13SEP18 – Crisis Intervention Programs*

Request for Proposal *35-13SEP18 – Crisis Intervention Programs* closed on September 13, 2018. Four proposal responses were received.

The three programs that are being recommended for award for the period January 1, 2019 through December 31, 2019 with the option for two, one-year renewal include:

True North of Columbia, Inc.
True North Children's Program
\$31,501.92

Central Missouri Foster Care & Adoption Association
Family Crisis Stabilization Program
\$69,643.70

Coyote Hill Christian Children's Home
Trauma-Informed Training Program
\$87,747.05

The evaluation committee consisted of Michele Kennett, Wiley Miller and Dewey Riehn. Their Evaluation and Comment sheets are attached.

Invoices will be paid from department 2161 – CCS Funding Opportunities, account 71106 – Contractual Services. The total amount funded from this award is \$188,892.67. Two million was budgeted.

cc: Proposal File

ATT Evaluation Committee Reports and Score Sheets

**RFP # 35-13SEP18 - Crisis Intervention Programs - Boone
County Children Services Fund 2018 Application**

Organizations:

Central Missouri Foster Care & Adoption Association

Coyote Hill Christian Children's Home

True North of Columbia, Inc.

Child Abuse and Neglect Emergency Shelter, Inc.



Group Evaluation and Comment Sheet					
Organization Name: Central Missouri Foster Care and Adoption Association (CMFCAA)					
Program Name: Family Crisis Stabilization Program					
Organization Profile					
Organization General					
<ul style="list-style-type: none"> Relationship of mission and goals to proposed service(s) History of providing proposed service(s) or similar service(s) Sufficient representation of Boone County residents on governing board 					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths: <ul style="list-style-type: none"> Program fits within the Organization Goal. 					
Concerns: <ul style="list-style-type: none"> There is one board member that lives in Boone County. Are there plans to add any Boone County representatives? Ask Tammy Rodgers to update Financial Information. Tammy emailed on August 31 their 2017 990 but didn't update in Apricot. 					
Program Overview					
Statement of Issue Being Addressed, Program Goal, and Program Overview					
<ul style="list-style-type: none"> Description of how the population/community is affected by the issues to be addressed in this proposal. Utilizes data from Boone Indicators Dashboard (BID) Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile Clearly describes the proposed program 					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths: <ul style="list-style-type: none"> Addressing gaps in access to foster families recruited and trained. 					
Concerns: <ul style="list-style-type: none"> The explanation of the program was difficult to understand. The Program Goal and Overview calls it the Family Development Program instead of the Family Crisis Stabilization Program. This is the same proposal that was submitted through SIO. They have added Parent Cafés as an additional service provided to families. Programming is focused on recruitment of foster families rather than directly providing services to children in crisis. 					
Program Consumers, Demographics, and Access					
<ul style="list-style-type: none"> Description of consumers accessing program services Explanation of why these consumers were chosen 					

- Describes any impediments or challenges in serving these consumers
- Adequate number of unduplicated individuals to be served
- Adequate average program cost per individual
- Description of where and when the program services will be offered and any logistical information
- Describes eligibility criteria
- Description and justification of the fee for services, including sliding fee schedule, if applicable

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

Concerns:

- The Consumer Demographic totals are not the same for each section. The Crisis Intervention RFP has slightly different numbers than what was submitted through the SIO.
- Provide clarification on who is listed in the Consumer Demographics and the Individuals Trained sections.

Program Quality and Collaboration

- Program uses best practices that are evidence-based
- Describes a process that collects consumer feedback and utilization to enhance services and program outcomes
- Thorough description of partnerships or collaborations that enhance access to and/or the proposed services

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

- Proposed collaborations appear beneficial to the program.

Concerns:

- Provide more information on who developed the proposed training curriculums and information on how these trainings are considered best practices.
- MOUs were not signed.
- The MOU with Great Circle has the wrong organization name listed in the title.
- The MOUs with Great Circle and Missouri Alliance for Children and Families both describe these organizations will run Child Abuse and Neglect Screenings, Background Screens, and Fingerprinting for potential resource providers seeking training. The budget lists background screens as a Non-Personnel expense. Will these organizations be reimbursed for any screens they perform for this program?

Program Personnel and Budget

- Program personnel qualifications and staffing levels appropriate to deliver proposed services
- Program personnel compensation levels reasonable
- Ratio of Boone County funding to other sources of funding
- Basis for funding request from Boone County

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:**Concerns:**

- There's a big difference between the Total Revenues and Total Expenses amounts. The Personnel expenses appear to be too low for three FTEs and additional support.
- State funds were not added into the Expenses.
- Lack additional funding sources.
- Funding Request Amounts vary between the original SIO submission, SIO proposal on Apricot, and the Crisis Intervention RFP.
- Low salaries for personnel.
- Lacks additional funding resources.

Program Services**Development/Start Up Service Funding**

- Describes how funds will be utilized
- Adequate justification for one-time funding request

Comments: N/A**Service Names, Descriptions, and Outputs**

- Provides service names and definitions from the Taxonomy of Services
- Detailed description for each proposed service(s)
- Reasonable unit rates proposed for each service
- Adequate number of units, unduplicated individuals, and cost proposed for each service

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:**Concerns:**

- Service 1
 - Crisis Intervention RFP= 520 units for 20 individuals; SIO= 1040 units for 40 individuals (same unit rate)
 - Does MO DSS pay for any Case Management services?
- Service 2
 - The number of units doesn't make sense for the time each of the trainings take. Plus, the number of individuals that will be served. (The outputs are less than what was listed on the SIO).
 - Based on the number of individuals trained for each curriculum and the amount of time required, the total number of hours of training should be 1,270.
 - Unsure of what the best unit measure would be for this program with the variance in time for each training.
 - Consider splitting the different trainings apart due to the varying time requirements.
- Service 3
 - The unit rate seems extremely high. Maybe change the unit to One individual?
 - The Performance Measures section show 3 Parent Cafés will be held.
 - How many people would complete the Parent Café Training Institutes?

Service Funding and Request

- Description and justification of the fee for services

<ul style="list-style-type: none"> Proposed program services list any current funders Adequate amount and justification for funding request from Boone County 					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths:					
Concerns:					
<ul style="list-style-type: none"> The funding request seems extremely high to coordinate Parent Cafés. <ul style="list-style-type: none"> Provide more information on activities and amount of time for Parent Cafes. 					
Service Performance Measures and Narrative					
<ul style="list-style-type: none"> Relationship of performance measures to program goal(s) and issue identified in proposed program Description of any external factors or variables which may affect proposed outcome(s) 					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths:					
Concerns:					
<ul style="list-style-type: none"> All Performance Measures need to be rewritten to follow logic model. 					
Overall Comments					
<p>Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.</p> <p>Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.</p> <p>Purpose Statement: <i>BCCSB desires to address the needs of children, youth, and families who are experiencing crisis, with a focus on trauma-informed practices.</i></p> <p>Funding Goals: <i>This RFP seeks proposals to provide treatment to children, youth, and families in crisis. Offeror should demonstrate in their proposal how appropriate, non-conflicted referral for follow-up care and additional services.</i></p>					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths:					
<ul style="list-style-type: none"> The proposal addresses needs seen with foster families and children placed out of their homes. 					
Concerns:					
<ul style="list-style-type: none"> The proposal lacked clear information on how this responds to Crisis Intervention. This may be a better fit to pursue through their SIO application. There's quite a few inconsistencies throughout the budget and services. Missing signed addendums on Proposal Cover Sheet Performance measures include effectiveness over time 					

TOTAL SCORE:	19
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Boone County Children's Services Board Signature Page for RFP #36-13SEP18

Organization Name: Central Missouri Foster Care and Adoption Association (CMFCAA)

Program Name: Family Crisis Stabilization Program

Signature

Date

Signature

Date

Signature

Date

Signature

Date



Group Evaluation and Comment Sheet

Organization Name: Rainbow House

Program Name: Crisis Intervention Program

Organization Profile

Organization General

- Relationship of mission and goals to proposed service(s)
- History of providing proposed service(s) or similar service(s)
- Sufficient representation of Boone County residents on governing board

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

Concerns:

- The Organizational Chart is outdated.
- Is there a new Strategic Plan? This one originated in 2010 and reviewed and revised in 2015.
- Follow-up with Advisory Board member Kathy Hughes. Is she still performing functions as outlined in Apricot?
- When will the next audit and Form 990 be completed?
- No Attachments or Addendums uploaded to the Proposal Cover Sheet.

Program Overview

Statement of Issue Being Addressed, Program Goal, and Program Overview

- Description of how the population/community is affected by the issues to be addressed in this proposal
- Utilizes data from Boone Indicators Dashboard (BID)
- Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile
- Clearly describes the proposed program

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

Concerns:

- Lacked clarity.
- Concern on funds going to hotel/motel voucher, monetary support, transportation, material goods, etc.
- Lists services that will be provided but does not provide information on how it fits within existing services. Difficult to understand the proposed program.
- What does Rainbow House do now for families reaching out or utilizing services through CES/HYP? Unclear on whether this is an expansion of current programming.

- Avoid using the word "disadvantaged".
- Very little information provided from the Boone Indicators Dashboard.
- Lacked information on describing and documenting community-level issues.
- Population to be addressed was not thorough.
- Program Overview just provided information on the services that would be offered. This section didn't provide details on how the program would be delivered.

Program Consumers, Demographics, and Access

- Description of consumers accessing program services
- Explanation of why these consumers were chosen
- Describes any impediments or challenges in serving these consumers
- Adequate number of unduplicated individuals to be served
- Adequate average program cost per individual
- Description of where and when the program services will be offered and any logistical information
- Describes eligibility criteria
- Description and justification of the fee for services, including sliding fee schedule, if applicable

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

Concerns:

- Residence demographics does not include Columbia residents.
- Did not provide numbers for any other demographic fields.
- Lacks specific information on the type of trainings included in the program. What is I will KCPD?
- Need more information on how disadvantaged individuals would be contacted.
- There are no individuals listed within the City of Columbia City limits that would receive this service.
- There are no Race, Ethnicity, Gender, Income, or Age numbers entered.
- Need more information on how an individual is identified as "disadvantaged".

Program Quality and Collaboration

- Program uses best practices that are evidence-based
- Describes a process that collects consumer feedback and utilization to enhance services and program outcomes
- Thorough description of partnerships or collaborations that enhance access to and/or the proposed services

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

Concerns:

- Expand on the CIT International standard.
- The response under Program Quality in fields e and f are not sufficient.
- Did not provide information in the Collaboration field or MOUs.
- Did not identify or describe any particular models and how it helps consumers.
- What additional services does your current license cover?

- What type of standards are followed with trainings that follow CIT International standards?
- Very little information on the MO Crisis Intervention Team works and how it would be utilized in the community.
- Doesn't really respond to the question regarding the quality improvement process. (f.)
- There is no mention of collaboration in this proposal. At least should have had conversations with CPD, the sheriff's department, FACE, and other area city police departments.

Program Personnel and Budget

- Program personnel qualifications and staffing levels appropriate to deliver proposed services
- Program personnel compensation levels reasonable
- Ratio of Boone County funding to other sources of funding
- Basis for funding request from Boone County

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

Concerns:

- FTE amounts appear to be actual salaries? Need to be corrected.
- Is there a need for three Crisis Intervention positions? Does not include the Director and their time supervising in the Personnel table.
- Did not provide the requesting amount in the budget. No other revenues are listed.
- Minimum qualifications appear low
- The Personnel Narrative states there's two FTE but listed three positions in the table (plus excluded the Director's time).

Program Services

Development/Start Up Service Funding

- Describes how funds will be utilized
- Adequate justification for one-time funding request

Comments:

- Requesting \$25,000 for office renovations and a vehicle.
- Lists Office Renovations but their facility just made renovations through in-kind donations/grant. Does not fit within the program ask.
- Request a 6-passenger van. Does not fit within the program ask.
- Lists other uses that should be listed in other services.

Service Names, Descriptions, and Outputs

- Provides service names and definitions from the Taxonomy of Services
- Detailed description for each proposed service(s)
- Reasonable unit rates proposed for each service
- Adequate number of units, unduplicated individuals, and cost proposed for each service

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

- The names and definitions were properly utilized from the Taxonomy of Services.

Concerns:

- Service 1
 - Lacked detailed information on how Street Outreach Supplies will be offered and what would be included.
 - Should the Needs Assessment be listed as a separate service?
 - The unit measure and rate seem high. Should the unit measure be "one crisis intervention kit"?
- Service 2
 - Does not provide information in the service description on how families will be connected to more stable housing while/after they receive a hotel voucher.
 - Is this a service that VAC provides?
- Service 3
 - Concerned on how Rainbow house is incorporating transportation into Case Management. Need more information on how this service will be provided and what it includes.
 - The total number of units equals 3,340 hours of Case Management. Do families in crisis need 10 hours worth of case management? It seems like interaction with families in crisis would be brief. How does distributing Street Outreach Supplies and the time included in that service factor in to the number of Case Management time/units?
 - Looks like there may have been an error in the number of units for the Outputs section or the Funding Request section.

Service Funding and Request

- Description and justification of the fee for services
- Proposed program services list any current funders
- Adequate amount and justification for funding request from Boone County

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

- There would be no services charged because the families are in crisis.

Concerns:

- Service 1
 - Justification of funding request is not sufficient.
- Service 2
 - The justification may have an error "156 new families in crisis each week".

Service Performance Measures and Narrative

- Relationship of performance measures to program goal(s) and issue identified in proposed program
- Description of any external factors or variables which may affect proposed outcome(s)

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:**Concerns:**

- Performance Measures will need to be rewritten. Lacks sufficient information on rationale for performance measures.
- Proposed performance measures are insufficient and appears to lack effective evaluation

Overall Comments

Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.

Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.

Purpose Statement: *BCCSB desires to address the needs of children, youth, and families who are experiencing crisis, with a focus on trauma-informed practices.*

Funding Goals: *This RFP seeks proposals to provide treatment to children, youth, and families in crisis. Offeror should demonstrate in their proposal how appropriate, non-conflicted referral for follow-up care and additional services.*

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

Concerns:

- Did not provide references.
- The proposal lacked sufficient information throughout multiple sections. The Total Funding Request amount is unclear.
- The need is there for crisis intervention services, but the proposal was poorly written and will require a significant amount of negotiation and time to revise.
- Rainbow House name spelled wrong throughout the proposal.
- No references included.
- The services requested does not match up with the information provided in the Program Overview section.

TOTAL SCORE:	13.5
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Boone County Children's Services Board Signature Page for RFP #36-13SEP18

Organization Name: Rainbow House

Program Name: Crisis Intervention Program

Nichole Kennett

10/19/2018

Signature

Date

Wiley Miller

10-21-18

Signature

Date

[Signature]

10/23/18

Signature

Date

Signature

Date



Group Evaluation and Comment Sheet

Organization Name: True North of Columbia, Inc.

Program Name: True North Children's Program

Organization Profile

Organization General

- Relationship of mission and goals to proposed service(s)
- History of providing proposed service(s) or similar service(s)
- Sufficient representation of Boone County residents on governing board

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

- Mission and goal are related to the proposed services.
- History of providing services to physically and sexually abused women.
- Provided all information for all the board members.

Concerns:

- Missing Organizational Chart.
- Uploaded Mission Statement/Goals instead of Strategic Plan.
- The bylaws state there will be no more than 13 board members but there are 14 listed in the Governing Board section. Laura Crouch maybe the "14th" member.
- Need to update 990 Form.

Program Overview

Statement of Issue Being Addressed, Program Goal, and Program Overview

- Description of how the population/community is affected by the issues to be addressed in this proposal
- Utilizes data from Boone Indicators Dashboard (BID)
- Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile
- Clearly describes the proposed program

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

- Goal and Overview was written clearly.
- Used information from the BID website.

Concerns:

- Proposal lacked data references used to describe the community level issues.

Program Consumers, Demographics, and Access

- Description of consumers accessing program services
- Explanation of why these consumers were chosen
- Describes any impediments or challenges in serving these consumers
- Adequate number of unduplicated individuals to be served

- Adequate average program cost per individual
- Description of where and when the program services will be offered and any logistical information
- Describes eligibility criteria
- Description and justification of the fee for services, including sliding fee schedule, if applicable

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

- Well written.
- The Age Demographics match what was proposed for Service 1 and 2.

Concerns:

- Question on funding sources for residents or other counties.
- Demographics list 200 unduplicated individuals but Service 3 lists 350.

Program Quality and Collaboration

- Program uses best practices that are evidence-based
- Describes a process that collects consumer feedback and utilization to enhance services and program outcomes
- Thorough description of partnerships or collaborations that enhance access to and/or the proposed services

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
---------	----------------	--------------------	--------------	--------------------	----------------

Strengths:

- Well written.
- Solicits funds from other funders heavily.
- Follows the MO Coalition Against Domestic and Sexual Violence standards.
- Collaborates with a variety of local social service organizations.

Concerns:

- Will need more information on how they use Head Start CORE. Head Start is typically ages 0-5.
- Will need more information on Triple P. How did individuals get trained on this curriculum?
- What type of curriculum is used on older children?
- Update the process for consumer feedback.

Program Personnel and Budget

- Program personnel qualifications and staffing levels appropriate to deliver proposed services
- Program personnel compensation levels reasonable
- Ratio of Boone County funding to other sources of funding
- Basis for funding request from Boone County

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

- Well written. Justification of funding notes that they could increase federal funding due to a 20% match.
- Solicit funding heavily.

Concerns:

- Weak salary structure.

- Do all revenues go to the Children's Program or other programs for True North?

Program Services

Development/Start Up Service Funding

- Describes how funds will be utilized
- Adequate justification for one-time funding request

Comments: N/A

Service Names, Descriptions, and Outputs

- Provides service names and definitions from the Taxonomy of Services
- Detailed description for each proposed service(s)
- Reasonable unit rates proposed for each service
- Adequate number of units, unduplicated individuals, and cost proposed for each service

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

- Service description provided clear information on how families receiving parenting skills training, assessments, follow up, and additional services.
- Proposed the whole program.

Concerns:

- Services are directed toward parents with the hopes of impacting children.
- Service 1
 - The number of units per individual seems low to make significant progress with families.
 - How are children served through Triple P levels counted for Parenting Skills Training? Should we change the service name to avoid the unit measure be "one training"?
- The assessments described in Service 1 and 2 may need to be listed as a separate service.
- Service 4 and 5
 - The total units are lower than what the City funds. Also describes funds utilized from other sources in the Funding Request section.

Service Funding and Request

- Description and justification of the fee for services
- Proposed program services list any current funders
- Adequate amount and justification for funding request from Boone County

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

- Provide other funding sources for the program.

Concerns:

- Justification could have been stronger.

Service Performance Measures and Narrative

- Relationship of performance measures to program goal(s) and issue identified in proposed program
- Description of any external factors or variables which may affect proposed outcome(s)

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths: <ul style="list-style-type: none"> • Performance Measures were well written for Services 1 and 2. May need a little work. • Clear performance measures. 					
Concerns: <ul style="list-style-type: none"> • Will need to provide performance measures for Service 3, 4, and 5. • Provide observational data/outcomes for children. 					
Overall Comments					
Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style. Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP. Purpose Statement: <i>BCCSB desires to address the needs of children, youth, and families who are experiencing crisis, with a focus on trauma-informed practices.</i> Funding Goals: <i>This RFP seeks proposals to provide treatment to children, youth, and families in crisis. Offeror should demonstrate in their proposal how appropriate, non-conflicted referral for follow-up care and additional services.</i>					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths: <ul style="list-style-type: none"> • All required attachments were provided. • The proposal was well written and provided information for the whole program, including services not included in the funding request. 					
Concerns: <ul style="list-style-type: none"> • Use evidence-based curriculums but need clarification on whether they have been trained. Why are they not working BCECC? • Outputs and performance measures will need to be worked. • May need to split the assessments out from Service 1 and 2. • Demographics and unduplicated individuals will need to be corrected. 					

TOTAL SCORE:	19
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Boone County Children's Services Board Signature Page for RFP #36-13SEP18

Organization Name: True North of Columbia, Inc.

Program Name: True North's Children's Program

Nichole Bennett

10/19/2018

Signature

Date

Wiley Miller

10-21-18

Signature

Date

[Signature]

10/23/18

Signature

Date

Signature

Date



Group Evaluation and Comment Sheet					
Organization Name: Coyote Hill Christian Children's Home					
Program Name: Trauma-Informed Training					
Organization Profile					
Organization General					
<ul style="list-style-type: none"> Relationship of mission and goals to proposed service(s) History of providing proposed service(s) or similar service(s) Sufficient representation of Boone County residents on governing board 					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths: <ul style="list-style-type: none"> Goal and mission relates to the proposed program. Thorough organization history. Proposal was clear. 					
Concerns: <ul style="list-style-type: none"> Individual information needs to be provided for all board members. Terms are missing for multiple board members. The Secretary and Treasurer are not identified on the Governing Board table. Bylaws – Article III titled "Meetings", paragraph two appears to be missing/incomplete. Financial Statement is missing. Vocational Skills Instruction/Property Manager is not listed on the Program Personnel Table in the proposal. 					
Program Overview					
Statement of Issue Being Addressed, Program Goal, and Program Overview					
<ul style="list-style-type: none"> Description of how the population/community is affected by the issues to be addressed in this proposal Utilizes data from Boone Indicators Dashboard (BID) Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile Clearly describes the proposed program 					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths: <ul style="list-style-type: none"> Cited BID. Explains how children in foster care are in a continual state of crisis until they find permanency and how this impacts their overall wellbeing. Provides a good overview of the community level issue and how it impacts children. Program goal matches the goal and mission statement of the organization. The narrative provided a thorough explanation in the Program Overview section. Program would provide improved services for children. 					

Concerns: <ul style="list-style-type: none"> • CPR/Lifeguard and Medication Aid Level 1 should be a training already required for staff. Are they wanting to do Train the Trainer? • Program provides training to program staff rather than directly purchasing services for children in crisis. • How were the costs of trainings being funded during previous years? 					
Program Consumers, Demographics, and Access					
<ul style="list-style-type: none"> • Description of consumers accessing program services • Explanation of why these consumers were chosen • Describes any impediments or challenges in serving these consumers • Adequate number of unduplicated individuals to be served • Adequate average program cost per individual • Description of where and when the program services will be offered and any logistical information • Describes eligibility criteria • Description and justification of the fee for services, including sliding fee schedule, if applicable 					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths: <ul style="list-style-type: none"> • Provide good information and documentation on how trainings will benefit the kids. 					
Concerns: <ul style="list-style-type: none"> • Are the individuals to be served listed the staff or kids? • Are the seven individuals to be trained the upper management staff that will be training support staff? 					
Program Quality and Collaboration					
<ul style="list-style-type: none"> • Program uses best practices that are evidence-based • Describes a process that collects consumer feedback and utilization to enhance services and program outcomes • Thorough description of partnerships or collaborations that enhance access to and/or the proposed services 					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths: <ul style="list-style-type: none"> • Provides clear information on the different Evidence-based models. • No MOUs but describes multiple relationships with other organizations to provide quality programming. • Describes pre/post measures. 					
Concerns: <ul style="list-style-type: none"> • No MOUs. 					
Program Personnel and Budget					
<ul style="list-style-type: none"> • Program personnel qualifications and staffing levels appropriate to deliver proposed services • Program personnel compensation levels reasonable • Ratio of Boone County funding to other sources of funding • Basis for funding request from Boone County 					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent

Strengths:

- Staff would receive required training that would be helpful serving children that have experienced trauma.

Concerns:

- The FTEs seem incorrect for the training program. The budget states 15% of staff time will be contributed toward training. Is this an appropriate amount of time? Seems a little high. (Service 1 states they will spend 2.4% of their time in the year on trainings. This seems more accurate.)
- Needs to list the amount they are requesting from the CSF in the budget.
- Provide clarification on requesting amount and number of individuals to be served.
- Does the amount received from additional revenue sources cover the cost of trainings?
- Salary structure seems inconsistent.
- Provide clarification on additional funding sources for trainings.

Program Services**Development/Start Up Service Funding**

- Describes how funds will be utilized
- Adequate justification for one-time funding request

Comments: N/A**Service Names, Descriptions, and Outputs**

- Provides service names and definitions from the Taxonomy of Services
- Detailed description for each proposed service(s)
- Reasonable unit rates proposed for each service
- Adequate number of units, unduplicated individuals, and cost proposed for each service

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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Strengths:

- Staff would receive required training that would be helpful serving children that have experienced trauma.
- Some staff will become certified trainers will which then train other staff.

Concerns:

- Service 1
 - Unit measure needs to be adjusted to "One individual" and adjust units.
 - The unit measure states 7 mental health professionals AND direct care staff but the total number of unduplicated individuals list 7.
 - The Funding Request Amount should equal a whole number of units.
 - How will the outputs for this service look for the remainder of the contract period with staff turnover?
- Service 2
 - Pick one service name. Maybe label as Best Practices Training or use Evidence-Based Practices Training (Direct Support Staff).
 - Unit measure needs to be adjusted to "One individual" and adjust units.
 - Includes the mandatory trainings (CPR/First Aid, Medication Aide Level 1 Cert.). Do additional revenue sources pay for any of these trainings?
 - Provide more information on Grace-Based Parenting Strategies and Theological Education Initiative. Does this have aspects of proselytizing?
 - Provide more information on the numerous trainings focused on parenting. How does this apply to children that are removed from their families?

Service Funding and Request					
<ul style="list-style-type: none"> • Description and justification of the fee for services • Proposed program services list any current funders • Adequate amount and justification for funding request from Boone County 					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths:					
Concerns:					
<ul style="list-style-type: none"> • Service 1 <ul style="list-style-type: none"> ◦ Number of units and requested amount will need to be adjusted. • Service 2 <ul style="list-style-type: none"> ◦ Number of units and requested amount will need to be adjusted. 					
Service Performance Measures and Narrative					
<ul style="list-style-type: none"> • Relationship of performance measures to program goal(s) and issue identified in proposed program • Description of any external factors or variables which may affect proposed outcome(s) 					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths:					
<ul style="list-style-type: none"> • Performance measures follow the logic model but need a little work. 					
Concerns:					
<ul style="list-style-type: none"> • Provide performance measure examining improvement of services within the organization/programs. Include an evaluation of impact for children that fits their capacity. 					
Overall Comments					
<p>Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.</p> <p>Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.</p> <p>Purpose Statement: <i>BCCSB desires to address the needs of children, youth, and families who are experiencing crisis, with a focus on trauma-informed practices.</i></p> <p>Funding Goals: <i>This RFP seeks proposals to provide treatment to children, youth, and families in crisis. Offeror should demonstrate in their proposal how appropriate, non-conflicted referral for follow-up care and additional services.</i></p>					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Strengths:					
<ul style="list-style-type: none"> • Relates the funding request of the program to the purpose of the RFP. • The organization provides comprehensive care for children 					
Concerns:					
<ul style="list-style-type: none"> • Outputs need work. How will this program utilize funds/units over time after seven staff members receive higher level trainings? 					

TOTAL SCORE:	19.5
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Boone County Children's Services Board Signature Page for RFP #36-13SEP18

Organization Name: Coyote Hill Christian Children's Home

Program Name: Trauma-Informed Training

Lucy Kennett

10/19/2018

Signature

Date

Wiley Miller

10-21-18

Signature

Date

[Signature]

10/23/18

Signature

Date

Signature

Date

**RFP # 35-13SEP18 - Crisis Intervention Programs - Boone
County Children Services Fund 2018 Application**

Organizations:

Central Missouri Foster Care & Adoption Association

Coyote Hill Christian Children's Home

True North of Columbia, Inc.

Child Abuse and Neglect Emergency Shelter, Inc.

28. **Record Retention Clause.** Coyote Hill shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

29. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

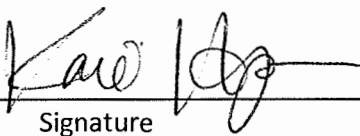
Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to COYOTE HILL shall be mailed or delivered to:

Coyote Hill Christian Children's Home
Attn: Larry McDaniel
PO Box 1
Harrisburg, MO 65256

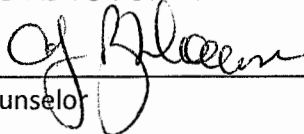
IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

Coyote Hill Christian Children's Home

By: 
Signature

By: Kari Hopkins, Development Officer
Printed Name/ Title

APPROVED AS TO FORM:


County Counselor

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

Les Wagner, Board Chair

ATTEST:

Taylor W. Burks, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Jane Pitchford by jg 12/20/2018 (2161/71106/\$87,747.05)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

26. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

27. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

28. **Record Retention Clause.** True North shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

29. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

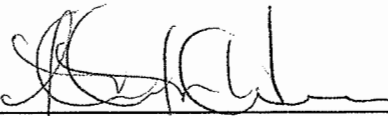
Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to True North shall be mailed or delivered to:

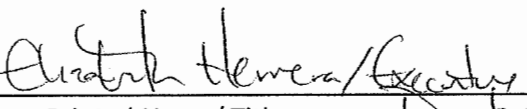
True North of Columbia, Inc.
Attn: Elizabeth Herrera
P.O. Box 1367
Columbia, MO 65205-1367

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

True North of Columbia, Inc.

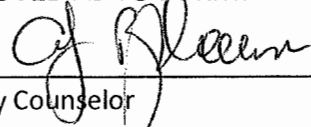
By: 

Signature

By: 

Printed Name/ Title

APPROVED AS TO FORM:



County Counselor

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

Les Wagner, Board Chair

ATTEST:

Taylor W. Burks, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note:

25. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and CMFCAA. The BCCSB does not recognize any of the CMFCAA's employees, agents, or volunteers as those of the BCCSB.

26. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

27. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

28. **Record Retention Clause.** CMFCAA shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

29. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to CMFCAA shall be mailed or delivered to:

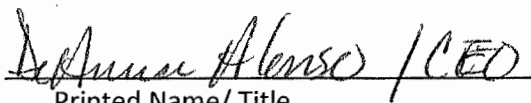
Central Missouri Foster Care and Adoption Association

Attn: DeAnna Alonso
105 E. Ash St., Suite 101
Columbia, MO 65203

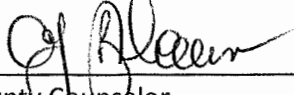
IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**Central Missouri Foster Care and
Adoption Association**

By: 
Signature

By: 
Printed Name/ Title

APPROVED AS TO FORM:


County Counselor

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

Les Wagner, Board Chair

ATTEST:

Taylor W. Burks, County Clerk



AGREEMENT FOR PURCHASE OF SERVICES

Crisis Intervention Programs: Family Crisis Stabilization Program

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Central Missouri Foster Care and Adoption Association**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **CMFCAA**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, CMFCAA has submitted a complete Request for Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to CMFCAA thereof; and

WHEREAS, the BCCSB has approved the Request for Proposal Application in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY CMFCAA

CMFCAA is expected to the greatest extent possible to maximize funding from all other sources. CMFCAA shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CMFCAA shall only request reimbursement for services not reimbursable by any other source. CMFCAA shall not invoice the Children's Services Fund for units of service invoiced to another funding source. CMFCAA shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** CMFCAA will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request of Proposal #**35-13SEP18** (Crisis Intervention) and CMFCAA's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over CMFCAA's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The BCCSB agrees to purchase from CMFCAA and CMFCAA agrees to furnish the **Family Crisis Stabilization Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the Request for Proposal Application and as presented in CMFCAA's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$69,643.70** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. CMFCAA agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of CMFCAA be renewed for **an additional two (2), one-year period**. CMFCAA agrees and understands that the BCCSB may require supplemental information to be submitted by CMFCAA prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Case Management	One hour	\$50.20	650	\$32,630.00
Best Practices Training (STARS)	One individual	\$472.51	25	\$11,812.75
Best Practices Training (Spaulding – Making the Commitment to Adoption)	One individual	\$210.01	30	\$6,300.30
Evidence-Based Practices Training (Resource Parent Curriculum)	One individual	\$163.34	40	\$6,533.60
Best Practices Training (Youth with Elevated Needs)	One individual	\$420.01	25	\$10,500.25
Best Practices Training (STARS-For Caregivers Who Knows the Child)	One individual	\$93.34	20	\$1,866.80

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of CMFCAA, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by CMFCAA to monitor service delivery and program expenditures. CMFCAA agrees to submit to the BCCSB an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by CMFCAA and, if so stipulated, are noted on this contract document. Payments may be withheld from CMFCAA if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CMFCAA agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** CMFCAA also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of CMFCAA's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from CMFCAA, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** CMFCAA agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect CMFCAA's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, CMFCAA hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities,

and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event CMFCAA requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from CMFCAA may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with CMFCAA's policies and procedures and in accordance with any local/state/federal regulations. CMFCAA agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. CMFCAA must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** CMFCAA will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** CMFCAA agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to CMFCAA's provision of such services.

14. **Accreditation/Licensure/Certifications.** CMFCAA must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** CMFCAA agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and CMFCAA, and this shall include any transaction in which CMFCAA is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** CMFCAA may enter into subcontracts for components of the contracted service as CMFCAA deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In

performing all services under the resulting contract agreement, CMFCAA shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** CMFCAA agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. CMFCAA shall require each subcontractor to affirmatively state in its Agreement with the CMFCAA that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide CMFCAA a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** CMFCAA agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against CMFCAA or any individual acting on the CMFCAA's behalf, including subcontractors, which seek to enjoin or prohibit CMFCAA from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If CMFCAA ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if CMFCAA no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, CMFCAA will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event CMFCAA, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to CMFCAA as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should CMFCAA fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, CMFCAA shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the CMFCAA for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. Insurance Requirements. CMFCAA shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. **Worker's Compensation and Employers' Liability Insurance:** CMFCAA shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, CMFCAA shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by CMFCAA.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. **Comprehensive General Liability Insurance:** CMFCAA shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. CMFCAA shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such

insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

CMFCAA shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of CMFCAA in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to CMFCAA.

c. **Professional Liability Insurance:** CMFCAA is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

d. **Commercial Automobile Liability:** CMFCAA shall maintain during the life of this contract, Commercial Automobile Liability Insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the CMFCAA's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

23. **Indemnification.** To the extent permitted under Missouri law, CMFCAA agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **CMFCAA** (meaning anyone, including but not limited to consultants having a contract with CMFCAA or subcontractor for part of the services), or anyone directly or indirectly employed by CMFCAA, or of anyone for whose acts CMFCAA may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

24. **Publicity by the CMFCAA.** CMFCAA shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. CMFCAA will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. CMFCAA will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. CMFCAA agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

25. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and CMFCAA. The BCCSB does not recognize any of the CMFCAA's employees, agents, or volunteers as those of the BCCSB.

26. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

27. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

28. **Record Retention Clause.** CMFCAA shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

29. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to CMFCAA shall be mailed or delivered to:

Central Missouri Foster Care and Adoption Association

Attn: DeAnna Alonso
105 E. Ash St., Suite 101
Columbia, MO 65203

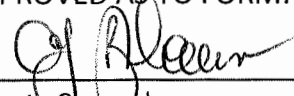
IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**Central Missouri Foster Care and
Adoption Association**

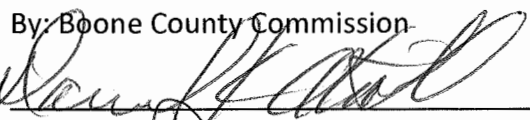
By: 
Signature


By: DeAnna Alonso / CEO
Printed Name/ Title

APPROVED AS TO FORM:

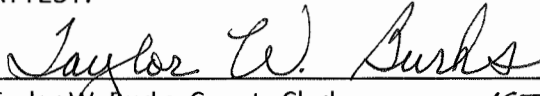

County Counselor

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

Les Wagner, Board Chair

ATTEST:


Taylor W. Burks, County Clerk DKB

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

<u>June Pickford by jg</u>		<u>(2161/71106/\$69,643.70)</u>
Signature	Date	Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 16, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 35-13SEP18 – Crisis Intervention Programs

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Central Missouri Foster Care & Adoption Association

Address: 809 Smith Highway JC MO 65109

Telephone: (573) 353-0574 Fax: _____

Federal Tax ID (or Social Security #): 80-0519145

Print Name: DeAnna Alonso Title: CEO

Signature: [Signature] Date: 10/23/2018

E-mail: deanna@mo-foster-adopt.com

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #35-13SEP18 – Crisis Intervention Programs

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by **October 10, 2018, 12:00 p.m.** by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Central Missouri Foster Care & Adoption Association (CMFCAA)
Name of Program	Family Crisis Stabilization Program

Organization Profile**Governing Board/Financial Information**

1. There is only one board member from Boone County.
Action Required: Provide an explanation on why only one board member is from Boone County. Are there any plans to add other Boone County Board Members?

At this point, yes. However, we have two interested Boone County members that want to apply to the board. We are working on meeting the balance between all our counties. We are always asking folks from Boone to join the Board and is part of our advertising process for CMFCAA. The ribbon cutting at the Boone County office invited new interest so we are hopeful the number of Boone representatives changes this year.

2. The 990 in Apricot is dated for 2016.
Action Required: Upload a more recent copy of the 990.

Program Overview Form**Program Overview/Program Goal**

3. The Program Overview and Program Goal call the program the Family Development Program instead of the Family Crisis Stabilization Program. This appears to be the same program that is being reviewed by the Strategic Innovation Opportunities Committee.
Action Required: Provide clarification on why another application was submitted through the RFP. Explain why there are variances in the number of individuals served, outputs, and the inclusion of Parent Cafes.

The Family Crisis Stabilization Program is an additional request to meet needs due to a loss of training services within Boone County. Specific training services include STARS. The Family Crisis Stabilization Program would allow CMFCAA to address the potential shortfall of resource families due to this loss of service. This request is not a supplantation of the Strategic Innovation Opportunity, rather it is an answer to a growing crisis in decreasing numbers of resource families. One of our partner agencies has reported they will reducing the number of STARS classes available in the community, which is why this request is critical due to the most recent information received.

Program Goals for CSF:

Service 1: Case Management- 520 Units for 20 Unduplicated individuals

Service 2: Support Groups-36 Individuals

Service 3: Best Practices Training (STARS)- 20 Individuals

Service 4: Best Practices Training (Spaulding)- 20 Individuals

Service 5: Evidence-Based Training (Resource Parent Curriculum)- 30 Individuals

Service 6: Best Practices Training (Youth with Elevated Needs)-10 Individuals

Service 7: Best Practices Training (STARS for the Caregiver who knows the Child)- 20 Individuals

Service 8: Evidence-Based Training (Parent Café Training Institutes)- 30 Individuals

Consumer Demographics

- The Consumer Demographics list 70 unduplicated individuals in the Residence and Age sections, but 100 unduplicated individuals are listed in the Race, Ethnicity, Gender, and Income Sections. The Consumer Demographics need to be provided for the whole program, regardless of funding. The Individuals Trained section will not apply for this program because demographics will be collected for everyone completing the trainings.

Action Required: Complete the Demographics table below for the whole program. Each demographic total should equal the same amount.

Residence	
Boone County (includes City of Columbia residents):	220
City of Columbia:	130
Cooper County	0
Howard County	0
Other Counties:	115
Residence Total:	335
Race:	
White (alone)	194
Black or African American (alone)	110
Multiple Races	31
Asian (alone)	0
Native American Indian or Alaskan Native (alone)	0
Native Hawaiian or other Pacific Islander (alone)	0

Some other Race	0
Race Total:	335
Ethnicity:	
Hispanic or Latino (of any race)	43
Not Hispanic or Latino	292
Ethnicity Total:	335
Gender	
Female	168
Male	167
Other	
Gender Total:	335
Income	
At or below 200% of Federal Poverty Level	50
Over 200% of Federal Poverty Level	285
Income Total:	335
Age	
Infant/Toddler (birth – 2 years)	
Preschool (3 years – 5 years)	
School Age (6 years – 11 years)	
Middle School (12 years – 14 years)	
High School (15 years – 19 years)	
Parent/Guardian (19 year and younger)	
Parent/Guardian (20 years and over)	335
Age Total:	335

5. The MOUs with Missouri Alliance for Children and Families (MACF) and Great Circle state that they will coordinate the Child Abuse & Neglect Screenings, Background Screens, and fingerprinting for prospective resource provider. The MOU also states that CMFCAA, MACF, and Great Circle will collaborate to facilitate a seamless transfer of families to complete home assessments and license families in this program. These MOUs have not been signed. The name of the program in the MOUs is listed as the Family Development Program but the name of this program on the proposal is Family Crisis Stabilization Program.

Action Required: Are there any funds exchanged for these services with either one of these organizations? Is there a difference between the Family Crisis Stabilization Program and the Family Development program? Neither one of the MOUs have been signed, please provide an explanation. Also, the MOU with Great Circle lists the incorrect organization name. Please provide narrative responses below.

No funds are exchanged to complete the background screenings or fingerprinting services. New signed MOUs are attached with the correct program title. All items have been addressed and will be included in new MOUs attached to the clarifications. CMFCAA is still working to secure Great Circle's MOU and it will be available soon.

Program Budget

6. The budget includes funds (\$73,730.00) from the Missouri Department of Social Services, Children's Division to support the salary and fringe of staff.

Action Required: What program and services are the DSS funds covering?

The Missouri DSS funds covers:

- Maximum of 3 STARS classes
- Maximum of 3 Spaulding
- Maximum of 30 Home Assessments
- Maximum of One Resource Parent Curriculum
- Maximum of One Youth with Elevated Needs

with a total of 115 unduplicated participants across these service provisions.

7. The Personnel Costs, \$62,392.39, seems very low for the 3.45 FTE listed in the Program Personnel Information section.

Action Required: How will \$62,392.39 cover the cost of 3.45 FTEs?

Updated: This targeted RFP now includes all personnel costs for all projected individuals served. See budget description below. CMFCAA has updated the personnel costs to \$199,813.29.

8. There is a big difference between the Total Revenues and the Total Expenses amounts. It doesn't appear that the funds from the state are factored into the expenses. If the state is providing any funding for this service, the funds must be included in the Total Expenses section of the Program Budget.

Action Required: Update the Program Budget table below with updated numbers in the column labeled UPDATED AMOUNT:

TOTAL PROGRAM REVENUE	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$
Narrative:		
B. Other United Ways	\$	\$
Narrative:		
C. Capital Campaigns	\$	\$
Narrative:		
D. Grants (non-governmental)	\$	\$
Narrative:		
E. Fund Raising & Other Direct Support	\$	\$
Narrative:		
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding	\$86,656.10	\$51,254.72 \$77,758.73 (SIO projection)

Narrative:	For total services for Family Development Program.	
B. Boone County - Community Health Funding	\$	\$
Narrative:		
C. Boone County - Other Funding	\$	\$
Narrative:		
D. Funding from Other Counties	\$	\$
Narrative:		
E. City of Columbia - Social Service Funding	\$	\$
Narrative:		
F. City of Columbia - CDGB/Home Funding	\$	\$
Narrative:		
G. City of Columbia - CHDO Funding	\$	\$
Narrative:		
H. City of Columbia - Other Funding	\$	\$
Narrative:		
I. Funding from Other Cities	\$	\$
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$	\$
Narrative:		
K. State (Purchase of Services, Grants, etc.)	\$72,730.00	\$227,796.00 (Includes Boone County)
Narrative:	CMFCAA serves a 13 county service area.	
L. Other (Schools, Courts, etc.)	\$	\$
Narrative:		
3. Program Service Fees	\$	\$
Narrative:		
4. Investment Income (realized & unrealized)	\$	\$
Narrative:		
5. Other Revenue Items	\$	\$
Narrative:		
TOTAL PROGRAM REVENUE	\$160,386.10	\$356,809.45
Narrative:		
PROGRAM EXPENSES	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. Personnel	\$62,392.39	\$199,813.29
Narrative:	This includes projections from both SIO and this Targeted RFP.	
2. Non-Personnel	\$24,263.71	\$156,996.16
Narrative:	This includes projections from both SIO and this Targeted RFP. Additionally, this supports mileage, printing, materials, recruitment, venue, class costs, etc.	
TOTAL PROGRAM EXPENSES	\$86,656.10	\$356,809.45

Program Services Form (1-5)

9. The trainings described in Service 2 will need to be listed as separate services. The number of proposed units did not match up to the information provided in the Performance Measures. The following corrections have been made and the remaining Written Clarifications should follow this structure:

- a. Service 1 – Case Management
- b. Service 2 – Support Groups
- c. Service 3 - Best Practices Training (STARS)
- d. Service 4 – Best Practices Training (Spaulding – Making the Commitment to Adoption)
- e. Service 5 – Evidence-Based Practices Training (Resource Parent Curriculum)
- f. Service 6 – Best Practices Training (Youth with Elevated Needs)
- g. Service 7 – Best Practices Training (STARS for Caregiver Who Knows the Child)
- h. Service 8—Evidence-Based Training (Parent Café Training Institute)

Action Required: Trainings were listed according to information provided in the proposal. Services names can be changed to Evidence-Based Trainings or Best Practices Training with sufficient supporting documentation. Attach documentation via email for any service name requests. List any service name changes on the *Service Name Table*.

Program Service 1 – Case Management

10. The application submitted through the Strategic Innovation Opportunity listed 1,040 units for 40 individuals, but the targeted RFP proposal lists 520 units for 20 individuals.

Action Required: Provide an explanation on the different outputs between the two proposals. Adjust the outputs in the *Service Change Table* as needed.

Updated:

This Targeted RFP has updated data to include all service provisions, numbers of clients served through both the Strategic Innovations Opportunity, this targeted RFP, and current service outputs.

See Table under Service 3-7.

11. The proposal lacked information on services that MO DSS funds for recruiting and training foster families.

Action Required: Provide information on what MO DSS funds for the program. The outputs for the service should include all funding sources. Adjust total outputs in the *Service Change Table* as needed.

The MO DSS does not fund the recruitment of prospective families in the Family Development, nor in the Family Crisis Stabilization program.

The CMFCAA was awarded the VISTA program to help increase capacity within the organization which includes outreach, marketing, and recruitment support. The organization has to fundraise to support the recruitment efforts and the mileage costs associated with this program. When possible, we raise awareness when there is access and opportunity to engage with communities within our restricted funding.

We plan to meet this crisis of lack of pre-service training and recruitment through this submission along with intensive support groups and specialized training to avoid disruption due to crisis within resource families. This targeted RFP is again to address the critical reduction to foster parent pre-service training. Without these additional trainings, the community would continue to experience a gap between the number of resource providers available to serve abused and neglected children within the Boone County area.

12. The performance measures need to follow the required logic model (see attached form).

Action Required: Provide improved performance measures in the *Service Change Table*.

See below.

Service 2 – Support Groups

13. The unit measure should be “one individual” and outputs need to be adjusted. The unit rate and funding request amount seems extremely high to coordinate three Parent Cafes according to the performance measures. The cost per Parent Café would be \$14,817.21.

Action Required: Complete the *Service Change Table* with your best and final offer.

See below.

14. The performance measures need to follow the required logic model (see attached form).

Action Required: Provide improved performance measures in the *Service Change Table*.

See below.

Service 3 – 7

15. The trainings will need to be listed as separate services. The number of units did not match up with the amount of time required per individual to attend the proposed number of trainings.
- The unit rate will need to be listed as “one individual”. Adjust the unit rate to reflect the cost of trainings for one individual to complete a training. This take into account the amount of time required to complete a training and be your Best and Final Offer (BAFO).
 - Provide the total number of individuals that receive each training. This should reflect the whole program, regardless of funding source.
 - List the number of individuals that will be funded by the Children’s Services Fund (CSF) and MO DSS (or other funding sources).

Training Title	Required Time (hours)	BAFO Unit Rate (per individual)	# of Individuals Trained (proposed)	# of Individuals Trained (from all funding sources)	# Individuals Funded by CSF*	# Individuals funded by MO DSS/other
STARS	27 472.51	\$472.51	20	85	60	25 individuals
Spaulding	12 210.01	\$210.01	20	70	40	30 Individuals
Resource Parent Curriculum	14 1163.34	\$163.34	10	80	50	30 Individuals
* Youth w/ Elevated Needs	18 420.01	\$420.01	10	30	20	10 individuals
STARS for Caregivers	8 93.34	\$93.34	20	40	20	20 individuals
Parent Café Training Institute	12	\$19.67	30	30	30	0 Individuals
TOTALS	N/A	N/A	110	335	220	115

*These numbers include potential individuals to be served from the Strategic Innovations Opportunity, if awarded.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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16. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.
Action Required: Complete the ‘Program Outputs and Funding Request Tables’.

Service Change Table			
Organization Name: Central Missouri Foster Care & Adoption Association			
Program Name: Family Crisis Stabilization Program			
Service #1 – Taxonomy of Service Name: Case Management			
Service #1 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$50.20	2,210	85
Funding Request			
Amount Requested to Boone County: \$26,104		Proposed Number of Units of Service: 520	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
<p>Families have increased knowledge of the foster care, adoption, and kinship care evidence-based models and are ready to register for class(es).</p> <p>(This is a process to become licensed as a foster, adoptive, relative, or kinship provider and is subject to State of Missouri Regulations.)</p>	<p>80% of families (n=68) who have inquired about foster, adoptive, or kinship care have will move on to Background and registration phases.</p>	<p>Completed inquiry call/screening, comprehensive background check, home walkthrough.</p> <p>Client added to internal database for class registration</p>	
<p>Staff and Prospective families complete four home assessment visits per family to assess competencies of prospective Resource Families.</p> <p>(This is a process to become licensed as a foster, adoptive, relative, or kinship provider and is subject to State of Missouri Regulations.)</p>	<p>80% of families (n=68) complete all required home visits and interviews to complete the Pre-Service Licensure process.</p>	<p>Internal process includes the following to complete client case:</p> <ul style="list-style-type: none"> -File monitoring completed -Case notes completed -Case closed review 	

Families become License Ready	90% of families (n=76) will complete License Ready Process including final home assessment, all required documentation completed, and certification acquired.	Internal process includes the following to complete client case: -File monitoring completed -Case notes completed -Case closed review -STARS Graduation Certificate -License Ready Packet provided to coordinated Licensing Agency.
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Service Change Table			
Organization Name: Central Missouri Foster Care & Adoption Association			
Program Name: Family Crisis Stabilization Program			
Service #2 – Taxonomy of Service Name: Support Groups			
Service #2 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal This service discusses Parent Cafés which serve resource families.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual	\$29.17	36 Participants	36
Funding Request			
Amount Requested to Boone County: \$1050		Proposed Number of Units of Service: 36	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Resource Parents gain social support after attending Parent Cafés (N=36)	80% of participants (n=28) report increases in perceived social supports.		Pre/Post Tests
Resource families decrease risk of placement disruptions (N=36)	70% of participants (n=25) report increased scores on Protective Factors Scale.		Pre/Post Tests

Service Change Table			
Organization Name: Central Missouri Foster Care & Adoption Association			
Program Name: Family Crisis Stabilization Program			
Service #4 – Taxonomy of Service Name: Best Practices Training (STARS)			
Service #4 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual	\$472.51	85	85
Funding Request			
Amount Requested to Boone County: \$9450.20		Proposed Number of Units of Service: 20	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
New prospective foster and adoptive families are trained to continue the licensure process.	80% of participants (n=68) will complete STARS training to continue License Ready Process		Attendance Sheets from each STARS training
New prospective resource families will increase knowledge and skills of STARS competencies.	80% of participants (n=68) will increase their knowledge of STARS competencies		Pre/post tests

Service Change Table			
Organization Name: Central Missouri Foster Care & Adoption Association			
Program Name: Family Crisis Stabilization Program			
Service #5 – Taxonomy of Service Name: Best Practices Training (Spaulding – Making the Commitment to Adoption)			
Service #5 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual	\$210.01	70	70
Funding Request			
Amount Requested to Boone County: \$4200.10		Proposed Number of Units of Service: 20	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
New prospective adoptive families are trained to continue the adoptive license process.	80% of participants (n=56) complete Spaulding Training to continue Adoptive license process.		Attendance sheets
Prospective Adoptive families will increase knowledge of common adoption issues.	80% of participants (n=56) will increase knowledge of adoption issues throughout training		Pre/post tests

Service Change Table			
Organization Name: Central Missouri Foster Care & Adoption Association			
Program Name: Family Crisis Stabilization Program			
Service #5 – Taxonomy of Service Name: Evidence-Based Practices Training (Resource Parent Curriculum)			
Service #5 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual	\$163.34	80	80
Funding Request			
Amount Requested to Boone County: \$4900.20		Proposed Number of Units of Service: 10	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Resource families will better understand the impact of trauma on behavior for children who have been in foster care.	90% of participants (n=72) will see an increase in knowledge about the impact of trauma	Pre/post tests	
Resource families will decrease their risk of placement disruption.	70% of participants (n=56) will increase scores on the Protective Factors Survey	Pre/post tests	

Service Change Table			
Organization Name: Central Missouri Foster Care & Adoption Association			
Program Name: Family Crisis Stabilization Program			
Service #6 – Taxonomy of Service Name: Best Practices Training (Youth with Elevated Needs)			
Service #6 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual	\$420.01	30	30
Funding Request			
Amount Requested to Boone County: \$4200.10		Proposed Number of Units of Service: 10	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Families are better able to support youth in care with higher needs	80% of participants (n=24) increase understanding in caring for children with higher needs.	Pre/post tests	

Service Change Table			
Organization Name: Central Missouri Foster Care & Adoption Association			
Program Name: Family Crisis Stabilization Program			
Service #7 – Taxonomy of Service Name: Best Practices Training (STARS for Caregivers Who Knows the Child)			
Service #7 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual	\$93.34	40	40
Funding Request			
Amount Requested to Boone County: \$1,866.72		Proposed Number of Units of Service: 20	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Relative providers gain knowledge of the foster care system	80% of participants (n=32) gain knowledge of foster care systems in MO.	Pre/post tests	
Relative providers can continue the licensure process to receive maintenance payments	90% of participants (n=36) will complete the training to continue with the licensure process.	Attendance sheets.	

Service Change Table			
Organization Name: Central Missouri Foster Care & Adoption Association			
Program Name: Family Crisis Stabilization Program			
Service #8 – Taxonomy of Service Name: Evidence-Based Training (Parent Café Training Institute)			
Service #8 – Taxonomy Definition of Service: Information provided in proposal (Split from Service #3-Parent Cafés)			
Provide a detailed description of the proposed service: Information provided in proposal			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual	\$91.67	30	30
Funding Request			
Amount Requested to Boone County: \$2750.10		Proposed Number of Units of Service: 30	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Prospective PC trainers and hosts understand the role of Parent Cafés	80% of PC trainers/hosts (n=24) increase their understanding of Parent Cafés and the model provided by BeStrong Families	Pre/post tests	
Prospective PC trainers and hosts become involved in planning, hosting, and attending Parent Cafés	80% of PC trainers/hosts (n=24) attend and host at least one parent café	Attendance Sheets	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Central Missouri Foster Care & Adoption Association				
Program Name: Family Crisis Stabilization Program				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Case Management	One hour	\$50.20	2210	85
Support Groups	One individual	\$29.17	36	36
Best Practices Training (STARS)	One individual	\$472.51	85	85
Best Practices Training (Spaulding)	One individual	\$210.01	70	70
Evidence-Based Practices Training (Resource Parent Curriculum)	One individual	\$163.34	80	80
Best Practices Training (Youth with Elevated Needs)	One individual	\$420.01	30	30
Best Practices Training (STARS for Caregivers)	One individual	\$93.34	40	40
Evidence Based Training (Parent Café Training Institute)	One Individual	\$91.67	30	30

*These total units to be provided include those proposed in the Strategic Innovations Opportunity.

Funding Request to Children's Services Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Case Management	\$26,104.00	520
Support Groups	\$1,050.00	36
Best Practices Training (STARS)	\$9,450.20	20
Best Practices Training (Spaulding)	\$4,200.20	20
Evidence-Based Practices Training (Resource Parent Curriculum)	\$1,633.40	10
Best Practices Training (Youth with Elevated Needs)	\$4,200.10	10
Best Practices Training (STARS for Caregivers)	\$1,866.72	20
Evidence-Based Training (Parent Café Training Institute)	\$2750.10	30*
Total Amount Requested to Boone County:	\$51,254.72	

*This proposed number of services includes only those proposed in this request.



Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIDUALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test

Joanne Nelson

From: Melinda Bobbitt
Sent: Wednesday, November 21, 2018 10:22 AM
To: deanna@mofosteradopt.com; megan@mofosteradopt.com
Subject: Agreement Form for Boone County

Deanna and Megan,

Thank you for making the updates to the Agreement Form in Apricot. As I reviewed the form there are still a few items that we need to address:

- Program Budget – I updated the amount awarded in box A. Boone County – Children’s Services Fund (A) 2A. to match the total for all services. The amount you had in the box didn’t match.
Follow-up: This change affected the Total Revenue box. Please update the Program Expense section to account for this difference.
- Yearly Amount Request from Children’s Services Fund – I updated this box to reflect the correct amount.
Follow-up: Review the changes that I made.
- Individuals Trained – The number 255 is entered in this box. Are these the same 255 individuals listed in the Consumer Demographics section?
Follow-up: Provide a clarification on the 255-figure entered in box (A) Individuals to be Trained Box. This box should only account for individuals that are not listed in the Consumer Demographic section.
- Program Service #6 – Funding – The amount of \$1,866.72 was entered in box (A) Agreement Amount #6 but it should be \$1,866.80.
Follow-up: Review the changes I made in the Agreement Form in Apricot.
- Program Service #7 – Evidence-Based Training (Parent Café Training Institute) and Program Service #8 – Support Groups – Both of these services are still listed in the Agreement Form. Are these services going to be funded with another funding source?
Follow-up: If these two services are going to be offered leave this information in Apricot since it is part of the overall program. If these two services are not going to be offered, please remove from the Agreement Form.

We will need your response and changes made as soon as possible but no later than Wednesday, November 28th. Feel free to contact us with any further questions.”

Thanks,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org
Phone: (573) 886-4391
Fax: (573) 886-4390



Joanne Nelson

From: Melinda Bobbitt
Sent: Wednesday, November 21, 2018 11:09 AM
To: Kristin Cummins; Kelly Wallis; Joanne Nelson
Subject: FW: Agreement Form for Boone County

From: DeAnna Alonso <deanna@mofosteradopt.com>
Sent: Wednesday, November 21, 2018 11:05 AM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>; Megan Corbin <megan@mofosteradopt.com>
Cc: Tammy Rodgers <tammy@mofosteradopt.com>
Subject: Re: Agreement Form for Boone County

Thank you, Melinda. We will make these changes asap.

DeAnna

From: Melinda Bobbitt <MBobbitt@boonecountymo.org>
Sent: November 21, 2018 10:21 AM
To: DeAnna Alonso; Megan Corbin
Subject: Agreement Form for Boone County

Deanna and Megan,

Thank you for making the updates to the Agreement Form in Apricot. As I reviewed the form there are still a few items that we need to address:

- Program Budget – I updated the amount awarded in box A. Boone County – Children’s Services Fund (A) 2A. to match the total for all services. The amount you had in the box didn’t match.

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Columbia, MO 65201

E-mail: mbobbitt@boonecountymmo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



Joanne Nelson

From: Melinda Bobbitt
Sent: Wednesday, November 28, 2018 3:15 PM
To: Kristin Cummins; Kelly Wallis; Joanne Nelson
Subject: FW: Agreement Form for Boone County

From: Megan Corbin <megan@mofosteradopt.com>
Sent: Wednesday, November 28, 2018 2:49 PM
To: Melinda Bobbitt <MBobbitt@boonecountymmo.org>; DeAnna Alonso <deanna@mofosteradopt.com>
Subject: Re: Agreement Form for Boone County

Hi there!

All of these items have been addressed.

Thank you for your partnership!

Sincerely,

Megan Corbin, LMSW

Director of Family Development

Central Missouri Foster Care and Adoption Association

Main Office: 573-298-0258

Columbia Office: 573-476-6039

Cell: 573-616-8658

Fax: +15733406810

mofosteradopt.com

<http://www.facebook.com/FosterandAdopt>



Proud Member of United Way of Central Missouri, Heart of Missouri United Way, and Callaway County United Way

Central Missouri Foster Care & Adoption Association does not discriminate on the basis of race, color, religion, gender identity, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its programs or services.

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From: Melinda Bobbitt <MBobbitt@boonecountymmo.org>

Sent: Wednesday, November 21, 2018 10:21:53 AM

To: DeAnna Alonso; Megan Corbin
Subject: Agreement Form for Boone County

Deanna and Megan,

Thank you for making the updates to the Agreement Form in Apricot. As I reviewed the form there are still a few items that we need to address:

- Program Budget – I updated the amount awarded in box A. Boone County – Children’s Services Fund (A) 2A. to match the total for all services. The amount you had in the box didn’t match.
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Thanks,

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Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymmo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



Agreement Form - V3.1

Children's Services Fund - Crisis Intervention...

Quick View Information

Grant	Children's Services Fund - Crisis Intervention Programs (Agreement Form (V3.1) ends 12/31/2018 12:00 PM CST)
Organization Name (will aut...	Central Missouri Foster Care & Adoption Association(CMFCAA)
Fund Source	Children's Services Fund - Crisis Intervention Programs
Funder	Boone County
Funding Cycle	RFP #35-13SEP18
Name of Program or Project	Family Crisis Stabilization Program
Amount of Request	\$86,656.10
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Central Missouri Foster Care & Adoption Association(CMFCAA)

Program Name

Family Crisis Stabilization Program

Date Completed

11/28/2018

Funder

Boone County

Funding Type

Children's Services Fund - Crisis Intervention Programs

Funding Cycle

RFP #35-13SEP18

County-Children's Services - Service Type

Crisis intervention services, inclusive of telephone hotlines

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way	(A) 1A. \$0.00
B. Other United Ways	(A) 1B. \$0.00
C. Capital Campaigns	(A) 1C. \$0.00
D. Grants (non-governmental)	(A) 1D. \$0.00
E. Fund Raising & Other Direct Support	(A) 1E. \$0.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding	(A) 2A. \$69,643.70
B. Boone County - Community Health Funding	(A) 2B. \$0.00
C. Boone County - Other Funding	(A) 2C. \$0.00
D. Funding from Other Counties	(A) 2D. \$0.00
E. City of Columbia - Social Service Funding	(A) 2E. \$0.00
F. City of Columbia - CDGB/Home Funding	(A) 2F. \$0.00
G. City of Columbia - CHDO Funding	(A) 2G. \$0.00
H. City of Columbia - Other Funding	(A) 2H. \$0.00
I. Funding from Other Cities	(A) 2I. \$0.00
J. Federal (Medicaid, Title III, etc.)	(A) 2J. \$0.00
K. State (Purchase of Services, Grants, etc.)	(A) 2K. \$227,796.00
L. Other (Schools, Courts, etc.)	(A) 2L. \$0.00
3. Program Service Fees	(A) 3. \$0.00

4. Investment Income (realized & unrealized)	(A) 4. \$0.00
5. Other Revenue Items	(A) 5. \$0.00
TOTAL PROGRAM REVENUE	(A) Total Revenue 297439.7
PROGRAM EXPENSES	
1. Personnel	(A) 1. \$214,154.42
2. Non-Personnel	(A) 2. \$83,282.28
TOTAL PROGRAM EXPENSES	(A) Total Expenses 297436.7

Yearly Amount Request from Children's Services Fund

AGREEMENT REQUEST (A)

<u>Year 1 Total Request</u>	(A) Year 1 Total Request \$69,643.70
	(A) Total Amount Requested 69643.7

Residence

RESIDENCE

AGREEMENT RESIDENCE (A)

City of Columbia	(A) City of Columbia 113
Boone County (includes City of Columbia residents)	(A) Boone County (includes City of Columbia residents) 140
Cooper County	(A) Cooper County 0
Howard County	(A) Howard County 0
Other Counties	(A) Other Counties 115
RESIDENCE TOTAL	(A) Residence Total: 255

Race

RACE

AGREEMENT RACE (A)

White (alone)

(A) White (alone)

151

Black or African American (alone)

(A) Black or African American (alone)

82

Multiple Races

(A) Multiple Races

22

Asian (alone)

(A) Asian (alone)

0

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

0

Native Hawaiian or other Pacific Islander (alone)

(A) Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

(A) Some Other Race

0

RACE TOTAL**(A) Race Total**

255

Ethnicity

ETHNICITY

AGREEMENT ETHNICITY (A)

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

33

Not Hispanic or Latino

(A) Not Hispanic or Latino

222

ETHNICITY TOTAL**(A) Ethnicity Total**

255

Gender

GENDER

AGREEMENT GENDER (A)

Female

(A) Female

128

Male

(A) Male

127

Other Gender

(A) Other Gender

0

GENDER TOTAL**(A) Gender Total**

255

IncomeINCOME

AGREEMENT INCOME (A)

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL

38

Over 200% of FPL

(A) Over 200% of FPL

217

INCOME TOTAL**(A) Income Total**

255

Age (County-Children's Services Fund RFP)AGE

AGREEMENT AGE (A)

Infant/Toddler (birth - 2 years)

(A) Infant/Toddler (birth - 2 years)

0

Preschool (3 years - 5 years)

(A) Preschool (3 years - 5 years)

0

School Age (6 years - 11 years)

(A) School Age (6 years - 11 years)

0

Middle School (12 years - 14 years)

(A) Middle School (12 years - 14 years)

0

High School (15 years - 19 years)

(A) High School (15 years - 19 years)

0

Parent/Guardian (19 years and younger)

(A) Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

(A) Parent/Guardian (age 20 and over)

255

Adult (age 20 and over - not a parent/guardian)

(A) Proposed Adult (age 20 and over - not a parent/guardian)

0

AGE TOTAL (CSF)**(A) Age Total (CSF)**

255

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.

Individuals Trained

AGREEMENT (A)

(A) Individuals to be Trained

Individuals to be Trained

Program Service and Performance

Instructions: Update the Agreement(A) Column with updated figures finalized through the approved contract.

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested	(A) Amount Requested
	\$0.00
Description of Funds	(A) Description of Funds

Program Service #1 - Outputs

Program Service #1 - Outputs:	#1 Agreement (A)
Service #1 Name	(A) Service #1 Case Management
Total # of Units Provided #1	(A) Units #1 1300
Unit Measure #1	(A) Unit Measure #1 1 hour
Unit Rate #1	(A) Unit Rate #1 \$50.20
Total # of Unduplicated Individuals Served #1	(A) Unduplicated Individuals #1 50

Program Service #1 - Funding

Funding Amount #1	(A) Agreement Amount #1 \$32,630.00
Units #1	(A) Agreement Units #1 650

Program Service #1 - Performance Measures (Agreement)

(A) Program Service 1 Outcomes:	(A) Program Service 1 Indicators:	(A) Program Service 1 Method of Measurements:
(A) Outcome 1-1 Increase the number of families pursuing foster, adoptive, or kinship	(A) Indicator 1-1 80% of families who have inquired about foster, adoptive, or kinship care have will move on to Background and registration phases.	(A) Method of Measurement 1-1 Completed inquiry call/screening, comprehensive background check,

care certification

home walkthrough.

Client added to internal database for class registration

(A) Additional Outcome 1-2

Increase the number of families that complete the Pre-Service Licensure process.

(A) Additional Indicator 1-2

80% of families complete all required home visits and interviews to complete the Pre-Service Licensure process.

(A) Additional Method 1-2Internal process includes the following to complete client case:
-File monitoring completed
-Case notes completed
-Case closed review**(A) Additional Outcome 1-3**

Increase the number of families passing required home assessments.

(A) Additional Indicator 1-3

80% of families will complete and pass required home assessments

(A) Additional Method 1-3

Signed home assessment in file.

(A) Additional Outcome 1-4

Increase the number of families that complete the License Ready Process

(A) Additional Indicator 1-4

80% of families will complete License Ready Process including final home assessment, all required documentation completed, and certification acquired.

(A) Additional Method 1-4Internal process includes the following to complete client case:
-File monitoring completed
-Case notes completed
-Case closed review
-STARS Graduation Certificate
-License Ready Packet provided to coordinated Licensing Agency.**(A) Additional Outcome 1-5**

Increase the number of families that receive foster, adoptive, or kinship care licensure

(A) Additional Indicator 1-5

80% of families that enter the Family Crisis Stabilization Program will be licensed foster families.

(A) Additional Method 1-5

Designated vendor number assigned.

Program Service #2 - Outputs

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Best Practices Training (STARS)

Total # of Units #2

(A) Units #2

50

Unit Measure #2

(A) Unit Measure #2

One individual

Unit Rate #2

(A) Unit Rate #2

\$472.51

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

50

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$11,812.75

Units #2

(A) Agreement Units #2

25

Program Service #2 - Performance Measures (Agreement)

(A) Program Service 2 Outcomes:

(A) Program Service 2 Indicators:

(A) Program Service 2
Method of Measurement

(A) Outcome 2-1

New prospective foster and adoptive families are trained to continue the licensure process.

(A) Indicator 2-1

80% of participants will complete STARS training to continue License Ready Process

(A) Method of Measurement 2-1

Attendance Sheets from each STARS training

(A) Additional Outcome 2-2

New prospective resource families will increase knowledge and skills of STARS competencies.

(A) Additional Indicator 2-2

1.) 80% of participants will increase their knowledge of STARS competencies

(A) Additional Method 2-2

Pre/Post Tests

2.) 80% of participants improve competency of protecting and nurturing children.

3.) 80% of participants improve competency of meeting developmental needs and addressing developmental delays.

4.) 80% of participants improve competency of supporting relationships between children and their families.

5.) 80% of participants improve competency of connecting children to safe, nurturing relationships intended to last a lifetime.

6.) 80% of participants improve competency of working as a member of a professional team.

(A) Additional Outcome 2-3**(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3

Best Practices Training (Spaulding - Making the Commitment to Adoption)

Total # of Units #3

(A) Units #3

60

Unit Measure #3

(A) Unit Measure #3

One individual

Unit Rate #3

(A) Unit Rate #3

\$210.01

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

60

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$6,300.30

Units #3

(A) Agreement Units #3

30

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:

(A) Program Service 3 Indicators:

(A) Program Service 3 Method of Measurement.:

(A) Outcome 3-1**(A) Indicator 3-1****(A) Method of Measurement**

New prospective adoptive families are trained to continue the adoptive license process.

(A) Additional Outcome 3-2

Prospective Adoptive families will increase knowledge of the adoption process and common adoption issues.

(A) Additional Outcome 3-3

Prospective Adoptive families will develop competencies deemed necessary to adopt

80% of participants complete Spaulding Training to continue Adoptive license process.

(A) Additional Indicator 3-2

1.) 80% of participants will increase knowledge of adoption process and common adoption issues.

(A) Additional Indicator 3-3

1.) 80% of participants improve competency in understanding how adoptive families are different

2.) 80% of participants improve competency in understanding the importance of loss in adoption.

3.) 80% of participants improve competency in understanding attachment in adoption

4.) 80% of participants improve competency in identifying and managing challenges as an adoptive family.

5.) 80% of participants improve competency in understanding adoption is a lifelong commitment.

(A) Additional Outcome 3-4

(A) Additional Outcome 3-5

(A) Additional Indicator 3-4

(A) Additional Indicator 3-5

3-1

Attendance sheets

(A) Additional Method 3-2

Pre/post tests

(A) Additional Method 3-3

pre/post tests

(A) Additional Method 3-4

(A) Additional Method 3-5

Program Service #4 - Outputs

Program Service 4 Outputs:

#4 Agreement (A)

Service #4 Name

(A) Service #4

Evidence-Based Practices Training (Resource Parent Curriculum)

Total # of Units #4

(A) Units #4

70

Unit Measure #4

(A) Unit Measure #4

one individual

Unit Rate #4

(A) Unit Rate #4

\$163.34

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

70

Program Service #4 - Funding

Funding Amount #4

(A) Agreement Amount #4

\$6,533.60

Units #4

(A) Agreement Units #4

40

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes:

(A) Program Service 4 Indicators:

(A) Program Service 4 Method of Measurements:

(A) Outcome 4-1

Resource families will better understand the impact of trauma on behavior for children who have been in foster

(A) Indicator 4-1

90% of participants will see an increase in knowledge about the impact of trauma

(A) Method of Measurement 4-1

Pre/post tests

care.

(A) Additional Outcome 4-2

Resource families will decrease their risk of placement disruption.

(A) Additional Outcome 4-3

Resource families will be trauma-informed parents.

(A) Additional Indicator 4-2

70% of participants will increase scores on the Protective Factors Survey

(A) Additional Indicator 4-3

1.) 80% of participants improve competency in trauma-informed parenting.

2.) 80% of participants improve competency in ability to tolerate challenging behaviors to promote healing.

3.) 80% of participants improve in feelings of self-efficacy to parent children who have experienced trauma.

4.) 80% of participants improve competency in practicing self care.

(A) Additional Method 4-2

Pre/post tests

(A) Additional Method 4-3

Pre/post tests

(A) Additional Outcome 4-4**(A) Additional Outcome 4-5****(A) Additional Indicator 4-4****(A) Additional Indicator 4-5****(A) Additional Method 4-4****(A) Additional Method 4-5****Program Service #5 - Outputs**

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

(A) Service #5

Best Practices Training (Youth with Elevated Needs)

Total # of Units Provided #5

(A) Units #5

35

Unit Measure #5

(A) Unit Measure #5

One individual

Unit Rate #5

(A) Unit Rate #5

\$420.01

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5

35

Program Service #5 - Funding

Funding Amount #5

(A) Agreement Amount #5

\$10,500.25

Units #5

(A) Agreement Units #5

25

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes:

(A) Program Service 5 Indicators:

(A) Program Service 5 Method of Measurements:

(A) Outcome 5-1

Families are better able to support youth in care with higher needs

(A) Indicator 5-1

80% of participants increase understanding in caring for children with higher needs.

(A) Method of Measurement 5-1

Pre/post tests

(A) Additional Outcome 5-2

Families gain knowledge around Youth with Elevated Needs.

(A) Additional Indicator 5-2

1.) 80% of participants gain understanding about the Youth with Elevated Needs program.

(A) Additional Method 5-2

pre/post tests.

2.) 80% of participants gain understanding in competencies required to be a resource provider for youth with elevated needs.

3.) 80% of participants gain knowledge in basic communication skills.

4.) 80% of participants gain understanding about differences between discipline and punishment.

5.) 80% of participants gain self-efficacy in utilizing de-escalation skills.

(A) Additional Outcome 5-3

(A) Additional Indicator 5-3

(A) Additional Method 5-3

(A) Additional Outcome 5-4

(A) Additional Indicator 5-4

(A) Additional Method 5-4

(A) Additional Outcome 5-5

(A) Additional Indicator 5-5

(A) Additional Method 5-5

Program Service #6 - Outputs

Program Service 6 Outputs:

#6 Agreement (A):

Service #6 Name:

(A) Service #6

Best Practices Training (STARS for Caregivers Who Knows the Child)

Total # of Units #6:

(A) Units #6

40

Unit Measure #6:

(A) Unit Measure #6

One individual

Unit Rate #6:

(A) Unit Rate #6

\$93.34

Total # of Unduplicated Individuals Served #6:

(A) Unduplicated Individuals #6

40

Program Service #6 - Funding

Funding Amount #6

(A) Agreement Amount #6

\$1,866.80

Units #6

(A) Agreement Units #6

20

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:

(A) Program Service 6 Indicators:

(A) Program Service 6
Method of Measurements:

(A) Outcome 6-1

Relative providers gain knowledge of the foster care system

(A) Indicator 6-1

80% of participants gain knowledge of foster care systems in MO.

(A) Method of Measurement 6-1

Pre/post tests

(A) Additional Outcome 6-2

Relative providers can continue the licensure process

(A) Additional Indicator 6-2

90% of participants will complete the training to continue with the licensure process.

(A) Additional Method 6-2

Attendance sheets.

(A) Additional Outcome 6-3

Relative Providers gain understanding and competencies as resource providers.

(A) Additional Indicator 6-3

1.) 80% of participants will increase their knowledge of STARS competencies

(A) Additional Method 6-3

Pre/post test.

2.) 80% of participants improve competency of protecting and nurturing children.

3.) 80% of participants improve competency of meeting developmental needs and addressing developmental delays.

4.) 80% of participants improve competency of supporting relationships between children and their families.

5.) 80% of participants improve competency of connecting children to safe, nurturing relationships intended to last a lifetime.

6.) 80% of participants improve competency of working as a member of a professional team.

(A) Additional Outcome 6-4

(A) Additional Indicator 6-4

(A) Additional Method 6-4

(A) Additional Outcome 6-5

(A) Additional Indicator 6-5

(A) Additional Method 6-5

Program Service #7 - Outputs

Program Service 7 Outputs:

#7 Agreement (A)

Service #7 Name

(A) Service #7

Total # of Units #7

(A) Units #7

0

Unit Measure #7

(A) Unit Measure #7

Unit Rate #7

(A) Unit Rate #7

\$0.00

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7

0

Program Service #7 - Funding

Funding Amount #7

(A) Agreement Amount #7

\$0.00

Units #7

(A) Agreement Units #7

0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes:

(A) Program Service 7 Indicators:

(A) Program Service 7 Method of Measurements:

(A) Outcome 7-1

(A) Indicator 7-1

(A) Method of Measurement 7-1

(A) Additional Outcome 7-2

(A) Additional Indicator 7-2

(A) Additional Method 7-2

(A) Additional Outcome 7-3

(A) Additional Indicator 7-3

(A) Additional Method 7-3

(A) Additional Outcome 7-4

(A) Additional Indicator 7-4

(A) Additional Method 7-4

(A) Additional Outcome 7-5

(A) Additional Indicator 7-5

(A) Additional Method 7-5

Program Service #8 - Outputs

Program Service #8 - Outputs:

#8 Agreement (A)

Service #8 Name

(A) Service #8

Total # of Units Provided #8

(A) Units #8

0

Unit Measure #8

(A) Unit Measure #8

Unit Rate #8

(A) Unit Rate #8

\$0.00

Total # of Unduplicated Individuals Served #8

(A) Unduplicated Individuals #8

0

Program Service #8 - Funding

Funding Amount #8

(A) Agreement Amount #8

\$0.00

Units #8

(A) Agreement Units #8

0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes:

(A) Program Service 8 Indicators:

(A) Program Service 8 Method of Measurements:

(A) Outcome 8-1**(A) Indicator 8-1****(A) Method of Measurement 8-1****(A) Additional Outcome 8-2****(A) Additional Indicator 8-2****(A) Additional Method 8-2****(A) Additional Outcome 8-3****(A) Additional Indicator 8-3****(A) Additional Method 8-3****(A) Additional Outcome 8-4****(A) Additional Indicator 8-4****(A) Additional Method 8-4****(A) Additional Outcome 8-5****(A) Additional Indicator 8-5****(A) Additional Method 8-5****Program Service #9 - Outputs**

Program Service #9 - Outputs:

#9 Agreement (A)

Service #9 Name

(A) Service #9

Total # of Units Provided #9

(A) Units #9

0

Unit Measure #9

(A) Unit Measure #9

Unit Rate #9

(A) Unit Rate #9

\$0.00

Total # of Unduplicated Individuals Served #9

(A) Unduplicated Individuals #9

0

Program Service #9 - Funding

Funding Amount #9 **(A) Agreement Amount #9**
\$0.00

Units #9 **(A) Agreement Units #9**
0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes: (A) Program Service 9 Indicators: (A) Program Service 9 Method of Measurements:

(A) Outcome 9-1	(A) Indicator 9-1	(A) Method of Measurement 9-1
(A) Additional Outcome 9-2	(A) Additional Indicator 9-2	(A) Additional Method 9-2
(A) Additional Outcome 9-3	(A) Additional Indicator 9-3	(A) Additional Method 9-3
(A) Additional Outcome 9-4	(A) Additional Indicator 9-4	(A) Additional Method 9-4
(A) Additional Outcome 9-5	(A) Additional Indicator 9-5	(A) Additional Method 9-5

Program Service #10 - Outputs

Program Service 10 Outputs: #10 Agreement (A)

Service Name #10 **(A) Service #10**

Total # of Units Provided #10 **(A) Units #10**
0

Unit Measure #10 **(A) Unit Measure #10**

Unit Rate #10 **(A) Unit Rate #10**
\$0.00

Total # of Unduplicated Individuals Served #10 **(A) Unduplicated Individuals #10**
0

Program Service #10 - Funding

Funding Amount #10 **(A) Agreement Amount #10**
\$0.00

Units #10 **(A) Agreement Units #10**
0

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes: (A) Program Service 10 Indicators: (A) Program Service 10 Method of Measurements:

(A) Outcome 10-1	(A) Indicator 10-1	(A) Method of Measurement 10-1
(A) Additional Outcome 10-2	(A) Additional Indicator 10-2	(A) Additional Method 10-2
(A) Additional Outcome 10-3	(A) Additional Indicator 10-3	(A) Additional Method 10-3
(A) Additional Outcome 10-4	(A) Additional Indicator 10-4	(A) Additional Method 10-4
(A) Additional Outcome 10-5	(A) Additional Indicator 10-5	(A) Additional Method 10-5

Total Funding Amount - Services 1-10

Total Funding Request for Services 1-10

69643.7

Links for Agreement Form (V3)

Program Overview (V3)

Children's Services Fund - POS 2017 (Year End...

Quick View Information

Grant	Children's Services Fund - POS 2017 (Year End Reporting ends 02/01/2019 12:01 PM CST)
Organization Name (will aut...	Central Missouri Foster Care & Adoption Association(CMFCAA)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Boone County Respite Program
Amount of Request	\$21,870.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

CMFCAA's monthly respite program in partnership with the Activity and Recreation Center (ARC) is a whole family approach that addresses the ongoing stress and disruption issues that cause barriers to kinship, guardianship, foster care and adoption families. Families offered the following reasons when asked why they do not use respite care:

- The type of respite services offered does not match families' needs,
- Families may fail to take advantage of respite because they do not trust stranger respite providers (traditional respite),
- Parents who used respite services found that caregivers are not properly trained to care for their children. (Taking A Break, 2008, p.10)

CMFCAA provides training on trauma to volunteers and staff. The monthly respite is a unique respite program that partners with an agency already trusted by Boone County residents. ARC provides healthy play and enrichment programming, including sports and aquatics. This type of respite program is an innovative approach to building strong relationships and reducing stress for the whole family. Support systems are small within the foster care and adoptive world. The respite program offers a consistent support system for foster and adoptive families in Boone County. This program has currently been operating in Boone County since 2015.

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

The target population served through the monthly respite program is children between the ages of 4-18 that are currently in the custody of the Missouri Department of Social Services, or Foster Care case management agency, or adopted (domestic or internationally). The target population is considered "special needs" and have complex trauma, developmental delays and have experienced abuse or neglect. Foster and adopted children, by no fault of their own, enter a system that is riddled with funding cuts and exhausted workers Missouri's foster care system is steadily increasing and currently cares for over 14,300 kids in out of home resource care. The need for support services require agencies to be creative by removing barriers and providing free

programs to families already caring for multiple placement in their homes and age/policy restrictions to current community programs.

CMFCAA conducted a respite survey regarding the benefits of the monthly respite programming in 2016. The survey indicated:

- 95% of foster and adoptive families reported that they are better able to manage stress and anxiety related to emotions more effectively
- 65% of children and youth were able to build trust and develop secure attachments with peers and adults
- 100% of foster and adoptive families were able to express that the increased support system (respite program) allowed them to maintain healthy family relationships without the threat of disruption of child placement in the home

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The monthly respite program goal is to decrease family stress and disruption and increase social skills and relationship building. Children and youth served will be able express emotions and feelings non-violently in a healthy environment, while families will be decreasing stress levels.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The monthly respite program in partnership with the Activities and Recreation Center (ARC) in Boone county will offer:

- Six themed respite events (including a meal, games gymnasium sports, arts and crafts, swimming, and physical activities)
- The program will offer 50 maximum spaces for foster and adoptive children/youth between the ages of 4-18 per event

Each event will be held on a Friday evening between the hours of 5:30-9:30.

Each volunteer assisting with the respite program will undergo a background check and training in trauma related behaviors of children. CMFCAA Program Coordinator will manage the program in partnership with staff from the Activities and Recreation Center.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

CMFCAA consumers served through the monthly respite program are children/youth ages 4-18 who are currently in foster care, kinship care, guardianship, relative placement, or are adopted.

Each individual served through the program is currently under the care of the Missouri Department of Social Services or foster care case management agencies in Boone County, or are adopted residents of Boone County. These individuals have experienced abuse, neglect, abandonment, poverty, trauma, or any combination of the before mentioned.

b. Why will these particular consumers be served? (1500 character limit)

Foster and adoptive children often bear the burden of the types of traumatic events that grip poor rural communities such as drug use, incarceration, and physical abuse; and these traumatic events can be directly correlated to higher than average rates of adolescent pregnancy, alcoholism and alcohol abuse, depression, early initiation of sexual activity, illicit drug use, unintended pregnancy, suicide and others. (Centers for Disease Control and Prevention Adverse Childhood Experiences (ACE) Study). According to the CDC report cited, as the number of Adverse Childhood Experiences (ACE score) increase, so does the risk for certain health and mental health disorders that continue the cycle of poverty, and drug abuse. These additional traumatic experiences create a pattern of abuse that endangers their health, as well as their community, for a lifetime.

Research has proven that providing positive, healthy experiences can prevent additional trauma associated with these negative health outcomes. Reducing the stress for foster and adoptive families by providing healthy breaks and energy outlets can also prevent disruption of placement which could be an additional traumatic move. The respite program is a part of the CMFCAA strategic plan to reduce the ACE score of youth entering adulthood and therefore benefit the community by lowering the number of negative outcomes.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

At this time, CMFCAA's respite programming in Boone County is the only foster/adoptive specific respite program that provides out-of-home respite services at the same location that includes a meal and enrichment programming at no cost to the families.

d. Total number of unduplicated individuals to be served by the proposed program:

300

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

72.9

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

300

City of Columbia

250

Cooper County

0

Howard County

0

Other Counties

0

Residence Total

300

Record Lock

1

Race

White (alone)

150

Black or African American (alone)

85

Multiple Races

60

Asian (alone)

5

Native American Indian or Alaskan Native

0

Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

0

Race Total

300

Ethnicity

Hispanic or Latino (of any race)

0

Not Hispanic or Latino

300

Ethnicity Total

300

Gender

Female

145

Male

155

Other

0

Gender Total

300

Income**At or below 200% of Federal Poverty Level**

245

Over 200% of Federal Poverty Level

55

Income Total

300

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

40

School Age (6 years – 11 years)

110

Middle School (12 years – 14 years)

110

High School (15 years – 19 years)

40

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

300

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

20

b. Provide information on the types of training that will be offered. (1500 character limit)

The volunteers who serve in the respite programming will be provided with trauma specific behavior training in children by CMFCAA.

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

The CMFCAA respite program will be provided six times per year (January, March, April, June, September, and October). The program venue will be the Activity and Recreation Center (ARC) located at 1701 W. Ash Street, Columbia, Missouri. Each event will be held on a Friday evening between the hours of 5:30-9:30 pm.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Eligibility for individuals utilizing respite programming include:

- Currently under the custody of the Missouri Department of Social Services, foster care case management agency, and/or currently adopted
- Ages of 4-18

c. Will program consumers be charged a fee for the proposed program service(s)?

No

Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

The State of Missouri is currently 49th in comparison with all the states in meeting adequate financial rates of support for children. In order to meet adequate rates the state would need to increase 130% to meet the national average of ongoing support for children and youth with "special needs." (Hitting the M.A.R.C., 2007). CMFCAA does not currently have any programming that requires a fee for any service by the families served. All funding for the respite programming is requested through this grant request.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Each volunteer assisting with the monthly respite program will complete a background check and a Division of Family Services records check. The volunteers will also be trained in trauma specific behavior training by CMFCAA.

The ARC supervision/staff have bachelor and master degrees in recreation, administration, program management and are certified in CPR and First Aid.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

Provide the name of the accreditation agency. (300 character limit)**c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.**

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

AdoptUSKids explains the keys to success and best practices are keys to the success of respite programming (Lessons From the Field, 2012). These best practices include:

- Strong collaboration,
- Involvement of stakeholders, and
- Leadership and commitment

Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

CMFCAA provides all three levels of best practices as outlined by AdoptUSKids. These best practices allow CMFCAA to wrap around families who are caring for children with "special needs" and offer them an opportunity for families to reduce stress, reconnect with their spouse, increase families preservation and encourage attachment.

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

AdoptUSKids a recognized expert in the field of child welfare. Their information is cited by the Children's Bureau, which is a division of the U.S. Department of Health and Human Services. Goals for the Boone County Respite program are modeled from the AdoptUSKids published guides to assist parent group leaders on how to fully implement respite program: Taking a Break and Lessons From the Field.

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)**e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)**

The monthly respite program promotes healing through stress reduction and improves the overall family cohesiveness. Having a short-term break allows caregivers to take a deep breath, reflect on their opportunities, and can create a deeper sense of gratitude. The short term break also promotes family preservation while decreasing the inability to navigate the struggles of caring for abused and neglected children. CMFCAA's respite programming also promotes self-esteem and the ability to remove the stigma surrounding children in foster care. The opportunity for children to connect with peers of similar understanding validates their worth. These kids are able to express the same type of experience, strength and hope.

Often sibling groups in foster care are separated from siblings in order to be placed in adequate homes. The respite programming has provided multiple opportunities for siblings to be together in an environment that provides the opportunity for healthy play and interaction.

Consistent volunteers have also provided a measure of security for families participating in the respite programming. Families are more secure in leaving their child/youth with familiar volunteers. Children are able to create additional healthy bonds and responses to safe and predictable adults. These additional healthy positive interactions allow for the reduction of the ACE score for each child/youth.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

CMFCAA provides the following surveys to families who utilize the respite programming:

- Family Support Outcome Survey
- Protective Factors Survey
- Child Behavior Checklist

The surveys are provided in paper form and electronically. They are used primarily to provide feedback to CMFCAA for continuous improvement and evaluation of the respite program. They are also designed to provide information about the increased knowledge, effectiveness of the services provided as well as the elimination of disruption of child placements in families.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

The Family Support Program Outcome survey is provided to each family in order to gauge the level of support needed from CMFCAA. It is provided multiple times throughout the year. The Protective Factors Survey is provided at each respite event. The Child Behavior Checklist is provided electronically to families who participate in the respite program. These surveys measure stress reduction, positive behavior responses, support system implementation, and reduction of disruption of child placement. The families who participate in the respite program share their experience through these surveys. The primary purpose of the surveys are to provide feedback to CMFCAA for continuous improvement and evaluation purposes of the respite program.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

CMFCAA's monthly respite program collaborates with the Activities and Recreation Center (ARC) in Columbia, the Missouri Department of Social Services, Boone County Children's Division, Great Circle, and other licensing agencies to provide out of home respite programming unique to the current type of respite services provided in the Boone county area. The strong collaboration with the above mentioned agencies brings years of experience, expertise and safety for the children we serve. The program also provides respite that is packed with positive play experiences, peer-to-peer connections, new experiences, stress reduction, increasing social skills and increasing healthy relationships.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500487043_40691_ARCMOU2018.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 President/CEO	MQ1 BSSW	FTE1 1.00	SR1 FROM \$50,000.00	SR1 TO \$55,000.00
P2 Operations Director	MQ2	FTE2 1.00	SR2 FROM \$40,000.00	SR2 TO \$45,000.00
P3 Program Coordinator	MQ3 BA	FTE3 1.00	SR3 FROM \$30,000.00	SR3 TO \$35,000.00
P4	MQ4	FTE4 0.00	SR4 FROM \$0.00	SR4 TO \$0.00
P5	MQ5	FTE5 0.00	SR5 FROM \$0.00	SR5 TO \$0.00
P6	MQ6	FTE6 0.00	SR6 FROM \$0.00	SR6 TO \$0.00
P7	MQ7	FTE7 0.00	SR7 FROM \$0.00	SR7 TO \$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The respite program will be managed directly by the Program Coordinator. The Program Coordinator is specifically responsible for the partnership with the ARC, development of respite programming, recruitment and training of volunteers, communication with foster/adoptive families and distribution of surveys and tracking of outcomes. The current Program Coordinator hold a Bachelors degree and is a former foster/adoptive youth herself.

The President/CEO supervises the Program Coordinator. The President is also responsible for the fund development and community support requests that support the program. The President/CEO holds a Bachelors degree and is a former foster youth and a current foster and adoptive parent.

The Operations Director assists the Program Coordinator with tracking outcomes, communicating events, marketing of events, and training volunteers. The Operations Director assists the President/CEO with fund development and community support requests that support the program. She is currently a foster and adoptive parent as well.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Request for support of Boone County Respite Program	\$21,870.00	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %

	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	21870	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$2,100.00	10
Personnel Narrative (300 character limit)		
15% of respite specific salary for the following FTEs: President/CEO Operations Director Program Coordinator		
2. Non-Personnel	2.	2. %
	\$19,770.00	90
Non-Personnel Narrative (300 character limit)		
Unit ARC cost (\$14.85 per hour) (50 youth @ 4 hours each event x 6 events = \$17,820) Materials (\$300) Indirect expenses (25% of 12 month Boone office rent = \$1,650)		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	21870	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

CMFCAA staff and Board of Directors designed a strategic plan with a detailed fund development section in April of 2016. The fund development plan has specific strategies to diversify funding streams via mailings, Board of Director relationships, church matching campaigns, and increased special fundraising events. Strategic plan is available upon request.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>



Reference List: (5000 character limit)

CDC-Kaiser ACE Study (<https://www.cdc.gov/violenceprevention/acestudy/about.html>)
Hitting the M.A.R.C., (2007). Establishing Minimum Adequate Rates for children. 1, 5-9.
Lessons From the Field, AdoptUSKids, (2012). Respite Lowers Parents' Stress, Creating and Sustaining Effective Respite Services. 1, 11-12.

St. Louis Children's Service Fund, (2016-17). List of Approved Units of Service. 1, 57-58.
Taking A Break, AdoptUSKids, (2013). Creating foster, Adoptive and Kinship Respite Care in Your Community. 1, 3-41.

Linked 'Agreement Form - V3' Records

Link Instructions - Agreement Form - V3

Agreement Form - V3				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Central Missouri Foster Care & Adoption Association(CMFCAA)	Boone County Respite Program					Added on 12/20/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Agreement Form - V3.1' Records

Link Instructions Agreement Form - V3.1

Program Services 1-5 (V3)

Children's Services Fund - POS 2017 (Year End...

Quick View Information

Grant	Children's Services Fund - POS 2017 (Year End Reporting ends 02/01/2019 12:01 PM CST)
Organization Name (will aut...	Central Missouri Foster Care & Adoption Association(CMFCAA)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Boone County Respite Program
Amount of Request	\$21,870.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$21,870.00

b. Describe how the funds will be utilized. (600 character limit)

The funds will be used to support the CMFCAA Boone County Respite Program. They will fund the collaborative fee charges by the Activities and Recreation Center, a portion of CMFCAA respite specific salary, materials, and a portion of the CMFCAA Boone County satellite office rent.

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

Out of Home Respite Care- Child

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Brief period of rest for family members, guardians, or regular caregivers by offering care of a child in a community-based setting

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The CMFCAA Boone County Respite Program will be an opportunity for foster and adoptive youth ages 4-17 to receive four hours of respite six times per year in collaboration with the Activities and Recreation Center in Columbia, Missouri. The youth will be provided a meal and activities including arts and crafts, swimming, gymnasium activities, and other activities. The CMFCAA Program Coordinator will supervise the event with the assistance of ARC staff and trained volunteers.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One hour

b. Unit Rate (#1)

\$18.23

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc.)(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

Yes

Indicate the publicly available rate and describe the source. (#1) (600 character limit)

Unit rate is approximately derived from the St. Louis Children's Service Fund List of Approved Units of Service

d. Total Number of Units of Service to be Provided (#1)

1200

e. Total Number of Unduplicated Individuals (#1)

300

f. Average Number of Units of Service per Unduplicated Individual (#1)

4

g. Average Cost of Service per Individual (#1)

72.92

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

No

Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

The State of Missouri is currently 49th in comparison with all the state in meeting adequate funding rates for support of children. In order to meet adequate rates the state will need to increase 130% to meet the ongoing support for children and youth with special needs. CMFCAA has no fee attached to any of our direct services that must be paid the families that we serve.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

Out of home respite care is not covered by state provided insurance.

Service #1 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Local Funding Chart

FUNDERS (#1)	UNIT RATE (#1)	CONTRACTED UNITS (#1)	TOTAL AMOUNT CONTRACTED (#1)
a. Boone County - Children's Services Funding (#1)	1a1. \$17.71	1a2. 816	1a3. \$14,451.64
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)**

\$21,870.00

b. Proposed Number of Units of Service (#1)

1199.67

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

This request is made in order to continue the respite programming currently provided to foster and adoptive youth in Boone County. The amount requested is for 300 youth to receive 4 hours each of respite.

ARC cost (300 youth @ \$14.85 per hour for 4 hours each): \$17,820

Materials (\$50 per event @ 6 events): \$300

Staff salary (15% of respite salary for 3 FTEs): \$2,100

Indirect costs (25% rent of Boone County satellite office): \$1,650

Total annual cost of respite program: \$21,870

Service #1- Performance Measures**Outcome (1-1)**

Decrease in foster and adoptive family (all members, including children) stress and cohesiveness of family placement

Indicator (1-1)

85% of foster and adoptive families will report that they are better able to manage stress and anxiety related to emotions effectively without destructive or traumatic reactions.

Method of Measurement (1-1)

CMFCAA Protective Factors survey will be given to families during and/or post participation of services

Additional Outcome (1-2)

Increase in family (foster and adoptive) support and prevention of disruption of placement

Additional Indicator (1-2)

85% of foster and adoptive families will be able to express the increase of support systems have allowed them to manage stress and maintain healthy family relationships without the threat of disruption of child placement in their home.

Additional Method (1-2)

CMFCAA Family Support Program Outcome Survey will be given to foster and adoptive families during and/or post participation of services

Additional Outcome (1-3)

Increase in social skills and positive relationship interaction within foster and adoptive children and youth in each family unit

Additional Indicator (1-3)

75% of children and youth will be able to build positive communication, trust, and secure attachments to peers and adults rather than anxious, avoidant, or ambivalent emotional reactions

Additional Method (1-3)

Child Behavior Checklist will be given to foster and adoptive parents during and/or post participation of services

Additional Outcome (1-4)**Additional Indicator (1-4)****Additional Method (1-4)**

Additional Outcome (1-5)

Additional Indicator (1-5)

Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

CMFCAA has two major goals for the monthly respite program. One goal is to decrease family stress as a whole in effort to increase family cohesiveness and prevent the disruption of child placement in the home. A second goal is focused directly on providing positive experiences that will help a child increase their ability to have healthy responses to peers and adults that allow them to build trust filled secure attachments.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Most foster and adoptive children who are currently in care are considered "special needs". The complexity and variety of these needs varies from child to child. It is vital that children in foster care or adoption seek professional counseling services at some point to address any past traumas. CMFCAA is prepared to recognize the signs of this need and offer referrals upon family requests.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

CMFCAA currently implements these measurements and utilizes these surveys in the majority of our direct service programs including the current Boone County respite programming. Measurements have indicated that these percentages are effectively reached on a consistent basis within our respite programs.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The Protective Factor survey is designed to measure protective factors in four areas: family functioning, social support, nurturing and attachment, and knowledge of parenting/child development.

The Family Support Program Outcome Survey and the Child Behavior Checklist are designed to provide information about the increased knowledge, effectiveness of the services provides as well as the elimination of disruption of child placement in families.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

b. Service #2 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

b. Unit Rate (#2)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

d. Total Number of Units of Service to be Provided (#2)

0

e. Total Number of Unduplicated Individuals (#2)

0

f. Average Number of Units of Service per Unduplicated Individual (#2)

0

g. Average Cost of Service per Individual (#2)

0

Service #2 - Service Fee

a. Will the proposed service consumers be charged a fee? (#2)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

Service #2 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$0.00

b. Proposed Number of Units of Service (#2)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

d. Provide a rationale for each method of measurement (2). (600 character limit)

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

b. Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee**a. Will the proposed service consumers be charged a fee? (#3)****b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)****Service #3 - Local Funding**

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)**

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

Service #4 - Name, Definition, and Description

a. Service #4 - Taxonomy of Service Name (300 character limit)

b. Service #4 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service consumers be charged a fee? (#4)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

Service #4 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Service #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)
- d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

- a. Service #5 - Taxonomy of Service Name (300 character limit)
- b. Service #5 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)
- b. Unit Rate (#5)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

- c. Is the proposed Unit Rate tied to an established public funding rate? (#5)
- d. Total Number of Units of Service to be Provided (#5)
0
- e. Total Number of Unduplicated Individuals (#5)
0
- f. Average Number of Units of Service per Unduplicated Individual (#5)
0
- g. Average Cost of Service per Individual (#5)
0

Service #5 - Service Fee

- a. Will the proposed service consumers be charged a fee? (#5)
- b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Funding Request

- a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00
- b. Proposed Number of Units of Service (#5)
0
- c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- Provide a rationale for each method of measurement (#5) (600 character limit)



Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

43740

Linked 'Agreement Form - V3' Records

Link Instructions - Agreement Form - V3

Agreement Form - V3				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Central Missouri Foster Care & Adoption Association(CMFCAA)	Boone County Respite Program					Added on 12/20/2017
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0						

Linked 'Agreement Form - V3.1' Records

Link Instructions - Agreement Form - V3.1



CERTIFICATE OF LIABILITY INSURANCE

2/1/2019

DATE (MM/DD/YYYY)

1/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME:	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
INSURED 1432522 Great Circle P.O. Box 189 St. James MO 65559	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Philadelphia Indemnity Insurance Co.	NAIC # 18058
	INSURER B: Sentry Casualty Company	NAIC # 28460
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES GRECI **CERTIFICATE NUMBER:** 15088391 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	N	PHPK1772066	2/1/2018	2/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	PHPK1772066	2/1/2018	2/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	90-19923-01	2/1/2018	2/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability	N	N	PHPK1772066	2/1/2018	2/1/2019	Each Incident: \$1,000,000 Aggregate Limit: \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE COUNTY OF BOONE, MISSOURI IS ADDITIONAL INSURED UNDER GENERAL LIABILITY AND AUTOMOBILE LIABILITY AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

15088391

COUNTY OF BOONE, MISSOURI
C/O PURCHASING DEPARTMENT
613 E. ASH STREET
COLUMBIA MO 65201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

My name is Julia Adami. I am an authorized agent of Great Circle (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Julia Adami 11/12/18
Affiant Date

Julia Adami
Printed Name

Subscribed and sworn to before me this 12 day of November, 2018.

Robert A. Thomas
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

Company ID Number: 165748

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **Boys & Girls Town of Missouri - South Central Region** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

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5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

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8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

- A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
- B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

Company ID Number: 165748

rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (1)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

Company ID Number: 165748

a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

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ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

Company ID Number: 165748

the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

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without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer Boys & Girls Town of Missouri - South Central Region

Cindy Boles

Name (Please type or print)

Title

Electronically Signed

11/19/2008

Signature

Date

Department of Homeland Security – Verification Division

Company ID Number: 165748

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

11/19/2008

Signature

Date

Company ID Number: 165748

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: Boys & Girls Town of Missouri - South Central Region

Company Facility Address: 13160 CR 3610
St James, MO 65559

Company Alternate Address: P.O. Box 189
St James, MO 65559

County or Parish: PHELPS

Employer Identification Number: 430681471

North American Industry
Classification Systems Code: 623

Parent Company: Boys & Girls Town of Missouri

Number of Employees: 100 to
499 Number of Sites Verified for: 4

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 4 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Andrea Westart**
Telephone Number: **(573) 265 - 3251 ext. 188** Fax Number: **(573) 265 - 8320**
E-mail Address: **andrea.westart@bgtm.org**



Employment Eligibility Verification

Welcome
Andrea Westart

User ID
AWES0219

Last Login
11:48 AM - 09/14/2015

Log Out



Click any ? for help

Home

My Cases

New Case

View Cases

Search Cases

My Profile

Edit Profile

Change Password

Change Security Questions

My Company

Edit Company Profile

Add New User

View Existing Users

Close Company Account

My Reports

View Reports

My Resources

View Essential Resources

Take Tutorial

View User Manual

Share Ideas

Contact Us

Company Information

Company Name: Great Circle

View / Edit

Company ID Number: 165748

Doing Business As (DBA)
Name:

DUNS Number:

Physical Location:

Address 1: 13160 CR 3610

Address 2:

City: St James

State: MO

Zip Code: 65559

County: PHELPS

Mailing Address:

Address 1: P.O. Box 189

Address 2:

City: St James

State: MO

Zip Code: 65559

Additional Information:

Employer Identification Number: 430681471

Total Number of Employees: 500 to 999

Parent Organization:

Administrator: Boys & Girls Town of Missouri

Organization Designation:

Employer Category: None of these categories apply



AGREEMENT FOR PURCHASE OF SERVICES

Crisis Intervention Programs: True North Children's Program

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **True North of Columbia, Inc.** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **True North**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, True North has submitted a complete Request for Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to True North thereof; and

WHEREAS, the BCCSB has approved the Request for Proposal Application in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY TRUE NORTH

True North is expected to the greatest extent possible to maximize funding from all other sources. True North shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. True North shall only request reimbursement for services not reimbursable by any other source. True North shall not invoice the Children's Services Fund for units of service invoiced to another funding source. True North shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** True North will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request of Proposal #35-13SEP18 (Crisis Intervention) and True North's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over True North's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The BCCSB agrees to purchase from True North and True North agrees to furnish the **True North Children's Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the Request for Proposal Application and as presented in True North's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$31,501.92** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. True North agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of True North be renewed for **an additional two (2), one-year period**. True North agrees and understands that the BCCSB may require supplemental information to be submitted by True North prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Family Development	One hour	\$70.00	115	\$8,050.00
Positive Youth Development	15 minutes	\$17.50	710	\$12,425.00
Social/Emotional Screening (Child)	One screening	\$29.60	257	\$7,607.20
Social/Emotional Screening (Parent)	One screening	\$50.29	68	\$3,419.72

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of True North, the BCCSB agrees to pay interest at a

rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by True North to monitor service delivery and program expenditures. True North agrees to submit to the BCCSB an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by True North and, if so stipulated, are noted on this contract document. Payments may be withheld from True North if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. True North agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** True North also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of True North's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from True North, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** True North agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect True North's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, True North hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event True North requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from True North may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with True North's policies and procedures and in accordance with any local/state/federal regulations. True North agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. True North must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** True North will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** True North agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to True North's provision of such services.

14. **Accreditation/Licensure/Certifications.** True North must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** True North agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and True North, and this shall include any transaction in which True North is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** True North may enter into subcontracts for components of the contracted service as True North deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, True North shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring

requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** True North agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. True North shall require each subcontractor to affirmatively state in its Agreement with the True North that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide True North a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** True North agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against True North or any individual acting on the True North's behalf, including subcontractors, which seek to enjoin or prohibit True North from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If True North ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if True North no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, True North will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event True North, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to True North as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should True North fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, True North shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the True North for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. Insurance Requirements. True North shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. **Worker's Compensation and Employers' Liability Insurance:** True North shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, True North shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by True North.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. **Comprehensive General Liability Insurance:** True North shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. True North shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

True North shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of True North in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to True North.

c. **Professional Liability Insurance:** True North is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

d. **Commercial Automobile Liability:** True North shall maintain during the life of this contract, Commercial Automobile Liability Insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the True North's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

23. **Indemnification.** To the extent permitted under Missouri law, True North agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **True North** (meaning anyone, including but not limited to consultants having a contract with True North or subcontractor for part of the services), or anyone directly or indirectly employed by True North, or of anyone for whose acts True North may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

24. **Publicity by the True North.** True North shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. True North will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. True North will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. True North agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

25. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and True North. The BCCSB does not recognize any of the True North's employees, agents, or volunteers as those of the BCCSB.

26. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

27. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

28. **Record Retention Clause.** True North shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

29. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:


Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

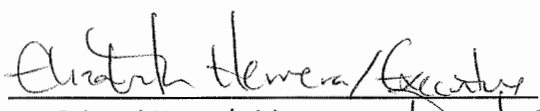
Any written notice or communication to True North shall be mailed or delivered to:

True North of Columbia, Inc.
Attn: Elizabeth Herrera
P.O. Box 1367
Columbia, MO 65205-1367

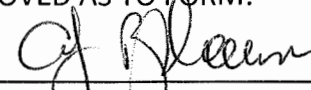
IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

True North of Columbia, Inc.

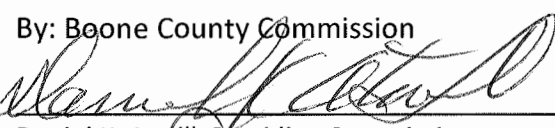
By: 
Signature

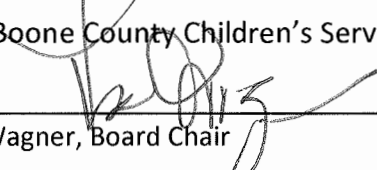
By: 
Printed Name/ Title

APPROVED AS TO FORM:


County Counselor

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

Les Wagner, Board Chair

ATTEST:


Taylor W. Burks, County Clerk 

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note:

Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

<u>June Pitchford by jg</u>	<u>12/20/2018</u>	<u>(2161/71106/\$31,501.92)</u>
Signature	Date	Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 16, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: 35-13SEP18 – Crisis Intervention Programs

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: True North of Columbia
Address: P.O. Box 1367
Columbia, MO 65205-1367
Telephone: (573) 875-0503 Fax: (573) 875-0518
Federal Tax ID (or Social Security #): 43-1483863
Print Name: Elizabeth Herrera Eichenbequer Title: Executive Director
Signature: [Handwritten Signature] Date: 10.16.18
E-mail: eherrera@truenorthofcolumbia.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #35-13SEP18 – Crisis Intervention Programs

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by **October 10, 2018, 12:00 p.m.** by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	True North of Columbia, Inc.
Name of Program	True North's Children's Program

Organization Profile	
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1. The Organizational Chart is missing from the Organization Profile.
Action Required: Upload the Organizational Chart in Apricot. - DONE
2. The information currently uploaded to the Strategic Plan is the Mission Statement/Goals.
Action Required: Upload the Strategic Plan to Apricot in the Organization Profile. The Statement currently loaded on the agency's profile was the strategic plan developed in 2014. These goals have since been met and the agency's board is currently developing a new strategic plan. The Strategic Planning Committee hopes to have a draft ready by January 1, 2019 and an actionable plan ready by the end of the first quarter in 2019.
3. The Bylaws state that there shall not be more than 13 Board Members but the list in the Governing Board section shows 14 members.
Action Required: Provide an explanation below and update, if necessary, the Governing Board chart in Apricot.

The Board created a non-voting "President Emeritus" position in 2018 . Technically, this is an advisory only position but, because it is not part of a formal advisory board, we included it in our board roster.

4. The 990 Form is dated 2016.
Action Required: Upload the most recent 990 Form to the Organization Profile in Apricot. True North's 2017 990 is pending. Extension requests were filed by our accountants and we should have a final draft of this document by the end of November.

Program Overview Form	
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Consumer Demographics

5. There are consumers who receive services who are residents of “other” counties.

Action Required: Who pays for services for those who reside outside of Boone County?

Services provided to residents who arrived from another county (all services are provided IN Boone County) are funded through general contributions and DSS State and Federal monies.

6. The Consumer Demographic section states that there are 200 unduplicated individuals but Service #4 shows that they are serving 400 unduplicated individuals. When I review Service #4, our copy shows we intend to serve 70 unduplicated individuals with 400 units of service. Service #3, however, Emergency Shelter, did inadvertently include ALL the shelter residents we anticipate serving annually (we did not ask the county for funding for this service). This service should not have been included with our Children’s Program. We originally included this service as part of the children’s program only because getting the children and their parents safe is the first step in providing effective services. However, this service is actually part of our Emergency Shelter program – not our Children’s program which includes participants who are both residents AND non-residents. Both Crisis Intervention and Case Management (Services 4 and 5 respectively) are provided as part of our Children’s Program and, thus, remain on the proposal although we are not asking Boone County to fund these services.

We would like to eliminate Service #3 from our proposal.

Action Required: Update the Consumer Demographic section below reflecting all the unduplicated individuals for the whole program. Add any individuals without children to the Parent/Guardian age groups. – No Update required – see above explanation.

Residence	
Boone County (includes City of Columbia residents):	
City of Columbia:	
Cooper County	
Howard County	
Other Counties:	
Residence Total:	
Race:	
White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native (alone)	
Native Hawaiian or other Pacific Islander (alone)	
Some other Race	
Race Total:	
Ethnicity:	
Hispanic or Latino (of any race)	
Not Hispanic or Latino	

Ethnicity Total:	
Gender	
Female	
Male	
Other	
Gender Total:	
Income	
At or below 200% of Federal Poverty Level	
Over 200% of Federal Poverty Level	
Income Total:	
Age	
Infant/Toddler (birth – 2 years)	
Preschool (3 years – 5 years)	
School Age (6 years – 11 years)	
Middle School (12 years – 14 years)	
High School (15 years – 19 years)	
Parent/Guardian (19 year and younger)	
Parent/Guardian (20 years and over)	
Age Total:	

Program Quality and Collaboration

7. In the Program Quality section, it states that in 2017 you began implementing CORE philosophies.

Action Required: Provide more information on the CORE philosophies below, what ages does CORE cover, and how many staff have been trained on these CORE philosophies. Provide this information in the section below.

True North's Children's Program has adapted Head Start's CORE Curriculum philosophies to inform its programming. Although the curriculum itself was originally designed for use in classrooms for pre-school to second grade youth, True North's Children's Program Coordinator has adapted the underlying philosophies of this curriculum to guide the implementation of True North's Children's Program for all youth (0-17). These principles are as follows:

- 1) Establish a **supportive learning environment** for children, parents, and staff in which the processes of enhancing awareness, refining skills, and increasing understanding are valued and promoted.
- 2) Recognize that the True North "family"—children, families, and staff—have roots in **many cultures [and languages]**. True North families and staff, working together as a team, can effectively promote respectful, sensitive, and proactive approaches to diversity.
- 3) Understand that the **empowerment of families** occurs when program governance is a responsibility shared by families, governing bodies, and staff and when the ideas and opinions for families are heard and respected.
- 4) Embrace a **comprehensive vision** of health for children and families and staff, a vision that ensures that basic health needs are met; encourages practices that prevent future illnesses and injuries; and promotes positive, culturally relevant health behaviors that enhance life-long well-being.
- 5) Respect the importance of all aspects of an **individual's development**, including social, emotional, cognitive, and physical growth.
- 6) Build a community in which each child and adult is **treated as an individual** while at the same time, a sense of belonging to the group is reinforced.
- 7) Foster a relationship with the **larger community**, so that families and staff are respected and served by a network of community agencies that work in partnership with one another.
- 8) Develop a **continuum of care**, education, and services that allows stable, uninterrupted support to families and children during and after their True North experience.

The True North Children's Program Coordinator has a background in early childhood education and served as a teacher at Head Start for several years. She has researched the philosophies above and determined these are best practices in the field for developing multi-age programming and she trains all interns and childcare volunteers in these philosophies.

8. In the Program Quality section, it states that in 2017 you began implementing Triple P.
Action Required: Provide more information on Triple P below, what ages does Triple P cover, and how many staff have been trained on Triple P. Have there been staff trained on Triple P? If so, how were they trained? Provide this information in the section below.

In early 2018, True North's Children's Program Coordinator attended a full 3-day certification training on implementing the Triple P curriculum. All Triple P trainers are extensively trained in the Triple P programs and have minimum qualifications of a Masters (or equivalent) in educational or clinical psychology. In early 2018, True

North also purchased all required curriculum materials for full implementation of Triple P. The Triple P – Positive Parenting Program ® is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. Triple P isn't a single program, but rather a suite of interventions of increasing intensity for parents of children birth–16 years. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential. Triple P draws on social learning, cognitive behavioral and developmental theory as well as research into risk factors associated with the development of social and behavioral problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support. And while it is successful in improving behavioral problems, more than half of Triple P's 17 parenting strategies focus on developing positive relationships, attitudes and conduct. Triple P is delivered to parents of children up to 12 years, with Teen Triple P for parents of 12 to 16 year olds. Within each level, there is a choice of delivery methods. This ensures Triple P is flexible enough to meet the needs of individual and specific communities. It is designed to give parents as much help as they need – but not too much – to prevent over-servicing and encourage self-sufficiency.

9. What type of trauma curriculum is used for youth that are older than 15/16 years of age?

Action Required: Provide more information about this curriculum the section below.

Triple P curriculum for teens is used for 15-16 year olds. 17 and 18 year olds who are not primary victims of domestic or sexual violence (these follow our regular adult trauma-informed programming) work with our Children's Program Coordinator using a combination of the trauma-informed care provided to their parents, prevention and education programming provided in the school system and Triple P. Underlying all services, the guiding CORE philosophies remain in force. As stated in the original proposal, all programming for youth is highly individualized based on each child's developmental (not chronological) age.

Program Personnel and Budget

10. The Program Budget should include revenues and expenses that fund the whole program. Make sure all funds currently listed support the program and the services were proposed. There are funds currently listed from the Grants, Fund Raising & Other Direct Support, Domestic Violence Fund, City of Columbia, and Federal Funds. Do these funding sources pay for any of the Children's Program? If not, they need to be removed from the budget.

Action Required: Update the Program Budget making sure to only include funds that directly support the Children's Program. Updated the numbers in the column labeled UPDATED AMOUNT:

TOTAL PROGRAM REVENUE		UPDATED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$
Narrative:		
B. Other United Ways		\$
Narrative:		
C. Capital Campaigns		\$
Narrative:		
D. Grants (non-governmental)		\$10,000.00
Narrative: Foundation support for materials, equipment or specific projects as part of the Children's Program.		
E. Fund Raising & Other Direct Support		\$2,500.00
Narrative: Allocated donations and proceeds from fundraising events supporting services and/or activities provided by the Children's Program		
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding		\$31,500.00
Narrative: Funding to support parenting skills training and positive youth development – covers 13.88% of the Children's Program Coordinator, supplies and general operations of the program (pro-rated utility, maintenance, etc.)		
B. Boone County - Community Health Funding		\$
Narrative:		
C. Boone County - Other Funding		\$
Narrative:		
D. Funding from Other Counties		\$
Narrative:		
E. City of Columbia - Social Service Funding		\$ 2,012.50
Narrative: Funding that supports Case Management and Crisis Intervention services provided by the Children's Program Coordinator, childcare volunteers and interns.		
F. City of Columbia - CDGB/Home Funding		\$
Narrative:		
G. City of Columbia - CHDO Funding		\$
Narrative:		
H. City of Columbia - Other Funding		\$
Narrative:		
I. Funding from Other Cities		\$
Narrative:		
J. Federal (Medicaid, Title III, etc.)		\$ 27,000.00
Narrative: Includes Victims of Crime Act funding which supports 69% of the Children's Program Coordinator's salary and benefits.		
K. State (Purchase of Services, Grants, etc.)		\$
Narrative:		

L. Other (Schools, Courts, etc.)	\$
Narrative:	
3. Program Service Fees	\$
Narrative:	
4. Investment Income (realized & unrealized)	\$
Narrative:	
5. Other Revenue Items	\$
Narrative:	
TOTAL PROGRAM REVENUE	\$ 73,012.50
Narrative:	
PROGRAM EXPENSES	UPDATED AMOUNT
1. Personnel	\$43,010
Narrative:	Includes the Children's Program Coordinator, an allocated portion of the Volunteer & Training Coordinator, and an allocated portion of the agency's Executive Director's salary, FICA and health/dental benefits.
2. Non-Personnel	\$ 30,002.50
Narrative:	Includes Children's Program supplies, allocated general operation costs (electricity, phone utilities, etc.) and allocated office supply costs. Includes one annual large purchase item funded by a foundation (project-based for children's activities – new playground, for example, or basketball court).
TOTAL PROGRAM EXPENSES	\$73,012.50

Program Services Form (1-5)

11. After reviewing the proposal, the service names and outputs will need to be adjusted. Complete the remainder of the Written Clarifications and attached tables that aligns with the following information:

- Service 1 – change the service name to “Family Development” and list supporting service that are utilized in the described service. Our suggestion is: Family Development (includes: Parenting Skills Training, Family Education, Case Management)
 - Case Management will include services that coordinate Triple P and CORE. Any other general Case Management activities will fall under Service 5 (Case Management).
 - Time spent completing Triple P assessments will be listed as a separate service. See Service 6.
- Service 2 – keep service name as Positive Youth Development but move time completing assessments to service 6. See clarification questions below.
- Service 3 – keep as Domestic Violence Shelter
- Service 4 – keep as Crisis Intervention
- Service 5 – keep as Case Management based on the description provided in the proposal.

- Service 6 – add as Social Emotional Screening. The unit measure will be “one screening” and will include screenings/assessments described in Service 1 and 2. Adjust the outputs to reflect the time, rate, and number of screenings that will be completed.

Program Service 1 – Family Development (previously Parenting Skills Training)

12. The outputs will need to be adjusted to remove time spent completing assessments.

Action Required: Provide this update in the *Service Change Table*.

See Service Change Table.

13. The average number of units of service per individual seems low to make significant amount of progress with families.

Action Required: Provide justification on the proposed number of units (given assessments being taken out of the number of units).

The number of units of service may vary significantly between higher and lower functioning parents. Triple P is designed to be flexible and most parents in our care will opt to work on one or two behavioral outcomes while in Shelter and continue to use the philosophies and curriculum they learned during their stay to guide their parenting in the future. Because many of those participating in the children’s program are doing so while they are residing in shelter, this limits direct service provision to a 20-30 day window. Although parents have the option of continuing Children’s Program services after they leave shelter, we do not yet have consistent data on how many will opt to continue services. Therefore, the number of services estimated is deliberately conservative. Finally, one of the best things about the Triple P curriculum is that parents take materials with them and can continue learning after they leave True North direct services.

Service 2 – Positive Youth Development

14. The service description described techniques utilized for children program but lacked clarity on the structure of the delivery of the service.

Action Required: Provide more information on how the service will be tracked and delivered.

The Children’s Program Coordinator assesses each child and creates a service plan for that child based on their developmental age and individual needs. Services are provided in both one-on-one and group formats and group services are typically offered when the program has several children of similar developmental ages with similar goals and/or when socialization skills are being addressed. All children participating in the program receive one-on-one services, however. Services may be based on play interaction, one-on-one discussions with the Children’s Program Coordinator, activity-driven, etc. and the delivery method, the type of service, the length of service time, and the goal of each service is based on the service plan developed early in a child’s participation in the program. Services are recorded on

the agency database and in each child's case file with notes on progress made, new issues to be addressed, etc.

15. The outputs will need to be adjusted to remove time spent completing assessments.

Action Required: Provide this update in the *Service Change Table*.

See Service Change Table.

Service 4 – Crisis Intervention/Service 5 – Case Management

16. The Performance Measures were not included in your proposal.

Action Required: Complete the attached *Service Change Table* with updates for each service.

Service 6 – Social/Emotional Screening

17. The screenings will include the Triple P assessments and other assessments described in Service 2. The unit measure is required to be "one screening". Individuals can receive multiple screenings and should be reflective in the total number of units to be provided. Include any costs (time, cost of tools, evaluation, etc.) involved in conducting screenings to establish a unit rate.

Action Required: Complete the *Service Change Table* to reflect this change. Provide information on how the unit rate was developed in the field below.

See Service Change Table.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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18. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Table			
Organization Name: True North of Columbia, Inc.			
Program Name: True North Children's Program			
Service #1 – Taxonomy of Service Name: Family Development (includes: Parenting Skills Training, Family Education, Case Management)			
Service #1 – Taxonomy Definition of Service: Strengthens families and individual family members by promoting positive social-emotional and physical development and healthy relationships. This service must include at least two other related services in the <i>Taxonomy of Services</i> .			
<p>Provide a detailed description of the proposed service:</p> <p>Parents enrolled in True North's Triple P – Positive Parenting Program meet with the Children's Program Coordinator to work on their individual parenting goals and may meet in groups to discuss children's issues with other parents with similar concerns. The Children's Program Coordinator tailors both the level of the program (there are five) and her delivery (individual or group) to suit different parents – for example, with a particular ethnicity or for parents with low literacy. She can provide the sessions in individual or group settings, depending on the current shelter census, the functionality of the parents residing in the shelter, and the individual needs of the parents. The principles at the heart of Triple P encourage parents to choose their own parenting goals, with regard to their own beliefs and values. In order to reap full benefits of the program, parents should master at least one of their goals before they leave the shelter (they are often able to complete more), and attend a minimum of three sessions. Triple P offers parents activities/techniques to work on with their child when they are not actively receiving services and progress from session to session is noted on child behavioral charts developed for each individual child and parental relationship indicator charts developed for each parent. Both the parent and the Children's Program Coordinator review positive or negative changes on these charts each session and course corrections or positive reinforcements are applied as indicated. Take home tip sheets are included with the curriculum. Triple P is a parenting and family support system designed to prevent and treat behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support. While Triple P is successful in improving behavioral problems, more than half of Triple P's 17 parenting strategies focus on developing positive relationships, attitudes and conduct.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$70.00	115	55
Funding Request			
Amount Requested to Boone County: \$11,550.00		Proposed Number of Units of Service:165	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Parents will attend a minimum of three sessions of Triple P programming.	At least 70% of the parents participating in family development will complete at least three sessions of Triple P programming.	Apricot/Osniun database service documentation Parent case files
Child behaviors will improve during service provision.	At least 80% of the children whose parents are participating in parenting sessions will demonstrate an improvement in targeted behaviors.	Child behavioral charts
Parent/child relationships will improve.	At least 80% of the parents/children participating in the program will show improvement in the parent/child dynamic.	Parental Relationship Charts

Service Change Table

Organization Name: True North of Columbia, Inc.

Program Name: True North Children's Program

Service #2 – Taxonomy of Service Name: Positive Youth Development

Service #2 – Taxonomy Definition of Service: Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.

Provide a detailed description of the proposed service:

The True North Children's Program Coordinator and assigned, fully trained child care volunteers provide child sessions to resident children (and non-residential children whose parents request these services). All True North Child Care volunteers receive a minimum of 10 hours of basic child development, and the Children's Program Coordinator has extensive knowledge and experience in child development and in the implementation of techniques and curricula that promote developmental progress. The purpose of child sessions is to ensure each child reaches age-appropriate developmental milestones socially, emotionally, cognitively, and physically during their stay at the shelter and/or to address inappropriate behavior or developmental "gaps." To ensure the child has a solid developmental foundation, the program uses a technique called "scaffolding", a practice of building on concepts the child has already mastered before moving on to more difficult concepts. Services are provided in both one-on-one and group formats and group services are typically offered when the program has several children of similar developmental ages with similar goals and/or when socialization skills are being addressed. All children participating in the program receive one-on-one services, however. Services may be based on play interaction, one-on-one discussions with the Children's Program Coordinator, activity-driven, etc. and the delivery method, the type of service, the length of service time, and the goal of each service is based on the service plan developed early in a child's participation in the program. Services are recorded on the agency database and in each child's case file. Behavioral issues specifically being addressed are also recorded on a child's individual behavioral chart to be reviewed with parents during parenting sessions. Appropriate

development plays a crucial role in a child's ability to overcome past traumas. If a child is behind in any one area of their development, it adds an additional barrier they will need to overcome before they can begin the healing process. True North's Children's Program focuses heavily on positive interaction and connection between child and adult. Children thrive in an environment where they are given support and encouragement. With this in mind, the Children's Program Coordinator utilizes PBS (positive behavior support) during every interaction with a child, limiting the number of times a child is told "no" or "stop". Research indicates that positive interactions have a greater chemical effect on the brain and lessons reinforced with positive feedback are far more lasting than lessons learned through negative reinforcement. True North also recognizes that all behavior is the result of an unmet need. This is true for both child and adult. It is the mission of the Children's Program to meet these needs through appropriate outlets. Consequently, child care staff utilize a "calm-down spot" and "calm-down tools" available to every child at all times. This allows a child who is angry, sad, upset, etc. to express his or her emotions in a healthy and safe way. Some tools used include: Sunglasses (for children with ego-centrism), Stress balls (for squeezing), Squishy material (for biting), a pinwheel (for blowing and controlling breathing), lavender essential oil (for aroma therapy), and a small "snuggle buddy" or stuffed toy (for tactile comfort). There is also an area where children may safely throw balls, should they need to throw an object. Although highly individualized, then, child sessions are structured based on the developmental levels of each child and the written plan to help the child reach his/her next milestone. These sessions may take place in the Children's Cabin or outdoors on the Children's Playground depending on the milestone to be gained.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$17.50	710	145

Funding Request

Amount Requested to Boone County: \$12,425.00	Proposed Number of Units of Service: 710
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Performance Measures

Outcome:	Indicator:	Method of Measurement:
Children participating in the Children's Program will gain in socioemotional, cognitive and/or physical development while receiving services.	At least 70% of the children accessing child sessions will achieve developmental milestones during service provision.	Child Behavioral Charts Child Case Files

Service Change Table		
Organization Name: True North of Columbia, Inc.		
Program Name: True North Children's Program		
Service #3 – Taxonomy of Service Name: Crisis Intervention		
Service #3 – Taxonomy Definition of Service: Access to services to resolve an immediate crisis and/or link to ongoing assistance.		
<p>Provide a detailed description of the proposed service: Crisis Intervention helps victims stabilize emotions, clarify issues, explore resolutions of an immediate crisis, & plan for future safety (safety planning) & are completed using MCADSV's 3-phase standard: 1) Assess/connect; 2) Provide information, Intervention & Support; and 3) Review materials. The Children's Program Coordinator or her volunteers and interns provide crisis intervention in our Children's Program. These individuals help parents or their children resolve crises that may involve safety (physical or emotional) but may also involve discipline issues, behavioral concerns, or parental bonding.</p>		
Outputs		
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:
15 minutes	\$17.50	50
		Total Number of Unduplicated Individuals:
		45
Funding Request		
Amount Requested to Boone County: 0.00		Proposed Number of Units of Service: 0.00
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Victims of IPV or sexual assault will resolve an immediate crisis.	At least 80% of victims responding on TN Questionnaires will report services provided were "Very Helpful."	TN Questionnaire completed anonymously by participant.
Victims of IPV or sexual assault will increase their knowledge of ways to plan for their safety.	At least 90% of victims responding on TN Questionnaires will report they know more ways to plan for their safety as a result of services	TN Questionnaire completed anonymously by participant.
Victims of IPV or sexual assault will feel more hopeful about their future.	At least 90% of victims responding on TN Questionnaires will report they are more hopeful about their future as a result of services.	TN Questionnaire completed anonymously by participant.

Victims of IPV or sexual assault will be better able to maintain their safety.	At least 90% of victims receiving services will have a written safety plan in place after service provision.	Exit Interview/Service Review completed by both staff and participant and client files reviewed by staff providing services.
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Service Change Table

Organization Name: True North of Columbia, Inc.

Program Name: True North Children's Program

Service #4 – Taxonomy of Service Name: Case Management

Service #4 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet and individual's health & human service needs-includes advocacy, communication, & resource management, promoting quality & cost-effective interventions & outcomes.

Provide a detailed description of the proposed service:

Case Management helps victims develop a personal goal plan, form strategies to overcome barriers, provides resources/referrals & assists victims in meeting self-supported living or other goals. Staff must meet MCADSV's standards in their knowledge of the issues and community resources. Our Children's Program Coordinator provides case management as part of our Children's Program. Services revolve around parenting and children's issues (developing and facilitating goals for the parent/child relationship, children's education, children's socialization or health needs, etc.).

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$17.50	70	50

Funding Request

Amount Requested to Boone County:

Proposed Number of Units of Service:

Performance Measures

Outcome:	Indicator:	Method of Measurement:
Victims of IPV or sexual assault will increase their knowledge of options available to them.	At least 90% of survey respondents will report that after receiving services they know more about their options.	TN Questionnaire completed anonymously by participant.
Victims of IPV or sexual assault will increase their knowledge of community resources available.	At least 90% of survey respondents will report that after receiving services they know more about the resources available to them in the community.	TN Questionnaire completed anonymously by participant.

Victims of IPV or sexual assault will improve their ability to establish achievable goals and will meet or make significant progress on these.	At least 70% of those exiting services will report they have met or made significant progress on at least 50% of their established goals.	Exit Interview/Service Review completed by both staff and participant.

Service Change Table

Organization Name: True North of Columbia, Inc.

Program Name: True North Children's Program

Service #5 – Taxonomy of Service Name: Social/Emotional Screening

Service #5 – Taxonomy Definition of Service: Identifies if a child is at risk for social emotional delays, problem behaviors, and potential mental health concerns.

Provide a detailed description of the proposed service:

The True North Children's Program Coordinator initially meets with parents residing in the emergency shelter or with non-residential parents within a few days of their intake. She conducts her own intake with the parent and conducts an assessment of the parent/child relationship, level of functioning of the parent, developmental stage of the child(ren), etc. She describes the services available to both parents and children. If parents choose to participate in the Triple P Positive Parenting Program, she administers a formal assessment to determine their current parenting "level" and works with them to develop parenting goals. The Children's Program Coordinator determines the current developmental stage of the child by completing an individual child intake and assessment. This assessment, which, depending on the age of the child, may look like "play" to outsiders, is an important step that helps the Program Coordinator determine how best to assist the child in reaching his or her next developmental milestone. To ensure the child has a solid developmental foundation, the program uses a technique called "scaffolding", a practice of building on concepts the child has already mastered before moving on to more difficult concepts. Although this process is not vocalized to the child, the assessment process and resulting determinations are easily reported to parents and other staff. "Post" assessments are also given upon a parent's completion of a Triple P "level" or at service termination. Post assessments help the Children's Program Coordinator determine the level of progress made and assess which techniques foster more positive outcomes.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$17.50	630	200

Funding Request

Amount Requested to Boone County:

Proposed Number of Units of Service:

Performance Measures

Outcome:	Indicator:	Method of Measurement:
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Children participating in the Children's Program will gain in socioemotional, cognitive and/or physical development during service.	At least 70% of the children accessing child sessions will achieve developmental milestones during service provision.	Intake (preassessments) and exit surveys (postassessments)
Children will be better equipped to understand and process the violence they have witnessed/experienced.	At least 85% of parents whose children utilized child session services and who complete a True North Survey will report their children have a better understanding of what has been happening at home.	True North Surveys
Parenting skills will improve.	At least 80% of the parents participating in parenting sessions will meet at least one stated goal.	Pre and post assessments using the Triple P curriculum.
Parent/child relationships will improve.	At least 80% of the parents/children participating in the program will show improvement in the parent/child dynamic.	Pre and post assessment using the Triple P curriculum Parental relationship charts

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: True North of Columbia, Inc.				
Program Name: True North Children's Program				
Program Outputs from all funding sources (including Community Health Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
1 Family Development	1 hour	\$70.00	115	55
2 Positive Youth Development	15 min	\$17.50	710	145
Domestic Violence Shelter				
3 Crisis Intervention	15 min.	\$17.50	50	45
4 Case Management	15 min.	\$17.50	70	50
5 Social/Emotional Screening	15 min.	\$17.50	630	200

Funding Request to Children's Services Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
1 Family Development	\$ 8,050.00	115
2 Positive Youth Development	\$12,425.00	710
Domestic Violence Shelter		
3 Crisis Intervention	\$ 0.00	0
4 Case Management	\$ 0.00	0
5 Social/Emotional Screening	\$11,025.00	630
Total Amount Requested to Boone County:	\$31,500.00	

Agreement Form - V3.1

Children's Services Fund - Crisis Intervention...

Quick View Information

Grant	Children's Services Fund - Crisis Intervention Programs (Agreement Form (V3.1) ends 12/31/2018 12:00 PM CST)
Organization Name (will aut...	True North of Columbia, Inc.
Fund Source	Children's Services Fund - Crisis Intervention Programs
Funder	Boone County
Funding Cycle	RFP #35-13SEP18
Name of Program or Project	True North Children's Program
Amount of Request	\$31,500.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

True North of Columbia, Inc.

Program Name

True North Children's Program

Date Completed

10/16/2018

Funder

Boone County

Funding Type

Children's Services Fund - Crisis Intervention Programs

Funding Cycle

RFP #35-13SEP18

County-Children's Services - Service Type

Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
 Unmarried parent services
 Prevention programs which promote healthy lifestyles among children and youth and strengthen families
 Crisis intervention services, inclusive of telephone hotlines
 Individual, group, or family professional counseling and therapy services

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way	(A) 1A. \$0.00
B. Other United Ways	(A) 1B. \$0.00
C. Capital Campaigns	(A) 1C. \$0.00
D. Grants (non-governmental)	(A) 1D. \$10,000.00
E. Fund Raising & Other Direct Support	(A) 1E. \$2,500.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding	(A) 2A. \$31,501.92
B. Boone County - Community Health Funding	(A) 2B. \$0.00
C. Boone County - Other Funding	(A) 2C. \$0.00
D. Funding from Other Counties	(A) 2D. \$0.00
E. City of Columbia - Social Service Funding	(A) 2E. \$2,012.50
F. City of Columbia - CDGB/Home Funding	(A) 2F. \$0.00
G. City of Columbia - CHDO Funding	(A) 2G. \$0.00
H. City of Columbia - Other Funding	(A) 2H. \$0.00
I. Funding from Other Cities	(A) 2I. \$0.00
J. Federal (Medicaid, Title III, etc.)	(A) 2J. \$27,000.00
K. State (Purchase of Services, Grants, etc.)	(A) 2K. \$0.00
L. Other (Schools, Courts, etc.)	(A) 2L. \$0.00

3. Program Service Fees**(A) 3.**

\$0.00

4. Investment Income (realized & unrealized)**(A) 4.**

\$0.00

5. Other Revenue Items**(A) 5.**

\$0.00

TOTAL PROGRAM REVENUE

(A) Total Revenue

73014.42

PROGRAM EXPENSES**1. Personnel****(A) 1.**

\$43,010.00

2. Non-Personnel**(A) 2.**

\$30,002.50

TOTAL PROGRAM EXPENSES

(A) Total Expenses

73012.5

Yearly Amount Request from Children's Services Fund**AGREEMENT REQUEST (A)**Year 1 Total Request**(A) Year 1 Total Request**

\$31,501.92

(A) Total Amount Requested

31501.92

ResidenceRESIDENCE**AGREEMENT RESIDENCE (A)**

City of Columbia

(A) City of Columbia

140

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

160

Cooper County

(A) Cooper County

5

Howard County

(A) Howard County

5

Other Counties

(A) Other Counties

30

RESIDENCE TOTAL

(A) Residence Total:

200

Race

RACE

AGREEMENT RACE (A)

White (alone)

(A) White (alone)

98

Black or African American (alone)

(A) Black or African American (alone)

88

Multiple Races

(A) Multiple Races

10

Asian (alone)

(A) Asian (alone)

2

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

1

Native Hawaiian or other Pacific Islander (alone)

(A) Native Hawaiian or other Pacific Islander (alone)

1

Some Other Race

(A) Some Other Race

0

RACE TOTAL**(A) Race Total**

200

Ethnicity

ETHNICITY

AGREEMENT ETHNICITY (A)

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

15

Not Hispanic or Latino

(A) Not Hispanic or Latino

185

ETHNICITY TOTAL**(A) Ethnicity Total**

200

Gender

GENDER

AGREEMENT GENDER (A)

Female

(A) Female

127

Male

(A) Male

73

Other Gender

(A) Other Gender

0

GENDER TOTAL**(A) Gender Total**

200

Income**INCOME****AGREEMENT INCOME (A)**

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL
190

Over 200% of FPL

(A) Over 200% of FPL
10**INCOME TOTAL****(A) Income Total**
200**Age (County-Children's Services Fund RFP)****AGE****AGREEMENT AGE (A)**

Infant/Toddler (birth - 2 years)

(A) Infant/Toddler (birth - 2 years)
25

Preschool (3 years - 5 years)

(A) Preschool (3 years - 5 years)
30

School Age (6 years - 11 years)

(A) School Age (6 years - 11 years)
30

Middle School (12 years - 14 years)

(A) Middle School (12 years - 14 years)
30

High School (15 years - 19 years)

(A) High School (15 years - 19 years)
30

Parent/Guardian (19 years and younger)

(A) Parent/Guardian (19 years and younger)
5

Parent/Guardian (age 20 and over)

(A) Parent/Guardian (age 20 and over)
50

Adult (age 20 and over - not a parent/guardian)

(A) Proposed Adult (age 20 and over - not a parent/guardian)
0**AGE TOTAL (CSF)****(A) Age Total (CSF)**
200**Consumer Demographics Narrative (optional)****Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.****Individuals Trained****AGREEMENT (A)****(A) Individuals to be Trained**

Individuals to be Trained

0

Program Service and Performance

Instructions: Update the Agreement(A) Column with updated figures finalized through the approved contract.

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested	(A) Amount Requested
	\$0.00
Description of Funds	(A) Description of Funds
	NA

Program Service #1 - Outputs

Program Service #1 - Outputs:	#1 Agreement (A)
Service #1 Name	(A) Service #1 Family Development (includes: Parenting Skills Training, Family Education)
Total # of Units Provided #1	(A) Units #1 115
Unit Measure #1	(A) Unit Measure #1 1 hour
Unit Rate #1	(A) Unit Rate #1 \$70.00
Total # of Unduplicated Individuals Served #1	(A) Unduplicated Individuals #1 55

Program Service #1 - Funding

Funding Amount #1	(A) Agreement Amount #1 \$8,050.00
Units #1	(A) Agreement Units #1 115

Program Service #1 - Performance Measures (Agreement)

(A) Program Service 1 Outcomes:	(A) Program Service 1 Indicators:	(A) Program Service 1 Method of Measurements:
(A) Outcome 1-1 Parenting skills will improve.	(A) Indicator 1-1 At least 80% of the parents participating in parenting sessions	(A) Method of Measurement 1-1 Pre-assessments using Triple P curriculum completed

will meet at least one stated goal.

upon parental agreement to participate
Post assessments completed during mutually agreed
"final session" or when goal has been met (if met
before final session date)

(A) Additional Outcome 1-2

Parents will attend a
minimum of three Triple P
Programming sessions

(A) Additional Indicator 1-2

At least 70% of the parents participating in family development
will complete three Triple P Programming sessions

(A) Additional Method 1-2

Apricot/Osniium database service documentation and
parent case files

(A) Additional Outcome 1-3

Child behaviors will improve.

(A) Additional Indicator 1-3

At least 80% of the children whose parents are participating in
parenting sessions will demonstrate a marked improvement in
targeted behaviors.

(A) Additional Method 1-3

Child behavioral charts

(A) Additional Outcome 1-4

Parent/child relationships will
improve.

(A) Additional Indicator 1-4

At least 80% of the parents/children participating in the
program will show improvement in the parent/child dynamic.

(A) Additional Method 1-4

Pre-assessments using Triple P curriculum completed
upon parental agreement to participate
Post assessments completed during mutually agreed
"final session" or when goal has been met (if met
before final session date)
Parental relationship charts

(A) Additional Outcome 1-5**(A) Additional Indicator 1-5****(A) Additional Method 1-5****Program Service #2 - Outputs**

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Positive Youth Development

Total # of Units #2

(A) Units #2

710

Unit Measure #2

(A) Unit Measure #2

15 minutes

Unit Rate #2

(A) Unit Rate #2

\$17.50

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

145

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$12,425.00

Units #2

(A) Agreement Units #2

710

Program Service #2 - Performance Measures (Agreement)

(A) Program Service 2 Outcomes: (A) Program Service 2 Indicators:

(A) Program Service 2
Method of Measurement

(A) Outcome 2-1

Children will gain in socio-emotional,
cognitive and/or physical development
during their stay in Shelter.

(A) Indicator 2-1

At least 70% of the children accessing child sessions will achieve
developmental milestones during their stay in shelter.

**(A) Method of
Measurement 2-1**

Intake (pre-assessments)
and exit surveys (post-
assessments)

(A) Additional Outcome 2-2

Children will be better equipped to understand and process the violence they have witnessed/experienced.

(A) Additional Indicator 2-2

At least 85% of parents whose children utilized child session services and who complete a True North Survey will report their children have a better understanding of what has been happening at home.

(A) Additional Method 2-2

True North Surveys completed every 3-4 weeks of service and at program exit

(A) Additional Outcome 2-3**(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3

Crisis Intervention

Total # of Units #3

(A) Units #3

50

Unit Measure #3

(A) Unit Measure #3

15 minutes

Unit Rate #3

(A) Unit Rate #3

\$17.50

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

45

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$0.00

Units #3

(A) Agreement Units #3

0

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:

(A) Program Service 3 Indicators:

(A) Program Service 3 Method of Measurement.:

(A) Outcome 3-1

Victims of IPV or sexual assault will resolve an immediate crisis.

(A) Indicator 3-1

At least 80% of victims responding on TN Questionnaires will report services provided were "Very Helpful."

(A) Method of Measurement 3-1

TN Questionnaire completed anonymously by participant.

(A) Additional Outcome 3-2

Victims of IPV or sexual assault will increase their knowledge of ways to plan for their safety.

(A) Additional Indicator 3-2

At least 90% of victims responding on TN Questionnaires will report they know more ways to plan for their safety as a result of services

(A) Additional Method 3-2

TN Questionnaire completed anonymously by participant.

(A) Additional Outcome 3-3

Victims of IPV or sexual assault will feel more hopeful about their future.

(A) Additional Indicator 3-3

At least 90% of victims responding on TN Questionnaires will report they are more hopeful about their future as a result of services.

(A) Additional Method 3-3

TN Questionnaire completed anonymously by participant.

(A) Additional Outcome 3-4

Victims of IPV or sexual assault will be better able to maintain their safety.

(A) Additional Indicator 3-4

At least 90% of victims receiving services will have a written safety plan in place after service provision.

(A) Additional Method 3-4

Exit Interview/Service Review completed by both staff and participant and client files reviewed by staff providing services.

(A) Additional Outcome 3-5

(A) Additional Indicator 3-5

(A) Additional Method 3-5

Program Service #4 - Outputs

Program Service 4 Outputs:

#4 Agreement (A)

Service #4 Name

(A) Service #4

Case Management

Total # of Units #4

(A) Units #4

70

Unit Measure #4

(A) Unit Measure #4

15 minutes

Unit Rate #4

(A) Unit Rate #4

\$17.50

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

50

Program Service #4 - Funding

Funding Amount #4

(A) Agreement Amount #4

\$0.00

Units #4

(A) Agreement Units #4

0

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes:

(A) Program Service 4 Indicators:

(A) Program Service 4
Method of
Measurements:**(A) Outcome 4-1**

Victims of IPV or sexual assault will increase their knowledge of options available to them.

(A) Indicator 4-1

At least 90% of survey respondents will report that after receiving services they know more about their options.

**(A) Method of
Measurement 4-1**

TN Questionnaire completed anonymously by participant.

(A) Additional Outcome 4-2

Victims of IPV or sexual assault will increase their knowledge of community resources available.

(A) Additional Indicator 4-2

At least 90% of survey respondents will report that after receiving services they know more about the resources available to them in the community.

(A) Additional Method 4-2

TN Questionnaire completed anonymously by participant.

(A) Additional Outcome 4-3

Victims of IPV or sexual assault will improve their ability to establish achievable goals and will meet or make significant progress on these.

(A) Additional Indicator 4-3

At least 70% of those exiting services will report they have met or made significant progress on at least 50% of their established goals.

(A) Additional Method 4-3

Exit Interview/Service Review completed by both staff and participant.

(A) Additional Outcome 4-4**(A) Additional Indicator 4-4****(A) Additional Method 4-4****(A) Additional Outcome 4-5****(A) Additional Indicator 4-5****(A) Additional Method 4-5****Program Service #5 - Outputs**

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

(A) Service #5

Social/Emotional Screening (Child)

Total # of Units Provided #5

(A) Units #5

257

Unit Measure #5

(A) Unit Measure #5

1 screening

Unit Rate #5

(A) Unit Rate #5

\$29.60

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5

145

Program Service #5 - Funding

Funding Amount #5

(A) Agreement Amount #5

\$7,607.20

Units #5

(A) Agreement Units #5

257

Program Service #5 - Performance Measures (Agreement)**(A) Program Service 5 Outcomes:****(A) Program Service 5 Indicators:****(A) Program Service 5 Method of Measurements:****(A) Outcome 5-1**

Children will gain in socio-emotional, cognitive and/or physical development during their stay in Shelter.

(A) Indicator 5-1

At least 70% of the children accessing child sessions will achieve developmental milestones during their stay in shelter.

(A) Method of Measurement 5-1

Intake (pre-assessments) and exit surveys (post-assessments)

(A) Additional Outcome 5-2

Children will be better equipped to understand and process the violence they have witnessed/experienced.

(A) Additional Indicator 5-2

At least 85% of parents whose children utilized child session services and who complete a True North Survey will report their children have a better understanding of what has been happening at home.

(A) Additional Method 5-2

True North Surveys completed every 3-4 weeks of service and at program exit

(A) Additional Outcome 5-3

Parent/child relationships will improve.

(A) Additional Indicator 5-3

At least 80% of the parents/children participating in the program will show improvement in the parent/child dynamic.

(A) Additional Method 5-3Pre-assessments using Triple P curriculum completed upon parental agreement to participate
Post assessments completed during mutually agreed "final session" or when goal has been met (if met before final session date).
Parental relationship charts**(A) Additional Outcome 5-4****(A) Additional Indicator 5-4****(A) Additional Method 5-4****(A) Additional Outcome 5-5****(A) Additional Indicator 5-5****(A) Additional Method 5-5****Program Service #6 - Outputs**

Program Service 6 Outputs:

#6 Agreement (A):

Service #6 Name:

(A) Service #6

Social/Emotional Screening (Parent)

Total # of Units #6:

(A) Units #6

68

Unit Measure #6:	(A) Unit Measure #6 1 Screening
Unit Rate #6:	(A) Unit Rate #6 \$50.29
Total # of Unduplicated Individuals Served #6:	(A) Unduplicated Individuals #6 45

Program Service #6 - Funding

Funding Amount #6	(A) Agreement Amount #6 \$3,419.72
Units #6	(A) Agreement Units #6 68

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:	(A) Program Service 6 Indicators:	(A) Program Service 6 Method of Measurements:
(A) Outcome 6-1 Parenting skills will improve.	(A) Indicator 6-1 At least 80% of the parents participating in parenting sessions will meet at least one stated goal.	(A) Method of Measurement 6-1 Pre-assessments using Triple P curriculum completed upon parental agreement to participate Post assessments completed during mutually agreed "final session" or when goal has been met (if met before final session date)
(A) Additional Outcome 6-2 Parent/child relationships will improve.	(A) Additional Indicator 6-2 At least 80% of the parents/children participating in the program will show improvement in the parent/child dynamic.	(A) Additional Method 6-2 Pre-assessments using Triple P curriculum completed upon parental agreement to participate Post assessments completed during mutually agreed "final session" or when goal has been met (if met before final session date). Parental relationship charts
(A) Additional Outcome 6-3	(A) Additional Indicator 6-3	(A) Additional Method 6-3
(A) Additional Outcome 6-4	(A) Additional Indicator 6-4	(A) Additional Method 6-4
(A) Additional Outcome 6-5	(A) Additional Indicator 6-5	(A) Additional Method 6-5

Program Service #7 - Outputs

Program Service 7 Outputs:	#7 Agreement (A)
Service #7 Name	(A) Service #7
Total # of Units #7	(A) Units #7 0
Unit Measure #7	(A) Unit Measure #7
	(A) Unit Rate #7

Unit Rate #7

\$0.00

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7

0

Program Service #7 - Funding

Funding Amount #7

(A) Agreement Amount #7

\$0.00

Units #7

(A) Agreement Units #7

0

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes:

(A) Program Service 7 Indicators:

(A) Program Service 7 Method of Measurements:

(A) Outcome 7-1**(A) Indicator 7-1****(A) Method of Measurement 7-1****(A) Additional Outcome 7-2****(A) Additional Indicator 7-2****(A) Additional Method 7-2****(A) Additional Outcome 7-3****(A) Additional Indicator 7-3****(A) Additional Method 7-3****(A) Additional Outcome 7-4****(A) Additional Indicator 7-4****(A) Additional Method 7-4****(A) Additional Outcome 7-5****(A) Additional Indicator 7-5****(A) Additional Method 7-5****Program Service #8 - Outputs**

Program Service #8 - Outputs:

#8 Agreement (A)

Service #8 Name

(A) Service #8

Total # of Units Provided #8

(A) Units #8

0

Unit Measure #8

(A) Unit Measure #8

Unit Rate #8

(A) Unit Rate #8

\$0.00

Total # of Unduplicated Individuals Served #8

(A) Unduplicated Individuals #8

0

Program Service #8 - Funding

Funding Amount #8

(A) Agreement Amount #8

\$0.00

Units #8

(A) Agreement Units #8

0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes: (A) Program Service 8 Indicators: (A) Program Service 8 Method of Measurements:

(A) Outcome 8-1**(A) Indicator 8-1****(A) Method of Measurement 8-1****(A) Additional Outcome 8-2****(A) Additional Indicator 8-2****(A) Additional Method 8-2****(A) Additional Outcome 8-3****(A) Additional Indicator 8-3****(A) Additional Method 8-3****(A) Additional Outcome 8-4****(A) Additional Indicator 8-4****(A) Additional Method 8-4****(A) Additional Outcome 8-5****(A) Additional Indicator 8-5****(A) Additional Method 8-5****Program Service #9 - Outputs**

Program Service #9 - Outputs:

#9 Agreement (A)

Service #9 Name

(A) Service #9

Total # of Units Provided #9

(A) Units #9

0

Unit Measure #9

(A) Unit Measure #9

Unit Rate #9

(A) Unit Rate #9

\$0.00

Total # of Unduplicated Individuals Served #9

(A) Unduplicated Individuals #9

0

Program Service #9 - Funding

Funding Amount #9

(A) Agreement Amount #9

\$0.00

Units #9

(A) Agreement Units #9

0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes: (A) Program Service 9 Indicators: (A) Program Service 9 Method of Measurements:

(A) Outcome 9-1**(A) Indicator 9-1****(A) Method of Measurement 9-1****(A) Additional Outcome 9-2****(A) Additional Indicator 9-2****(A) Additional Method 9-2****(A) Additional Outcome 9-3****(A) Additional Indicator 9-3****(A) Additional Method 9-3****(A) Additional Outcome 9-4****(A) Additional Indicator 9-4****(A) Additional Method 9-4****(A) Additional Outcome 9-5****(A) Additional Indicator 9-5****(A) Additional Method 9-5****Program Service #10 - Outputs**

Program Service 10 Outputs:

#10 Agreement (A)

Service Name #10

(A) Service #10

Total # of Units Provided #10

(A) Units #10

0

Unit Measure #10

(A) Unit Measure #10

Unit Rate #10

(A) Unit Rate #10

\$0.00

Total # of Unduplicated Individuals Served #10

(A) Unduplicated Individuals #10

0

Program Service #10 - Funding

Funding Amount #10

(A) Agreement Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes: (A) Program Service 10 Indicators: (A) Program Service 10 Method of Measurements:

(A) Outcome 10-1**(A) Indicator 10-1****(A) Method of Measurement 10-1****(A) Additional Outcome 10-2****(A) Additional Indicator 10-2****(A) Additional Method 10-2****(A) Additional Outcome 10-3****(A) Additional Indicator 10-3****(A) Additional Method 10-3****(A) Additional Outcome 10-4****(A) Additional Indicator 10-4****(A) Additional Method 10-4****(A) Additional Outcome 10-5****(A) Additional Indicator 10-5****(A) Additional Method 10-5****Total Funding Amount - Services 1-10****Total Funding Request for Services 1-10**

31501.92

Links for Agreement Form (V3)

Program Overview (V3)

Children's Services Fund - Crisis Intervention...

Quick View Information

Grant	Children's Services Fund - Crisis Intervention Programs (Agreement Form (V3.1) ends 12/31/2018 12:00 PM CST)
Organization Name (will aut...	True North of Columbia, Inc.
Fund Source	Children's Services Fund - Crisis Intervention Programs
Funder	Boone County
Funding Cycle	RFP #35-13SEP18
Name of Program or Project	True North Children's Program
Amount of Request	\$31,500.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The True North's Children's Program serves both primary and secondary victims of domestic violence and sexual assault (intimate partner violence or IPV). IPV is defined by the Centers for Disease Control as "a serious, preventable public health problem that affects millions of Americans...[defined as] physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner." Without intervention, IPV can have devastating and long-term negative effects -- not only impacting the primary victims of the crime (typically these are women although more and more male victims are coming forward each year) but impacting their children, their families, and their communities. Living with chronic, high levels of tension and fear can lead children of survivors to develop unhealthy coping strategies to avoid or control the violence. Some children develop healthier strategies but usually not without intervention from a trusted adult. Stress and coping behaviors impact children physically, emotionally, socially and cognitively and may include difficulty sleeping, bed-wetting, failure to thrive, frequently getting sick, aggression/withdrawal, difficulty making friends, substance abuse, delinquency, an inability to concentrate, anxiety and fear, depression, low self-esteem, and difficulty understanding personal boundaries, and more. The True North's Children's Program works to mitigate or eliminate these symptoms.

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

All ages, socio-economic groups, racial/ethnic groups, and gender are affected by domestic violence and sexual assault issues, and, with the exception of gender, victim demographics typically adhere to area demographic ratios (by far, more women are victims of these crimes than men). Predictive patterns cannot be found based on race, education, or socio-economic status although gender does remain a factor. Domestic and Sexual violence remain primarily crimes against women although more male victims come forward annually. Boone County indicators tell us that 17.8% of Boone County children live in poverty. In comparison, of those children who reside in the agency's emergency shelter, 95% of these fall below 200% of the poverty line and over 79% meet "Extremely low Income" estimates of 30% of the median family income for our area. In 2017, the Boone County DOVE Unit (Domestic Violence Enforcement Unit) reported 1,562 domestic violence incidents in Boone County and 117 incidents of rape or attempted rape. True

North of Columbia served 873 survivors of domestic violence or sexual assault in 2017, and provided 7,856 nights of emergency and transitional shelter and 10,098 hours of additional supportive services. Of the 873 individuals served, 145 of these were children, secondary victims of domestic or sexual violence who may or may not have experienced violence firsthand but who were heavily impacted by the violence in their home nonetheless.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

True North's Children's Program strives to increase the emotional resiliency and competency of children and their parents who are survivors of domestic or sexual violence, and to promote healthy attachments. This allows both children and parents to achieve higher levels of independence and success.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

True North's Children's Program primarily serves the children and their parents who reside in True North's emergency shelter. However, the program will provide services to non-residential children and their parents upon request. The program offers both individual and group services to parents and their children, providing crisis intervention, emotional support, case management services (around children's issues), play therapy, parenting sessions, parenting groups, child sessions and children's groups. The program uses two primary evidence-based curriculum in the implementation of services: Head Start's CORE and the Triple P curriculum (Positive Parenting Program). While CORE is a more global curriculum, Triple P focuses on the individual family. This specific curriculum helps to bolster a family's knowledge of childhood development and basic socio-emotional needs. Both curricula are non-violent in nature and seek to create a power-shared relationship between caregiver and child. This helps a child to thrive and achieve their independence, which leads to improved emotional competency as well as higher levels of resiliency. Although True North does not fully implement CORE (this is a curriculum intended for classrooms), it does strive to adhere to its principles, including establishing a supportive learning environment that ensures basic health needs are met and promoting positive, culturally relevant health behaviors that enhance life-long well-being.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Primary and secondary victims of domestic or sexual violence will be served. In 2017, True North of Columbia served 873 survivors of domestic violence or sexual assault and provided 7,856 nights of emergency and transitional shelter and 10,098 hours of additional supportive services. Of the 873 individuals served, 324 received emergency shelter and 132 of these residents were children. The children's program served 132 residential children, 48 residential parents, 13 non-residential children and 4 non-residential parents for a total served of 197 in 2017. Because the majority of children's program participants were shelter residents and because victims with more resources (social or financial) typically find assistance within their own support systems and do not access emergency shelter, 95% or more of those served in this program fell below 50% of the median income for our area. For similar reasons, the program served a higher ratio of minorities than that of the agency's other programs and than that of Boone County with 49% Caucasian, 44% African-American, 4% multi-racial, 1% Native American, 1% Pacific Islander, and 1% Asian. 53 children were under the age of 5, 45 children were between the ages of 5-9, 23 children were between the ages of 10-14, and 24 children were between the ages of 15-18. The ages of parents ranged from 18 (youngest parent in shelter) to 48 with the majority falling between the ages of 28-35.

b. Why will these particular consumers be served? (1500 character limit)

True North of Columbia is the only program or facility in Boone County that provides emergency shelter to victims of intimate partner violence or sexual assault. While other shelters in our area may provide emergency relief from homelessness, none can offer the safety represented by a safe shelter specifically for victims of intimate partner violence and sexual assault. In addition, True North is the only program in Boone County who can offer domestic violence-specific services that enable parents and their children to better understand the impact the trauma has had on their family. The Children's Program can specifically assist primary caregivers in understanding the behavioral issues that may develop as a result of the violence their children have witnessed and develop non-violent methods of discipline that work to strengthen the child/parent bond and improve their child's ability to succeed.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Mental or physical health issues resulting from trauma or substance abuse or behavioral disorders which are commonly developed coping strategies employed by survivors make it more difficult for victims of IPV to succeed. They also make it difficult to parent. The Children's Program Coordinator assesses each parent's level of functionality and works with them to improve their ability to parent effectively. In addition, those seeking emergency shelter must be able to live in a communal setting and maintain the security of the shelter without posing a threat to existing residents.

d. Total number of unduplicated individuals to be served by the proposed program:

200

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

447.5

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

160

City of Columbia

140

Cooper County

5

Howard County

5

Other Counties

30

Residence Total

200

Record Lock

1

Race

White (alone)

98

Black or African American (alone)

88

Multiple Races

10

Asian (alone)

2

Native American Indian or Alaskan Native

1

Native Hawaiian or other Pacific Islander (alone)

1

Some Other Race

0

Race Total

200

Ethnicity

Hispanic or Latino (of any race)

15

Not Hispanic or Latino

185

Ethnicity Total

200

Gender

Female

127

Male

73

Other

0

Gender Total

200

Income**At or below 200% of Federal Poverty Level**

190

Over 200% of Federal Poverty Level

10

Income Total

200

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

25

Preschool (3 years – 5 years)

30

School Age (6 years – 11 years)

30

Middle School (12 years – 14 years)

30

High School (15 years – 19 years)

30

Parent/Guardian (19 years and younger)

5

Parent/Guardian (age 20 and over)

50

Age Total

200

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

N/A

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

The True North Emergency Shelter is located in central Columbia but its street address is confidential to protect the security of the residents. Those with a legitimate need to see the facility (funders, other service providers, etc.) may call the Executive Director at the True North office to request a time to tour the facility. The emergency shelter is open 24 hours a day, seven days a week, but the Children's Program Coordinator is typically available Monday-Friday 8 am - 5 pm. Her hours will vary, however, depending on the census in the shelter and resident schedules.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Residents of the emergency shelter who have children (regardless of whether the children are also residing in shelter), their children, and non-residential parents who are victims of IPV and request children's program services and their children are eligible for services. To be eligible for emergency shelter, an applicant must be a victim of domestic or sexual violence fleeing that abuse or in danger of becoming homeless as a direct result of intimate partner violence or sexual assault. Residents must also be able to live in a communal living setting.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Providing services to victims fleeing abuse is meeting a basic human need in our community. Rarely do victims of IPV or sexual assault have access to the financial means to pay for such services. As a result, we believe it is our mission and our community's responsibility to ensure that these emergency safety services are available to victims free of charge. In addition, True North is funded through a variety of Federal, State, and Local government sources in addition to private donors. Most of the federal funding received requires a "no fee for service" policy.

Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Providing services to victims fleeing abuse is meeting a basic human need in our community. Rarely do victims of IPV or sexual assault have access to the financial means to pay for such services. As a result, we believe it is our mission and our community's responsibility to ensure that these emergency safety services are available to victims free of charge. In addition, True North is funded through a variety of Federal, State, and Local government sources in addition to private donors. Most of the federal funding received requires a "no fee for service" policy.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

True North must meet the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) Standards (these written standards are available at the True North office) in order to receive most state and federal funding for intimate partner violence victim services programs. There are currently no accrediting agencies or organizations in this field in Missouri.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No

Provide the name of the accreditation agency. (300 character limit)

N/A

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

True North adheres to standards developed by the MO Coalition Against Domestic and Sexual Violence (MCADSV) and uses a "Trauma-Informed Care" service model, adapting the previous "Empowerment & Victim-Centered" models to include services that are mindful of trauma "triggers" in victims. Trauma-informed care (TIC) in domestic violence shelters was developed by the Ohio Domestic Violence Network and is now considered a "Best Practice" by several state coalitions (including MCADSV).

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

Several studies have been conducted on the effectiveness of TIC when working with victims of trauma. Although preliminary results are promising, TIC in intimate partner violence programs is considered evidenced informed rather than evidence based because further study is needed. In a Journal of Community Psychology article on the impact of violence and abuse on women's health, the effectiveness of TIC on health outcomes for victims of violence was thoroughly explored and indicated early promising results in several key areas. (Weissbecker & Clark, 2007) The Children's Program also uses the Triple P curriculum to help parents develop positive parenting skills. Triple P (Positive Parenting Program) is a multilevel, prevention-oriented, parenting, and family support strategy developed by Sanders and colleagues at the University of Queensland in Brisbane, Australia. Its purpose is the prevention of behavioral, emotional and developmental problems and child maltreatment. With the most extensive body of evidence of any parenting program, Triple P with its 5 levels of intervention promotes positive developmental and mental health outcomes in children. (Muratori, Levantini, Manfredi, Ruglioni, & Lambruschi, 2018)

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)

The current best practice of providing victim-centered trauma-informed care (TIC) adheres perfectly to the stated mission of True North: to provide a safe environment by educating, empowering and advocating for victims of intimate partner violence and sexual assault. Victim-centered trauma-informed services promote individualized service provision while remaining sensitive to the victim's experiences and recovery-process, facilitating the transition for clients from "victim" to "survivor".

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

True North has worked hard to become a progressive and innovative program. In 2012, the agency implemented trauma-informed service delivery protocols and has been enhancing these steadily since. Since 2016, the agency has been focused on ensuring all program areas encompass a truly holistic approach in mitigating the effects of trauma by addressing the mental, physical, spiritual and emotional needs of survivors. In addition, in 2017, the children's program implemented Triple P programming for parents and began implementing CORE philosophies to ensure each child is given the tools necessary to reach their potential, also focusing on individual development at the social, emotional, cognitive, and physical levels. Finally, because True North is centrally located, residents have access to a variety of resources unavailable in other areas, including transportation, access to social service and health centers, access to recreational centers and parks, access to affordable housing, and access to job training programs. Also, True North's variety of collaborations and community affiliations supports more comprehensive service provision than can be found in other shelters across the state.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

In 2016-17, True North made great strides in enhancing and improving the Children's Program. First, late in 2016, Veterans United donated a modular office to replace the aging modular office previously used. Volunteers worked to design and paint the structure to be both welcoming and stimulating for resident children. In addition, the agency received foundation funding in 2017 to resurface its children's playground. The new pour-in-place surface encourages physical activity and reduces the risk of injury for all ages of children. Also, in 2017, the program purchased and began implementing the Triple P (Positive Parenting Program) evidence-based parenting program that fulfills Court-mandated requirements. Pre and post test scores enable the program to track the progress of parents in the curriculum and enable the agency to track outcomes specific to the Children's program. Finally, early in 2018, the program was able to purchase new equipment, furnishings and educational supplies for the Children's Program through its Victims of Crime Act grant. Examples of resources now available to children and their parents include a water/sand table for child tactile development and play; a smart TV used during parenting groups or individual sessions and during children's groups; and child-sized shelves and furniture that enable the Children's Program Coordinator to organize the Children's Cabin into age-appropriate areas.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Staff distribute, collect, record, and review client survey results on a regular basis. Surveys include: 1) an anonymous survey completed by clients after service is received (at shelter exit or after an hourly session for program participants) detailing the impact service provision has had on them and their impressions of service effectiveness overall; 2) an exit interview or service review completed by clients and staff together to assess progress on individual goals and (for shelter residents) to determine destinations and follow-up requirements. Administrative staff receive the surveys, record the results, and prepare quarterly reports for staff review. Both direct service and administrative staff review the results quarterly to ensure services are continuing to meet victims' needs and make programmatic changes when results indicate there is a gap in service effectiveness. In addition, all clients are given the agency's grievance policy and procedure upon intake. Clients with a concern regarding programming can submit a letter or a brief written statement to their case manager or to the Executive Director as appropriate. These statements are reviewed at CORE staff meetings and changes in programming may be forthcoming if staff determine service provision changes are indicated.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

True North works diligently to develop new and maintain existing relationships to provide better services. The following specifically aid the shelter and its children's program in meeting goals:

1. Columbia Housing Authority (CHA) --Joint case management and referral, working with victims and housing issues. True North works closely with CHA on new housing initiatives to develop better service delivery.
2. Columbia Public School System (CPA) - True North works with CPS to keep resident children enrolled in the school with which they are most familiar when safety and other concerns allow.
3. Columbia Police Department (CPD) - First Responder services provided on site during IPV cases with police presence facilitates early shelter intake.
4. Rainbow House -- Provides respite care for True North children when residents need to attend doctor's appointments or job interviews, and serves as a backup resource for children if their mother is unexpectedly unable to stay with them (is admitted to the hospital, for example).
5. L.E.A.D --Provides services to deaf/hearing impaired victims and provides the shelter with tools and training to enhance communication.
6. Basic Needs Coalition-Boone County service providers work together to ensure the basic needs of homeless and low income populations are being met.
7. Div. of Family Services (DFS)-True North works with DFS to assist residents in accessing food stamps, childcare, or other aid and to establish "stable housing" status.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1536696690_40691_MOU-FOODBANK.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1536696690_40764_DOVEMOU-2017-2020.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

/document/download/filename/1536696690_40765_LEADMU2017.pdf/

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)

P1	MQ1	FTE1	SR1 FROM	SR1 TO
Executive Director	M.A. in SW or Bus. Administration	0.25	\$70,000.00	\$80,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Shelter Coordinator	B.A. in SW or related Field	0.25	\$45,000.00	\$55,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Children's Program Coordinator	B.A. in SW or related Field	1.00	\$38,000.00	\$48,000.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Volunteer & Training Coordinator	B.A. in SW or related Field	0.25	\$40,000.00	\$50,000.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The Children's Program Coordinator develops the curriculum, implements new processes, and provides the majority of services in the Children's Program. While this staff member is also responsible for overseeing all service provision provided by volunteers in this program and is responsible for a portion of their training, the True North Volunteer & Training Coordinator actually recruits, screens, trains, and schedules volunteers to assist with the program. Approximately 25% of her time is spent in working with childcare and/or shelter volunteers. In addition, the Shelter Coordinator is responsible for ensuring the Children's Program facility is operational and safe, providing direct supervision of the Children's Program Coordinator, and ensuring the program adheres to program standards. The True North Executive Director is responsible for program oversight, general management and direct supervision of both the Volunteer & Training Coordinator and The Shelter Coordinator.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
True North writes to several foundations for general operating and/or specific project support annually.	\$20,000.00	22

E. Fund Raising & Other Direct Support (300 character limit)**1E****1E%**

Allocated donations & proceeds from fundraising events(Purses Passion, Little Black Dress, and Men As Allies events) support general operations.

\$2,500.00

3

2. GOVERNMENT CONTRACTS/SUPPORT:**A. Boone County - Children's Services Funding (300 character limit)****2A****2A %**

Covers 13.88% of the Children's Program Coordinator, supplies and general operations - funding child and parenting services.

\$31,500.00

35

B. Boone County - Community Health Funding (300 character limit)**2B****2B %**

\$0.00

0

C. Boone County- Other Funding (300 character limit)**2C****2C %**

Civil filing fees collected the previous year and awarded by statute to qualifying DV/SA shelters - these fees fund general shelter operations - a portion of which is allocated to the Children's Program.

\$2,000.00

2

D. Funding from Other Counties (300 character limit)**2D****2D %**

\$0.00

0

E. City of Columbia - Social Service Funding (300 character limit)**2E****2E %**

Supports program activities including emergency shelter, supportive services, and counseling. A small portion of the Shelter funding is allocated to the Children's Program.

\$2,000.00

2

F. City of Columbia - CDBG/Home Funding (300 character limit)**2F****2F %**

\$0.00

0

G. City of Columbia - CHDO Funding (300 character limit)**2G****2G %**

\$0.00

0

H. City of Columbia - Other Funding (300 character limit)**2H****2H %**

\$0.00

0

I. Funding from Other Cities (300 character limit)**2I****2I %**

\$0.00

0

J. Federal (Medicaid, Title III, etc.) (300 character limit)**2J****2J %**

Includes Victims of Crime Act funding which supports a portion of Children's Program staff and benefits, DSS DV Supportive Services funding (Federal) which supports general operations and shelter services.

\$31,500.00

35

K. State (Purchase of Service, Grants, etc.) (300 character limit)**2K****2K %**

\$0.00

0

L. Other (Schools, Courts, etc.) (300 character limit)**2L****2L %**

\$0.00

0

3. Program Service Fees (300 character limit)**3.****3 %**

\$0.00

0

4. Investment Income (realized & unrealized) (300 character limit)**4.****4 %**

\$0.00

0

5. Other Revenue Items (300 character limit)**5.****5 %**

\$0.00

0

TOTAL PROGRAM REVENUE**TOTAL
REVENUE**

89500

PROGRAM EXPENSES**1. Personnel****1.****1. %**

\$53,000.00

59

Personnel Narrative (300 character limit)

Includes the Children's Program Coordinator, an allocated portion of the Shelter Coordinator, an allocated portion of the Volunteer & Training Coordinator, and an allocated portion of the agency's Executive Director's salary, FiCA and health/dental benefits.

2. Non-Personnel**2.****2. %**

\$36,500.00

41

Non-Personnel Narrative (300 character limit)

Includes Children's Program Supplies, allocated general operation costs (electricity, phone, utilities, etc.), and allocated office supply costs. Includes one annual large purchase item

funded by a foundation (children's playground, equipment, for example)

TOTAL PROGRAM EXPENSES

**TOTAL
EXPENSES**
89500

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

True North writes annually to various foundations, civic organizations, and governmental agencies for support and has been fortunate to receive funding from a variety of sources. One of the primary funders of the Children's Program (federal grant through the Victim's of Crime Act), however, requires a 20% local match. Our request to Boone County's Children's fund, then, could potentially leverage \$150,000 in federal funding for Domestic Violence services in Boone County.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

1 Weissbecker, I. & Clark, C. (2007). The impact of violence and abuse on women's physical health: Can trauma-informed treatment make a difference?. Journal Of Community Psychology, 35(7), 909-923. <http://dx.doi.org/10.1002/jcop.20189>
2 Muratori, Pietro, Valentina Levantini, Azzurra Manfredi, Laura Ruglioni, and Furio Lambruschi (2018). Parent Training Interventions for Children and Adolescents with Aggressive Behavioral Problems. Parenting - Empirical Advances and Intervention Resources, 107-108. <http://dx.doi.org/10.5772/intechopen.73541>



Linked 'Agreement Form - V3' Records

Link Instructions

Linked 'Agreement Form - V3.1' Records

Link Instructions

Agreement Form - V3.1

				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
True North of Columbia, Inc.	True North Children's Program	10/16/2018				Added on 10/15/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Children's Services Fund - Crisis Intervention...

Quick View Information

Grant	Children's Services Fund - Crisis Intervention Programs (Agreement Form (V3.1) ends 12/31/2018 12:00 PM CST)
Organization Name (will aut...	True North of Columbia, Inc.
Fund Source	Children's Services Fund - Crisis Intervention Programs
Funder	Boone County
Funding Cycle	RFP #35-13SEP18
Name of Program or Project	True North Children's Program
Amount of Request	\$31,500.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

9.15 PARENTING SKILLS TRAINING

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Develops effective parenting skills.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The True North Children's Program Coordinator initially meets with parents residing at the emergency shelter within a few days of their intake. She conducts her own intake of with the parent and conducts an assessment of the parent/child relationship, level of functioning of the parent, developmental stage of the child(ren), etc. She describes the services available to both parents and children. If parents choose to participate in the Triple P Positive Parenting Program, she administers a formal assessment to determine their current parenting "level" and works with them to develop parenting goals. The Triple P – Positive Parenting Program® is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support. While Triple P is successful in improving behavioral problems, more than half of Triple P's 17 parenting strategies focus on developing positive relationships, attitudes and conduct. The principles at the heart of Triple P encourage parents to choose their own parenting goals, with regard to their own beliefs and values. The Children's Program Coordinator tailors both the level of the program (there are five) and her delivery (individual or group) to suit different parents – for example, with a particular ethnicity or for parents with low literacy. She can provide the sessions in individual or group settings, depending on the current shelter census, the functionality of the parents residing in the shelter, and the individual needs of the parents. In order to reap full benefits of the program, parents should master at least one of their goals before they leave the shelter (they are often able to complete more), and attend a minimum of three sessions. Take home tip sheets are included with the curriculum and a post assessment is administered after reviewing implementation of the strategies assigned to measure progress and reinforce parents' confidence in the skills they are developing. Each participating parent may have a different goal when enrolling in Triple P -- some wish to address specific behavioral problems or noted concerns with their children, some may wish to address their parenting/disciplining techniques, parents to-be may want assistance in infant care, still others may wish to repair damage to the parent/child relationship caused by the violence their children have witnessed and/or experienced. Residents may continue with parenting sessions after they exit the shelter and non-residential survivors may access the program through a referral by their non-residential True North Case Manager.

Record Lock

1

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 hour

b. Unit Rate (#1)

\$70.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

Yes

Indicate the publicly available rate and describe the source. (#1) (600 character limit)

The Department of Social Services has established a rate of \$70 per hour of service for all intimate partner violence and sexual assault victim services programs in the State of Missouri in their DVSS contracts. Although they have publicly stated that they recognize these rates may not cover the cost of the services provided, this established rate has now been used as the "normal" charge for services since 2000. Actual cost of one hour of Supportive Services is \$89.77/hour.

d. Total Number of Units of Service to be Provided (#1)

200

e. Total Number of Unduplicated Individuals (#1)

55

f. Average Number of Units of Service per Unduplicated Individual (#1)

3.64

g. Average Cost of Service per Individual (#1)

254.55

Service #1 - Service Fee

a. Will the proposed service consumers be charged a fee? (#1)

No

Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

True North is funded through a variety of Federal, State, and Local government sources in addition to private funders. Most of the federal funding received requires a "no fee for service" policy. In addition, best practice guidelines for domestic violence shelters in Missouri developed by the Missouri Coalition Against Domestic and Sexual Violence indicate a "no fee for service" is required to meet their standards.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

True North is funded through a variety of Federal, State, and Local government sources in addition to private funders. Most of the federal funding received requires a "no fee for service" policy. In addition, best practice guidelines for domestic violence shelters in Missouri developed by the Missouri Coalition Against Domestic and Sexual Violence indicate a "no fee for service" is required to meet their standards.

Service #1 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

No

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$14,000.00

b. Proposed Number of Units of Service (#1)

200

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

True North is asking Boone County to support 100% of the parenting sessions provided annually. To date, the agency has no other funding source that funds these specific services. We believe with the County's support (and the resulting federal match) the number of services requested and received will continue to grow. Anticipated outcomes lead us to believe that this service is a cost-effective way to mitigate the often negative impact domestic and sexual violence have on parenting and child development, and will improve our community's future rates of violence and delinquency.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Parenting skills will improve.	At least 80% of the parents participating in parenting sessions will meet at least one stated goal.	Pre and post assessments using the Triple P curriculum.
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Child behaviors will improve.	At least 80% of the children whose parents are participating in parenting sessions will demonstrate a marked improvement in targeted behaviors.	Child behavioral charts
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Parent/child relationships will improve.	At least 80% of the parents/children participating in the program will show improvement in the parent/child dynamic.	Pre and post assessment using the Triple P curriculum Parental relationship charts
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

The stated goal of the children's program is to increase emotional resiliency in children, parental competency, and attachments. Parents with enhanced parenting skills increase their effectiveness in parenting; children with appropriate coping behaviors have increased emotional resiliency; and improving the relationship between parent/child helps both form deeper and more lasting attachments.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Due to the nature of emergency shelter, the inability of parents to fully complete a level or follow through on assigned strategies will impact outcomes. Negative coping strategies developed by a parent (substance abuse, behavioral disorders, etc.) may also negatively affect outcomes although known barriers to progress are fully addressed during parenting sessions as well.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Since True North has only recently begun to use Triple P, historical data on outcomes is not available. However, preliminary assessments (5 parents have now completed both pre and post assessments) lead us to believe that an anticipated 80% showing improvement in all areas is reasonable. Preliminary results are higher (showing a 100% improvement rate) but the agency remains cautious as significant barriers to success have not yet been encountered.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The pre and post assessments use both the Children's Program Coordinator's observations and the parents responses to develop an accurate and objective assessment of the parent's progress on their stated goal(s). Review and follow up ensure that negative results are addressed and reworked until real change occurs. The Children's Program Coordinator has developed a charting system to map child behaviors and the parent/child relationship. She and parents together chart the child's progress and/or the parent/child relationship progress through these charts and adjust approaches when indicated.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

9.5 POSITIVE YOUTH DEVELOPMENT

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The True North Children's Program Coordinator and assigned, fully trained child care volunteers provide individual child sessions to resident children (and non-residential children whose parents request these services). All True North Child Care volunteers receive a minimum of 10 hours of basic child development, and the Children's Program Coordinator has extensive knowledge and experience in child development and in the implementation of techniques and curricula that promote developmental progress. The purpose of child sessions is to ensure each child reaches age-appropriate developmental milestones socially, emotionally, cognitively, and physically during their stay at the shelter and/or to address inappropriate behavior or developmental "gaps." Appropriate development plays a crucial role in a child's ability to overcome past traumas. If a child is behind in any one area of their development, it adds an additional barrier they will need to overcome before they can begin the healing process. The Children's Program Coordinator determines the current developmental stage of the child by completing an individual child intake and assessment. This assessment, which, depending on the age of the child, may look like "play" to outsiders, is an important step that helps the Program Coordinator determine how best to assist the child in reaching his or her next developmental milestone. To ensure the child has a solid developmental foundation, the program uses a technique called "scaffolding", a practice of building on concepts the child has already mastered before moving on to more difficult concepts. Although this process is not vocalized to the child, the assessment process and resulting determinations are easily reported to parents and other staff. Simultaneous parenting sessions are an important part of this process since, by educating parents on developmental stages, we eliminate a significant amount of parental stress and parents are better able to identify and then meet their child's needs. True North's Children's Program focuses heavily on positive interaction and connection between child and adult. Children thrive in an environment where they are given support and encouragement. With this in mind, the Children's Program Coordinator utilizes PBS (positive behavior support) during every interaction with a child, limiting the number of times a child is told "no" or "stop". Research indicates that positive interactions have a greater chemical effect on the brain and lessons reinforced with positive feedback are far more lasting than lessons learned through negative reinforcement. True North also recognizes that all behavior is the result of an unmet need. This is true for both child and adult. It is the mission of the Children's Program to meet these needs through appropriate outlets. Consequently, child care staff utilize a "calm-down spot" and "calm-down tools" available to every child at all times. This allows a child who is angry, sad, upset, etc. to express his or her emotions in a healthy and safe way. Some tools used include: Sunglass (for children with ego-centrism), Stress balls (for squeezing), Squishy material (for biting), a pinwheel (for blowing and controlling breathing), lavender essential oil (for aroma therapy), and a small "snuggle buddy" or stuffed toy (for tactile comfort). There is also an area where children may safely throw balls, should they need to throw an object. Although highly individualized, then, child sessions are structured based on the developmental levels of each child and the written plan to help the child reach his/her next milestone. These sessions may take place in the Children's Cabin or outdoors on the Children's Playground depending on the milestone to be gained.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

15 minutes

b. Unit Rate (#2)

\$17.50

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

Yes

Indicate the publicly available rate and describe the source. (#2) (600 character limit)

The Department of Social Services has established a rate of \$70 per hour of service for all intimate partner violence and sexual assault victim services programs in the State of Missouri in their DVSS contracts. Although they have publicly stated that they recognize these rates may not cover the cost of the services provided, this established rate has now been used as the "normal" charge for services since 2000. Actual cost of one hour of Supportive Services is \$89.77/hour.

d. Total Number of Units of Service to be Provided (#2)

1000

e. Total Number of Unduplicated Individuals (#2)

145

f. Average Number of Units of Service per Unduplicated Individual (#2)

6.9

g. Average Cost of Service per Individual (#2)

120.69

Service #2 - Service Fee**a. Will the proposed service consumers be charged a fee? (#2)**

No

Provide a rationale why no fee will be charged for the service. (#2) (600 character limit)

True North is funded through a variety of Federal, State, and Local government sources in addition to private funders. Most of the federal funding received requires a "no fee for service" policy. In addition, best practice guidelines for domestic violence shelters in Missouri developed by the Missouri Coalition Against Domestic and Sexual Violence indicate a "no fee for service" is required to meet their standards.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

No

Explain why the proposed service is not billable to a third-party payor. (#2) (600 character limit)

True North is funded through a variety of Federal, State, and Local government sources in addition to private funders. Most of the federal funding received requires a "no fee for service" policy. In addition, best practice guidelines for domestic violence shelters in Missouri developed by the Missouri Coalition Against Domestic and Sexual Violence indicate a "no fee for service" is required to meet their standards.

Service #2 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)**

No

Service #2 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)**

\$17,500.00

b. Proposed Number of Units of Service (#2)

1000

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

True North is asking Boone County to support 100% of the child sessions provided annually. To date, the agency has no other funding source that funds these specific services. We believe with the County's support (and the resulting federal match) the number of services requested and received will continue to grow. Anticipated outcomes lead us to believe that this service is a cost-effective way to mitigate the often negative impact domestic and sexual violence have on child development, and will improve our community's future rates of violence and delinquency.

Service #2 - Performance Measures**Outcome (2-1)**

Resident children will gain in socio-emotional, cognitive and/or physical development during their stay in Shelter.

Indicator (2-1)

At least 70% of the children accessing child sessions will achieve developmental milestones during their stay in shelter.

Method of Measurement (2-1)

Intake (pre-assessments) and exit surveys (post-assessments)

Additional Outcome (2-2)

Children will be better equipped to understand and process the violence they have witnessed/experienced.

Additional Indicator (2-2)

At least 85% of parents whose children utilized child session services and who complete a True North Survey will report their children have a better understanding of what has been happening at home.

Additional Method (2-2)

True North Surveys

Additional Outcome (2-3)**Additional Indicator (2-3)****Additional Method (2-3)****Additional Outcome (2-4)****Additional Indicator (2-4)****Additional Method (2-4)****Additional Outcome (2-5)****Additional Indicator (2-5)****Additional Method (2-5)**

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

The stated goal of the children's program is to increase emotional resiliency in children, parental competency, and attachments. Children who have met their developmental milestones have increased their emotional resiliency, are better able to heal from the trauma they've experienced, and are more likely to be able to develop deep emotional attachments.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

The length of time a child is in residence at the shelter is the primary external factor which could negatively impact outcomes. Lower functioning parents who do not utilize parenting sessions but access child sessions for their children may also inadvertently impede the progress their children make. Finally, documenting children's developmental milestones is a new process and the surveys are voluntary - effective documentation processes, then, may impact reportable outcomes.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

True North has recently significantly enhanced its children's program and historical data on outcomes based on the new methodology is not available. However, we believe it is reasonable to assume at least 70% of children will show documented achievement in developmental milestones (we believe the ultimate numbers will be greater than this). In 2017, Shelter surveys indicated 86.11% of parents felt their children had a better understanding of what has been happening at home. We believe, then, that 85% is reasonable and achievable goal for this outcome.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The pre and post assessments use both the Children's Program Coordinator's observations and the child's responses to develop an accurate and objective assessment of the child's developmental progress. True North surveys enable parents to report their perceptions as well on an anonymous (no repercussions) basis.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

5.18 DOMESTIC VIOLENCE SHELTER

b. Service #3 - Taxonomy Definition of Service (300 character limit)

Provides a safe location for victims of domestic and sexual violence to stay when fleeing from their abuser.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

True North provides emergency shelter for victims of domestic or sexual violence and their minor children. The Children's Program Coordinator, as well as all other direct service staff stationed at the shelter, is responsible for ensuring the safety and well-being of residents on an on-going basis.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

1 night

b. Unit Rate (#3)

\$30.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

Yes

Indicate the publicly available rate and describe the source. (#3) (600 character limit)

The Department of Social Services has established a rate of \$30 per night of shelter for all intimate partner violence and sexual assault victim services programs in the State of Missouri in their DVSS contracts. Although they have publicly stated that they recognize these rates may not cover the cost of the services provided, this established rate has now been used as the "normal" charge for services since 2000. Actual cost of one hour of Emergency Shelter is \$89.47/night.

d. Total Number of Units of Service to be Provided (#3)

7000

e. Total Number of Unduplicated Individuals (#3)

350

f. Average Number of Units of Service per Unduplicated Individual (#3)

20

g. Average Cost of Service per Individual (#3)

600

Service #3 - Service Fee

a. Will the proposed service consumers be charged a fee? (#3)

No

Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

True North's Emergency Shelter is funded through a variety of Federal, State, and Local government sources in addition to private funders. Most of the federal funding received requires a "no fee for service" policy.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

No

Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

True North's Emergency Shelter is funded through a variety of Federal, State, and Local government sources in addition to private funders. Most of the federal funding received requires a "no fee for service" policy.

Service #3 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)**

Yes (complete the Other Funders Chart below)

Service #3 - Local Funding Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
a Boone County - Children's Services Funding (#3)	3a1. \$0.00	3a2. 0	3a3. \$0.00
b. Boone County - Community Health Funding (#3)	3b1. \$0.00	3b2. 0	3b3. \$0.00
c. City of Columbia - Social Services Funding (#3)	3c1. \$30.00	3c2. 667	3c3. \$20,000.00
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	3d1. \$0.00	3d2. 0	3d3. \$0.00
e. Heart of Missouri United Way Funding (#3)	3e1. \$0.00	3e2. 0	3e3. \$0.00

Service #3 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)**

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Shelter services are funded through the City of Columbia, the Division of Family Services DV Shelter and Services grants, Boone County Civil Filing Fee grants and Emergency Shelter Grants. We are not requesting funding for this service through the County Children's Crisis Intervention Services program.

Service #3 - Performance Measures**Outcome (3-1)****Indicator (3-1)****Method of Measurement (3-1)**

Victims of Domestic or Sexual Violence will have increased safety and well-being.

At least 95% of program service consumers will not experience an incident of domestic violence or sexual assault while residing in emergency shelter

Staff record each night of residents' stay on Apricot, the agency's database. Staff copy the written safety plans to each residents' file and document its completion on the exit interview form. Staff interviewing exiting residents to determine destination and ensure victims are safer at exit.

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)

N/A

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

N/A

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

N/A

Service #4 - Name, Definition, and Description

a. Service #4 - Taxonomy of Service Name (300 character limit)

10.15 CRISIS INTERVENTION

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Access to services to resolve an immediate crisis and/or link to ongoing assistance.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The Children's Program Coordinator (who works primarily with mothers and their minor children), The Shelter Coordinator, the True North Case Manager, Residential Victim Advocates, and other direct service staff will work with victims of domestic or sexual violence when they experience a personal, emotional or physical crisis. They works to resolve the issue with the client, assist them in deescalating if required and provide follow up care if requested.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

15 minutes

b. Unit Rate (#4)

\$17.50

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)

Yes

Indicate the publicly available rate and describe the source. (#4) (600 character limit)

The Department of Social Services has established a rate of \$70 per hour of service for all intimate partner violence and sexual assault victim services programs in the State of Missouri in their DVSS contracts. Although they have publicly stated that they recognize these rates may not cover the cost of the services provided, this established rate has now been used as the "normal" charge for services since 2000. Actual cost of one hour of Supportive Services is \$89.77/hour.

d. Total Number of Units of Service to be Provided (#4)

400

e. Total Number of Unduplicated Individuals (#4)

70

f. Average Number of Units of Service per Unduplicated Individual (#4)

5.71

g. Average Cost of Service per Individual (#4)

100

Service #4 - Service Fee**a. Will the proposed service consumers be charged a fee? (#4)**

No

Provide a rationale why no fees will be charged for the proposed service. (#4) (600 character limit)

True North's Emergency Shelter is funded through a variety of Federal, State, and Local government sources in addition to private funders. Most of the federal funding received requires a "no fee for service" policy.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

No

Explain why the proposed service is not billable to a third-party payor. (#4) (600 character limit)

True North's Emergency Shelter is funded through a variety of Federal, State, and Local government sources in addition to private funders. Most of the federal funding received requires a "no fee for service" policy.

Service #4 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)**

Yes (complete the Other Funders Chart below)

Service #4 - Local Funding Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$17.50	4c2. 600	4c3. \$10,500.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$17.50	4e2. 0	4d4. \$0.00

Service #4 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)**

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

These services are funded by the City of Columbia, Heart of Missouri United, and the Division of Family Services DV Shelter and Services grants. We

are not requesting funding through the Boone County Children's Crisis Intervention Services fund.

Service #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
N/A	N/A	N/A
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

N/A

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

N/A

d. Provide a rationale for each method of measurement (#4) (600 character limit)

N/A

Service #5 - Name, Definition, and Description

a. Service #5 - Taxonomy of Service Name (300 character limit)

10.11 CASE MANAGEMENT

b. Service #5 - Taxonomy Definition of Service (300 character limit)

A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet and individual's health & human service needs-includes advocacy, communication, & resource management, promoting quality & cost-effective interventions & outcomes.

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The Children's Program Coordinator does provide some case management services when working with parents around children's issues (includes assisting parents in enrolling their children in school, gathering required records, assisting with DFS interventions, etc.). However, because both the Shelter Coordinator and the True North Case Manager act as primary case managers at the shelter and because these services have other funding sources, True North is not requesting assistance for these services from Boone County.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

15 minutes

b. Unit Rate (#5)

\$17.50

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate tied to an established public funding rate? (#5)

Yes

Indicate the publicly available rate and describe the source. (#5) (600 character limit)

The Department of Social Services has established a rate of \$70 per hour of service for all intimate partner violence and sexual assault victim services programs in the State of Missouri in their DVSS contracts. Although they have publicly stated that they recognize these rates may not cover the cost of the services provided, this established rate has now been used as the "normal" charge for services since 2000. Actual cost of one hour of Supportive Services is \$89.77/hour.

d. Total Number of Units of Service to be Provided (#5)

200

e. Total Number of Unduplicated Individuals (#5)

50

f. Average Number of Units of Service per Unduplicated Individual (#5)

4

g. Average Cost of Service per Individual (#5)

70

Service #5 - Service Fee**a. Will the proposed service consumers be charged a fee? (#5)**

No

Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

True North's Emergency Shelter is funded through a variety of Federal, State, and Local government sources in addition to private funders. Most of the federal funding received requires a "no fee for service" policy.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

No

Explain why the proposed service is not billable to a third-party payor. (#5) (600 character limit)

True North's Emergency Shelter is funded through a variety of Federal, State, and Local government sources in addition to private funders. Most of the federal funding received requires a "no fee for service" policy.

Service #5 - Local Funding**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)**

Yes (complete the Other Funders Chart below)

Service #5 - Local Funding Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$17.50	5c2. 800	5c3. \$14,000.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$17.50	5e2. 800	5e3. \$14,000.00

Service #5 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)**

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling

the organization access to funding from other funding sources. (#5) (600 character limit)

Because this service is funded by the Heart of United Way, the City of Columbia, the Division of Family Services and DV Shelter and Services grants, we are not requesting funding from the Boone County Children's Crisis Intervention Services Program for this service.

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
N/A	N/A	N/A
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)**

N/A

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

N/A

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

N/A


d. Provide a rationale for each method of measurement (#5) (600 character limit)

N/A

Total Amount Requested for Start-Up and Service #1 - Service #5**Total Amount Requested for Start-Up and Service #1 - Service - #5**

31500

Linked 'Agreement Form - V3' Records**Link Instructions****Linked 'Agreement Form - V3.1' Records****Link Instructions****Agreement Form - V3.1****Link Info**

Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
True North of Columbia, Inc.	True North Children's Program	10/16/2018			<input checked="" type="checkbox"/>	Added on 10/15/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Walker-Winter Insurance PO Box 511 Fayette MO 65248		CONTACT NAME: Caleb Walker PHONE (A/C, No, Ext): (800) 516-3322 FAX (A/C, No): E-MAIL ADDRESS: caleb@walkerwinter.com	
INSURED True North of Columbia, Inc. PO Box 1367 Columbia MO 65205		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Company INSURER B: Missouri Employers Mutual INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		PHPK1752488	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1752488	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
	AGGREGATE \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	MEM2012680	06/04/2018	06/04/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT \$ 100,000						
	E.L. DISEASE - EA EMPLOYEE \$ 100,000						
	E.L. DISEASE - POLICY LIMIT \$ 500,000						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CERTIFICATE HOLDER County of Boone, Missouri C/O Purchasing Department 613 E Ash St Columbia, MO 65201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Caleb Walker
---	---

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Walker-Winter Insurance PO Box 511 Fayette MO 65248	CONTACT NAME: Caleb Walker PHONE (A/C, No, Ext): (800) 516-3322 FAX (A/C, No): E-MAIL ADDRESS: caleb@walkerwinter.com																					
INSURED True North of Columbia, Inc. PO Box 1367 Columbia MO 65205	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Philadelphia Insurance Company</td><td></td></tr><tr><td>INSURER B:</td><td>Missouri Employers Mutual</td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Insurance Company		INSURER B:	Missouri Employers Mutual		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	PHPK1752488	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		PHPK1752488	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED RETENTION \$					\$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	MEM2012680	06/04/2018	06/04/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
						E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER County of Boone, Missouri C/O Purchasing Department 613 E Ash St Columbia, MO 65201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Caleb Walker
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Company ID Number: 170868

**THE E-VERIFY
MEMORANDUM OF UNDERSTANDING
FOR EMPLOYERS**

**ARTICLE I
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the True North of Columbia, Inc. (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II
RESPONSIBILITIES**

A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
 - a. Notice of E-Verify Participation
 - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.



Company ID Number: 170868

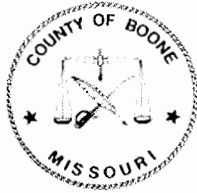
Approved by:

Employer True North of Columbia, Inc.	
Name (Please Type or Print) Elizabeth Leigh Voltmer	Title
Signature Electronically Signed	Date 12/12/2008
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 12/12/2008



Company ID Number: 170868

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	True North of Columbia, Inc.
Company Facility Address	1316 Parkade Blvd. Columbia, MO 65203-0000
Company Alternate Address	P.O. Box 1367 Columbia, MO 65205-1367
County or Parish	BOONE
Employer Identification Number	431483863
North American Industry Classification Systems Code	624
Parent Company	
Number of Employees	20 to 99
Number of Sites Verified for	1



AGREEMENT FOR PURCHASE OF SERVICES

Crisis Intervention Programs: Trauma-Informed Training Program

THIS AGREEMENT dated the 27th day of December, 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Coyote Hill Christian Children's Home**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **Coyote Hill**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, Coyote Hill has submitted a complete Request for Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to COYOTE HILL thereof; and

WHEREAS, the BCCSB has approved the Request for Proposal Application in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY COYOTE HILL

Coyote Hill is expected to the greatest extent possible to maximize funding from all other sources. Coyote Hill shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. Coyote Hill shall only request reimbursement for services not reimbursable by any other source. Coyote Hill shall not invoice the Children's Services Fund for units of service invoiced to another funding source. Coyote Hill shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** Coyote Hill will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request of Proposal #35-13SEP18 (Crisis Intervention) and Coyote Hill's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over Coyote Hill's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

3. **Purchase.** The BCCSB agrees to purchase from Coyote Hill and Coyote Hill agrees to furnish the **Trauma-Informed Training Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the Request for Proposal Application and as presented in Coyote Hill's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$87,747.05** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2019** and extend through December 31, 2019 subject to the provisions for termination specified below. Coyote Hill agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of Coyote Hill be renewed for **an additional two (2), one-year period**. Coyote Hill agrees and understands that the BCCSB may require supplemental information to be submitted by Coyote Hill prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Evidence-Based Practice Training - JKM Safe Crisis Management (Train-the-Trainers)	One individual	\$1,025.05	3	\$3,075.15
Evidence-Based Practice Training – TBRI (Train-the-Trainers)	One individual	\$6,123.16	5	\$30,615.80
Evidence-Based Practice Training – Theraplay	One individual	\$3,412.90	2	\$6,825.80
Evidence-Based Practice Training – Natural Lifemanship (Train the Trainers)	One individual	\$2,886.27	5	\$14,431.35

Evidence-Based Practice Training – JKM Safe Crisis Management (All Staff Training)	One individual	\$203.17	25	\$5,079.25
Evidence-Based Practice Training – TBRI© (All Staff Training)	One individual	\$57.54	35	\$2,013.90
Evidence-Based Practice Training – Natural Lifemanship (All Staff Training)	One individual	\$68.70	25	\$1,717.50
Evidence-Based Practice Training – Conscious Discipline (All Staff Training)	One individual	\$12.85	25	\$321.25
Best Practices Training – Anger Management	One individual	\$2,191.48	2	\$4,382.96
Evidence Based Practices Training – Neurosequential Model of Therapeutics	One individual	\$598.38	3	\$1,795.14
Best Practices Training – Suicide Prevention (All Staff)	One individual	\$13.69	35	\$479.15
Best Practices Training – Conflict Resolution (All Staff Training)	One individual	\$59.01	45	\$2,655.45
Best Practices Training – Trauma/Crisis Training (All Staff Training)	One individual	\$167.04	45	\$7,516.80
Best Practices Training – Attachment & Trauma Training	One individual	\$1,561.93	3	\$4,685.79
Best Practices Training – Understanding Therapy (All Staff Training)	One individual	\$52.92	25	\$1,323.00
Best Practices Training – Social and Emotional Development Effects of Trauma (All Staff Training)	One individual	\$15.50	20	\$310.00
Best Practices Training – Suicide Prevention (Train the Trainers)	One individual	\$129.69	4	\$518.76

Coyote Hill must choose the most cost-effective method of travel when attending trainings. The organization shall only request reimbursement for actual cost associated with attending trainings.

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of Coyote Hill, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by Coyote Hill to monitor service delivery and program expenditures. Coyote Hill agrees to submit to the BCCSB an Interim Report by July 31, 2019 for the period January 31, 2019 through June 30, 2019 and a Year End Report by January 31, 2020, for the period of January 1, 2019 – December 31, 2019. Variations on this date may be requested by Coyote Hill and, if so stipulated, are noted on this contract document. Payments may be withheld from Coyote Hill if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. Coyote Hill agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** Coyote Hill also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of Coyote Hill's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from Coyote Hill, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** Coyote Hill agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect Coyote Hill's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, Coyote Hill hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event Coyote Hill requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for

approval. A board resolution from Coyote Hill may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. ***Violation of Client Rights.*** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with Coyote Hill's policies and procedures and in accordance with any local/state/federal regulations. Coyote Hill agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. Coyote Hill must comply with Missouri law regarding confidentiality of client records.

12. ***Discrimination.*** Coyote Hill will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. ***CSF to be used for Services Provided.*** Coyote Hill agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to Coyote Hill's provision of such services.

14. ***Accreditation/Licensure/Certifications.*** Coyote Hill must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. ***Conflict of Interest.*** Coyote Hill agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and Coyote Hill, and this shall include any transaction in which Coyote Hill is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. ***Subcontracts.*** Coyote Hill may enter into subcontracts for components of the contracted service as Coyote Hill deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, Coyote Hill shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. ***Employment of Unauthorized Aliens Prohibited.*** Coyote Hill agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of

Missouri. Coyote Hill shall require each subcontractor to affirmatively state in its Agreement with the Coyote Hill that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide Coyote Hill a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** Coyote Hill agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against Coyote Hill or any individual acting on the Coyote Hill's behalf, including subcontractors, which seek to enjoin or prohibit Coyote Hill from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If Coyote Hill ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if Coyote Hill no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, Coyote Hill will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event Coyote Hill, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to Coyote Hill as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should Coyote Hill fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, Coyote Hill shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the Coyote Hill for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Insurance Requirements.** Coyote Hill shall not commence work under this contract until they have obtained all insurance required in this section and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

a. **Worker's Compensation and Employers' Liability Insurance:** Coyote Hill shall take out and maintain during the life of this contract, Worker's Compensation and Employers' Liability Insurance for all their employees employed at the site of work, and in case any work is sublet, Coyote Hill shall require the subcontractor similarly to provide Worker's Compensation Insurance and Employers' Liability Insurance for all of the latter's employees unless such employees are covered by the protection afforded by Coyote Hill.

Worker's Compensation and Employers' Liability Insurance coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

b. **Comprehensive General Liability Insurance:** Coyote Hill shall take out and maintain during the life of this contract, such Comprehensive General Liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. Coyote Hill shall furnish the County with Certificate(s) of Insurance which name the County of Boone – Missouri as additional insured in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

Coyote Hill shall provide the County with proof of Comprehensive General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of Coyote Hill in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below,

subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to Coyote Hill.

c. **Professional Liability Insurance:** Coyote Hill is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

d. **Commercial Automobile Liability:** Coyote Hill shall maintain during the life of this contract, Commercial Automobile Liability Insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Coyote Hill's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

23. **Indemnification.** To the extent permitted under Missouri law, Coyote Hill agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Coyote Hill** (meaning anyone, including but not limited to consultants having a contract with Coyote Hill or subcontractor for part of the services), or anyone directly or indirectly employed by Coyote Hill, or of anyone for whose acts Coyote Hill may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

24. **Publicity by the Coyote Hill.** Coyote Hill shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. Coyote Hill will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. Coyote Hill will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. Coyote Hill agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

25. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and Coyote Hill. The BCCSB does not recognize any of the Coyote Hill's employees, agents, or volunteers as those of the BCCSB.

26. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

27. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

28. **Record Retention Clause.** Coyote Hill shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

29. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to COYOTE HILL shall be mailed or delivered to:

Coyote Hill Christian Children's Home
Attn: Larry McDaniel
PO Box 1
Harrisburg, MO 65256

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

Coyote Hill Christian Children's Home

By: 

Signature

By: Kari Hopkins, Development Officer

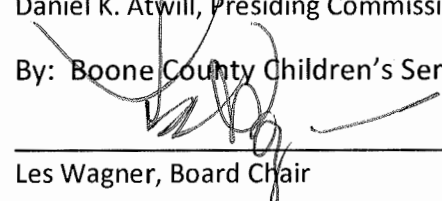
Printed Name/ Title

Boone County, Missouri

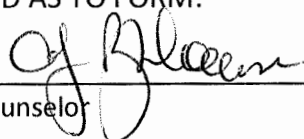
By: Boone County Commission


Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board


Les Wagner, Board Chair

APPROVED AS TO FORM:


County Counselor

ATTEST:


Taylor W. Burks, County Clerk

DKB

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Jane Pitchford by jg 12/20/2018 (2161/71106/\$87,747.05)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 16, 2018

BOONE COUNTY - MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: 35-13SEP18 – Crisis Intervention Programs

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Coyote Hill

Address: 9501 W. Coyote Hill Rd.
Harrisburg, MO 65256

Telephone: 573-874-0179 Fax: 573-875-0510

Federal Tax ID (or Social Security #): 43-1601128

Print Name: Kari Hopkins Title: Marketing/PR Director

Signature: [Handwritten Signature] Date: _____

E-mail: Karie.coyotehill.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #35-13SEP18 – Crisis Intervention Programs

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by **October 10, 2018, 12:00 p.m.** by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Coyote Hill Christian Children's Home
Name of Program	Family Crisis Stabilization Program

Organization Profile	
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1. Individual information must be provided for all board members.
Action Required: Update this information in Apricot in the Organization Profile. Make sure to include the terms for each board member and identify the Secretary and Treasurer on the Governing Board table.
DONE
2. The uploaded bylaws were missing one section in Article III titled "Meetings".
Action Required: Upload the corrected bylaws to Apricot in the Organization Profile.
DONE
3. There is no Audit uploaded to the Financial Information section of the Organization Profile.
Action Required: Upload the most recent audit to Apricot in the Organization Profile.
DONE
4. The Employees Compensation chart includes an employee titled Vocational Skills Instructor/Property Manager. The Organization Chart does not include this position.
Action Required: Upload an updated Organization Chart in the General Information section of the Organization Profile in Apricot.
DONE

Program Overview Form	
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Consumer Demographics

5. There are 80 unduplicated individuals listed in the Consumer Demographics sections. The focus of your response is on training staff.

Action Required: Complete the Demographics table below the staff who will be receiving the training.

Residence	
Boone County (includes City of Columbia residents):	33
City of Columbia:	12
Cooper County	
Howard County	2
Other Counties:	
Residence Total:	45
Race:	
White (alone)	41
Black or African American (alone)	4
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native (alone)	
Native Hawaiian or other Pacific Islander (alone)	
Some other Race	
Race Total:	45
Ethnicity:	
Hispanic or Latino (of any race)	1
Not Hispanic or Latino	44
Ethnicity Total:	45
Gender	
Female	24
Male	21
Other	
Gender Total:	45
Income	
At or below 200% of Federal Poverty Level	0
Over 200% of Federal Poverty Level	45
Income Total:	45
Age	
Infant/Toddler (birth – 2 years)	
Preschool (3 years – 5 years)	
School Age (6 years – 11 years)	
Middle School (12 years – 14 years)	
High School (15 years – 19 years)	
Parent/Guardian (19 year and younger)	
Parent/Guardian (20 years and over)	45
Age Total:	45

6. Are the seven individuals listed in the Individuals Trained section upper management staff who will train other staff members?

Action Required: Clarify who the seven individuals are and who they will be training in the section below.

Of the seven individuals conducting the training, three are upper management (Executive Director, Site Director, Program Director). The other four (Two Therapist/Case Managers, Equine Specialist, Case Manager) are professionals in their field, who also supervise interns and actively participate in Family Support Team meetings or give recommendations for care to other staff. Each of these seven individuals will have a role in at least one training program for all other direct care staff (behavioral specialists, parent aides, interns).

Program Personnel and Budget

7. There are seven unduplicated individuals listed as full-time employees. This is confusing because the Program Budget states that staff will be using 15% of their time to do training and then Program Service #1 states that staff will spend 2.4% and Program Service #2 states that they will spend 12.6% of their time completing trainings.

Action Required: How much staff time will be utilized to offer trainings? Please clarify below and then update the Program Personnel Information chart below.

The seven unduplicated individuals will spend a total of 15% of their time in trainings – 2.4% in certification trainings off-site, 12.6% training other staff.

Position/Title	Minimum Qualifications	FTE (how much time will be utilized to provide trainings)
Program Director	B.S., Certified JKM Trainer	.15
Site Director	MSW	.15
Therapist/Case Manager	MSW, LCSW or LPC	.15
Therapist/Case Manager	MSW, LCSW or LPC	.15
Equine Specialist	B.S. Equestrian Studies	.15
Case Manager	B.S.	.15
Executive Director	MSW	.15

8. The Program Budget should only include revenues and expenses that fund the Trauma-Informed Training program. There are funds currently listed from the Dana Corporation and Individual Donations. If these two funding sources do not pay for training, they need to be removed from the budget. If funds are received from the state and a portion is to pay for trainings, this figure needs to be added to the budget. The amount requested from the Children's Services Fund must also be added to the chart below.

Action Required: Update the Program Budget table below with updated numbers in the column labeled UPDATED AMOUNT:

TOTAL PROGRAM REVENUE		UPDATED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$0
Narrative:		
B. Other United Ways		\$0
Narrative:		
C. Capital Campaigns		\$0
Narrative:		
D. Grants (non-governmental)		\$2,600
Narrative:		Dana Corporation grant for training therapists
E. Fund Raising & Other Direct Support		\$5,900
Narrative:		Individual donations for training all staff
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding		\$90,000
Narrative:		For Crisis Training Program
B. Boone County - Community Health Funding		\$0
Narrative:		
C. Boone County - Other Funding		\$0
Narrative:		
D. Funding from Other Counties		\$0
Narrative:		
E. City of Columbia - Social Service Funding		\$0
Narrative:		
F. City of Columbia - CDGB/Home Funding		\$0
Narrative:		
G. City of Columbia - CHDO Funding		\$0
Narrative:		
H. City of Columbia - Other Funding		\$0
Narrative:		
I. Funding from Other Cities		\$0
Narrative:		
J. Federal (Medicaid, Title III, etc.)		\$0
Narrative:		
K. State (Purchase of Services, Grants, etc.)		\$0
Narrative:		
L. Other (Schools, Courts, etc.)		\$0
Narrative:		
3. Program Service Fees		\$0
Narrative:		

4. Investment Income (realized & unrealized)	\$0
Narrative:	
5. Other Revenue Items	\$0
Narrative:	
TOTAL PROGRAM REVENUE	\$98,500
Narrative:	TOTAL Crisis Training Program Revenue
PROGRAM EXPENSES	UPDATED AMOUNT
1. Personnel	\$60,000
Narrative:	
2. Non-Personnel	\$30,000
Narrative:	
TOTAL PROGRAM EXPENSES	\$90,000

Program Services Form (1-5)	
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9. There are trainings listed that include Grace-Based Parenting Strategies and Theological Education Initiative. There is also a Marriage Enrichment training listed.

Action Required: Provide more information about these trainings. Does this have aspects of proselytizing?

Marriage enrichment is a weekend training for each Behavioral Specialist couple to learn concepts of promoting healthy families, good boundaries, healthy communication, and family stability. Modeling a healthy marriage is essential for the children who have not witnessed this in their prior upbringing. Grace-Based Parenting is an additional tool sometimes utilized for parenting children who need extra attention because of the nature of their abuse. Its focus is on compassion and nurturing discipline. TEI (Theological Education Initiative) provides training focused on staff members' personal growth. TEI trainings have consisted of creating life maps, and the trauma-informed care program "The Body Keeps The Score." None of these have any aspects of proselytizing, nor do any other trainings Coyote Hill offers.

10. There are parent trainings mentioned in this service but lacks information on how this applies to staff and/or clients that are served.

Action Required: Provide information on how this applies to children who have been removed from their families? Provide a response in this box.

Equipping behavioral specialists with effective parenting strategies is essential for positive outcomes for the children Coyote Hill serves. The parenting skills trainings focus on healthy conflict resolution and communication. Effective parenting promotes protective factors to increase the probability of positive, adaptive and healthy outcomes, even in the face of risk and adversity.

11. There are a variety of trainings listed in the detailed service descriptions but lack an explanation of whether they are trauma informed practices.

Action Required: Provide clarification on which trainings meet the definition of trauma-informed training practices. Provide a response below.

Of the trainings listed, these qualify under the definition of trauma-informed training practices: TBRI (Trust-based Relational Intervention), NMT (Neurosequential Model of Therapeutics), JKM safe crisis management, Natural Lifemanship, Theraplay, equine-assisted family therapy, effective communication strategies, conflict resolution strategies, crisis management, ethics in social work, and suicide prevention. First Aid/CPR, Lifeguard, and Medication Aid certification are medical crisis preventative training. These equip staff with the skills to manage a medical crisis following trauma-informed practices. Marriage enrichment and supervision training do not meet the definition of trauma-informed training practices.

12. There are a lot of trainings listed in the detailed description of proposed service #1. It's unclear on which training are required for licensing, train-the-trainer courses, and general continuing education courses. It appears some training collaborations contain aspects of proselytizing (ie Theological Education Initiative, Grace-Based Parenting Strategies, etc.) which the Children's Services Fund cannot purchase. Do not list trainings associated to a particular faith.

Action Required: Complete the table below by providing the title, whether it's evidence-based practices (EVP) or best practices (BP), length of time, and train-the-trainer model. Only include courses that build off mandated trainings. The trainings should align with the targeted RFP that is focused on crisis intervention. Add rows to the table as needed.

Train the Trainer Courses				
Training Title	EVP vs BP?	Length of Time	# of Individuals to be Trained	Who is providing the trainings?
JKM Safe Crisis Management Trainer Certification	EVP & BP	15 hours	3	JKM Training, Inc.
Neurosequential Model of Therapeutics	EVP	16 hours	4	Child Trauma Academy
Theraplay	EVP	12 months	2	The Theraplay Institute
TBRI – Trust-based Relational Intervention	EVP	10 weeks & 5 days at the institute	4	Karen Purvis Institute of Child Development
Natural Lifemanship Certification (equine-assisted therapy)	EVP	3 days	5	Natural Lifemanship
Ethics in Social Work	BP	3 hours	4	National Association of Social Workers
Suicide Prevention	BP		4	National Association of Social Workers

General Staff Trainings (include trainings that Coyote Hill can provide following train-the-trainer)				
Training Title	EVP vs BP?	Length of Time (annually)	# of Individuals to be Trained	Who is providing the trainings?
JKM Safe Crisis Management	EVP & BP	12 hours	45	Site Director, Program Director, Therapist
TBRI – Trust-based Relational Intervention	EVP	22 hours	45	Program Director, Two Therapists, Case Manager
Theraplay	EVP	24 hours	45	Two Therapists
Neurosequential Model of Therapeutics	EVP	2 hours	45	Two Therapists, Program Director, Site Director
Suicide Prevention	BP	4 hours	45	Program Director, Site Director, Two Therapists, Executive Director, Case Manager
Trauma Training	EVP	8 hours	45	Executive Director, Program Director, Site Director, Two Therapists, Case Manager, Equine Specialist
Natural Lifemanship – equine-assisted therapy	EVP	10 hours	30	Equine Specialist, Site Director, Program Director, Two Therapists

13. How will Coyote Hill handle staff turnover for train-the-trainer?

Action Required: Provide clarification in the box below.

Coyote Hill has a good history of longevity of staff. The three Upper Management positions – Program Director, Site Director, Executive Director – have been employed by Coyote Hill for 14, 23 and 27 years, respectively. Coyote Hill also sends more than one individual to each training (duplicated trainers) to enable the training to still occur even if there is staff turnover.

14. Based on the information listed above, complete the remainder of the Written Clarifications with the following service structure:

Service #	Service Name	Notes
1	Evidence-Based Practice Training (Train-the Trainers)	
2	Best Practices Training (Train-the-Trainers)	
3	Evidence-Based Practice Training (Staff)	
4	Best Practices Training (Staff)	

Program Service 1 – Evidence-Based Practice Training (Train-the Trainers)

15. There are a lot of trainings listed in the detailed description of proposed service #1. Some appear to be evidence-based and some seem to be best practices. Review the *Taxonomy of Services* to distinguish between evidence-based and based practices training.

Action Required: Provide information below on the evidence-based train-the-trainer trainings that the seven individuals will receive. Add rows to the table as needed.

Evidence-Based Practice Training (Train-the Trainers)			
Training Title	Description	Length of Time	# of Individuals Trained
JKM Safe Crisis Management	De-escalating children in crisis	15 hours	3
Neurosequential Model of Therapeutics	Integrating core principles of neurodevelopment and traumatology to inform work with children in crisis	16 hours	4
Trust-based Relational Intervention	Addressing behavioral problems and trauma symptoms among at-risk children	10 weeks & 5 days	4
Theraplay	Child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement	12 months	2
Natural Lifemanship	Mental health treatment model combining horse psychology and clinical expertise	3 days	5

Program Service 2 – Best Practices Training (Train-the Trainers)

16. There are a lot of trainings listed in the detailed description of proposed service #1. Some appear to be evidence-based and some seem to be best practices. Review the *Taxonomy of Services* to distinguish between evidence-based and based practices training.

Action Required: Provide information below on the best practices train-the-trainer trainings that the seven individuals will receive. Add rows to the table as needed.

Best Practices Training (Train-the Trainers)			
Training Title	Description	Length of Time	# of Individuals Trained
Ethics in Social Work	Required for mental health professionals. Specific topics vary.	3 hours	4
Suicide Prevention	Required for mental health professionals.	3 hours	6

Program Service 3 – Evidence-Based Practice Training (Staff)

17. There are a lot of trainings listed in the detailed description of proposed service #2. Some appear to be evidence-based and some seem to be best practices. Review the *Taxonomy of Services* to distinguish between evidence-based and based practices training.

Action Required: Provide information below on the evidence-based staff will receive. Add rows to the table as needed.

Evidence-Based Practice Training (Staff)			
Training Title	Description	Length of Time	# of Individuals Trained
JKM Safe Crisis Management	De-escalating children in crisis	12 hours annually	38
TBRI – Trust-based Relational Intervention	Addressing behavioral problems and trauma symptoms among at-risk children	16 hours + 6 CEU	45
Natural Lifemanship	Equine-assisted family therapy	24 hours	30

Program Service 4 – Best Practices Training (Staff)

18. There are a lot of trainings listed in the detailed description of proposed service #2. Some appear to be evidence-based and some seem to be best practices. Review the *Taxonomy of Services* to distinguish between evidence-based and based practices training.

Action Required: Provide information below on the best practices trainings staff will receive. Add rows to the table as needed.

Best Practices Training (Staff)			
Training Title	Description	Length of Time	# of Individuals Trained
Understanding Therapy	Understanding process of therapy for children and each individual's role in the child's progress	8 hours	45
Medication Aid Certification Level 1 Initial Certification	How to properly dispense medication	16 hours	20
Medication Aid Level 1 Recertification	How to properly dispense medication	4 hours bi-annually	42
First Aid/CPR	American Red Cross certification – How to intervene in medical crisis	6 hours bi-annually	45
Lifeguard	American Red Cross – How to intervene in medical water crisis	24 hours	21
Effective Communication	Speaking to children in crisis, and coworkers	12 hours	45

Conflict Resolution	Verbal de-escalation in crisis	12 hours	45
Crisis Management	Child in Crisis Training Drills	6 hours	45
Body Keeps the Score	Trauma-informed Training	6 hours	45

Joanne Nelson

From: Melinda Bobbitt
Sent: Tuesday, October 09, 2018 2:49 PM
To: Kristin Cummins; Joanne Nelson; Kelly Wallis
Subject: FW: Clarification for Coyote Hill

From: Kari Hopkins <kari@coyotehill.org>
Sent: Tuesday, October 9, 2018 12:06 PM
To: Melinda Bobbitt <MBobbitt@boonecountymmo.org>
Subject: Re: Clarification for Coyote Hill

Melinda,

Thank you for sending this. I read it three times and kept missing that last sentence. It's been corrected.

Kari Hopkins
Marketing/PR Director
Coyote Hill Christian Children's Home
9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org

A Safe Place to Be a Child

Confidentiality Notice: This email is intended only for its addressee and may contain information that is legally privileged, confidential, or otherwise protected from disclosure. If you have received this communication in error, please notify me immediately by e-mail and delete the original message.

From: Melinda Bobbitt <MBobbitt@boonecountymmo.org>
Sent: Tuesday, October 9, 2018 9:37:36 AM
To: Kari Hopkins
Subject: RE: Clarification for Coyote Hill

Kari,

See below. This is taken from the by-laws that were uploaded in Apricot. We will need this sentence updated, then the by-laws need to be uploaded to Apricot.

ARTICLE III Meetings

1. There shall be at least four (4) Board meetings per year.
2. A simple majority of members shall constitute a quorum. No motions shall be considered nor votes of any kind taken unless a quorum is present. Any act of the quorum shall be considered an act of the Board. If necessary, virtual attendance

Thanks,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



From: Kari Hopkins <kari@coyotehill.org>
Sent: Wednesday, October 3, 2018 1:44 PM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>
Subject: Clarification for Coyote Hill

Melinda,

Could you tell me what we are missing in the by-laws? When I downloaded the original file, it included five points under Article III – Meetings on page 2. I'm not seeing what we are missing? Could you elaborate?

This is what you asked to clarify:

1. The uploaded bylaws were missing one section in Article III titled "Meetings".

Action Required: Upload the corrected bylaws to Apricot in the Organization Profile.

Thank you!

Kari Hopkins
Marketing/PR Director
Coyote Hill Christian Children's Home
9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org

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Confidentiality Notice: This email is intended only

Joanne Nelson

From: Kari Hopkins <kari@coyotehill.org>
Sent: Monday, October 15, 2018 12:55 PM
To: Joanne Nelson; William Atherton
Cc: Kelly Wallis; Kristin Cummins; Melinda Bobbitt
Subject: Re: Crisis Intervention Proposal

Ok thank you, Joanne. That is helpful to us.

Kari Hopkins
Marketing/PR Director
Coyote Hill Christian Children's Home
9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org

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From: Joanne Nelson <JNelson@boonecountymmo.org>
Sent: Monday, October 15, 2018 11:25:45 AM
To: Kari Hopkins; William Atherton
Cc: Kelly Wallis; Kristin Cummins; Melinda Bobbitt
Subject: RE: Crisis Intervention Proposal

We will be meeting in our meeting room where we can view your proposal on a television screen and we can discuss next steps. Most of the questions that we asked were tied to the clarification questions you responded to earlier. We don't have any questions right now that you need to be prepared to answer tomorrow. Let us know if you have any further questions.

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Kari Hopkins <kari@coyotehill.org>
Sent: Monday, October 15, 2018 11:14 AM
To: Joanne Nelson <JNelson@boonecountymmo.org>; William Atherton <atherton@coyotehill.org>
Cc: Kelly Wallis <KWallis@boonecountymmo.org>; Kristin Cummins <KCummins@boonecountymmo.org>; Melinda Bobbitt <MBobbitt@boonecountymmo.org>
Subject: Re: Crisis Intervention Proposal

Joanne,

This is our first experience undergoing negotiations with Boone County. Are there any questions you would like us to come prepared to answer?

Kari Hopkins

Marketing/PR Director
Coyote Hill Christian Children's Home
9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org

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From: Joanne Nelson <JNelson@boonecountymo.org>
Sent: Monday, October 15, 2018 10:34:38 AM
To: Kari Hopkins; William Atherton
Cc: Kelly Wallis; Kristin Cummins; Melinda Bobbitt
Subject: RE: Crisis Intervention Proposal

That works great. Let's plan on meeting at our office 605 E. Walnut, Ste A. at 2:30. The entrance to our building is across the street from the Columbia Police Department. You will enter through the side door with a black awning in the parking lot.

Thank you,

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Kari Hopkins <kari@coyotehill.org>
Sent: Monday, October 15, 2018 10:31 AM
To: Joanne Nelson <JNelson@boonecountymo.org>; William Atherton <atherton@coyotehill.org>
Cc: Kelly Wallis <KWallis@boonecountymo.org>; Kristin Cummins <KCummins@boonecountymo.org>; Melinda Bobbitt <MBobbitt@boonecountymo.org>
Subject: Re: Crisis Intervention Proposal

Joanne,

2:30pm tomorrow on the 16th works great for us. Where are we meeting?

Kari Hopkins

Marketing/PR Director
Coyote Hill Christian Children's Home

9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org
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From: Joanne Nelson <JNelson@boonecountymmo.org>
Sent: Monday, October 15, 2018 10:23:19 AM
To: Kari Hopkins; William Atherton
Cc: Kelly Wallis; Kristin Cummins; Melinda Bobbitt
Subject: RE: Crisis Intervention Proposal

Can we 2:30 this day? We have another appointment right before this and I am afraid we might run a little late. Let me know if this timeframe works.

Thanks,

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Kari Hopkins <kari@coyotehill.org>
Sent: Monday, October 15, 2018 10:17 AM
To: Joanne Nelson <JNelson@boonecountymmo.org>; William Atherton <atherton@coyotehill.org>
Cc: Kelly Wallis <KWallis@boonecountymmo.org>; Kristin Cummins <KCummins@boonecountymmo.org>; Melinda Bobbitt <MBobbitt@boonecountymmo.org>
Subject: Re: Crisis Intervention Proposal

Joanne,

We are available to meet tomorrow, October 16th at 2pm. Does this still suit your schedule?

Kari Hopkins

Marketing/PR Director
Coyote Hill Christian Children's Home
9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org

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error, please notify me immediately by e-mail and delete the original message.

From: Joanne Nelson <JNelson@boonecountymo.org>
Sent: Thursday, October 11, 2018 1:20:04 PM
To: William Atherton; Kari Hopkins
Cc: Kelly Wallis; Kristin Cummins; Melinda Bobbitt
Subject: Crisis Intervention Proposal

Good Afternoon,

The Boone County Children's Services Board (BCCSB) met this morning and gave us approval to move forward with contract negotiations with Coyote Hill Christian Children's Home for their Trauma-Informed Training. We would like to set up a time to meet with you next week. Below is a list of dates and times we are available to meet:

- October 16 – any time after 1:00 pm
- October 17 – any time after 11:30 am
- October 18 – any time between 10:30 am – 1:00 pm or between 2:00 pm – 5:00 pm

Please let us know your availability as soon as you can. We anticipate that this meeting will take approximately an hour.
Thanks,

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

Joanne Nelson

From: Joanne Nelson
Sent: Wednesday, October 17, 2018 8:26 AM
To: 'Kari Hopkins'
Subject: Follow-Up
Attachments: PPM Sheet Coyote Hill updated 10.16.18.docx

Good Morning,

Attached you will find a copy of the forms we discussed yesterday during our meeting. Please let me know if you have any further follow-up questions.

Have a great day!

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

Coyote Hill Christian Children's Home

Follow-Up needed for Agreement Form:

Section	Issues to be Addressed in Agreement Form	Changed Items
Program Budget	<ol style="list-style-type: none">1. Made changes to the budget to reflect information provided in Clarification #1.2. The Total Program Expenses are \$8,500 less than the Total Program Revenues.	<ol style="list-style-type: none">1. Review and make sure changes are correct.2. Update the Total Program Expense section of the budget to reflect all the funding budgeted for training.
Consumer Demographics	<ol style="list-style-type: none">1. Review the residence section to make sure that it adds up to the same as the other areas.2. Income Section: Are all 45 adults over the 200% of FPL?	<ol style="list-style-type: none">1. Make updates in Apricot.2. Make changes in the demographics if necessary.

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #1 – Taxonomy of Service Name:			
Service #1 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
	\$		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #2 – Taxonomy of Service Name:			
Service #2 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #3 – Taxonomy of Service Name:			
Service #3 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #4 – Taxonomy of Service Name:			
Service #4 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #5 – Taxonomy of Service Name:			
Service #5 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Coyote Hill Christian Children's Home				
Program Name: Trauma-Informed Training				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Funding Request to Children's Services Fund:				
Service:	Amount Requested from Boone County:		Proposed # of Units of Service:	
Total Amount Requested to Boone County:				

Joanne Nelson

From: Kari Hopkins <kari@coyotehill.org>
Sent: Monday, October 22, 2018 1:52 PM
To: Joanne Nelson
Subject: Re: Coyote Hill Response - on the right track?

Oh thank you! I think I'm getting my system down to hopefully speed up the process for each new training.

Thank you again for all your help!

Kari Hopkins
Marketing/PR Director
Coyote Hill Christian Children's Home
9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org

A Safe Place to Be a Child

Confidentiality Notice: This email is intended only for its addressee and may contain information that is legally privileged, confidential, or otherwise protected from disclosure. If you have received this communication in error, please notify me immediately by e-mail and delete the original message.

From: Joanne Nelson <JNelson@boonecountymo.org>
Sent: Monday, October 22, 2018 1:50:33 PM
To: Kari Hopkins
Subject: RE: Coyote Hill Response - on the right track?

Kari,
The information you provided below looks good. You are on the right track!
Please let me know if you have any further questions.

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Kari Hopkins <kari@coyotehill.org>
Sent: Monday, October 22, 2018 1:30 PM
To: Joanne Nelson <JNelson@boonecountymo.org>
Subject: Coyote Hill Response - on the right track?

Joanne,

I wanted to make sure we are on the track in regards to our service breakdowns. Here's one for your to review:

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #1 – Taxonomy of Service Name: Evidence-Based Practice Training – JKM Safe Crisis Management (Train-the-Trainer)			
Service #1 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have scientifically proven to be effective.			
Provide a detailed description of the proposed service: JKM Safe Crisis Management Training is a 15-hour course of a combined online and in person training, focused on training direct supervisors. JKM Training, Inc. is a comprehensive continuum of prevention, de-escalation and safe emergency intervention : responding to aggressive behavior in social service agencies and schools. Three staff members will travel to St. Louis to complete Recertification course. Total expense will include: travel to and from St. Louis, course fee and materials, and 15 hours of staff			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Units of Service:
1 person	\$772.05	3	3
Funding Request			
Amount Requested to Boone County: \$2,316.15		Proposed Number of Units of Service: 3	
Performance Measures			
Outcome:	Indicator:	Method of Measurement	
Certified JKM Safe Crisis Management trainers	100% (n=3) of participants will complete JKM Training, Inc. Train the Trainer course	Test or certification from	

Kari Hopkins
 Marketing/PR Director
 Coyote Hill Christian Children's Home
 9501 W. Coyote Hill Rd
 Harrisburg, MO 65256
 cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org

Joanne Nelson

From: Kari Hopkins <kari@coyotehill.org>
Sent: Wednesday, October 24, 2018 5:57 PM
To: Joanne Nelson
Subject: Re: Question

Yes that makes perfect sense. I just wanted to be sure I should include it.

Kari Hopkins
Marketing/PR Director
Coyote Hill
cell: 573-823-7941

Sent from my iPhone

On Oct 24, 2018, at 4:35 PM, Joanne Nelson <JNelson@boonecountymo.org> wrote:

Kari,
I think this looks good. I would include these totals in your budget for 2019 even though this person may not get the training until 2020. You can provide written clarifications when you do reporting to explain why there wasn't full utilization of a service. I hope my explanation makes sense. Let me know if you have any further questions.
Thanks,

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Kari Hopkins <kari@coyotehill.org>
Sent: Wednesday, October 24, 2018 4:13 PM
To: Joanne Nelson <JNelson@boonecountymo.org>
Subject: Question

Joanne,

For one of our EVP Train the Trainers program it's a two step process to complete certification. We are confident in our ability to get our 5 trainers to the first training program, but do not believe we will be able to get our Equine Specialist certified until 2020 simply based on scheduling.

How would you like me to write that explanation and funding? This is how it is currently written. The budget may change, but it's a good place to start.

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #4 – Taxonomy of Service Name: Evidence-Based Practice Training – Natural Lifemanship (Train the Trainers)			
Service #2 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies scientifically proven to be effective.			
Provide a detailed description of the proposed service:			
<p>Natural Lifemanship training provides a solid foundation in Natural Lifemanship's Trauma-Focused Equine Assisted P EAP) model for mental health and equine professionals who practice equine-assisted psychotherapy (EAP). The five p hours of online training, followed by traveling to a two-day onsite training. Total program expenses will include: four materials and fees, and 25.75 hours of staff time.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of
1 person	\$2,149.68	5	5
Funding Request			
Amount Requested to Boone County: \$8,598.73		Proposed Number of Units of Service: 5	
Performance Measures			
Outcome:	Indicator:		Method of Measure
Completed Natural Lifemanship Fundamentals training & Certified Equine Specialist	100% (n=5) will complete Natural Lifemanship Fundamentals training		Test or certificate
Certified NLC-EP (Natural Lifemanship Certification – Equine Professional)	100% (n=1) will complete Natural Lifemanship certification for Equine Professionals		Certification from

Coyote Hill Christian Children's Home

Follow-Up needed for Agreement Form:

Section	Issues to be Addressed in Agreement Form	Changed Items
Program Budget	<ol style="list-style-type: none">1. Made changes to the budget to reflect information provided in Clarification #1.2. The Total Program Expenses are \$8,500 less than the Total Program Revenues.	<ol style="list-style-type: none">1. Review and make sure changes are correct.2. Update the Total Program Expense section of the budget to reflect all the funding budgeted for training.
Consumer Demographics	<ol style="list-style-type: none">1. Review the residence section to make sure that it adds up to the same as the other areas.2. Income Section: Are all 45 adults over the 200% of FPL?	<ol style="list-style-type: none">1. Make updates in Apricot.2. Make changes in the demographics if necessary.

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training.			
Service #1 – Taxonomy of Service Name: Evidence-Based Practice Training – JKM Safe Crisis Management (Train-the-Trainers)			
Service #1 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: JKM Safe Crisis Management Training is a 15-hour course of a combined online and in person training, focused on training direct care supervisors. JKM Training, Inc. is a comprehensive continuum of prevention, behavior planning, de-escalation and safe emergency intervention strategies for responding to aggressive behavior in social service agencies and schools. Three staff members will travel to complete the Trainer Recertification course and document the behavior support plan for each client in the TheraNest software throughout the year. Total program expenses will include: travel to and from St. Louis, meals, course fee and materials, software maintenance fees, and 15 hours of staff time.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$1,025.05	3	3
Funding Request			
Amount Requested to Boone County: \$3,075.15		Proposed Number of Units of Service: 3	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Certified JKM Safe Crisis Management trainers	100% (n=3) of participants will complete JKM Training, Inc. Train the Trainer course		Test or certification from JKM Training, Inc.

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #2 – Taxonomy of Service Name: Evidence-Based Practice Training – TBRI (Train-the-Trainers)			
Service #2 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			
<p>Provide a detailed description of the proposed service:</p> <p>TBRI® (Trust-based Relational Intervention) is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. Four staff members will complete the course of combined online and onsite training. Phase 1: Five units of online coursework (in the ten weeks prior to on-site training) designed to establish a knowledge-base for the on-site training (Phase 2). Phase 2: After successful completion of Phase 1, participants complete five days of on-site, intensive training that focuses on application and implementation of TBRI®. Total program expenses will include: roundtrip travel, meals, course materials and fees, and 60 hours of staff time.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$5,839.30	4	4
Funding Request			
Amount Requested to Boone County: \$23,357.20		Proposed Number of Units of Service: 4	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Certified TBRI© Practitioner	100% (n=4) will complete Phase I and II of TBRI© Practitioner Training		Test or Certification from TBRI©
Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #3 – Taxonomy of Service Name: Evidence-Based Practice Training – Theraplay (Train the Trainers)			

Service #3 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: Theraplay is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. Two Therapists will travel to attend the 4-day Theraplay Level One training. Level One training prepares participants to begin using Theraplay Informed Practice in their work. Two Therapists will then complete the three module Level Two training at a three-day training. Total program expenses will include: roundtrip travel for both trainings, meals, course materials and fees, and 50 hours of staff time.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$3,412.90	2	2
Funding Request			
Amount Requested to Boone County: \$6,825.80		Proposed Number of Units of Service: 2	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Certified Theraplay Level Two Practitioners	100% (n=2) will complete Level One and Two of Theraplay training		Test or Certification from The Theraplay Institute
Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #4 – Taxonomy of Service Name: Evidence-Based Practice Training – Natural Lifemanship (Train the Trainers)			
Service #4 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			

Provide a detailed description of the proposed service:

Natural Lifemanship training provides a solid foundation in Natural Lifemanship's Trauma-Focused Equine Assisted Psychotherapy (TF-EAP) model for mental health and equine professionals who practice equine-assisted psychotherapy (EAP). The five participants will complete 7 hours of online training, followed by traveling to a two-day onsite fundamentals training. The Equine Specialist will continue with more training to receive the Equine Professional certification. This will include travel to an on-site intensive training, 18 consultations, and 60 hours of practice sessions. Total program expenses will include: roundtrip travel, meals, course materials and fees. Staff time for four trainers will equal 25.75 hours. Staff time for Equine Specialist will equal 127.75 hours.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$2,886.27	5	5

Funding Request

Amount Requested to Boone County: \$14,431.33	Proposed Number of Units of Service: 5
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Performance Measures

Outcome:	Indicator:	Method of Measurement:
Completed Natural Lifemanship Fundamentals training & Certified Equine Specialist	100% (n=5) will complete Natural Lifemanship Fundamentals training	Test or certificate from Natural Lifemanship
Certified NLC-EP (Natural Lifemanship Certification – Equine Professional)	100% (n=1) will complete Natural Lifemanship certification for Equine Professionals	Certification from Natural Lifemanship as Equine Professional

Service Change Table

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #5 – Taxonomy of Service Name: Evidence-Based Practice Training – JKM Safe Crisis Management (All Staff Training)			
Service #5 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: JKM Safe Crisis Management staff certification or recertification participants are taken through a thorough review of the SCM curriculum. Participants will receive the SCM Participant's Workbook, as well as, additional topical handouts that introduce contemporary concerns in the field. Successful completion of the program is contingent on passing both a written test and an Emergency Safety Physical Intervention skills test. Certification or recertification (when applicable) of staff will take place over several weeks for a total of 12 hours. Meals are provided at each of these staff trainings. Total program expenses will include: course fee and materials for each staff member, meals at each training, and 12 hours of Trainer time.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$203.17	25	25
Funding Request			
Amount Requested to Boone County: \$5,079.16		Proposed Number of Units of Service: 25	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Completed staff certification or recertification in JKM Safe Crisis Management	95% (n=23) will complete the staff certification or recertification in safe crisis management practices		Written test and Emergency Safety Physical Intervention skills test
Service Change Table			

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #6 – Taxonomy of Service Name: Evidence-Based Practice Training – TBRI© (All Staff Training)			
Service #6 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: TBRI® (Trust-based Relational Intervention) is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. Participants will participate in a two-day live streamed caregiver training. Successful completion of the program will be presented by an increase in knowledge in trauma-informed care. Total program expenses will include: course fee, materials for each staff member, two meals during the training, and 16 hours of Trainer time.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$74.15	25	25
Funding Request			
Amount Requested to Boone County: \$1,853.87		Proposed Number of Units of Service: 25	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased knowledge as a trauma-informed caregiver.	95% (n=23) will demonstrate a 75% increase in knowledge of trauma-informed caregiving.		Pre and post test

Service Change Table	
Organization Name: Coyote Hill Christian Children's Home	
Program Name: Trauma Informed Training	
Service #7 – Taxonomy of Service Name: Evidence-Based Practice Training – Natural Lifemanship (All Staff Training)	
Service #7 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been	

scientifically proven to be effective.

Provide a detailed description of the proposed service:

Natural Lifemanship offers a unique training in trauma-informed approaches for adults who work or live with others who may have been affected by trauma. Natural Lifemanship equips adults with the knowledge and experiences needed to transform challenging relationships with the children they serve. Participants will show an increase in knowledge in using horses to grow connections with children who've experienced trauma. Total program expenses will include: course materials and 24 hours of Trainer time.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$68.70	25	25

Funding Request

Amount Requested to Boone County: \$1,717.56	Proposed Number of Units of Service: 25
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Performance Measures

Outcome:	Indicator:	Method of Measurement:
Increased knowledge in trauma-informed equine practices	95% (n=23) will demonstrate a 75% increase in knowledge of trauma-informed equine practices.	Pre and post test

Organization Name: Coyote Hill Christian Children's Home

Program Name: Trauma Informed Training

Service #8 – Taxonomy of Service Name: Evidence-Based Practice Training – Conscious Discipline (All Staff Training)

Service #8 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.

Provide a detailed description of the proposed service:

Conscious Discipline is an evidence-based, trauma-informed approach. It provides an array of behavior management strategies and classroom structures that teachers or caregivers can use to turn everyday situations into learning opportunities." Participants will show an increase in knowledge in building healthy, healing relationships through self-regulation, connection and resilience interventions in children in crisis. The training will be a total of 2 hours for all staff, and 1 hour of trainer time. Total program expenses will include: staff time, three meals during training sessions, and training fee.

Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$12.85	25	25
Funding Request			
Amount Requested to Boone County: \$321.16		Proposed Number of Units of Service: 25	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased knowledge in building healthy relationships through self-regulation, connection and resilience interventions	95% (n=23) will show a 75% increase in knowledge of building healthy relationships through self-regulation, connection and resilience interventions		Pre and post test

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #9 – Taxonomy of Service Name: Best Practices Training – Level I Medication Aide (LIMA) (All Staff Training)			
Service #9 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Level I Medication Aide (LIMA) Certification and Recertification are required by state license for each direct care staff. The program is designed to teach skills in medication administration to clients in residential care. The curriculum content is a minimum of 16 hours. Recertification requires 4 hours of training biennially. Total program expenses include: certification fees.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$45.22	23	23
Funding Request			
Amount Requested to Boone County: \$1,040.00		Proposed Number of Units of Service: 23	

Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Completion of LIMA certification or recertification	100% (n=23) will complete LIMA certification or recertification	LIMA certification

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #10 – Taxonomy of Service Name: Best Practices Training – American Heart Association First Aid CPR AED Training (All Staff Training)			
Service #10 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: First Aid/CPR certification is required by state license for all staff members. American Heart Association First Aid CPR AED is a video-based, instructor-led course that teaches participants critical skills needed to respond to and manage an emergency until emergency medical services arrives. The training is a total of 6 hours. Total program expenses include: course fees for each person, AED maintenance, first aid kits, and a meal during training.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$183.78	23	23
Funding Request			
Amount Requested to Boone County: \$4,227		Proposed Number of Units of Service: 23	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Completion of AMA First Aid CPR AED certification	100% (n=45) will complete AMA First Aid CPR AED certification	AMA certificate.	

Service Change Table

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #11 – Taxonomy of Service Name: Best Practices Training – American Red Cross Lifeguard Training (All Staff Training)			
Service #11 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service:			
The American Red Cross Lifeguarding classes are designed to teach not only the basics in water safety but also the proper protocol when dealing with any emergencies around water. Participants will learn how to respond safely and efficiently to water emergencies. Some participants will complete lessons in swimming prior to the certification course. The training will range from 3.5—6 hours. Total program expenses include: swim lessons, and course fee for each person.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$256.40	10	10
Funding Request			
Amount Requested to Boone County: \$2,564.00		Proposed Number of Units of Service: 10	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Completion of American Red Cross lifeguard certification	100% (n=10) will complete American Red Cross certification	American Red Cross lifeguard certificate.	

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #12 – Taxonomy of Service Name: Best Practices Training – Conflict Resolution (All Staff Training)			
Service #12 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service:			
Conflict resolution training will cover a variety of verbal de-escalation techniques to resolve conflict. The training is a total of 12 hours. Total program expenses include: staff time for trainers, guest speaker fees, meals and materials for trainings.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$59.01	45	45

Funding Request		
Amount Requested to Boone County: \$2,655.60		Proposed Number of Units of Service: 45
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Increased knowledge in solving internal and external conflict.	100% (n=45) will show a 75% increase in solving conflict	Pre and post test

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #13 – Taxonomy of Service Name: Best Practices Training – Trauma/Crisis Training (All Staff Training)			
Service #13 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Trauma/Crisis training will be led by the Executive Director and Site Director to cover preparedness for crisis situations and mitigating a crisis situation on campus. The training is a total of 8 hours. Total program expenses include: staff time for trainers, emergency communication and security equipment, meals during trainings and materials for trainings.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$167.04	45	45

Funding Request	
Amount Requested to Boone County: \$7,517.00	Proposed Number of Units of Service: 45
Performance Measures	
Outcome:	Indicator:
Increased knowledge in how to prevent and mitigate crisis situations	95% (n=26) will show a 75% increase in knowledge of how to prevent and mitigate a crisis situation

Organization Name: Coyote Hill Christian Children's Home
Program Name: Trauma Informed Training

Service #14 – Taxonomy of Service Name: Best Practices Training – Attachment & Trauma Training (Train the Trainers)			
Service #14 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: The Attachment and Trauma training conference teaches an overview of recent scientific advances to show how trauma literally reshapes both body and brain, compromising sufferers' capacities for pleasure, engagement, self-control, and trust. Five staff members will attend the three-day Attachment Conference to be trained on how to recognize trauma's influence on the children in care. The training will be a total of 20 hours. Total program expenses will include: staff time, conference fees, roundtrip travel, hotel stay, and meals during training.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$1,107.72	5	5
Funding Request			
Amount Requested to Boone County: \$5,538.60		Proposed Number of Units of Service: 5	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased knowledge in how to teach clients to manage the effects of trauma	100% (n=5) will show a 75% increase in knowledge of how teach clients to manage the effects of trauma		Pre and post test

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #15 – Taxonomy of Service Name: Best Practices Training – Understanding Therapy (All Staff Training)			
Service #15 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Understanding Therapy provides caregivers with hands-on activities to teach caregivers how to build healthy attachments with children in crisis. It will utilize group sessions with all participants using teachings from Theraplay. The training will be a total of 5 hours. Total program expenses will include: staff time for therapists, and therapy materials for sessions.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$52.92	25	25

Funding Request		
Amount Requested to Boone County: \$1,323.10		Proposed Number of Units of Service: 25
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Increased knowledge in how to build healthy attachments with children in crisis	100% (n=15) will show a 75% increase in knowledge of how to build healthy attachments with children in crisis	Pre and post test

Organization Name: Coyote Hill Christian Children’s Home			
Program Name: Trauma Informed Training			
Service #16 – Taxonomy of Service Name: Best Practices Training – Social and Emotional Development Effects of Trauma (All Staff Training)			
Service #16 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Social and emotional development effects of trauma provides participants with a greater understanding of how to encourage healthy social and emotional development in children who’ve suffered trauma. The training will be a total of 2 hours. Total program expenses will include: training fee and meal during training.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$15.50	20	20
Funding Request			
Amount Requested to Boone County: \$310.00		Proposed Number of Units of Service: 20	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased knowledge in how to build healthy social and emotional development in children who’ve suffered trauma	100% (n=20) will show a 75% increase in knowledge of how to build healthy social and emotional development in children who’ve suffered trauma		Pre and post test

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #17 – Taxonomy of Service Name: Best Practices Training – Ethics in Social Work (Train the Trainers)			
Service #17 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Licensed clinical social workers are required to have three hours of ethics in social work training every two years. Ethics in social work covers a wide variety of ethical dilemmas faced as a social worker. Four staff members will complete the three-hour training, additionally the Executive Director will complete 27 hours of training through the National Social Work conference. Total program expenses include: staff time, conference fee, roundtrip travel, hotel, and meals during training.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$705.31	3	3
Funding Request			
Amount Requested to Boone County: \$2,115.93		Proposed Number of Units of Service: 3	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased knowledge in ethical practices in social work	100% (n=3) will show a 75% increase in knowledge in ethical practices in social work		Pre and post test
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #18 – Taxonomy of Service Name: Best Practices Training – Suicide Prevention (Train the Trainers)			
Service #18 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Licensed clinical social workers are required to have three hours of suicide prevention training every year. Four staff members will complete three hours of suicide prevention training. Total program expenses include: staff time and training fees.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$129.69	4	4
Funding Request			

Amount Requested to Boone County: \$518.74		Proposed Number of Units of Service: 4	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased knowledge in suicide prevention strategies	100% (n=20) will show a 75% increase in knowledge in suicide prevention strategies	Pre and post test	
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #19 – Taxonomy of Service Name: Best Practices Training – Suicide Prevention (All Staff)			
Service #19 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Three staff members will train all direct care staff on the proper strategies to prevent suicide. Total training time will be 2 hours. Total program expenses include: staff time, materials for training, and one meal during training.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$7.97	25	25
Funding Request			
Amount Requested to Boone County: \$199.24		Proposed Number of Units of Service: 25	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased knowledge in suicide prevention strategies	95% (n=23) will show a 75% increase in knowledge in suicide prevention strategies	Pre and post test	
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #20 – Taxonomy of Service Name: Evidence-Based Training – Neurosequential Model of Therapeutics (Train the Trainers)			
Service #20 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			

Provide a detailed description of the proposed service:

The Neurosequential Model is a developmentally-informed, biologically-respectful approach to working with at-risk children. It is a way to organize a child's history and current functioning. The goal of this approach is to structure assessment of a child, the articulation of the primary problems, identification of key strengths and the application of interventions (educational, enrichment and therapeutic) in a way that will help family, educators, therapists and related professionals best meet the needs of the child. Total training time will be 7.5 hours. Total program expenses include: staff time and training fees.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$598.38	3	3

Funding Request

Amount Requested to Boone County: \$1,795.15	Proposed Number of Units of Service: 3
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Performance Measures

Outcome:	Indicator:	Method of Measurement:
Increased knowledge in neurosequential model of therapeutics	100% (n=3) will show a 75% increase in knowledge in neurosequential model of therapeutics	Pre and post test

Organization Name: Coyote Hill Christian Children's Home

Program Name: Trauma Informed Training

Service #20 – Taxonomy of Service Name: Best Practices Training – Anger Management Training (Train the Trainers)

Service #20 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.

Provide a detailed description of the proposed service:

The Executive Director will travel to the National Anger Management Association International Conference to gain training in the topics of anger management, domestic violence, crisis intervention, state-of-the-art effective treatments, innovative techniques, and practical solutions. Total training time will be 24 hours. Total program expenses include: staff time, conference fee, roundtrip travel, hotel and meals during training.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$2,391.48	2	2

Funding Request

Amount Requested to Boone County: \$4,782.96		Proposed Number of Units of Service: 2
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Increased knowledge in anger management and crisis intervention techniques	100% (n=2) will show a 75% increase in knowledge in anger management and crisis intervention techniques	Pre and post test

Program Outputs and Funding Request Tables – Best and Final Offer

Organization Name: Coyote Hill Christian Children's Home				
Program Name: Trauma-Informed Training				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Funding Request to Children's Services Fund:		
Service:	Amount Requested from Boone County:	Proposed # of Units of Service:

Total Amount Requested to Boone County:		

Joanne Nelson

From: Kari Hopkins <kari@coyotehill.org>
Sent: Monday, November 12, 2018 12:50 PM
To: Joanne Nelson
Subject: Coyote Hill - Best & Final Offer
Attachments: PPM Sheet Coyote Hill updated 10.16.18.docx

Joanne,

Attached is our completed tables and best and final offer to Boone County. Please let me know my next step. Am I entering this into apricot or are you?

Kari Hopkins
Marketing/PR Director
Coyote Hill Christian Children's Home
9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
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A Safe Place to Be a Child

Confidentiality Notice: This email is intended only for its addressee and may contain information that is legally privileged, confidential, or otherwise protected from disclosure. If you have received this communication in error, please notify me immediately by e-mail and delete the original message.

Coyote Hill Christian Children's Home

Follow-Up needed for Agreement Form:

Section	Issues to be Addressed in Agreement Form	Changed Items
Program Budget	<ol style="list-style-type: none">1. Made changes to the budget to reflect information provided in Clarification #1.2. The Total Program Expenses are \$8,500 less than the Total Program Revenues.	<ol style="list-style-type: none">1. Review and make sure changes are correct.2. Update the Total Program Expense section of the budget to reflect all the funding budgeted for training.
Consumer Demographics	<ol style="list-style-type: none">1. Review the residence section to make sure that it adds up to the same as the other areas.2. Income Section: Are all 45 adults over the 200% of FPL?	<ol style="list-style-type: none">1. Make updates in Apricot.2. Make changes in the demographics if necessary.

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #1 – Taxonomy of Service Name: Evidence-Based Practice Training – JKM Safe Crisis Management (Train-the-Trainers)			
Service #1 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: JKM Safe Crisis Management Training is a 15-hour course of a combined online and in person training, focused on training direct care supervisors. JKM Training, Inc. is a comprehensive continuum of prevention, behavior planning, de-escalation and safe emergency intervention strategies for responding to aggressive behavior in social service agencies and schools. Three staff members will travel to complete the Trainer Recertification course and document the behavior support plan for each client in the TheraNest software throughout the year. Total program expenses will include: travel to and from St. Louis, meals, course fee and materials, software maintenance fees, and 15 hours of staff time.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$1,025.05	3	3
Funding Request			
Amount Requested to Boone County: \$3,075.15		Proposed Number of Units of Service: 3	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Certified JKM Safe Crisis Management trainers	100% (n=3) of participants will complete JKM Training, Inc. Train the Trainer course		Test or certification from JKM Training, Inc.

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #2 – Taxonomy of Service Name: Evidence-Based Practice Training – TBRI (Train-the-Trainers)			
Service #2 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: TBRI® (Trust-based Relational Intervention) is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. Four staff members will complete the course of combined online and onsite training. Phase 1: Five units of online coursework (in the ten weeks prior to on-site training) designed to establish a knowledge-base for the on-site training (Phase 2). Phase 2: After successful completion of Phase 1, participants complete five days of on-site, intensive training that focuses on application and implementation of TBRI®. Total program expenses will include: roundtrip travel, meals, course materials and fees, and 60 hours of staff time.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$5,839.30	4	4
Funding Request			
Amount Requested to Boone County: \$23,357.20		Proposed Number of Units of Service: 4	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Certified TBRI© Practitioner	100% (n=4) will complete Phase I and II of TBRI© Practitioner Training		Test or Certification from TBRI©
Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #3 – Taxonomy of Service Name: Evidence-Based Practice Training – Theraplay (Train the Trainers)			

Service #3 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: Theraplay is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. Two Therapists will travel to attend the 4-day Theraplay Level One training. Level One training prepares participants to begin using Theraplay Informed Practice in their work. Two Therapists will then complete the three module Level Two training at a three-day training. Total program expenses will include: roundtrip travel for both trainings, meals, course materials and fees, and 50 hours of staff time.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$3,412.90	2	2
Funding Request			
Amount Requested to Boone County: \$6,825.80		Proposed Number of Units of Service: 2	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Certified Theraplay Level Two Practitioners	100% (n=2) will complete Level One and Two of Theraplay training	Test or Certification from The Theraplay Institute	
Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #4 – Taxonomy of Service Name: Evidence-Based Practice Training – Natural Lifemanship (Train the Trainers)			
Service #4 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			

Provide a detailed description of the proposed service:

Natural Lifemanship training provides a solid foundation in Natural Lifemanship's Trauma-Focused Equine Assisted Psychotherapy (TF-EAP) model for mental health and equine professionals who practice equine-assisted psychotherapy (EAP). The five participants will complete 7 hours of online training, followed by traveling to a two-day onsite fundamentals training. The Equine Specialist will continue with more training to receive the Equine Professional certification. This will include travel to an on-site intensive training, 18 consultations, and 60 hours of practice sessions. Total program expenses will include: roundtrip travel, meals, course materials and fees. Staff time for four trainers will equal 25.75 hours. Staff time for Equine Specialist will equal 127.75 hours.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$2,886.27	5	5

Funding Request

Amount Requested to Boone County: \$14,431.33	Proposed Number of Units of Service: 5
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Performance Measures

Outcome:	Indicator:	Method of Measurement:
Completed Natural Lifemanship Fundamentals training & Certified Equine Specialist	100% (n=5) will complete Natural Lifemanship Fundamentals training	Test or certificate from Natural Lifemanship
Certified NLC-EP (Natural Lifemanship Certification – Equine Professional)	100% (n=1) will complete Natural Lifemanship certification for Equine Professionals	Certification from Natural Lifemanship as Equine Professional

Service Change Table

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #5 – Taxonomy of Service Name: Evidence-Based Practice Training – JKM Safe Crisis Management (All Staff Training)			
Service #5 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: JKM Safe Crisis Management staff certification or recertification participants are taken through a thorough review of the SCM curriculum. Participants will receive the SCM Participant's Workbook, as well as, additional topical handouts that introduce contemporary concerns in the field. Successful completion of the program is contingent on passing both a written test and an Emergency Safety Physical Intervention skills test. Certification or recertification (when applicable) of staff will take place over several weeks for a total of 12 hours. Meals are provided at each of these staff trainings. Total program expenses will include: course fee and materials for each staff member, meals at each training, and 12 hours of Trainer time.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$203.17	25	25
Funding Request			
Amount Requested to Boone County: \$5,079.16		Proposed Number of Units of Service: 25	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Completed staff certification or recertification in JKM Safe Crisis Management	95% (n=23) will complete the staff certification or recertification in safe crisis management practices		Written test and Emergency Safety Physical Intervention skills test
Service Change Table			

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #6 – Taxonomy of Service Name: Evidence-Based Practice Training – TBRI© (All Staff Training)			
Service #6 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: TBRI® (Trust-based Relational Intervention) is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. Participants will participate in a two-day live streamed caregiver training. Successful completion of the program will be presented by an increase in knowledge in trauma-informed care. Total program expenses will include: course fee, materials for each staff member, two meals during the training, and 16 hours of Trainer time.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$74.15	25	25
Funding Request			
Amount Requested to Boone County: \$1,853.87		Proposed Number of Units of Service: 25	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased knowledge as a trauma-informed caregiver.	95% (n=23) will demonstrate a 75% increase in knowledge of trauma-informed caregiving.		Pre and post test

Service Change Table	
Organization Name: Coyote Hill Christian Children's Home	
Program Name: Trauma Informed Training	
Service #7 – Taxonomy of Service Name: Evidence-Based Practice Training – Natural Lifemanship (All Staff Training)	
Service #7 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been	

scientifically proven to be effective.			
Provide a detailed description of the proposed service: Natural Lifemanship offers a unique training in trauma-informed approaches for adults who work or live with others who may have been affected by trauma. Natural Lifemanship equips adults with the knowledge and experiences needed to transform challenging relationships with the children they serve. Participants will show an increase in knowledge in using horses to grow connections with children who've experienced trauma. Total program expenses will include: course materials and 24 hours of Trainer time.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$68.70	25	25
Funding Request			
Amount Requested to Boone County: \$1,717.56		Proposed Number of Units of Service: 25	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased knowledge in trauma-informed equine practices	95% (n=23) will demonstrate a 75% increase in knowledge of trauma-informed equine practices.	Pre and post test	
Organization Name: Coyote Hill Christian Children's Home Program Name: Trauma Informed Training			
Service #8 – Taxonomy of Service Name: Evidence-Based Practice Training – Conscious Discipline (All Staff Training)			
Service #8 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: Conscious Discipline is an evidence-based, trauma-informed approach. It provides an array of behavior management strategies and classroom structures that teachers or caregivers can use to turn everyday situations into learning opportunities." Participants will show an increase in knowledge in building healthy, healing relationships through self-regulation, connection and resilience interventions in children in crisis. The training will be a total of 2 hours for all staff, and 1 hour of trainer time. Total program expenses will include: staff time, three meals during training sessions, and training fee.			

Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$12.85	25	25
Funding Request			
Amount Requested to Boone County: \$321.16		Proposed Number of Units of Service: 25	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased knowledge in building healthy relationships through self-regulation, connection and resilience interventions	95% (n=23) will show a 75% increase in knowledge of building healthy relationships through self-regulation, connection and resilience interventions		Pre and post test

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #9 – Taxonomy of Service Name: Best Practices Training – Level I Medication Aide (LIMA) (All Staff Training)			
Service #9 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service:			
Level I Medication Aide (LIMA) Certification and Recertification are required by state license for each direct care staff. The program is designed to teach skills in medication administration to clients in residential care. The curriculum content is a minimum of 16 hours. Recertification requires 4 hours of training biennially. Total program expenses include: certification fees.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$45.22	23	23
Funding Request			
Amount Requested to Boone County: \$1,040.00		Proposed Number of Units of Service: 23	

Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Completion of LIMA certification or recertification	100% (n=23) will complete LIMA certification or recertification	LIMA certification

Service Change Table			
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #10 – Taxonomy of Service Name: Best Practices Training – American Heart Association First Aid CPR AED Training (All Staff Training)			
Service #10 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: First Aid/CPR certification is required by state license for all staff members. American Heart Association First Aid CPR AED is a video-based, instructor-led course that teaches participants critical skills needed to respond to and manage an emergency until emergency medical services arrives. The training is a total of 6 hours. Total program expenses include: course fees for each person, AED maintenance, first aid kits, and a meal during training.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$183.78	23	23
Funding Request			
Amount Requested to Boone County: \$4,227		Proposed Number of Units of Service: 23	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Completion of AMA First Aid CPR AED certification	100% (n=45) will complete AMA First Aid CPR AED certification	AMA certificate.	

Service Change Table

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #11 – Taxonomy of Service Name: Best Practices Training – American Red Cross Lifeguard Training (All Staff Training)			
Service #11 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: The American Red Cross Lifeguarding classes are designed to teach not only the basics in water safety but also the proper protocol when dealing with any emergencies around water. Participants will learn how to respond safely and efficiently to water emergencies. Some participants will complete lessons in swimming prior to the certification course. The training will range from 3.5—6 hours. Total program expenses include: swim lessons, and course fee for each person.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$256.40	10	10
Funding Request			
Amount Requested to Boone County: \$2,564.00		Proposed Number of Units of Service: 10	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Completion of American Red Cross lifeguard certification	100% (n=10) will complete American Red Cross certification		American Red Cross lifeguard certificate.

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #12 – Taxonomy of Service Name: Best Practices Training – Conflict Resolution (All Staff Training)			
Service #12 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Conflict resolution training will cover a variety of verbal de-escalation techniques to resolve conflict. The training is a total of 12 hours. Total program expenses include: staff time for trainers, guest speaker fees, meals and materials for trainings.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$59.01	45	45

Funding Request		
Amount Requested to Boone County: \$2,655.60		Proposed Number of Units of Service: 45
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Increased knowledge in solving internal and external conflict.	100% (n=45) will show a 75% increase in solving conflict	Pre and post test

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #13 – Taxonomy of Service Name: Best Practices Training – Trauma/Crisis Training (All Staff Training)			
Service #13 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Trauma/Crisis training will be led by the Executive Director and Site Director to cover preparedness for crisis situations and mitigating a crisis situation on campus. The training is a total of 8 hours. Total program expenses include: staff time for trainers, emergency communication and security equipment, meals during trainings and materials for trainings.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$167.04	45	45

Funding Request	
Amount Requested to Boone County: \$7,517.00	Proposed Number of Units of Service: 45
Performance Measures	
Outcome:	Indicator:
Increased knowledge in how to prevent and mitigate crisis situations	95% (n=26) will show a 75% increase in knowledge of how to prevent and mitigate a crisis situation

Organization Name: Coyote Hill Christian Children's Home
Program Name: Trauma Informed Training

Service #14 – Taxonomy of Service Name: Best Practices Training – Attachment & Trauma Training (Train the Trainers)			
Service #14 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: The Attachment and Trauma training conference teaches an overview of recent scientific advances to show how trauma literally reshapes both body and brain, compromising sufferers' capacities for pleasure, engagement, self-control, and trust. Three staff members will attend the three-day Attachment Conference to be trained on how to recognize trauma's influence on the children in care. The training will be a total of 20 hours. Total program expenses will include: staff time, conference fees, roundtrip travel, hotel stay, and meals during training.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$1,561.93	3	3
Funding Request			
Amount Requested to Boone County: \$4,685.80		Proposed Number of Units of Service: 3	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased knowledge in how to teach clients to manage the effects of trauma	100% (n=3) will show a 75% increase in knowledge of how teach clients to manage the effects of trauma	Pre and post test	

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #15 – Taxonomy of Service Name: Best Practices Training – Understanding Therapy (All Staff Training)			
Service #15 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Understanding Therapy provides caregivers with hands-on activities to teach caregivers how to build healthy attachments with children in crisis. It will utilize group sessions with all participants using teachings from Theraplay. The training will be a total of 5 hours. Total program expenses will include: staff time for therapists, and therapy materials for sessions.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$52.92	25	25

Funding Request		
Amount Requested to Boone County: \$1,323.10		Proposed Number of Units of Service: 25
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Increased knowledge in how to build healthy attachments with children in crisis	100% (n=15) will show a 75% increase in knowledge of how to build healthy attachments with children in crisis	Pre and post test

Organization Name: Coyote Hill Christian Children’s Home			
Program Name: Trauma Informed Training			
Service #16 – Taxonomy of Service Name: Best Practices Training – Social and Emotional Development Effects of Trauma (All Staff Training)			
Service #16 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Social and emotional development effects of trauma provides participants with a greater understanding of how to encourage healthy social and emotional development in children who’ve suffered trauma. The training will be a total of 2 hours. Total program expenses will include: training fee and meal during training.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$15.50	20	20
Funding Request			
Amount Requested to Boone County: \$310.00		Proposed Number of Units of Service: 20	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased knowledge in how to build healthy social and emotional development in children who’ve suffered trauma	100% (n=20) will show a 75% increase in knowledge of how to build healthy social and emotional development in children who’ve suffered trauma		Pre and post test

Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #17 – Taxonomy of Service Name: Best Practices Training – Ethics in Social Work (Train the Trainers)			
Service #17 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Licensed clinical social workers are required to have three hours of ethics in social work training every two years. Ethics in social work covers a wide variety of ethical dilemmas faced as a social worker. Four staff members will complete the three-hour training, additionally the Executive Director will complete 27 hours of training through the National Social Work conference. Total program expenses include: staff time, conference fee, roundtrip travel, hotel, and meals during training.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$705.31	3	3
Funding Request			
Amount Requested to Boone County: \$2,115.93		Proposed Number of Units of Service: 3	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased knowledge in ethical practices in social work	100% (n=3) will show a 75% increase in knowledge in ethical practices in social work		Pre and post test
Organization Name: Coyote Hill Christian Children's Home			
Program Name: Trauma Informed Training			
Service #18 – Taxonomy of Service Name: Best Practices Training – Suicide Prevention (Train the Trainers)			
Service #18 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Licensed clinical social workers are required to have three hours of suicide prevention training every year. Four staff members will complete three hours of suicide prevention training. Total program expenses include: staff time and training fees.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$129.69	4	4
Funding Request			

Amount Requested to Boone County: \$518.74		Proposed Number of Units of Service: 4	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased knowledge in suicide prevention strategies	100% (n=20) will show a 75% increase in knowledge in suicide prevention strategies	Pre and post test	
Organization Name: Coyote Hill Christian Children's Home Program Name: Trauma Informed Training			
Service #19 – Taxonomy of Service Name: Best Practices Training – Suicide Prevention (All Staff)			
Service #19 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Three staff members will train all direct care staff on the proper strategies to prevent suicide. Total training time will be 2 hours. Total program expenses include: staff time, materials for training, and one meal during training.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$7.97	25	25
Funding Request			
Amount Requested to Boone County: \$199.24		Proposed Number of Units of Service: 25	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased knowledge in suicide prevention strategies	95% (n=23) will show a 75% increase in knowledge in suicide prevention strategies	Pre and post test	
Organization Name: Coyote Hill Christian Children's Home Program Name: Trauma Informed Training			
Service #20 – Taxonomy of Service Name: Evidence-Based Training – Neurosequential Model of Therapeutics (Train the Trainers)			
Service #20 – Taxonomy Definition of Service: Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.			

Provide a detailed description of the proposed service: The Neurosequential Model is a developmentally-informed, biologically-respectful approach to working with at-risk children. It is a way to organize a child's history and current functioning. The goal of this approach is to structure assessment of a child, the articulation of the primary problems, identification of key strengths and the application of interventions (educational, enrichment and therapeutic) in a way that will help family, educators, therapists and related professionals best meet the needs of the child. Total training time will be 7.5 hours. Total program expenses include: staff time and training fees.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$598.38	3	3
Funding Request			
Amount Requested to Boone County: \$1,795.15		Proposed Number of Units of Service: 3	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased knowledge in neurosequential model of therapeutics	100% (n=3) will show a 75% increase in knowledge in neurosequential model of therapeutics	Pre and post test	
Organization Name: Coyote Hill Christian Children's Home Program Name: Trauma Informed Training			
Service #20 – Taxonomy of Service Name: Best Practices Training – Anger Management Training (Train the Trainers)			
Service #20 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: The Executive Director will travel to the National Anger Management Association International Conference to gain training in the topics of anger management, domestic violence, crisis intervention, state-of-the-art effective treatments, innovative techniques, and practical solutions. Total training time will be 24 hours. Total program expenses include: staff time, conference fee, roundtrip travel, hotel and meals during training.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 person	\$2,191.48	2	2
Funding Request			

Amount Requested to Boone County: \$4,382.96		Proposed Number of Units of Service: 2
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Increased knowledge in anger management and crisis intervention techniques	100% (n=2) will show a 75% increase in knowledge in anger management and crisis intervention techniques	Pre and post test

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Coyote Hill Christian Children's Home				
Program Name: Trauma-Informed Training				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
JKM – Train the Trainer	1 person	\$1,025.05	3	3
TBRI – Train the Trainer	1 person	\$5,839.30	4	4
Theraplay – Train the Trainer	1 person	\$3,412.90	2	2
Natural Lifemanship – Train the Trainer	1 person	\$2,886.27	5	5
JKM – All Staff	1 person	\$203.17	25	25
TBRI – All Staff	1 person	\$74.15	25	25
Natural Lifemanship – All Staff	1 person	\$68.70	25	25
Conscious Discipline – All Staff	1 person	\$12.85	25	25
LIMA – All Staff	1 person	\$45.22	23	23
CPR First Aid AED – All Staff	1 person	\$183.78	23	23
Lifeguard – All Staff	1 person	\$256.40	10	10
Conflict Resolution – All Staff	1 person	\$59.01	45	45
Trauma/Crisis Training – All Staff	1 person	\$167.04	45	45
Attachment & Trauma – Train the Trainer	1 person	\$1,561.93	3	3

Understanding Therapy – All Staff	1 person	\$52.92	25	25
Social & Emotional Development Effects of Trauma – All Staff	1 person	\$15.50	20	20
Ethics in Social Work – Train the Trainer	1 person	\$528.98	4	4
Suicide Prevention – Train the Trainer	1 person	\$129.69	4	4
Suicide Prevention – All Staff	1 person	\$7.97	25	25
Neurosequential Model of Therapeutics – Train the Trainer	1 person	\$598.38	3	3
Anger Management – Train the Trainer	1 person	\$2,191.48	2	2

Funding Request to Children's Services Fund:		
Service:	Amount Requested from Boone County:	Proposed # of Units of Service:
JKM – Train the Trainer	\$3,075.15	3
TBRI – Train the Trainer	\$23,357.20	4
Theraplay – Train the Trainer	\$6,825.80	2
Natural Lifemanship – Train the Trainer	\$14,431.33	5
JKM – All Staff	\$5,079.19	25
TBRI – All Staff	\$1,853.87	25
Natural Lifemanship – All Staff	\$1,717.56	25
Conscious Discipline – All Staff	\$321.16	25
LIMA – All Staff	\$1,040.00	23
CPR First Aid AED – All Staff	\$4,227.00	23
Lifeguard – All Staff	\$2,564.00	10

Conflict Resolution – All Staff	\$2,655.60	45
Trauma/Crisis Training – All Staff	\$7,517.00	45
Attachment & Trauma – Train the Trainer	\$4,685.80	3
Understanding Therapy – All Staff	\$1,323.10	25
Social & Emotional Development Effects of Trauma – All Staff	\$310.00	20
Ethics in Social Work – Train the Trainer	\$2,115.93	4
Suicide Prevention – Train the Trainer	\$518.74	4
Suicide Prevention – All Staff	\$199.24	25
Neurosequential Model of Therapeutics – Train the Trainer	\$1,795.15	3
Anger Management – Train the Trainer	\$4,382.96	2
Total Amount Requested to Boone County:	\$89,995.78	

Joanne Nelson

From: Kari Hopkins <kari@coyotehill.org>
Sent: Tuesday, November 13, 2018 3:30 PM
To: Joanne Nelson
Subject: Re: Coyote Hill - Best & Final Offer

Thank you Joanne!

Kari Hopkins
Marketing/PR Director
Coyote Hill
cell: 573-823-7941

Sent from my iPhone

On Nov 13, 2018, at 3:07 PM, Joanne Nelson <JNelson@boonecountymo.org> wrote:

Hi Kari,
Thank you for this information. I will be working on adding this information in the Agreement Form in Apricot. Once I am finished, I will ask you to review the information to make sure this was added correctly.

FYI - I will be out of town until Monday, November 19th. I will be in touch sometime next week.
Best,

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Kari Hopkins <kari@coyotehill.org>
Sent: Monday, November 12, 2018 12:50 PM
To: Joanne Nelson <JNelson@boonecountymo.org>
Subject: Coyote Hill - Best & Final Offer

Joanne,

Attached is our completed tables and best and final offer to Boone County. Please let me know my next step. Am I entering this into apricot or are you?

Joanne Nelson

From: Joanne Nelson
Sent: Monday, November 26, 2018 11:24 AM
To: Melinda Bobbitt
Cc: Kelly Wallis; Kristin Cummins
Subject: RE: Coyote Hill programs

Melinda,

Can you please send the following email to Kari Hopkins (kari@coyotehill.org)?

Hi Kari,

Kristin and I worked on updating information in the Agreement Forms in Apricot. As we reviewed the information we had to make some additions, updates, and changes to the information you provided. Please review my comments and questions below:

- Medication Aide Level 1, First Aid/CPR, Red Cross Lifeguard training, and Best Practices Training – Ethics in Social Work have been removed. These trainings are not directly related to crisis needs of children as written in section 3.5 Funding Goals of the RFP. The total amount requested for these four trainings were \$9,946.93.
Follow-up: Please note that these four services have been removed from the Agreement Form in Apricot. No other follow-up is needed.
- Coyote Hill have staff that will become certified to train others on the following curriculums: JKM Safe Crisis Management, TBRI, and Suicide Prevention
Follow-up: We would like to see Coyote Hill open these trainings to other community professionals when they train their staff. To cover the cost, you may add additional units (individuals) to the outputs for the following trainings:
 - JKM Safe Crisis Management – Staff Training
 - TBRI – Staff Training
 - Suicide Prevention – StaffYou may invoice for those individuals who attend the training and work in Boone County.
- Program Budget – I changed the Boone County – Children’s Services Funding box to \$80,048.46. This is the new total since we removed the other four trainings.
Follow-up: Review the changes made in (A) 2A. If more funds are needed for those outside organization individuals, you may add additional units to those three trainings. Make the appropriate changes when needed. Please make updates to this box as needed.
- Program Budget – There are funds listed in the Grants and Fund-Raising section of the Program Budget. These funds could be allocated to the non-trauma related trainings that we aren’t funding.
Follow-up: Review the changes made in (A) 1D. and (A) 1E. I have removed the funds in these boxes to utilize for trainings that do not focus on trauma. The only budget revenue items we want listed are those that pay for trauma-informed training.
- Program Budget – Since we made changes in the Revenue section of the program budget the Total Program Revenue and the Total Program Expenses are no longer aligned.
Follow-up: Update the Total Program Expenses section to reflect the changes made in the Total Program Revenue sections.
- Individuals Trained – All Coyote Hill staff must be included in all the consumer demographic sections.
Follow-up: Make the appropriate changes in the Individuals Trained and the Consumer Demographics section. You aren’t required to gather information on individuals who work outside of this organization, but the total number of these individuals must be included in this box.

- Program Service #1 – Performance Measures (Agreement) – We made some wording changes and added an additional Outcome and Indicator. A performance measure has been added to each Train-the-Trainer service to show that trained staff members feel competent in leading each course.
Follow-up: Review the changes and add the percentage to (A) Additional Indicator 1-2.
- Program Service #2 – Performance Measures (Agreement) – We made some wording changes and added an additional Outcome and Indicator. A performance measure has been added to each Train-the-Trainer service to show that trained staff members feel competent in leading each course.
Follow-up: Review the changes and add the percentage to (A) Additional Indicator 2-2.
- Program Service #3-Outputs – The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.
Follow-up: Review the changes we made to (A) Service #3 name.
- Program Service #3-Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.
Follow-up: Review the changes and updates we made to the Performance Measures section and add a percentage in the additional indicator box 3-2.
- Program Service #4-Outputs/Performance Measures (Agreement) – There was some confusion with this service.
Follow-up: Please review the questions and comments below:
 - What is difference between Natural Lifemanship Fundamentals and the certification for Equine Professionals?
 - Which staff members will be attending this training?
 - Provide more detail on how the unit rate was developed.
 - Review the updates we made to the performance measures.
 - Provide the percentage for additional indicator 4-3.
- Program Service #5 – Performance Measures and Program Service #6 – Performance Measures – There were changes and updates made to this section.
Follow-up: Review all the changes made in this section. Provide the percentage in additional indicator 5-3/6-3 and the number of community professionals you anticipate you will train on this curriculum.
- Program Service #7 – Performance Measures (Agreement) - There were changes and updates made to this section.
Follow-up: Review all the changes made in this section. Update the percentages in additional indicator 7-2 and 7-3.
- Program Service #8 – Performance Measures (Agreement) - There were changes and updates made to this section.
Follow-up: Review all the changes made in this section. Update the percentages in additional indicator 8-2.
- Program Service #9 – Outputs - The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.
Follow-up: Review the changes we made to (A) Service #9 name.
- Program Service #9-Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.
Follow-up: Review the changes and updates we made to the Performance Measures section and add a percentage in the additional indicator box 9-2.
- Program Service #10 – Outputs - The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.
Follow-up: Review the changes we made to (A) Service #10 name.
- Program Service #10 - Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.
Follow-up: Review the changes and updates we made to the Performance Measures section and add a percentage in the additional indicator box 10-2.

- Program Service #11 – Performance Measures (Agreement) – There were changes and updates made to this section.
Follow-up: Review all the changes made in this section. Provide the number of community professionals you anticipate you will train on this curriculum.
- Program Service #12, #13, #15, and #16 – Performance Measures (Agreement) – Additional outcome, indicator, and method of measurement was added.
Follow-up: Update the percentages in each service's additional indicator box.
- Program Service #14 – Outputs - The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.
Follow-up: Review the changes we made to (A) Service #14 name.
- Program Service #14 - Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.
Follow-up: Review the changes and updates we made to the Performance Measures section.
- Program Service #17 - Performance Measures (Agreement) – We made some wording changes and added an additional Outcome and Indicator. A performance measure has been added to each Train-the-Trainer service to show that trained staff members feel competent in leading each course.
- Follow-up: Review the changes and add the percentage to (A) Additional Indicator 17-2.

Please review and let me know if you have any follow-up questions. We will need this information updated in Apricot and a response to the other questions no later than Thursday, November 29th.

Feel free to contact us with any further questions.

Thank you,

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Kari Hopkins <kari@coyotehill.org>
Sent: Thursday, November 01, 2018 3:59 PM
To: Joanne Nelson <JNelson@boonecountymo.org>
Subject: Coyote Hill programs

Joanne,

Here's our list of 21 programs. I'm still working on the best and final offer table, but I wanted to get this sent. This has been a labor of love and I appreciate your patience.

Let me know what questions you have. I think next steps are copying this data into Apricot, correct?

Joanne Nelson

From: Melinda Bobbitt
Sent: Thursday, November 29, 2018 9:46 AM
To: Kari Hopkins; Joanne Nelson
Subject: RE: Agreement Form for Boone County

Kari,

Thank you for inquiry. Joanne said that we still need to remove those four trainings from your agreement form.

Thanks,
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org
Phone: (573) 886-4391
Fax: (573) 886-4390



From: Kari Hopkins <kari@coyotehill.org>
Sent: Thursday, November 29, 2018 9:22 AM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>; Joanne Nelson <JNelson@boonecountymo.org>
Subject: Re: Agreement Form for Boone County

Melinda,

I've included Joanne for this question, since they determine the programs to be funded.

My question is regarding the removal of First Aid/CPR, Red Cross Lifeguard training. Per the application, section 3.4: Funding Goals: This RFP seeks proposals to provide treatment to children, youth, and families in crisis. Offeror should demonstrate in their proposal how appropriate, non-conflicted referral for follow-up care and additional services.

In my reading of this funding goal and in the description we provided regarding the need for CPR and Lifeguard training, it seems that these trainings specifically address physical, life-threatening crisis of children and youth at Coyote Hill. The training received by staff enables them to use life saving techniques before referring the children and youth to more care or treatments if needed.

Could this be adjusted to be included in the application? I understand the rationale behind removing Medication Aide Level 1 and Ethics in Social Work.

Thank you for your consideration.

Kari Hopkins
Marketing/PR Director
Coyote Hill Christian Children's Home
9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org

A Safe Place to Be a Child

Confidentiality Notice: This email is intended only for its addressee and may contain information that is legally privileged, confidential, or otherwise protected from disclosure. If you have received this communication in error, please notify me immediately by e-mail and delete the original message.

From: Melinda Bobbitt <MBobbitt@boonecountymmo.org>
Sent: Monday, November 26, 2018 11:33:17 AM
To: Kari Hopkins
Subject: Agreement Form for Boone County

Hi Kari,

Kristin and Joanne worked on updating information in the Agreement Forms in Apricot. As they reviewed the information, they made some additions, updates, and changes to the information you provided. Please review their comments and questions below:

- Medication Aide Level 1, First Aid/CPR, Red Cross Lifeguard training, and Best Practices Training – Ethics in Social Work have been removed. These trainings are not directly related to crisis needs of children as written in section 3.5 Funding Goals of the RFP. The total amount requested for these four trainings were \$9,946.93. Follow-up: Please note that these four services have been removed from the Agreement Form in Apricot. No other follow-up is needed.
- Coyote Hill have staff that will become certified to train others on the following curriculums: JKM Safe Crisis Management, TBRI, and Suicide Prevention

Follow-up: We would like to see Coyote Hill open these trainings to other community professionals when they train their staff. To cover the cost, you may add additional units (individuals) to the outputs for the following trainings:

- JKM Safe Crisis Management – Staff Training
- TBRI – Staff Training
- Suicide Prevention – Staff

You may invoice for those individuals who attend the training and work in Boone County.

- Program Budget – I changed the Boone County – Children’s Services Funding box to \$80,048.46. This is the new total since we removed the other four trainings.

Follow-up: Review the changes made in (A) 2A. If more funds are needed for those outside organization individuals, you may add additional units to those three trainings. Make the appropriate changes when needed. Please make updates to this box as needed.

- Program Budget – There are funds listed in the Grants and Fund-Raising section of the Program Budget. These funds could be allocated to the non-trauma related trainings that we aren’t funding.

Follow-up: Review the changes made in (A) 1D. and (A) 1E. I have removed the funds in these boxes to utilize for trainings that do not focus on trauma. The only budget revenue items we want listed are those that pay for trauma-informed training.

- Program Budget – Since we made changes in the Revenue section of the program budget the Total Program Revenue and the Total Program Expenses are no longer aligned.

Follow-up: Update the Total Program Expenses section to reflect the changes made in the Total Program Revenue sections.

- Individuals Trained – All Coyote Hill staff must be included in all the consumer demographic sections.

Follow-up: Make the appropriate changes in the Individuals Trained and the Consumer Demographics section. You aren’t required to gather information on individuals who work outside of this organization, but the total number of these individuals must be included in this box.

- Program Service #1 – Performance Measures (Agreement) – We made some wording changes and added an additional Outcome and Indicator. A performance measure has been added to each Train-the-Trainer service to show that trained staff members feel competent in leading each course.

Follow-up: Review the changes and add the percentage to (A) Additional Indicator 1-2.

- Program Service #2 – Performance Measures (Agreement) – We made some wording changes and added an additional Outcome and Indicator. A performance measure has been added to each Train-the-Trainer service to show that trained staff members feel competent in leading each course.

Follow-up: Review the changes and add the percentage to (A) Additional Indicator 2-2.

- Program Service #3-Outputs – The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.

Follow-up: Review the changes we made to (A) Service #3 name.

- Program Service #3-Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.

Follow-up: Review the changes and updates we made to the Performance Measures section and add a percentage in the additional indicator box 3-2.

- Program Service #4-Outputs/Performance Measures (Agreement) – There was some confusion with this service.

Follow-up: Please review the questions and comments below:

- What is difference between Natural Lifemanship Fundamentals and the certification for Equine Professionals?
- Which staff members will be attending this training?
- Provide more detail on how the unit rate was developed.
- Review the updates we made to the performance measures.
- Provide the percentage for additional indicator 4-3.

- Program Service #5 – Performance Measures and Program Service #6 – Performance Measures – There were changes and updates made to this section.

Follow-up: Review all the changes made in this section. Provide the percentage in additional indicator 5-3/6-3 and the number of community professionals you anticipate you will train on this curriculum.

- Program Service #7 – Performance Measures (Agreement) - There were changes and updates made to this section.

Follow-up: Review all the changes made in this section. Update the percentages in additional indicator 7-2 and 7-3.

- Program Service #8 – Performance Measures (Agreement) - There were changes and updates made to this section.

Follow-up: Review all the changes made in this section. Update the percentages in additional indicator 8-2.

- Program Service #9 – Outputs - The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.

Follow-up: Review the changes we made to (A) Service #9 name.

- Program Service #9-Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.

Follow-up: Review the changes and updates we made to the Performance Measures section and add a percentage in the additional indicator box 9-2.

- Program Service #10 – Outputs - The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.

Follow-up: Review the changes we made to (A) Service #10 name.

- Program Service #10 - Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.

Follow-up: Review the changes and updates we made to the Performance Measures section and add a percentage in the additional indicator box 10-2.

- Program Service #11 – Performance Measures (Agreement) – There were changes and updates made to this section.

Follow-up: Review all the changes made in this section. Provide the number of community professionals you anticipate you will train on this curriculum.

- Program Service #12, #13, #15, and #16 – Performance Measures (Agreement) – Additional outcome, indicator, and method of measurement was added.

Follow-up: Update the percentages in each service's additional indicator box.

- Program Service #14 – Outputs - The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.

Follow-up: Review the changes we made to (A) Service #14 name.

- Program Service #14 - Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.

Follow-up: Review the changes and updates we made to the Performance Measures section.

- Program Service #17 - Performance Measures (Agreement) – We made some wording changes and added an additional Outcome and Indicator. A performance measure has been added to each Train-the-Trainer service to show that trained staff members feel competent in leading each course.

- Follow-up: Review the changes and add the percentage to (A) Additional Indicator 17-2.

Please review and let me know if you have any follow-up questions. We will need this information updated in Apricot and a response to the other questions no later than **Thursday, November 29th**.

Feel free to contact us with any further questions.

Thank you,

Melinda Bobbitt, CPPO, CPPB

Joanne Nelson

From: Joanne Nelson
Sent: Friday, November 30, 2018 11:26 AM
To: 'Kari Hopkins'
Cc: Melinda Bobbitt; Kelly Wallis; Kristin Cummins
Subject: RE: Agreement Form for Boone County

Kari,
Melinda is out of town until next week, so I am sending this follow-up email directly to you:

Thank you for your response. Below are a couple of comments and some items needed for clarification before we can finalize the Agreement Form and write the contract.

1. We will not require you to open the JKM Safe Crisis Management Trainings based on the explanation in your response.
2. The TBRI and Suicide Prevention trainings should be opened to all staff and other organizations. Please make sure to keep sign in sheets for all trainings for auditing purposes.
3. You had 45 individuals listed in the Individuals Trained section. I assume that this is your staff. We will need to gather the demographics on all your staff and administration that receive the trainings. If individuals from other organizations attend either the TBRI or the Suicide Prevention trainings, you will not be required to gather this demographic information. You will just count them as Individuals to be Trained. I changed this number to 20 to account for the additional individuals you had in your response.
4. Service #6 Unit Rate went from \$74.15 per individual to \$57.54 per individual.
Follow-up: Provide an explanation on the decrease in the unit rate per individual.
5. Service #11 Unit Rate went from \$7.97 per individual to \$13.69 per individual.
Follow-up: Provide an explanation on the increase of \$5.72 per individual. That is over a 58% increase in the unit rate for only adding 10 individuals.

Reminder: Receipts must be kept for all trainings that staff attend. We will conduct a Site Visit this summer and we may ask for an accounting of funds for each one of these services.

Please have your response to me no later than Wednesday, December 5th, if not sooner.
Thank you,

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Kari Hopkins <kari@coyotehill.org>
Sent: Thursday, November 29, 2018 11:05 AM
To: Melinda Bobbitt <MBobbitt@boonecountymmo.org>; Joanne Nelson <JNelson@boonecountymmo.org>
Subject: Re: Agreement Form for Boone County

Melinda,

Thank you for your quick response.

I've updated apricot with all of the information you requested and have answered the other questions below. Please let me know if there is anything I missed or needs more information.

-
- Coyote Hill
- have staff that will become certified to train others on the following curriculums: JKM Safe Crisis Management, TBRI, and Suicide Prevention
-

Follow-up: We would like to see Coyote Hill open these trainings to other community professionals when they train their staff. To cover the cost, you may add additional units (individuals) to the outputs for the following trainings:

-
- JKM Safe Crisis
- Management – Staff Training - Can only be provided to staff per JKM regulations.
-
-
- TBRI – Staff
- Training -- added 10 outside participants to cost.
-
-
- Suicide Prevention
- – Staff -- added 10 outside participants to cost.
-

You may invoice for those individuals who attend the training and work in Boone County.

-
- Program Budget
- – I changed the Boone County – Children's Services Funding box to \$80,048.46. This is the new total since we removed the other four trainings.
-

Follow-up: Review the changes made in (A) 2A. If more funds are needed for those outside organization individuals, you may add additional units to those three trainings. Make the appropriate changes when needed. Please make updates to this box as needed.

-- added \$480 for TBRI All Staff & Suicide Prevention All Staff

-- added \$7,258.60 for TBRI train the trainer additional staff (It should have been 5 staff members initially.)

Program Service #4-Outputs/Performance Measures (Agreement) – There was some confusion with this service.

Follow-up: Please review the questions and comments below:

-
- What is difference
- between Natural Lifemanship Fundamentals and the certification for Equine Professionals?
- -
 -
 -
 - The certification
 - is a continuation of the Fundamentals training. Also you must be employed as an Equine Professional to be certified.
 -
-
-
- Which staff
- members will be attending this training?
- -
 -
 - The Equine
 - Specialist
 -
-
-
- Provide more
- detail on how the unit rate was developed.
- -
 -
 - The unit rate
 - was developed like so:
 -
- - 25.75 hours of time for 4 staff members
 -
 - 127.75 hours
 - of time for 1 Equine Specialist
 -
 -
 - \$7,625 for
 - Fundamentals Training
 -
 -
 - \$4,100 for
 - Intensive Certification Training
 -
-
- Program Service
- #5 – Performance Measures and Program Service #6 – Performance Measures – There were changes and updates made to this section.

Follow-up: Review all the changes made in this section. Provide the percentage in additional indicator 5-3/6-3 and the number of community professionals you anticipate you will train on this curriculum.

-- removed 5-4 outcome, because JKM does not allow trainers to train outside community professionals.

Kari Hopkins

Marketing/PR Director
Coyote Hill Christian Children's Home
9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org

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From: Melinda Bobbitt <MBobbitt@boonecountymmo.org>

Sent: Thursday, November 29, 2018 9:45:30 AM

To: Kari Hopkins; Joanne Nelson

Subject: RE: Agreement Form for Boone County

Kari,

Thank you for inquiry. Joanne said that we still need to remove those four trainings from your agreement form.

Thanks,
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymmo.org

Phone: (573) 886-4391



From: Kari Hopkins <kari@coyotehill.org>
Sent: Thursday, November 29, 2018 9:22 AM
To: Melinda Bobbitt <MBobbitt@boonecountymo.org>; Joanne Nelson <JNelson@boonecountymo.org>
Subject: Re: Agreement Form for Boone County

Melinda,

I've included Joanne for this question, since they determine the programs to be funded.

My question is regarding the removal of First Aid/CPR, Red Cross Lifeguard training. Per the application, section 3.4: Funding Goals: This RFP seeks proposals to provide treatment to children, youth, and families in crisis. Offeror should demonstrate in their proposal how appropriate, non-conflicted referral for follow-up care and additional services.

In my reading of this funding goal and in the description we provided regarding the need for CPR and Lifeguard training, it seems that these trainings specifically address physical, life-threatening crisis of children and youth at Coyote Hill. The training received by staff enables them to use life saving techniques before referring the children and youth to more care or treatments if needed.

Could this be adjusted to be included in the application? I understand the rationale behind removing Medication Aide Level 1 and Ethics in Social Work.

Thank you for your consideration.

Kari Hopkins
Marketing/PR Director
Coyote Hill Christian Children's Home
9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org

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From: Melinda Bobbitt <MBobbitt@boonecountymmo.org>

Sent: Monday, November 26, 2018 11:33:17 AM

To: Kari Hopkins

Subject: Agreement Form for Boone County

Hi Kari,

Kristin and Joanne worked on updating information in the Agreement Forms in Apricot. As they reviewed the information, they made some additions, updates, and changes to the information you provided. Please review their comments and questions below:

- Medication Aide Level 1, First Aid/CPR, Red Cross Lifeguard training, and Best Practices Training – Ethics in Social Work have been removed. These trainings are not directly related to crisis needs of children as written in section 3.5 Funding Goals of the RFP. The total amount requested for these four trainings were \$9,946.93.
Follow-up: Please note that these four services have been removed from the Agreement Form in Apricot. No other follow-up is needed.
- Coyote Hill have staff that will become certified to train others on the following curriculums: JKM Safe Crisis Management, TBRI, and Suicide Prevention
Follow-up: We would like to see Coyote Hill open these trainings to other community professionals when they train their staff. To cover the cost, you may add additional units (individuals) to the outputs for the following trainings:
 - JKM Safe Crisis Management – Staff Training
 - TBRI – Staff Training
 - Suicide Prevention – StaffYou may invoice for those individuals who attend the training and work in Boone County.
- Program Budget – I changed the Boone County – Children’s Services Funding box to \$80,048.46. This is the new total since we removed the other four trainings.
Follow-up: Review the changes made in (A) 2A. If more funds are needed for those outside organization individuals, you may add additional units to those three trainings. Make the appropriate changes when needed. Please make updates to this box as needed.
- Program Budget – There are funds listed in the Grants and Fund-Raising section of the Program Budget. These funds could be allocated to the non-trauma related trainings that we aren’t funding.
Follow-up: Review the changes made in (A) 1D. and (A) 1E. I have removed the funds in these boxes to utilize for trainings that do not focus on trauma. The only budget revenue items we want listed are those that pay for trauma-informed training.
- Program Budget – Since we made changes in the Revenue section of the program budget the Total Program Revenue and the Total Program Expenses are no longer aligned.
Follow-up: Update the Total Program Expenses section to reflect the changes made in the Total Program Revenue sections.
- Individuals Trained – All Coyote Hill staff must be included in all the consumer demographic sections.
Follow-up: Make the appropriate changes in the Individuals Trained and the Consumer Demographics section. You aren’t required to gather information on individuals who work outside of this organization, but the total number of these individuals must be included in this box.
- Program Service #1 – Performance Measures (Agreement) – We made some wording changes and added an additional Outcome and Indicator. A performance measure has been added to each Train-the-Trainer service to show that trained staff members feel competent in leading each course.
Follow-up: Review the changes and add the percentage to (A) Additional Indicator 1-2.

- Program Service #2 – Performance Measures (Agreement) – We made some wording changes and added an additional Outcome and Indicator. A performance measure has been added to each Train-the-Trainer service to show that trained staff members feel competent in leading each course.
Follow-up: Review the changes and add the percentage to (A) Additional Indicator 2-2.
- Program Service #3-Outputs – The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.
Follow-up: Review the changes we made to (A) Service #3 name.
- Program Service #3-Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.
Follow-up: Review the changes and updates we made to the Performance Measures section and add a percentage in the additional indicator box 3-2.
- Program Service #4-Outputs/Performance Measures (Agreement) – There was some confusion with this service.
Follow-up: Please review the questions and comments below:
 - What is difference between Natural Lifemanship Fundamentals and the certification for Equine Professionals?
 - Which staff members will be attending this training?
 - Provide more detail on how the unit rate was developed.
 - Review the updates we made to the performance measures.
 - Provide the percentage for additional indicator 4-3.
- Program Service #5 – Performance Measures and Program Service #6 – Performance Measures – There were changes and updates made to this section.
Follow-up: Review all the changes made in this section. Provide the percentage in additional indicator 5-3/6-3 and the number of community professionals you anticipate you will train on this curriculum.
- Program Service #7 – Performance Measures (Agreement) - There were changes and updates made to this section.
Follow-up: Review all the changes made in this section. Update the percentages in additional indicator 7-2 and 7-3.
- Program Service #8 – Performance Measures (Agreement) - There were changes and updates made to this section.
Follow-up: Review all the changes made in this section. Update the percentages in additional indicator 8-2.
- Program Service #9 – Outputs - The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.
Follow-up: Review the changes we made to (A) Service #9 name.
- Program Service #9-Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.
Follow-up: Review the changes and updates we made to the Performance Measures section and add a percentage in the additional indicator box 9-2.
- Program Service #10 – Outputs - The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.
Follow-up: Review the changes we made to (A) Service #10 name.
- Program Service #10 - Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.
Follow-up: Review the changes and updates we made to the Performance Measures section and add a percentage in the additional indicator box 10-2.
- Program Service #11 – Performance Measures (Agreement) – There were changes and updates made to this section.
Follow-up: Review all the changes made in this section. Provide the number of community professionals you anticipate you will train on this curriculum.

- Program Service #12, #13, #15, and #16 – Performance Measures (Agreement) – Additional outcome, indicator, and method of measurement was added.
Follow-up: Update the percentages in each service's additional indicator box.
- Program Service #14 – Outputs - The name of this service stated that it was a train-the-trainer. Based on the description provided it appears just to be a training that two therapists will be training. We removed the train-the-trainer language.
Follow-up: Review the changes we made to (A) Service #14 name.
- Program Service #14 - Performance Measures (Agreement) – We added an additional outcome, indicator, and method of measurement.
Follow-up: Review the changes and updates we made to the Performance Measures section.
- Program Service #17 - Performance Measures (Agreement) – We made some wording changes and added an additional Outcome and Indicator. A performance measure has been added to each Train-the-Trainer service to show that trained staff members feel competent in leading each course.
- Follow-up: Review the changes and add the percentage to (A) Additional Indicator 17-2.

Please review and let me know if you have any follow-up questions. We will need this information updated in Apricot and a response to the other questions no later than **Thursday, November 29th**.

Feel free to contact us with any further questions.

Thank you,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymmo.org

Phone: (573) 886-4391



Joanne Nelson

From: Kari Hopkins <kari@coyotehill.org>
Sent: Tuesday, December 04, 2018 9:55 AM
To: Joanne Nelson
Cc: Melinda Bobbitt; Kelly Wallis; Kristin Cummins
Subject: Re: Agreement Form for Boone County

Joanne,

1. Service #6 Unit Rate went from \$74.15 per individual to \$57.54 per individual.

Follow-up: Provide an explanation on the decrease in the unit rate per individual.

- I added 10 outside participants, which added \$160 for meals (\$10*8/meal*2 meals) but it also increased the total units to 35, which dropped the unit rate to \$57.54.

5. Service #11 Unit Rate went from \$7.97 per individual to \$13.69 per individual.

Follow-up: Provide an explanation on the increase of \$5.72 per individual. That is over a 58% increase in the unit rate for only adding 10 individuals.

- The initial unit rate and total expenses were incorrectly stated. I mistakenly left off the cost of a meal for the staff and outside participants. When I added that cost, it brought our total expenses to: \$479.24 resulting in a unit rate of \$13.69.

Please let me know if you need additional information. Thank you!

Kari Hopkins

Marketing/PR Director
Coyote Hill Christian Children's Home
9501 W. Coyote Hill Rd
Harrisburg, MO 65256
cell: (573) 823-7941
kari@coyotehill.org
www.coyotehill.org

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From: Joanne Nelson <JNelson@boonecountymo.org>
Sent: Friday, November 30, 2018 11:26:05 AM
To: Kari Hopkins
Cc: Melinda Bobbitt; Kelly Wallis; Kristin Cummins
Subject: RE: Agreement Form for Boone County

Kari,

Melinda is out of town until next week, so I am sending this follow-up email directly to you:

Thank you for your response. Below are a couple of comments and some items needed for clarification before we can finalize the Agreement Form and write the contract.

Agreement Form - V3.1

Children's Services Fund - Crisis Intervention...

Quick View Information

Grant	Children's Services Fund - Crisis Intervention Programs (Agreement Form (V3.1) ends 12/31/2018 12:00 PM CST)
Organization Name (will aut...	Coyote Hill Christian Children's Home
Fund Source	Children's Services Fund - Crisis Intervention Programs
Funder	Boone County
Funding Cycle	RFP #35-13SEP18
Name of Program or Project	Trauma-Informed Training
Amount of Request	\$90,000.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Coyote Hill Christian Children's Home

Program Name

Trauma-Informed Training

Date Completed

12/04/2018

Funder

Boone County

Funding Type

Children's Services Fund - Crisis Intervention Programs

Funding Cycle

RFP #35-13SEP18

County-Children's Services - Service Type

Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth

Respite care services

Counseling and related services as a part of transitional living programs

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Individual, group, or family professional counseling and therapy services

Mental health screenings

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Budget Instructions

Instructions: As needed and/or required, update the information in the Agreement (A) Column.

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way

(A) 1A.
\$0.00

B. Other United Ways

(A) 1B.
\$0.00

C. Capital Campaigns

(A) 1C.
\$0.00

D. Grants (non-governmental)

(A) 1D.
\$0.00

E. Fund Raising & Other Direct Support

(A) 1E.
\$0.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding

(A) 2A.
\$87,747.17

B. Boone County - Community Health Funding

(A) 2B.
\$0.00

C. Boone County - Other Funding

(A) 2C.
\$0.00

D. Funding from Other Counties

(A) 2D.
\$0.00

E. City of Columbia - Social Service Funding

(A) 2E.
\$0.00

F. City of Columbia - CDGB/Home Funding

(A) 2F.
\$0.00

G. City of Columbia - CHDO Funding

(A) 2G.
\$0.00

H. City of Columbia - Other Funding

(A) 2H.
\$0.00

I. Funding from Other Cities

(A) 2I.
\$0.00

J. Federal (Medicaid, Title III, etc.)

(A) 2J.
\$0.00

K. State (Purchase of Services, Grants, etc.)

(A) 2K.
\$0.00

L. Other (Schools, Courts, etc.)	(A) 2L. \$0.00
3. Program Service Fees	(A) 3. \$0.00
4. Investment Income (realized & unrealized)	(A) 4. \$0.00
5. Other Revenue Items	(A) 5. \$0.00
TOTAL PROGRAM REVENUE	(A) Total Revenue 87747.17
PROGRAM EXPENSES	
1. Personnel	(A) 1. \$58,524.71
2. Non-Personnel	(A) 2. \$29,262.35
TOTAL PROGRAM EXPENSES	(A) Total Expenses 87787.06

Yearly Amount Request from Children's Services Fund

AGREEMENT REQUEST (A)

<u>Year 1 Total Request</u>	(A) Year 1 Total Request \$0.00
	(A) Total Amount Requested 0

Residence

RESIDENCE

AGREEMENT RESIDENCE (A)

City of Columbia	(A) City of Columbia 12
Boone County (includes City of Columbia residents)	(A) Boone County (includes City of Columbia residents) 43
Cooper County	(A) Cooper County 0
Howard County	(A) Howard County 2
Other Counties	(A) Other Counties 0
RESIDENCE TOTAL	(A) Residence Total: 45

Race

RACE

AGREEMENT RACE (A)

White (alone)

(A) White (alone)
41

Black or African American (alone)

(A) Black or African American (alone)
4

Multiple Races

(A) Multiple Races
0

Asian (alone)

(A) Asian (alone)
0

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)
0

Native Hawaiian or other Pacific Islander (alone)

(A) Native Hawaiian or other Pacific Islander (alone)
0

Some Other Race

(A) Some Other Race
0

RACE TOTAL

(A) Race Total
45

Ethnicity

ETHNICITY

AGREEMENT ETHNICITY (A)

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)
1

Not Hispanic or Latino

(A) Not Hispanic or Latino
44

ETHNICITY TOTAL

(A) Ethnicity Total
45

Gender

GENDER

AGREEMENT GENDER (A)

Female

(A) Female
24

Male

(A) Male
21

Other Gender

(A) Other Gender
0**GENDER TOTAL**(A) Gender Total
45

Income

INCOME

AGREEMENT INCOME (A)

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL
17

Over 200% of FPL

(A) Over 200% of FPL
28**INCOME TOTAL**(A) Income Total
45

Age (County-Children's Services Fund RFP)

AGE

AGREEMENT AGE (A)

Infant/Toddler (birth - 2 years)

(A) Infant/Toddler (birth - 2 years)
0

Preschool (3 years - 5 years)

(A) Preschool (3 years - 5 years)
0

School Age (6 years - 11 years)

(A) School Age (6 years - 11 years)
0

Middle School (12 years - 14 years)

(A) Middle School (12 years - 14 years)
0

High School (15 years - 19 years)

(A) High School (15 years - 19 years)
0

Parent/Guardian (19 years and younger)

(A) Parent/Guardian (19 years and younger)
0

Parent/Guardian (age 20 and over)

(A) Parent/Guardian (age 20 and over)
0

Adult (age 20 and over - not a parent/guardian)	(A) Proposed Adult (age 20 and over - not a parent/guardian) 45
AGE TOTAL (CSF)	(A) Age Total (CSF) 45

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.
All Coyote Hill staff will be trained. Two individuals reside in Howard County. All individuals being trained are over 20.

Individuals Trained

	AGREEMENT (A)
Individuals to be Trained	(A) Individuals to be Trained 20

Program Service and Performance

Instructions: Update the Agreement(A) Column with updated figures finalized through the approved contract.

Development/Start Up Service Funding

	AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)
Amount Requested	(A) Amount Requested \$0.00
Description of Funds	(A) Description of Funds

Program Service #1 - Outputs

Program Service #1 - Outputs:	#1 Agreement (A)
Service #1 Name	(A) Service #1 Evidence-Based Practice Training - JKM Safe Crisis Management (Train-the-Trainers)
Total # of Units Provided #1	(A) Units #1 3
Unit Measure #1	(A) Unit Measure #1 one individual
Unit Rate #1	(A) Unit Rate #1 \$1,025.05
Total # of Unduplicated Individuals Served #1	(A) Unduplicated Individuals #1 3

Program Service #1 - Funding

Funding Amount #1	(A) Agreement Amount #1 \$3,075.15
Units #1	(A) Agreement Units #1 3

Program Service #1 - Performance Measures (Agreement)

(A) Program Service 1 Outcomes:	(A) Program Service 1 Indicators:	(A) Program Service 1 Method of Measurements:
(A) Outcome 1-1 Staff will become certified JKM Safe Crisis Management trainers	(A) Indicator 1-1 100% of participants will complete JKM Training, Inc. Train the Trainer course	(A) Method of Measurement 1-1 Test or certification from JKM Training, Inc.
(A) Additional Outcome 1-2 Trainers will be competent in training staff members in JKM Safe Crisis Management.	(A) Additional Indicator 1-2 100% of certified trainers felt competent in training additional staff members in JKM Safe Crisis Management.	(A) Additional Method 1-2 Survey following delivery of JKM Safe Crisis Management training for all staff.
(A) Additional Outcome 1-3	(A) Additional Indicator 1-3	(A) Additional Method 1-3
(A) Additional Outcome 1-4	(A) Additional Indicator 1-4	(A) Additional Method 1-4
(A) Additional Outcome 1-5	(A) Additional Indicator 1-5	(A) Additional Method 1-5

Program Service #2 - Outputs

Program Service 2 Outputs:	#2 Agreement (A)
Service #2 Name	(A) Service #2 Evidence-Based Practice Training – TBRI (Train-the-Trainers)
Total # of Units #2	(A) Units #2 5
Unit Measure #2	(A) Unit Measure #2 one individual
Unit Rate #2	(A) Unit Rate #2 \$6,123.16
Total # of Unduplicated Individuals Served #2	(A) Unduplicated Individuals #2 5

Program Service #2 - Funding

Funding Amount #2	(A) Agreement Amount #2 \$30,615.80
Units #2	(A) Agreement Units #2 5

Program Service #2 - Performance Measures (Agreement)

(A) Program Service 2 Outcomes:	(A) Program Service 2 Indicators:	(A) Program Service 2 Method of Measurement
(A) Outcome 2-1 Staff are a Certified TBRI® Practitioner	(A) Indicator 2-1 100% will complete Phase I and II of TBRI® Practitioner Training	(A) Method of Measurement 2-1 Test or Certification from TBRI®
(A) Additional Outcome 2-2 Trainers will be competent in training staff members in TBRI.	(A) Additional Indicator 2-2 80% of certified trainers felt competent in training additional staff members in TBRI.	(A) Additional Method 2-2 Survey following delivery of TBRI training for all staff.
(A) Additional Outcome 2-3	(A) Additional Indicator 2-3	(A) Additional Method 2-3
(A) Additional Outcome 2-4	(A) Additional Indicator 2-4	(A) Additional Method 2-4
(A) Additional Outcome 2-5	(A) Additional Indicator 2-5	(A) Additional Method 2-5

Program Service #3 - Outputs

Program Service 3 Outputs:	#3 Agreement (A)
Service #3 Name	(A) Service #3 Evidence-Based Practice Training – Theraplay
Total # of Units #3	(A) Units #3 2
Unit Measure #3	(A) Unit Measure #3 one individual
Unit Rate #3	(A) Unit Rate #3 \$3,412.90
Total # of Unduplicated Individuals Served #3	(A) Unduplicated Individuals #3 2

Program Service #3 - Funding

Funding Amount #3	(A) Agreement Amount #3 \$6,825.80
Units #3	(A) Agreement Units #3 2

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:	(A) Program Service 3 Indicators:	(A) Program Service 3 Method of Measurement:
(A) Outcome 3-1 Certified Theraplay Level Two Practitioners	(A) Indicator 3-1 100% will complete Level One and Two of Theraplay training	(A) Method of Measurement 3-1 Test or Certification from The Theraplay Institute
(A) Additional Outcome 3-2 Staff will feel competent in implementing Theraplay.	(A) Additional Indicator 3-2 100% of certified staff felt competent in implementing Theraplay.	(A) Additional Method 3-2 Survey following delivery of Theraplay training for all staff.
(A) Additional Outcome 3-3	(A) Additional Indicator 3-3	(A) Additional Method 3-3
(A) Additional Outcome 3-4	(A) Additional Indicator 3-4	(A) Additional Method 3-4

(A) Additional Outcome 3-5

(A) Additional Indicator 3-5

(A) Additional Method 3-5

Program Service #4 - Outputs

Program Service 4 Outputs:	#4 Agreement (A)
Service #4 Name	(A) Service #4 Evidence-Based Practice Training – Natural Lifemanship (Train the Trainers)
Total # of Units #4	(A) Units #4 5
Unit Measure #4	(A) Unit Measure #4 one individual
Unit Rate #4	(A) Unit Rate #4 \$2,886.27
Total # of Unduplicated Individuals Served #4	(A) Unduplicated Individuals #4 5

Program Service #4 - Funding

Funding Amount #4	(A) Agreement Amount #4 \$14,431.35
Units #4	(A) Agreement Units #4 5

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes:	(A) Program Service 4 Indicators:	(A) Program Service 4 Method of Measurements:
(A) Outcome 4-1 Completed Natural Lifemanship Fundamentals training & Certified Equine Specialist	(A) Indicator 4-1 100% will complete Natural Lifemanship Fundamentals training	(A) Method of Measurement 4-1 Test or certificate from Natural Lifemanship
(A) Additional Outcome 4-2 Certified NLC-EP (Natural Lifemanship Certification – Equine Professional)	(A) Additional Indicator 4-2 100% will complete Natural Lifemanship certification for Equine Professionals	(A) Additional Method 4-2 Certification from Natural Lifemanship as Equine Professional
(A) Additional Outcome 4-3 Trainers will be competent in training staff members in Natural Lifemanship.	(A) Additional Indicator 4-3 80% of certified trainers felt competent in training additional staff members in Natural Lifemanship.	(A) Additional Method 4-3 Survey following delivery of Natural Lifemanship training for all staff
(A) Additional Outcome 4-4	(A) Additional Indicator 4-4	(A) Additional Method 4-4
(A) Additional Outcome 4-5	(A) Additional Indicator 4-5	(A) Additional Method 4-5

Program Service #5 - Outputs

Program Service 5 Outputs:	#5 Agreement (A)
Service Name #5	(A) Service #5 Evidence-Based Practice Training – JKM Safe Crisis Management (All Staff Training)

Total # of Units Provided #5	(A) Units #5 25
Unit Measure #5	(A) Unit Measure #5 one individual
Unit Rate #5	(A) Unit Rate #5 \$203.17
Total # of Unduplicated Individuals Served #5	(A) Unduplicated Individuals #5 25

Program Service #5 - Funding

Funding Amount #5	(A) Agreement Amount #5 \$5,079.25
Units #5	(A) Agreement Units #5 25

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes:	(A) Program Service 5 Indicators:	(A) Program Service 5 Method of Measurements:
(A) Outcome 5-1 Completed staff certification or recertification in JKM Safe Crisis Management	(A) Indicator 5-1 95% will complete the staff certification or recertification in safe crisis management practices	(A) Method of Measurement 5-1 Written test and Emergency Safety Physical Intervention skills test
(A) Additional Outcome 5-2 Staff feel competent in implementing the JKM Safe Crisis Management curriculum	(A) Additional Indicator 5-2 100% of staff report feeling competent in implementing JKM Safe Crisis Management curriculum.	(A) Additional Method 5-2 Post survey for JKM Safe Crisis Management training.
(A) Additional Outcome 5-3 Certified staff trainers provide quality JKM Safe Crisis Management trainings	(A) Additional Indicator 5-3 100% of staff report satisfaction in the delivery of JKM Safe Crisis Management trainings.	(A) Additional Method 5-3 Post survey for JKM Safe Crisis Management training.
(A) Additional Outcome 5-4	(A) Additional Indicator 5-4	(A) Additional Method 5-4
(A) Additional Outcome 5-5	(A) Additional Indicator 5-5	(A) Additional Method 5-5

Program Service #6 - Outputs

Program Service 6 Outputs:	#6 Agreement (A):
Service #6 Name:	(A) Service #6 Evidence-Based Practice Training – TBRI® (All Staff Training)
Total # of Units #6:	(A) Units #6 35
Unit Measure #6:	(A) Unit Measure #6 one individual
Unit Rate #6:	(A) Unit Rate #6 \$57.54
Total # of Unduplicated Individuals Served #6:	(A) Unduplicated Individuals #6 35

Program Service #6 - Funding

Funding Amount #6	(A) Agreement Amount #6 \$2,013.87
Units #6	(A) Agreement Units #6 35

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:	(A) Program Service 6 Indicators:	(A) Program Service 6 Method of Measurements:
(A) Outcome 6-1 Staff increase knowledge as a trauma-informed caregiver.	(A) Indicator 6-1 95% will demonstrate an increase in knowledge of trauma-informed caregiving.	(A) Method of Measurement 6-1 Pre and post test
(A) Additional Outcome 6-2 Staff feel competent in implementing the TBRI curriculum	(A) Additional Indicator 6-2 95% of staff report feeling competent in implementing TBRI curriculum.	(A) Additional Method 6-2 Post survey for TBRI training.
(A) Additional Outcome 6-3 Certified staff trainers provide quality TBRI trainings	(A) Additional Indicator 6-3 100% of staff report satisfaction in the delivery of TBRI trainings.	(A) Additional Method 6-3 Post survey for TBRI training.
(A) Additional Outcome 6-4 Community professionals are trained in TBRI	(A) Additional Indicator 6-4 10 community professionals will receive training in TBRI.	(A) Additional Method 6-4 Training records
(A) Additional Outcome 6-5	(A) Additional Indicator 6-5	(A) Additional Method 6-5

Program Service #7 - Outputs

Program Service 7 Outputs:	#7 Agreement (A)
Service #7 Name	(A) Service #7 Evidence-Based Practice Training – Natural Lifemanship (All Staff Training)
Total # of Units #7	(A) Units #7 25
Unit Measure #7	(A) Unit Measure #7 One individual
Unit Rate #7	(A) Unit Rate #7 \$68.70
Total # of Unduplicated Individuals Served #7	(A) Unduplicated Individuals #7 25

Program Service #7 - Funding

Funding Amount #7	(A) Agreement Amount #7 \$1,717.56
Units #7	(A) Agreement Units #7 25

Program Service #7 - Performance Measures (Agreement)

(A) Program Service 7 Outcomes:	(A) Program Service 7 Indicators:	(A) Program Service 7 Method of Measurements:
(A) Outcome 7-1 Increased knowledge in trauma-informed equine practices	(A) Indicator 7-1 95% (n=23) will demonstrate an increase in knowledge of trauma-informed equine practices.	(A) Method of Measurement 7-1 Pre and post test
(A) Additional Outcome 7-2 Staff feel competent in implementing the Natural Lifemanship curriculum	(A) Additional Indicator 7-2 80% of staff report feeling competent in implementing Natural Lifemanship curriculum.	(A) Additional Method 7-2 Post survey for Natural Lifemanship training.
(A) Additional Outcome 7-3 Certified staff trainers provide quality Natural Lifemanship trainings	(A) Additional Indicator 7-3 95% of staff report satisfaction in the delivery of Natural Lifemanship trainings.	(A) Additional Method 7-3 Post survey for Natural Lifemanship training.
(A) Additional Outcome 7-4	(A) Additional Indicator 7-4	(A) Additional Method 7-4
(A) Additional Outcome 7-5	(A) Additional Indicator 7-5	(A) Additional Method 7-5

Program Service #8 - Outputs

Program Service #8 - Outputs:	#8 Agreement (A)
Service #8 Name	(A) Service #8 Evidence-Based Practice Training – Conscious Discipline (All Staff Training)
Total # of Units Provided #8	(A) Units #8 25
Unit Measure #8	(A) Unit Measure #8 One individual
Unit Rate #8	(A) Unit Rate #8 \$12.85
Total # of Unduplicated Individuals Served #8	(A) Unduplicated Individuals #8 25

Program Service #8 - Funding

Funding Amount #8	(A) Agreement Amount #8 \$321.25
Units #8	(A) Agreement Units #8 25

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes:	(A) Program Service 8 Indicators:	(A) Program Service 8 Method of Measurements:
(A) Outcome 8-1 Staff increase knowledge in building healthy relationships through self-regulation, connection and resilience interventions	(A) Indicator 8-1 95% will show an increase in knowledge of building healthy relationships through self-regulation, connection and resilience interventions	(A) Method of Measurement 8-1 Pre and post test

(A) Additional Outcome 8-2 Staff feel competent in implementing the Conscious Discipline curriculum	(A) Additional Indicator 8-2 95% of staff report feeling competent in implementing Conscious Discipline curriculum.	(A) Additional Method 8-2 Post survey for Conscious Discipline training.
(A) Additional Outcome 8-3	(A) Additional Indicator 8-3	(A) Additional Method 8-3
(A) Additional Outcome 8-4	(A) Additional Indicator 8-4	(A) Additional Method 8-4
(A) Additional Outcome 8-5	(A) Additional Indicator 8-5	(A) Additional Method 8-5

Program Service #9 - Outputs

Program Service #9 - Outputs:	#9 Agreement (A)
Service #9 Name	(A) Service #9 Best Practices Training – Anger Management
Total # of Units Provided #9	(A) Units #9 2
Unit Measure #9	(A) Unit Measure #9 One individual
Unit Rate #9	(A) Unit Rate #9 \$2,191.48
Total # of Unduplicated Individuals Served #9	(A) Unduplicated Individuals #9 2

Program Service #9 - Funding

Funding Amount #9	(A) Agreement Amount #9 \$4,382.96
Units #9	(A) Agreement Units #9 2

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes:	(A) Program Service 9 Indicators:	(A) Program Service 9 Method of Measurements:
(A) Outcome 9-1 Staff increase knowledge in anger management and crisis intervention strategies	(A) Indicator 9-1 100% of trained staff will demonstrate increased knowledge in anger management and crisis intervention strategies.	(A) Method of Measurement 9-1 Pre-post tests
(A) Additional Outcome 9-2 Staff feel competent implementing anger management and crisis intervention strategies	(A) Additional Indicator 9-2 100% of staff report feeling competent implementing anger management and crisis intervention strategies	(A) Additional Method 9-2 Post test
(A) Additional Outcome 9-3	(A) Additional Indicator 9-3	(A) Additional Method 9-3
(A) Additional Outcome 9-4	(A) Additional Indicator 9-4	(A) Additional Method 9-4
(A) Additional Outcome 9-5	(A) Additional Indicator 9-5	(A) Additional Method 9-5

Program Service #10 - Outputs

Program Service 10 Outputs:	#10 Agreement (A)
Service Name #10	(A) Service #10 Evidence Based Practices Training – Neurosequential Model of Therapeutics
Total # of Units Provided #10	(A) Units #10 3
Unit Measure #10	(A) Unit Measure #10 One individual
Unit Rate #10	(A) Unit Rate #10 \$598.38
Total # of Unduplicated Individuals Served #10	(A) Unduplicated Individuals #10 3

Program Service #10 - Funding

Funding Amount #10	(A) Agreement Amount #10 \$1,795.14
Units #10	(A) Agreement Units #10 3

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes:	(A) Program Service 10 Indicators:	(A) Program Service 10 Method of Measurements:
(A) Outcome 10-1 Staff increase knowledge in neurosequential model of therapeutics	(A) Indicator 10-1 100% of trained staff will demonstrate increased knowledge in neurosequential model of therapeutics	(A) Method of Measurement 10-1 Pre and post survey
(A) Additional Outcome 10-2 Staff feel competent implementing neurosequential model of therapeutics	(A) Additional Indicator 10-2 100% of staff report feeling competent implementing neurosequential model of therapeutics	(A) Additional Method 10-2 Post survey
(A) Additional Outcome 10-3	(A) Additional Indicator 10-3	(A) Additional Method 10-3
(A) Additional Outcome 10-4	(A) Additional Indicator 10-4	(A) Additional Method 10-4
(A) Additional Outcome 10-5	(A) Additional Indicator 10-5	(A) Additional Method 10-5

Total Funding Amount - Services 1-10

Total Funding Request for Services 1-10
70258.13

Links for Agreement Form (V3)

Agreement Form - V3.1 (Services 11-20)

Children's Services Fund - Crisis Intervention...

Quick View Information

Grant	Children's Services Fund - Crisis Intervention Programs (Agreement Form (V3.1) ends 12/31/2018 12:00 PM CST)
Organization Name (will aut...	Coyote Hill Christian Children's Home
Fund Source	Children's Services Fund - Crisis Intervention Programs
Funder	Boone County
Funding Cycle	RFP #35-13SEP18
Name of Program or Project	Trauma-Informed Training
Amount of Request	\$90,000.00
Record Lock	

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

Coyote Hill Christian Children's Home

Program Name

Trauma-Informed Training

Date Completed

12/04/2018

Funder

Boone County

Funding Type

Children's Services Fund - Crisis Intervention Programs

Funding Cycle

RFP #35-13SEP18

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

* Indicates Required Field

Program Service and Performance

Instructions: Update the Agreement(A) Column with updated figures finalized through the approved contract.

Program Service #11 - Outputs

Program Service #11 - Outputs:

#11 Agreement (A)

Service #11 Name

(A) Service #11

Best Practices Training – Suicide Prevention (All Staff)

Total # of Units Provided #11

(A) Units #11

35

Unit Measure #11

(A) Unit Measure #11

One individual

Unit Rate #11

(A) Unit Rate #11

\$13.69

Total # of Unduplicated Individuals Served #11

(A) Unduplicated Individuals #11

35

Program Service #11 - Funding

Funding Amount #11

(A) Agreement Amount #11

\$479.24

Units #11

(A) Agreement Units #11

35.01

Program Service #11 - Performance Measures (Agreement)

(A) Program Service 11 Outcomes:

(A) Program Service 11 Indicators:

(A) Program Service 11 Method of Measurements:

(A) Outcome 11-1

Staff increase knowledge in suicide prevention strategies

(A) Indicator 11-1

95% of staff will demonstrate an increased knowledge in suicide prevention strategies.

(A) Method of Measurement 11-1

Pre and post tests

(A) Additional Outcome 11-2

Staff members feel competent implementing suicide prevention strategies

(A) Additional Indicator 11-2

100% of staff members feel competent implementing suicide prevention strategies

(A) Additional Method 11-2

Post survey

(A) Additional Outcome 11-3

Community professionals are trained in suicide prevention strategies

(A) Additional Indicator 11-3

10 community professionals are trained in suicide prevention strategies.

(A) Additional Method 11-3

Training records

(A) Additional Outcome 11-4

(A) Additional Indicator 11-4

(A) Additional Method 11-4

(A) Additional Outcome 11-5

(A) Additional Indicator 11-5

(A) Additional Method 11-5

Program Service #12 - Outputs

Program Service 12 Outputs:

#12 Agreement (A)

Service #12 Name

(A) Service #12

Best Practices Training – Conflict Resolution (All Staff Training)

Total # of Units #12

(A) Units #12

45

Unit Measure #12

(A) Unit Measure #12

One individual

Unit Rate #12

(A) Unit Rate #12

\$59.01

Total # of Unduplicated Individuals Served #12

(A) Unduplicated Individuals #12

45

Program Service #12 - Funding

Funding Amount #12

(A) Agreement Amount #12

\$2,655.45

Units #12

(A) Agreement Units #12

45

Program Service #12 - Performance Measures (Agreement)

(A) Program Service 12 Outcomes:

(A) Program Service 12 Indicators:

(A) Program Service 12 Method of Measurement

(A) Outcome 12-1

Staff increase knowledge in solving internal and external conflict.

(A) Indicator 12-1

100% of staff will demonstrate an increase in knowledge of solving conflicts.

(A) Method of Measurement 12-1

Pre and post test

(A) Additional Outcome 12-2

Staff feel competent to implement positive conflict resolution practices

(A) Additional Indicator 12-2

100% of staff report feeling competent to implement positive conflict resolution practices

(A) Additional Method 12-2

Post Test

(A) Additional Outcome 12-3

(A) Additional Indicator 12-3

(A) Additional Method 12-3

(A) Additional Outcome 12-4

(A) Additional Indicator 12-4

(A) Additional Method 12-4

(A) Additional Outcome 12-5

(A) Additional Indicator 12-5

(A) Additional Method 12-5

Program Service #13 - Outputs

Program Service 13 Outputs:

#13 Agreement (A)

Service #13 Name

(A) Service #13

Best Practices Training – Trauma/Crisis Training (All Staff Training)

Total # of Units #13

(A) Units #13

45

Unit Measure #13

(A) Unit Measure #13

One individual

Unit Rate #13

(A) Unit Rate #13

\$167.04

Total # of Unduplicated Individuals Served #13

(A) Unduplicated Individuals #13

45

Program Service #13 - Funding

Funding Amount #13

(A) Agreement Amount #13

\$7,516.80

Units #13

(A) Agreement Units #13

45

Program Service #13 - Performance Measures (Agreement)

(A) Program Service 13 Outcomes:	(A) Program Service 13 Indicators:	(A) Program Service 13 Method of Measurement:
(A) Outcome 13-1 Staff increase knowledge in how to prevent and mitigate crisis situations	(A) Indicator 13-1 95% of staff will demonstrate an increase in knowledge of how to prevent and mitigate a crisis situation	(A) Method of Measurement 13-1 Pre and post test
(A) Additional Outcome 13-2 Staff feel competent to prevent and mitigate crisis situations	(A) Additional Indicator 13-2 95% of staff report feeling competent to prevent and mitigate crisis situations	(A) Additional Method 13-2 Post test
(A) Additional Outcome 13-3	(A) Additional Indicator 13-3	(A) Additional Method 13-3
(A) Additional Outcome 13-4	(A) Additional Indicator 13-4	(A) Additional Method 13-4
(A) Additional Outcome 13-5	(A) Additional Indicator 13-5	(A) Additional Method 13-5

Program Service #14 - Outputs

Program Service 14 Outputs:	#14 Agreement (A)
Service #14 Name	(A) Service #14 Best Practices Training – Attachment & Trauma Training
Total # of Units #14	(A) Units #14 3
Unit Measure #14	(A) Unit Measure #14 One individual
Unit Rate #14	(A) Unit Rate #14 \$1,561.93
Total # of Unduplicated Individuals Served #14	(A) Unduplicated Individuals #14 3

Program Service #14 - Funding

Funding Amount #14	(A) Agreement Amount #14 \$4,685.79
Units #14	(A) Agreement Units #14 3

Program Service #14 - Performance Measures (Agreement)

(A) Program Service 14 Outcomes:	(A) Program Service 14 Indicators:	(A) Program Service 14 Method of Measurements:
(A) Outcome 14-1 Staff increase knowledge in helping clients understand and manage attachment and trauma.	(A) Indicator 14-1 100% of staff will demonstrate an increase in knowledge to help clients understand and manage the effects of trauma.	(A) Method of Measurement 14-1 Post survey

(A) Additional Outcome 14-2 Staff feel competent implementing attachment and trauma curriculum.	(A) Additional Indicator 14-2 100% of staff feel competent implementing attachment and trauma curriculum.	(A) Additional Method 14-2 Post survey
(A) Additional Outcome 14-3	(A) Additional Indicator 14-3	(A) Additional Method 14-3
(A) Additional Outcome 14-4	(A) Additional Indicator 14-4	(A) Additional Method 14-4
(A) Additional Outcome 14-5	(A) Additional Indicator 14-5	(A) Additional Method 14-5

Program Service #15 - Outputs

Program Service 15 Outputs:	#15 Agreement (A)
Service Name #15	(A) Service #15 Best Practices Training – Understanding Therapy (All Staff Training)
Total # of Units Provided #15	(A) Units #15 25
Unit Measure #15	(A) Unit Measure #15 One individual
Unit Rate #15	(A) Unit Rate #15 \$52.92
Total # of Unduplicated Individuals Served #15	(A) Unduplicated Individuals #15 25

Program Service #15 - Funding

Funding Amount #15	(A) Agreement Amount #15 \$1,323.00
Units #15	(A) Agreement Units #15 25

Program Service #15 - Performance Measures (Agreement)

(A) Program Service 15 Outcomes:	(A) Program Service 15 Indicators:	(A) Program Service 15 Method of Measurements:
(A) Outcome 15-1 Staff increase knowledge in how to build healthy attachments with children in crisis	(A) Indicator 15-1 100% of staff will demonstrate an increase in knowledge of how to build healthy attachments with children in crisis	(A) Method of Measurement 15-1 Pre and Post test
(A) Additional Outcome 15-2 Staff feel competent in helping children in crisis develop healthy attachments	(A) Additional Indicator 15-2 100% of staff report feeling competent in helping children in crisis develop healthy attachments	(A) Additional Method 15-2 Post test
(A) Additional Outcome 15-3	(A) Additional Indicator 15-3	(A) Additional Method 15-3
(A) Additional Outcome 15-4	(A) Additional Indicator 15-4	(A) Additional Method 15-4
(A) Additional Outcome 15-5	(A) Additional Indicator 15-5	(A) Additional Method 15-5

Program Service #16 - Outputs

Program Service 16 Outputs:	#16 Agreement (A):
Service #16 Name:	(A) Service #16 Best Practices Training – Social and Emotional Development Effects of Trauma (All Staff Training)
Total # of Units #16:	(A) Units #16 20
Unit Measure #16:	(A) Unit Measure #16 One individual
Unit Rate #16:	(A) Unit Rate #16 \$15.50
Total # of Unduplicated Individuals Served #16:	(A) Unduplicated Individuals #16 20

Program Service #16 - Funding

Funding Amount #16	(A) Agreement Amount #16 \$310.00
Units #16	(A) Agreement Units #16 20

Program Service #16 - Performance Measures (Agreement)

(A) Program Service 16 Outcomes:	(A) Program Service 16 Indicators:	(A) Program Service 16 Method of Measurements:
(A) Outcome 16-1 Staff increased knowledge in how to build healthy social and emotional development in children who've suffered trauma	(A) Indicator 16-1 100% of staff will demonstrate an increase in knowledge of how to build healthy social and emotional development in children who have suffered traumatic experiences.	(A) Method of Measurement 16-1 Pre and post test
(A) Additional Outcome 16-2 Staff feel competent in helping children who have experienced trauma build healthy social and emotional development.	(A) Additional Indicator 16-2 90% of staff report feeling competent in helping children who have experienced trauma build healthy social and emotional development.	(A) Additional Method 16-2 Post test
(A) Additional Outcome 16-3	(A) Additional Indicator 16-3	(A) Additional Method 16-3
(A) Additional Outcome 16-4	(A) Additional Indicator 16-4	(A) Additional Method 16-4
(A) Additional Outcome 16-5	(A) Additional Indicator 16-5	(A) Additional Method 16-5

Program Service #17 - Outputs

Program Service 17 Outputs:	#17 Agreement (A):
Service #17 Name	(A) Service #17 Best Practices Training – Suicide Prevention (Train the Trainers)
Total # of Units #17	(A) Units #17 4

Unit Measure #17

(A) Unit Measure #17

One individual

Unit Rate #17

(A) Unit Rate #17

\$129.69

Total # of Unduplicated Individuals Served #17

(A) Unduplicated Individuals #17

4

Program Service #17 - Funding

Funding Amount #17

(A) Agreement Amount #17

\$518.76

Units #17

(A) Agreement Units #17

4

Program Service #17 - Performance Measures (Agreement)

(A) Program Service 17 Outcomes:

(A) Program Service 17 Indicators:

(A) Program Service 17 Method of Measurements:

(A) Outcome 17-1

Staff will become certified Suicide Prevention trainers

(A) Indicator 17-1

100% of participants will complete Suicide Prevention Train the Trainer course

(A) Method of Measurement 17-1

Test or certification from Suicide Prevention course.

(A) Additional Outcome 17-2

Trainers will be competent in training staff members in Suicide Prevention

(A) Additional Indicator 17-2

100% of certified trainers felt competent in training additional staff members in Suicide Prevention

(A) Additional Method 17-2

Survey following delivery of Suicide Prevention training for all staff.

(A) Additional Outcome 17-3

(A) Additional Indicator 17-3

(A) Additional Method 17-3

(A) Additional Outcome 17-4

(A) Additional Indicator 17-4

(A) Additional Method 17-4

(A) Additional Outcome 17-5

(A) Additional Indicator 17-5

(A) Additional Method 17-5

Program Service #18 - Outputs

Program Service #18 - Outputs:

#18 Agreement (A)

Service #18 Name

(A) Service #18

Total # of Units Provided #18

(A) Units #18

0

Unit Measure #18

(A) Unit Measure #18

Unit Rate #18

(A) Unit Rate #18

\$0.00

Total # of Unduplicated Individuals Served #18

(A) Unduplicated Individuals #18

0

Program Service #18 - Funding

Funding Amount #18

(A) Agreement Amount #18

\$0.00

Units #18

(A) Agreement Units #18

0

Program Service #18 - Performance Measures (Agreement)

(A) Program Service 18 Outcomes: (A) Program Service 18 Indicators: (A) Program Service 18 Method of Measurements:

(A) Outcome 18-1

(A) Indicator 18-1

(A) Method of Measurement 18-1

(A) Additional Outcome 18-2

(A) Additional Indicator 18-2

(A) Additional Method 18-2

(A) Additional Outcome 18-3

(A) Additional Indicator 18-3

(A) Additional Method 18-3

(A) Additional Outcome 18-4

(A) Additional Indicator 18-4

(A) Additional Method 18-4

(A) Additional Outcome 18-5

(A) Additional Indicator 18-5

(A) Additional Method 18-5

Program Service #19 - Outputs

Program Service #19 - Outputs:

#19 Agreement (A)

Service #19 Name

(A) Service #19

Total # of Units Provided #19

(A) Units #19

0

Unit Measure #19

(A) Unit Measure #19

Unit Rate #19

(A) Unit Rate #19

\$0.00

Total # of Unduplicated Individuals Served #19

(A) Unduplicated Individuals #19

0

Program Service #19 - Funding

Funding Amount #19

(A) Agreement Amount #19

\$0.00

Units #19

(A) Agreement Units #19

0

Program Service #19 - Performance Measures (Agreement)

(A) Program Service 19 Outcomes: (A) Program Service 19 Indicators: (A) Program Service 19 Method of Measurements:

(A) Outcome 19-1

(A) Indicator 19-1

(A) Method of Measurement 19-1

(A) Additional Outcome 19-2

(A) Additional Indicator 19-2

(A) Additional Method 19-2

(A) Additional Outcome 19-3

(A) Additional Indicator 19-3

(A) Additional Method 19-3

(A) Additional Outcome 19-4

(A) Additional Indicator 19-4

(A) Additional Method 19-4

(A) Additional Outcome 19-5

(A) Additional Indicator 19-5

(A) Additional Method 19-5

Program Service #20 - Outputs

Program Service 20 Outputs:

#20 Agreement (A)

Service Name #20

(A) Service #20

Total # of Units Provided #20

(A) Units #20
0

Unit Measure #20

(A) Unit Measure #20

Unit Rate #20

(A) Unit Rate #20
\$0.00

Total # of Unduplicated Individuals Served #20

(A) Unduplicated Individuals #20
0

Program Service #20 - Funding

Funding Amount #20

(A) Agreement Amount #20
\$0.00

Units #20

(A) Agreement Units #20
0

Program Service #20 - Performance Measures (Agreement)

(A) Program Service 20 Outcomes: (A) Program Service 20 Indicators: (A) Program Service 20 Method of Measurements:

(A) Outcome 20-1

(A) Indicator 20-1

(A) Method of Measurement 20-1

(A) Additional Outcome 20-2

(A) Additional Indicator 20-2

(A) Additional Method 20-2

(A) Additional Outcome 20-3

(A) Additional Indicator 20-3

(A) Additional Method 20-3

(A) Additional Outcome 20-4

(A) Additional Indicator 20-4

(A) Additional Method 20-4

(A) Additional Outcome 20-5

(A) Additional Indicator 20-5

(A) Additional Method 20-5

Total Funding Amount - Services 11-20

Total Funding Request for Services 11-20
17489.04

Links for Agreement Form (V3)

Program Overview (V3)

Children's Services Fund - Crisis Intervention...

Quick View Information

Grant	Children's Services Fund - Crisis Intervention Programs (Agreement Form (V3.1) ends 12/31/2018 12:00 PM CST)
Organization Name (will aut...	Coyote Hill Christian Children's Home
Fund Source	Children's Services Fund - Crisis Intervention Programs
Funder	Boone County
Funding Cycle	RFP #35-13SEP18
Name of Program or Project	Trauma-Informed Training
Amount of Request	\$90,000.00
Record Lock	

Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.

Each narrative response should be clear and succinct.

Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

Instructions:

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national). Every effort should be made to utilize information from the Boone Indicators Dashboard.

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form.

Resources:

Boone Indicators Dashboard (<http://booneindicators.org>)

For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

A child escaping abuse or neglect needs a safe place to recover from the trauma they have experienced to heal and learn healthy coping mechanisms. In 2015, 1,421 children suffered physical abuse and 3,652 children suffered neglect in the state of Missouri (Boone Indicators Dashboard, 2015). Analysis of data from 11 to 15 year olds in the National Survey of Child and Adolescent Well-being found that conduct disorder, history of physical abuse, and lower level of caregiver monitoring were associated with increased odds of substance use (Narendorf, 2013). Without intervention, a child is likely to carry learned behaviors of their parent(s) to the next generation. About 30% of abused and neglected children will later abuse their own children (Child Welfare Information Gateway, 2013). Additionally, children who experience child abuse & neglect are about 9 times more likely to become involved in criminal activity (American SPCC, n.d.).

b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)

Coyote Hill serves children in foster care and children in crisis who need emergency placements. In Boone County there were 282 total children in care of the Children's Division on June 30, 2018 (MO DSS, 2018). Studies suggest that up to 80% of children in foster care have significant mental health issues, compared to only 18% to 22% of children in the general population (Polihronakis, 2008). These children need the professional care and crisis management support that Coyote Hill can provide. Coyote Hill is addressing these issues with its immersive, community-based crisis intervention program to stop this generational cycle of abuse and neglect.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The goal of Coyote Hill's Crisis Training Program is to train and equip mental health professionals and direct care staff to provide expert level trauma-informed care to children in crisis. Better training means a greater likelihood of successful outcomes for children in foster care.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

Coyote Hill's Crisis Training Program will enable mental health professionals, case managers, and live-in behavioral specialists to expand their training in trauma-informed best practices. It takes deliberate action and comprehensive understanding of the needs of the children at Coyote Hill to heal the wounds of neglect and stabilize the crisis in their lives. As trauma-informed care providers, Coyote Hill treats the whole person. Two different levels of training will be provided. First, Coyote Hill will "train the trainers." Seven staff members will complete training certifications enabling them to train all direct care staff. Second, Coyote Hill will "train the staff." All therapists, behavioral specialists, case managers, parent aides, and interns will be trained throughout the year utilizing these nationally recognized training programs. Specific training programs that will be completed, but are not limited to: TBRI (Trust-based relational intervention), NMT (Neurosequential Model Therapeutics), Natural Lifemanship, JKM Safe Crisis Management, American Red Cross CPR/Lifeguard, Medication Aid Level 1, and Theraplay. Well-trained staff means they are equipped to help each child navigate the abuse and neglect they have experienced and work through socially acceptable ways to cope. All staff will complete over 192 hours of training in the year. The seven trainers will complete 312 hours of total training.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Every child in foster care is in a continual state of crisis until they find permanency. The children placed at Coyote Hill average 1.6 prior placements, meaning that the child has experienced the loss of multiple parental figures before they arrive. Most of the time the child has needs beyond the resources and capabilities of the traditional foster parent and requires more structure and support in order to thrive. In extreme situations, such as a boy who was placed at Coyote Hill in 2014, a child can have upwards of 12 past placements. The effects of instability--which the Urban Institute defines as "the experience of change in an individual or family circumstance where the change is abrupt, involuntary, and/or in a negative direction" -- on a child are far reaching and include emotional, cognitive, and academic difficulties (Urban Institute, 2014). Coyote Hill mitigates the negative effects of an unstable environment by creating an atmosphere of predictability, support and structure. In 27 years, 80% of the residents at Coyote Hill were sibling groups. Every child placed at Coyote Hill through the Children's Division has been at or below poverty level. Between 2015 and 2018, placements at Coyote Hill were as follows: 58% of placements were White, and 41% were Black or African American. Additionally, 2.5% were Hispanic ethnicity. As of March 2018, 73% of Coyote Hill's placements were from single-parent households.

b. Why will these particular consumers be served? (1500 character limit)

Abused and neglected children suffer disproportionately higher rates of physical, psychological, and social difficulties. Without intervention, the effects of neglect and abuse repeat in adulthood. "Individuals whose childhood traumatization is left unchecked may also experience developmental symptoms such as instability in their sense of self [leading to] [...] suicidal behavior, inappropriate and intense outbursts of anger, or difficulty in controlling anger, [exhibition of] impulsive, potentially self-damaging behavior such as reckless sex and substance abuse" (Dudley, 2015). The CDC-Kaiser Permanente Adverse Childhood Experience Study found: "[Adverse childhood experiences] seem to account for one-half to two-thirds of the serious problems with drug use. They increase the likelihood that girls will have sex before reaching 15 years of age, and that boys or young men will be more likely to impregnate a teenage girl. Adversity in childhood causes mental health disorders such as depression, hallucinations and post-traumatic stress disorders. The more categories of trauma experienced in childhood, the greater the likelihood of experiencing: alcoholism and alcohol abuse, COPD, depression, fetal death, poor health-related quality of life, illicit drug use, ischemic heart disease (IHD), liver disease, risk for intimate partner violence, multiple sexual partners, sexually transmitted diseases, smoking, obesity, or suicide attempts" (American Journal of Preventive Medicine, 1998).

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

A child of neglect often lacks the basic life skills that allow them to successfully navigate the world around them. The children placed at Coyote Hill are often very behind academically. Through 2017, 42% of program participants were reading below grade level and 26% had an individualized education plan (IEP). Children of crisis need more than just therapy. They need trauma-informed care that looks at every aspect of their life. On average a child will stay at Coyote Hill for 13 months. This shortened time period heightens the challenge to give each child all the interventions they need.

d. Total number of unduplicated individuals to be served by the proposed program:

80

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

1125

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

40

City of Columbia

20

Cooper County

5

Howard County

5

Other Counties

30

Residence Total

80

Record Lock

1

Race

White (alone)

42

Black or African American (alone)

25

Multiple Races

13

Asian (alone)

0

Native American Indian or Alaskan Native

0

Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

0

Race Total

80

Ethnicity

Hispanic or Latino (of any race)

15

Not Hispanic or Latino

65

Ethnicity Total

80

Gender

Female

39

Male

41

Other

0

Gender Total

80

Income**At or below 200% of Federal Poverty Level**

80

Over 200% of Federal Poverty Level

0

Income Total

80

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

5

School Age (6 years – 11 years)

25

Middle School (12 years – 14 years)

25

High School (15 years – 19 years)

25

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

80

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

7

b. Provide information on the types of training that will be offered. (1500 character limit)

The program will enable seven mental health providers and/or support staff training certifications based on the specific training applicable to their role. This is further detailed in Service #1 description.

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

Coyote Hill operates a 365 days, 24 hour/day program on it's site at 9501 W. Coyote Hill Road, Harrisburg, MO 65256. Addressing the scars from crisis the children have left behind, the program is a day to day, minute by minute program that supports a healthy childhood through a team of support staff. Some training will be obtained off site, but the majority of staff training is offered on site.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Coyote Hill's Crisis Training Program will serve staff members employed by the organization. There are no income or age requirements. Children placed at Coyote Hill who will benefit from the training program are between the ages of 3-19, reside in the state of Missouri, and have been removed from their homes by Missouri Children's Division for abuse or neglect.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Due to Coyote Hill's state license, children placed at Coyote Hill by the Missouri Children's Division cannot be charged a fee. The staff being trained are not charged a fee, because the training they receive is a benefit to the children Coyote Hill serves.

Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Due to Coyote Hill's state license, children placed at Coyote Hill by the Missouri Children's Division cannot be charged a fee.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Direct care staff (behavioral specialists, case managers, therapists) are required to participate in a minimum of 40 hours of training each year. This training includes, but is not limited to: JKM Safe Crisis Management; CPR/Lifeguard (American Red Cross), Medication Aid Level 1 Certification. Additionally, mental health professionals (LCSWs and LCPs) require ethics, suicide prevention, trauma, and supervision training, equaling 30 hours every two years.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No

Provide the name of the accreditation agency. (300 character limit)

Coyote Hill is currently undergoing accreditation by The Joint Commission and expects to be accredited by the end of 2019.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

The Neurosequential Model of Therapeutics currently meets criteria for U.S. Preventative Services Task Force Level III, Level II-3, Level II-2 and Level II-1 (Child Trauma Academy, n.d.). JKM Training, Inc. regularly participates in national forums and reviews the latest research to ensure the SCM system is at the cutting edge of intervention and emergency behavior management (JKM Training, Inc., n.d.). Trust-Based Relational Intervention is currently listed on the California Evidence-Based Clearinghouse for Child Welfare (CEBC) registry (Karen Purvis Institute, n.d.).

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

Identify, cite, and describe the evidence. (1500 character limit)

TBRI training effectiveness was measured by a decrease in behavioral problems and trauma symptoms among at-risk adopted children following trauma-informed parent training intervention. Key Findings: Using a two-group, pre-post intervention design, the study evaluated the effectiveness of parent training utilizing Trust-Based Relational Intervention (n=96). Children of parents in the treatment group demonstrated significant decreases in behavioral problems on the Strengths and Difficulties Questionnaire and significant decreases in trauma symptoms on the Trauma Symptom Checklist for Children after intervention (Purvis, K., et al. 2015.).

Natural Lifemanship training effectiveness is based on the neuroscience of human and horse brain development, the impact of trauma, and the role of relationships in recovery and healing. Key Findings: Weekly counseling sessions using TF-EAP (Trauma-Focused-Equine Assisted Psychotherapy) often result in significant improvement toward therapy goals within a period of 3 to 6 months, or roughly 12-24 sessions. (Natural Lifemanship, n.d.).

Neurosequential Model of Therapeutics training effectiveness was measured in a clinical application. Key Findings: Children showed significantly more improvement in the NMT program on overall social/emotional development, emotion regulation, helpfulness, fair assertiveness, impulse modulation, cooperation, and empathy compared to the Conscious Discipline model. (Dobson, C. & Perry, B.D. 2010).

Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)

Coyote Hill utilizes an eclectic therapy base to individualize the process to the child. Having cared for nearly 500 children in 27 years, Coyote Hill has continually studied best practices for addressing children in crisis. Through that research, these methods rose to the top as nationally recognized best practices. Dr. Bruce Perry, who created the Neurosequential Model of Therapeutics, is a nationally recognized expert in child trauma. His experience as a clinician and a researcher with traumatized children has led many community and governmental agencies to consult Dr. Perry following high-profile incidents involving traumatized children such as the Oklahoma City bombing (1995), and the Sandy Hook Elementary school shootings (2012). (The Child Trauma Academy, n.d.). Additionally, the Karen Purvis Institute of Child Development has been on the forefront of understanding children in crisis for the last 14 years. Current research studies aim to advance scientific knowledge regarding the impact of early maltreatment, as well as to develop trauma-informed interventions that encourage healthy social development (Karen Purvis Institute, n.d.). Natural Lifemanship was created over 30 years ago and remains an innovative trauma-specific intervention. JKM training has set the standard in safe crisis management for over 30 years as well.

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Coyote Hill would like to become the first NMT certified organization in the entire central Missouri region. There are only three certified organizations in the state, and all are either in Kansas City or St. Louis. The training Coyote Hill receives will be used to expand our regions capacity in caring for children in crisis. Coyote Hill intends to share its knowledge of the Neurosequential Model of Therapeutics with other child care agencies after this training program is complete. Hosting NMT training for other mental health professionals is a long-term goal.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Each child, along with their case manager and behavioral specialists sets three or four treatment plan goals when they arrive at Coyote Hill. These goals are tracked daily and evaluated quarterly continuously. Every child meets at least one treatment plan goal within their first quarter at Coyote Hill. These treatment goals are a combination of life skills and coping strategies seeking to improve their self-concept. Behavioral specialists and case managers monitor the child's decreasing behaviors of concern, incident reports, and increasing positive expression of emotions, healthy social interactions and understanding of themselves. Self-concept represents the sum of an individual's beliefs about his or her own attributes. Having an overall negative self-concept in adolescence has been associated with depression, drug use, and eating disorders in girls. Researchers have found for adolescents, having a high academic self-concept is associated with positive academic performance and having a high physical self-concept is related to increased physical activity. Positive overall self-concept has been linked to various markers of positive development, including positive peer relationships and overall happiness. Because negative self-concept in adolescence has been associated with various maladaptive behavioral and emotional problems, it is important to address signs of negative self-concept in youth at this critical time in their development (Hadley, A., Hair, E., Moore, K., 2008).

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

At the quarterly treatment plan meeting the youth, case manager and therapist set new goals or revise previous goals for next quarter. All staff look for and seek to develop each child's talents and interests, as those talents may be indications for guiding them through future schooling and employment options. Feedback from youth guides their individual treatment plan, as well as, guides future staff training and programming. Coyote Hill also seeks feedback from former residents frequently to improve programming. The feedback received often centers around how the trauma-informed care they received while living at Coyote Hill aided in their development and success. These skills are only obtained through staff trainings. This informs the training Coyote Hill is seeking to expand. Providing a place for children to feel safe to talk through their trauma equips them to be able to heal and lessens the likelihood they will be revictimized. Well-trained staff are needed to have these complex conversations. A higher self-concept also means greater resiliency. Evidence of commonly observed predictors of resilience in young people are: positive relationships with caring adults; effective parenting; faith, hope, spirituality; and belief that life has meaning. (Cutuli, J.J., et al., 2008).

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Case workers from Missouri Children's Division team work with the Coyote Hill staff and the child to provide the best individualized care possible. As a part of implementing best practices, Coyote Hill's staff often visit licensed children's homes in other areas for ideas and input. Coyote Hill consults with residential care licensing agents to increase accountability and quality of service. Coyote Hill partners with Central Missouri Foster Care and Adoption Association (CMFCAA) to provide access to transitional living services for teenage youth. Guest trainers from the Kindred Collective, and the Theological Education Initiative are brought in each year for expanded staff training opportunities. As a member of Missouri Coalition of Children's Agencies (MCCA), Coyote Hill receives up-to-date state and national policy changes that affect service delivery. As an agency of The Food Bank of Central and Northeast Missouri, Coyote Hill follows proper food handling and storing guidelines so that the food provided to the children is always safe. Additionally, the local school district (Harrisburg R-VIII Schools) collaborates extensively with Coyote Hill regarding each child's educational needs. When deemed appropriate, the child's biological parents have the opportunity to give input into the care of the child and are given direct contact with the Behavioral Specialists.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Program Director	MQ1 B.S., Certified JKM Trainer	FTE1 1.00	SR1 FROM \$40,000.00	SR1 TO \$55,000.00

P2	MQ2	FTE2	SR2 FROM	SR2 TO
Site Director	MSW	1.00	\$55,000.00	\$78,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Therapist/Case Manager	MSW, LCSW or LPC	1.00	\$35,000.00	\$45,000.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Therapist/Case Manager	MSW, LCSW or LPC	1.00	\$35,000.00	\$45,000.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
Equine Specialist	B.S. Equestrian Studies	1.00	\$28,000.00	\$40,000.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
Case Manager	B.S.	1.00	\$30,000.00	\$40,000.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
Executive Director	MSW	1.00	\$75,000.00	\$97,000.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Each of these positions oversee or directly serve a critical role in the treatment plan of each child. Each will undergo necessary training certifications to become equipped to train all direct care staff in best practice crisis intervention/trauma-informed care techniques. Each position needs the necessary education for the knowledge to properly perform their job duties. Therapists must be licensed clinical practitioners to receive payments for services rendered. Salary ranges are determined by national compensation averages.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)

Coyote Hill receives no money from United Way.

1A 1A%
\$0.00 0

B. Other United Ways (300 character limit)

Coyote Hill receives no money from United Way.

1B 1B%
\$0.00 0

C. Capital Campaigns (300 character limit)

No capital campaigns are needed for the program.

1C 1C%
\$0.00 0

D. Grants (non-governmental) (300 character limit)

\$2,600 from Dana Corporation

1D 1D%
\$2,600.00 31

E. Fund Raising & Other Direct Support (300 character limit)

Individual donations

1E 1E%
\$5,900.00 69

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)

Coyote Hill currently receives no money from Boone County for this program.

2A 2A %
\$0.00 0

B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Coyote Hill receives no money from Boone County for this program.	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Coyote Hill receives no money from Boone County for this program.	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Coyote Hill receives no money from other counties for this program.	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Coyote Hill receives no money from City of Columbia for this program.	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Coyote Hill receives no money from City of Columbia for this program.	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Coyote Hill receives no money from City of Columbia for this program.	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Coyote Hill receives no money from City of Columbia for this program.	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Coyote Hill receives no money from other cities for this program.	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Coyote Hill receives no money from the federal government for this program.	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Coyote Hill receives no money from the state government for this program.	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Coyote Hill receives no money from other government entities for this program.	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Coyote Hill charges no fees for its services.	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	8500	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$60,000.00	67
Personnel Narrative (300 character limit)		
Program personnel will devote 15% of their time for the year to this program. Personnel expense was calculated as: (Total Annual Salaries x .15).		
2. Non-Personnel	2.	2. %
	\$30,000.00	33
Non-Personnel Narrative (300 character limit)		
Non-Personnel expenses are calculated as the annual total of: training fees, training materials, travel to trainings, lodging for trainings, meals while traveling, speaker fees for staff meetings, food and other materials for staff meetings.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	90000	

Program Budget Narrative**Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)**

Recently Coyote Hill has aggressively sought out new monthly donors. In 2017 there were 179 monthly donors. By the end August 2018, Coyote Hill has already added 30 more. The retention rate of monthly donors is 100% over the last two years. Additionally, Coyote Hill created a Foundation in 2017 that establishes an Endowment Fund. Coyote Hill is constantly expanding its donor base as the need for services rises in the children it serves.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

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Linked 'Agreement Form - V3' Records

Link Instructions - Agreement Form - V3

Linked 'Agreement Form - V3.1' Records

Link Instructions Agreement Form - V3.1

Agreement Form - V3.1

				Link Info	
Organization Name	Program Name	Date Completed	Record Lock	Description	Active Date
Coyote Hill Christian Children's Home	Trauma-Informed Training	12/04/2018			Added on 10/15/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Services 1-5 (V3)

Children's Services Fund - Crisis Intervention...

Quick View Information

Grant	Children's Services Fund - Crisis Intervention Programs (Agreement Form (V3.1) ends 12/31/2018 12:00 PM CST)
Organization Name (will aut...	Coyote Hill Christian Children's Home
Fund Source	Children's Services Fund - Crisis Intervention Programs
Funder	Boone County
Funding Cycle	RFP #35-13SEP18
Name of Program or Project	Trauma-Informed Training
Amount of Request	\$90,000.00
Record Lock	

Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

Guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions:

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Resources:

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

* Indicates Required Field

Development/Start Up Service Funding

Instructions for Boone County Children's Services Funding and Community Health/Medical Fund: The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

Instructions for Heart of Missouri United Way Funding: The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

NOTE: Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description**a. Service #1 - Taxonomy of Service Name (300 character limit)**

8.9 EVIDENCE-BASED PRACTICE TRAINING

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Seven staff members will spend 2.4% of their total time for the year receiving critical trainings to provide expert level crisis intervention to children in foster care. Each of these seven staff members will complete specific trainings depending on their role within the organization. Mental health professionals will complete their required ethics, suicide prevention, trauma, and supervision training in addition to trust-based relational intervention (TBRI), neurosequential model of therapeutics (NMT), play therapy, and other children's division suggested courses. Support staff will complete JKM certification or Natural Lifemanship certification depending on role. Additional training will be obtained based on interests and availability for support staff. Obtaining these certifications may require travel, lodging and meal expenses depending on location of training offered. Trainings will occur in specific locations of training organizations or online. For instance, TBRI training consists of: Phase 1: Five units of online coursework (in the ten weeks prior to on-site training) designed to establish a knowledge-base for the on-site training. Phase 2: After successful completion of Phase 1, participants complete five days of on-site, intensive training that focuses on application and implementation of TBRI. Every child placed at Coyote Hill will benefit from this crisis intervention training. Providing a place for each child to feel safe to work through their trauma equips them to be able to heal, and lessens the likelihood they will be revictimized. Well-trained staff are needed to have these complex, therapeutic conversations. Attachment is particularly important when treating traumatized children because secure attachments to caregivers and the caregiver's use of effective caregiving practices have been linked to positive family functioning, ultimately protecting a child's mental health over time (Lester et al., 2012). Certifying mental health professionals in TBRI attachment techniques and play therapy ensures that each child at Coyote Hill receives the best possibility of success in adulthood.

Record Lock

1

Service #1 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)**

1 hour of training for 7 mental health professionals and direct care staff

b. Unit Rate (#1)

\$42.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate tied to an established public funding rate? (#1)

No

Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

There is no established public funding rate for training mental health professionals and direct care staff.

d. Total Number of Units of Service to be Provided (#1)

840

e. Total Number of Unduplicated Individuals (#1)

7

f. Average Number of Units of Service per Unduplicated Individual (#1)

120

g. Average Cost of Service per Individual (#1)

5040

Service #1 - Service Fee**a. Will the proposed service consumers be charged a fee? (#1)**

No

Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Due to Coyote Hill's license with the state of Missouri, no consumers can be charged a fee.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

Training does not qualify for Medicaid or Missouri Children's Division foster care reimbursements.

Service #1 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

No

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$34,600.00

b. Proposed Number of Units of Service (#1)

823.81

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

This funding will enable Coyote Hill to drastically expand its crisis training capacity. Coyote Hill is not able to cover all of the costs of these highly sought after trainings at its current level of funding resources. Those funds are being directed toward resources in the homes. Yet this training is essential to providing children in foster care with their best chance of success in adulthood. These mental health professionals and direct care staff need resources to obtain these certifications. This training will make a critical impact on many foster children in Boone County.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Certified trauma-informed participants	100% (n=7) of participants will have an increased knowledge in trauma-informed practices	Test or certification from training organization
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Completing trauma-informed training aligns with the program goal to equip the staff to better serve children in foster care. Behavioral training that is proactive, rather than reactive, is effective in improving social problem-solving and conflict management skills in children (Webster-Stratton, C. & Hammond, C., 1997).

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

The only external factors that will contribute to each staff member's ability to complete the training within the year are dates and availability of trainings. Some trainings may have limited enrollment or only occur on specific, conflicting dates. This will only delay the training timeline, it will not completely prevent it from occurring.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

With the quality of trainings being sought, Coyote Hill fully expects staff members to return with an increase in their trauma-informed care knowledge. These trainings are either brand new to our staff members, or updated regularly with evidence-based best practices. This ensures that knowledge will be gained.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Each training organization has a different method of measurement. Some staff will be given a certificate of completion, others will become certified instructors. Every training offers a measure of success.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

8.8 BEST PRACTICES TRAINING

9.11 FAMILY EDUCATION

9.15 PARENTING SKILLS TRAINING

9.16 PERSONAL DEVELOPMENT

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provides training to build on or explore best practice techniques.
 Develops communication and coping skills with the goal of strengthening family relationships.
 Develops effective parenting skills.
 Develops internal development assets with the goal of developing social competencies, positive values.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The seven mental health professionals and support staff will dedicate 12.6% of their time to training the remaining direct care staff or being trained by external partners. Direct care staff (behavioral specialists, case managers, therapists, etc.) are required by Coyote Hill's state license to participate in a minimum of 40 hours of training each year. This program dedicates 192 hours to training for each direct care staff member. This training includes, but is not limited to: JKM Safe Crisis Management; American Red Cross CPR/First Aid or Lifeguard certification, Medication Aid Level 1 Certification, TBRI, Marriage Enrichment, Equine-Assisted Family Therapy, Theraplay Family Sessions, Grace-Based Parenting Strategies, Effective Communication Strategies, Conflict Resolution Strategies, and Crisis Management. In addition to the trauma-informed training the seven mental health professionals/staff members will teach, Coyote Hill collaborates with Kindred Collective, the Theological Education Initiative, Love INC, FamilyLife, and other local organizations to provide a variety of training opportunities for all direct care staff. Once training certifications are obtained (Service #1), these staff members will be responsible for overseeing the training offered to the entire staff and external partners. Weekly staff meetings will be held to facilitate the all-staff trainings. Some training for all direct care staff will be obtained off-site (lifeguard certification, marriage enrichment, medication aid level 1) and may require travel, lodging, and meal expenses. Further training opportunities for external partners will offered on a case by case basis. For example, the Natural Lifemanship training will be utilized when hosting riding groups from the Youth Empowerment Zone and the Truman VA Hospital. These sessions are scheduled throughout the year. An additional goal, post-project is to utilize Coyote Hill's certified trainers to increase the frequency of training opportunities to external partners and educate other crisis care organizations to utilize TBRI or NMT.

Service #2 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)**

1 hour of training for all direct care staff

b. Unit Rate (#2)

\$7.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)

No

Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

There is no established public funding rate for training mental health professionals and direct care staff.

d. Total Number of Units of Service to be Provided (#2)

8640

e. Total Number of Unduplicated Individuals (#2)

45

f. Average Number of Units of Service per Unduplicated Individual (#2)

192

g. Average Cost of Service per Individual (#2)

1344

Service #2 - Service Fee**a. Will the proposed service consumers be charged a fee? (#2)**

No

Provide a rationale why no fee will be charged for the service. (#2) (600 character limit)

Due to Coyote Hill's license with the state of Missouri, no consumers can be charged a fee.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

No

Explain why the proposed service is not billable to a third-party payor. (#2) (600 character limit)

Training does not qualify for Medicaid or Missouri Children's Division foster care reimbursements.

Service #2 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

No

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$55,400.00

b. Proposed Number of Units of Service (#2)

7914.29

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

This funding will cover the 12.6% of time Coyote Hill's certified trainers dedicate to training all direct care staff. This training for all staff, like Service #1 is critical for the care of children in foster care. Equipping all direct staff with proper training is essential for providing trauma-informed care best practices. This funding furthers Coyote Hill's training expansion which will enable Coyote Hill to offer more training to the community and external partners. The success of the next generation is dependent upon breaking the cycle of abuse and neglect.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Increased knowledge in trauma-informed care best practices	95% (n=42) will have a 75% increase in knowledge of trauma-informed care best practices	pre and post tests
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

Similar to Service #1, trauma-informed training is necessary not only for mental health professionals but for all individuals working with children in crisis. Public education, prevention, early identification and intervention, and effective trauma treatment are all necessary to break the cycle of violence. We need to intensify educational efforts to expand the availability of trauma-informed care (Withers, M., 2017).

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

One variable to training opportunities that may affect the program is scheduling within the confines of staff meetings. Accomplishing all the trainings will require deliberate scheduling.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

Coyote Hill expects at least 42 staff members to show a significant increase in knowledge of trauma-informed care best practices. Some staff members, like part-time parent aides, may not be employed for enough time to develop quite the same level of increased knowledge.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Coyote Hill is utilizing a widely acceptable method for measuring increased knowledge. Before each new training a pretest will be given, followed by another test after training is complete. This will effectively document the knowledge gained by staff members.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

b. Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)**d. Total Number of Units of Service to be Provided (#3)**

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee**a. Will the proposed service consumers be charged a fee? (#3)****b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)****Service #3 - Local Funding**

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)**

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)

Indicator (3-1)

Method of Measurement (3-1)

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

Service #4 - Name, Definition, and Description

- a. Service #4 - Taxonomy of Service Name (300 character limit)
- b. Service #4 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)
- b. Unit Rate (#4)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

- c. Is the proposed Unit Rate tied to an established public funding rate? (#4)
- d. Total Number of Units of Service to be Provided (#4)
0
- e. Total Number of Unduplicated Individuals (#4)
0
- f. Average Number of Units of Service per Unduplicated Individual (#4)
0
- g. Average Cost of Service per Individual (#4)
0

Service #4 - Service Fee

- a. Will the proposed service consumers be charged a fee? (#4)
- b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

Service #4 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Funding Request

- a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)
\$0.00
- b. Proposed Number of Units of Service (#4)
0
- c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Service #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Service #4 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)
- d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

- a. Service #5 - Taxonomy of Service Name (300 character limit)
- b. Service #5 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)
- b. Unit Rate (#5)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

- c. Is the proposed Unit Rate tied to an established public funding rate? (#5)
- d. Total Number of Units of Service to be Provided (#5)
0
- e. Total Number of Unduplicated Individuals (#5)
0
- f. Average Number of Units of Service per Unduplicated Individual (#5)
0
- g. Average Cost of Service per Individual (#5)
0

Service #5 - Service Fee

- a. Will the proposed service consumers be charged a fee? (#5)
- b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

90000


Linked 'Agreement Form - V3' Records

Link Instructions - Agreement Form - V3

Linked 'Agreement Form - V3.1' Records

Link Instructions - Agreement Form - V3.1

Agreement Form - V3.1

				Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Coyote Hill Christian Children's Home	Trauma-Informed Training	12/04/2018				Added on 10/15/2018

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0



CHRISTCH01

MSPENCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TIG Advisors-Col 200 East Southampton Drive Columbia, MO 65203	CONTACT NAME: Marissa Spencer		
	PHONE (A/C, No, Ext): (573) 875-4800	FAX (A/C, No): (573) 875-4514	
	E-MAIL ADDRESS: mspencer@tigadvisors.com		
INSURED Coyote Hill Christian Children's Home P O Box 1 9501 W Coyote Hill Rd Harrisburg, MO 65256	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Philadelphia Indemnity Insurance Company		18058
	INSURER B: Missouri Employers Mutual Insurance Company		10191
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PHPK1888329	9/29/2018	9/29/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> Professional / Abuse						MED EXP (Any one person) \$ 20,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY			PHPK1888329	9/29/2018	9/29/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		PHUB649485	9/29/2018	9/29/2019	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 3,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MEM 1030978-08	9/29/2018	9/29/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

County of Boone, Missouri is an additional insured on the general liability policy when required by written contract but only to the extent provided by policy form PI-GLD-HS.

30 Day Notice of Cancellation to additional insured applies on the general liability policy but only to the extent provided by policy form PI-CANXAICH-002.

Notice of Cancellation & Material Change in Coverage to additional insured applies on the general liability and umbrella liability but only to the extent provided by policy form PI-CANXAICH-001.

CERTIFICATE HOLDER

CANCELLATION

County of Boone, Missouri
c/o Purchasing Department
613 E. Ash Street
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marissa Spencer

E-Verify Employment Eligibility Verification

[Exit](#)

E-Verify Enrollment: You're Finished

Congratulations!

Your company has been enrolled in E-Verify. Now just sit back and wait – the people you signed up as users will receive their user names and passwords by e-mail.

Most people receive our confirmation e-mail within a few minutes. You should check your e-mail inbox as well as your spam or junk mail folders because sometimes our e-mails are mistakenly marked as spam.

If the e-mail is not received within 48 hours, please call our Customer Support line at 1-888-464-4218 for assistance. **Do not enroll your company again in E-Verify.** If you attempt to reenroll, your enrollment may be delayed.

Before you go, click on the "View Memorandum of Understanding" button and print a copy of the Memorandum of Understanding you electronically signed. Be sure to share it with your human resources manager, legal counsel and other appropriate staff.

Thanks for signing up. Your participation is vital in ensuring a legal United States workforce. If you ever have any questions, we're here to help – just give us a call at 1-888-464-4218 or e-mail us at E-Verify@dhs.gov.

[View Memorandum of Understanding](#)

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **Coyote Hill Christian Childrens Home** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.
5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment

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eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
 - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
 - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any

action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of

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employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The

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Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA, or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

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7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

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The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer Coyote Hill Christian Childrens Home

Debbie McFarland

Name (Please type or print)

Title

Electronically Signed

11/19/2008

Signature

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

11/19/2008

Signature

Date

Company ID Number: 165417

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: Coyote Hill Christian Childrens Home

Company Facility Address: 9501 Coyote Hill Rd.
Harrisburg, MO 65256

Company Alternate Address: PO Box 1
Harrisburg, MO 65256

County or Parish: BOONE

Employer Identification Number: 431601128

North American Industry
Classification Systems Code: 623

Parent Company: _____

Number of Employees: 10 to 19 Number of Sites Verified for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Debbie A McFarland**
Telephone Number: **(573) 874 - 0179**
E-mail Address: **debbie@coyotehill.org**

Fax Number: **(573) 875 - 0510**

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

County of Boone

} ea.

December Session of the October Adjourned

Term. 20 18

In the County Commission of said county, on the

27th

day of

December

20 18


the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the attached cooperative agreement between Boone County and the Missouri State High School Activities Association.

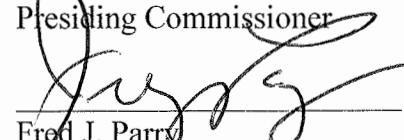
Terms of the agreement are stipulated in the attached Cooperative Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Cooperative Agreement.

Done this 27th day of December, 2018.

ATTEST:


Taylor W. Burks *DKB*
Clerk of the County Commission


Daniel K. Atwill
Presiding Commissioner


Fred J. Parry
District I Commissioner


Janet M. Thompson
District II Commissioner

COOPERATIVE AGREEMENT

THIS AGREEMENT made and entered in this 27th day of December, 2018 by and between **Boone County, Missouri**, a political subdivision of the State of Missouri (**County**), and the **Missouri State High School Activities Association**, a nonprofit educational association of Missouri secondary schools (**MSHSAA**).

WHEREAS, County desires to engage in the promotion of Boone County to support economic growth and development; and

WHEREAS, in cooperation with the City of Columbia's Convention & Visitors Bureau (CVB), County agreed to support CVB's bid to host the Missouri State Music Festival during 2018-2022 as reflected in the attached invoice from CVB; and

WHEREAS, in response to CVB's bid, MSHSAA has agreed to conduct the above-referenced festival within Boone County during the years 2018-2022; and

WHEREAS, the planned festival activities for 2018-2022 will facilitate economic activity and development within Boone County; and

WHEREAS, this Agreement is intended to effectuate Boone County's one-time payment of \$2,500.00 to MSHSAA in exchange for its agreement to conduct the festival activities within Boone County for years 2018-2022.

NOW, THEREFORE, in consideration of mutual agreements contained herein, the parties agree as follows:

1. For the purposes of promoting the economic growth and development of Boone County, Missouri, , the county hereby agrees to pay MSHSAA the sum of Two Thousand

Five Hundred Dollars (\$2,500.00) in support of the Missouri State Music Festival and Missouri State Football Championships to take place in Boone County during 2018-2022.

2. In consideration of payment of the aforesaid sum and other payments facilitated by CVB's successful bid, MSHSAA agrees to hold the Missouri State Music Festival in Boone County, Missouri during calendar years 2018-2022, subject to the performance of all material obligations to be performed by the City of Columbia and the Curators of the University of Missouri under the written Facility Use Agreement of April 2018. In the event that the Agreement is terminated for failure of performance by the City of Columbia and/or the Curators of the University of Missouri, MSHSAA shall issue the County of Boone a pro-rata refund of the County's contribution herein described.


IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by their properly-authorized officials on the day and year first above written.

[Signatures follow on next page.]

MSHAA

Boone County, Missouri

By:



By:


Daniel K. Atwill, Presiding Commissioner


Printed Name:

CRAIG LONG

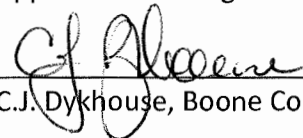
Title

CHIEF FINANCIAL OFFICER

ATTEST:


Taylor W. Burks, Boone County Clerk **DKB**

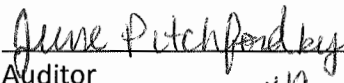
Approved as to Legal Form:

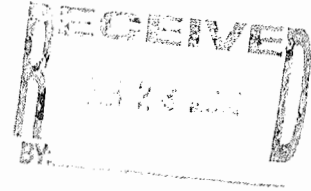

C.J. Dykhouse, Boone County Counselor

Auditor Certification:

I certify that this contract is within the purpose of the appropriation to which it is to be charged and there is an unencumbered balance of said appropriation sufficient to pay the costs arising from this contract.

1510-84200

 12-20-18
Auditor **HR** Date



Boone County Commission
Attn: Fred Parry
Boone County Government Center
801 E. Walnut Street
Columbia, Missouri 65201
FParry@boonecountymo.org
Tel: 886-4305
(Invoicing: Attn: Michelle Hall)

COMMUNITY SUPPORT STATEMENT
for
Missouri State High School Activities Association events

State Music Festival 2018 - 2022
One-Time Commitment of \$2,500

THANK YOU FOR YOUR SUPPORT!