

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

January Session of the January Adjourned

Term. 20 19

In the County Commission of said county, on the 24th day of January 20 19
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:

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

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

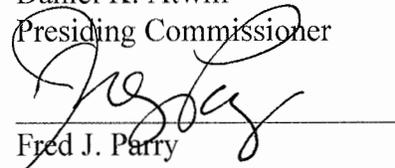
Done this 24th day of January 2019.

ATTEST:

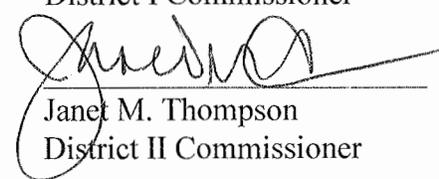
Brianna L. Lennon
Brianna L. Lennon
Clerk of the County Commission



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: January 10, 2019
RE: RFP Award Recommendation: *36-13SEP18 – Purchase of Service Contracts*

Contracts from Request for Proposal *36-13SEP18 – Purchase of Service Contracts* were awarded per commission order 571-2018 on December 27, 2018. The City of Columbia contract is also being awarded from that RFP:

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

Invoices will be paid from department 2130 – Community Health / MED (Hospital Lease), account 71106 – Contracted Services.

cc: Proposal File



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Services Contract
Live Well Boone County

THIS AGREEMENT dated the 24th day of January, 2018⁹ is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **City of Columbia** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **City of Columbia**.

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, City of Columbia 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 City of Columbia 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 CITY OF COLUMBIA

City of Columbia is expected to the greatest extent possible to maximize funding from all other sources. City of Columbia shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. City of Columbia shall only request reimbursement for services not reimbursable by any other source. City of Columbia shall not invoice the County for units of service invoiced to another funding source. City of Columbia 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.** City of Columbia 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 City of Columbia’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 City of Columbia’s Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

2. **Purchase.** The County agrees to purchase from City of Columbia and City of Columbia agrees to furnish the **Live Well Boone County** program for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the City of Columbia’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 **\$116,785.50** 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.

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. City of Columbia 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 City of Columbia be renewed for **an additional one-year period**. City of Columbia agrees and understands that the County may require supplemental information to be submitted by City of Columbia 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
Health Education (LWBF)	One session/person	\$45.46	1,385	\$62,962.10
Physical Health Assessment	One assessment	\$10.81	846	\$9,145.26
Public Awareness/Education	15 minutes	\$14.36	600	\$8,616.00
Consultation	15 minutes	\$29.41	207	\$6,087.87
Best Practices Training	One individual	\$59.40	120	\$7,128.00
Health Education (E-Cigarette Cessation)	One hour	\$32.91	160	\$5,265.60

Public Awareness/Education (E-Cigarette Campaign)	\$1.00	\$1.00	13,644	\$13,644.00
Public Awareness/Education (E-Cigarette Presentations)	One individual	\$1.55	643	\$996.65
Health Education (Cooking Matters)	One individual	\$18.33	24	\$439.92
Consultation	One restaurant	\$200.00	5	\$1,000.00
Development/Start-Up Funds	-----	-----	-----	\$1,500.00

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 City of Columbia, 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 City of Columbia to monitor service delivery and program expenditures. City of Columbia 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 City of Columbia and, if so stipulated, are noted on this contract document. Payments may be withheld from City of Columbia 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. City of Columbia agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

7. **Audits.** City of Columbia also agrees to make available to the County a copy of its annual audit within four months after the close of City of Columbia’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 City of Columbia, 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.** City of Columbia 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 City of Columbia'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, City of Columbia 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 City of Columbia 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 City of Columbia 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 City of Columbia's policies and procedures and in accordance with any local/state/federal regulations. City of Columbia 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. City of Columbia must comply with Missouri law regarding confidentiality of client records.

11. **Discrimination.** City of Columbia 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.** City of Columbia 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 City of Columbia's provision of such services.

13. **Accreditation/Licensure/Certifications.** City of Columbia 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.** City of Columbia 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 City of Columbia, and this shall include any transaction in which City of Columbia 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.** City of Columbia may enter into subcontracts for components of the contracted service as City of Columbia 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, City of Columbia 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.** City of Columbia 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. City of Columbia shall require each subcontractor to affirmatively state in its Agreement with the City of Columbia 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 City of Columbia 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.** City of Columbia agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against City of Columbia or any individual acting on the City of Columbia’s behalf, including subcontractors, which seek to enjoin or prohibit City of Columbia from entering into this contract agreement of performing its obligations under this agreement.

18. **Board Ownership.** If City of Columbia 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 City of Columbia. In addition, if City of Columbia no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, City of Columbia will need County approval to re-direct the use of such.

19. **Failure to Perform/Default.** In the event City of Columbia, 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 City of Columbia 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 City of Columbia 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, City of Columbia shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. The County shall reimburse City of Columbia 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.** City of Columbia 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:** City of Columbia 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, City of Columbia 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 City of Columbia.

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: City of Columbia 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. City of Columbia 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.

City of Columbia 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 City of Columbia 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 City of Columbia.

c. Professional Liability Insurance: City of Columbia is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00.

~~**d. Commercial Automobile Liability:** City of Columbia 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 City of Columbia's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.~~ MB 4-15-19

22. Indemnification. To the extent permitted under Missouri law, City of Columbia 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 **City of Columbia** (meaning anyone, including but not limited to consultants having a contract with City of Columbia or subcontractor for part of the services), or anyone directly or indirectly employed by City of Columbia, or of anyone for whose acts City of Columbia 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. Nothing

contained herein shall be deemed a waiver of any sovereign, governmental or official immunities of either the City of Columbia or the County of Boone.

23. **Publicity by the City of Columbia.** City of Columbia shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. City of Columbia will acknowledge the County as a funding source whenever publicizing CHF funded programs. City of Columbia will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. City of Columbia 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 City of Columbia. The County does not recognize any of the City of Columbia'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.** City of Columbia 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 City of Columbia shall be mailed or delivered to:

City of Columbia
Stephanie Browning
1005 W. Worley St.
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.

City of Columbia, Missouri

Boone County, Missouri

By: John Glascock
John Glascock, Interim City Manager

By: Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

ATTEST:

ATTEST:

Sheela Amin
Sheela Amin, City Clerk

Brianna L. Lennon
~~Taylor W. Burks, County Clerk~~
Brianna L. Lennon

APPROVED AS TO FORM:

APPROVED AS TO FORM:

Nancy Thompson
Nancy Thompson, City Counselor

C.J. Dykhouse
C.J. Dykhouse, 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 Birchford by ij 01/17/2019 (2130/71106/\$116,785.40)
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

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/Boone County Department of Public Health and Human Services

DBA:

Federal EIN Number:

436000810

Organization Type:

Governmental

Organization Contact Information

Address

1005 W. Worley St.

City

Columbia

State

Missouri

County

Zip

65203

Organization Phone Number:

573-874-7345

Website:

<http://www.como.gov/health/>

Head of Organization

Stephanie Browning

Head of Organization Phone:

573-874-7345

Address

P.O. Box 6015

City

Columbia

State

Missouri

County

Zip

65205

Organization Fax Number:

573-874-7756

Email:

health@como.gov

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

Director

Head of Organization Email:

stephanie.browning@como.gov

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):
Mission: To promote and protect the health, safety, and well-being of the community through leadership, partnership, and service.
Vision: Optimal health, safety, and well-being for all.

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

Organization History:
Columbia-Boone County Public Health and Human Services (PHHS) is a joint department of the City of Columbia and the County of Boone. The City of Columbia and Boone County health departments merged in 1974. In 2006, the City/County Office of Community Services merged into the City/County Health Department, creating the City/County Department of Public Health and Human Services. Today, the department is a comprehensive provider and funder of health and human services.

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 Columbia/Boone County Department of Public Health and Human Services provides and purchases essential services that support optimal health, safety, and well-being for all city and county residents.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of Incorporation:
/document/download/filename/1467988067_30405_ColumbiaHistory_Incorporation.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/1467988067_34051_ARTICLE_II.____THE_COUNCIL.doc/

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational Chart (must be for the entire organization):
/document/download/filename/1485559540_30406_PHHSOrganizationalChartJanuary2017.pdf/

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan:
/document/download/filename/1505157994_42846_2016-2019-Strategic-Plan.pdf/

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

Service Area:
PHHS serves residents of and visitors to Boone County, Missouri.

Briefly describe the population(s) served by your organization. (600 character limit)

Population Served:
PHHS is dedicated to serving all residents and visitors of Boone County, Missouri. Target populations differ based upon the service provided. For example, Missouri vital records, animal control, communicable disease prevention, immunizations, and environmental health services are available to all residents of and visitors to Boone County. Prenatal case management, social services, and the WIC nutrition program are available to low-income residents of Boone County.

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?**
no

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
Michael Trapp	Columbia City Council- Ward 2 Council Member	04/01/2015	04/01/2021	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205		Added on 06/05/2015
Betsy Peters	Columbia City Council- Ward 6 Council Member	04/01/2018	04/01/2021	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205		Added on 06/05/2015
Clyde Ruffin	Columbia City Council- Ward 1 Council Member	04/01/2017	03/31/2020	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205		Added on 06/05/2015
Matt Pitzer	Columbia City Council- Ward 5 Council Member	03/31/2017	03/31/2020	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205		Added on 06/05/2015
Brian Treece	Columbia City Council- Mayor	04/01/2016	03/31/2019	701 E. Broadway, Columbia, MO, 65201		Added on 06/17/2016
Fred Parry	Boone County Commission- District I Commissioner	01/01/2017	12/31/2019	801 East Walnut, Rm. 333 Columbia, MO 65201-7732		Added on 06/05/2015
Daniel Atwill	Boone County Commission- Presiding Commissioner	01/01/2016	12/31/2018	801 East Walnut, Rm. 333, Columbia, MO 65201-7732		Added on 06/05/2015
Janet Thompson	Boone County Commission- District II Commissioner	01/01/2017	12/31/2019	801 East Walnut, Rm. 333 Columbia, MO 65201-7732		Added on 06/05/2015
Karl Skala	Columbia City Council- Ward 3 Council Member	04/01/2016	03/31/2019	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205		Added on 06/05/2015

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Ian Thomas	Columbia City Council- Ward 4 Council Member	04/01/2016	03/31/2019	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205	<input checked="" type="checkbox"/>	Added on 06/05/2015

Total Active Links:10, Total Deactivated Links:1, Current Active Links:10, Current Deactivated Links:1

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")**

The length of terms is three years, with openings occurring in August for the City appointments.

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

Acts as an advisory board to the City Manager, health officer, and the Council on matters pertaining to public health and animal control. The City Council makes seven appointments and the County Commission makes four appointments to this eleven member board. Membership must include a physician, veterinarian, nurse, dentist, and health care worker. The remaining members must have an interest in public health.

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
Leona Rubin	Board of Health Member	04/28/2015	05/31/2021	3991 S Ben Williams Road Columbia MO 65201	<input checked="" type="checkbox"/>	Added on 06/05/2015
Cynthia Boley	Board of Health Member	08/31/2017	08/31/2020	307 Alexander Avenue Columbia MO 65203	<input checked="" type="checkbox"/>	Added on 06/05/2015
Mahree Skala	Board of Health Member	09/01/2015	08/31/2018	5201 Gasconade Dr Columbia MO 65202	<input checked="" type="checkbox"/>	Added on 06/05/2015
David Sohl	Board of Health Member	09/01/2016	08/31/2019	4800 New Castle Dr Columbia MO 65203	<input checked="" type="checkbox"/>	Added on 06/05/2015
Harry Feirman	Board of Health Member	10/01/2015	09/30/2018	7301 N. Boothe Ln. Rocheport, MO 65279	<input checked="" type="checkbox"/>	Added on 06/05/2015
Lynelle Phillips	Board of Health Member	09/01/2015	08/31/2019	2515 Meadow Lark Columbia, MO 65201	<input checked="" type="checkbox"/>	Added on 06/05/2015
Mary Gadbois	Board of Health Member	08/31/2017	08/31/2020	3408 Buttonwood Drive Columbia, MO 65201	<input checked="" type="checkbox"/>	Added on 06/05/2015
Angie Bass	Board of Health Member	08/31/2017	08/31/2020	6904 Montauk Ct Columbia MO 65203	<input checked="" type="checkbox"/>	Added on 06/05/2015
Michael Szewczyk	Board of Health Member	08/31/2015	08/31/2018	1404 Highlands Court Columbia MO 65203	<input checked="" type="checkbox"/>	Added on 06/05/2015
Elizabeth Hussey	Board of Health Member	12/01/2015	11/30/2018	655 North Route 0 Rocheport MO 65279	<input checked="" type="checkbox"/>	Added on 06/05/2015
Jean Sax	Board of Health Member	09/02/2016	09/01/2019	1904 W Fenton Road Columbia, MO 65202	<input checked="" type="checkbox"/>	Added on 06/05/2015

Total Active Links:11, Total Deactivated Links:0, Current Active Links:11, Current Deactivated Links:0

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 (MUST BE IN PDF FORMAT)

IRS Tax Exempt Status Determination Letter:

/document/download/filename/1433521771_29953_CityTaxidletter.pdf/

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

Financial Statement:

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1519677123_29954_City-of-Columbia-MO-CAFR-FY2017.pdf/

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).

990/990 EZ (MUST BE PDF FORMAT)

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)

The City of Columbia Finance Department provides the support necessary to allow the City to conduct business in an efficient and effective manner. The Finance Department is responsible for ensuring the City adheres to all federal, state, and local requirements that relate to accounting, budgeting, purchasing, business license, and other related activity. Please note: the City does not file a 990. As a municipal corporation, it is not regulated by the Secretary of State and does not have an Article of Incorporation. The most recent city financial audit is available upon request.

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
Nurse Practitioner	Licensed N.P.	1.00	\$67,604.00	\$22,565.00	✓	Added on 06/05/2015
Nurse Practitioner	Licensed N.P.	1.00	\$73,382.00	\$25,159.00	✓	Added on 06/05/2015
Community Health Manager	BSN	1.00	\$87,720.00	\$28,341.00	✓	Added on 06/05/2015
Director of Public Health and Human Services	B.A. or B.S.	1.00	\$136,088.00	\$46,855.00	✓	Added on 06/05/2015
Assistant Director of Public Health & Human Services	B.A. or B.S.	1.00	\$90,580.00	\$31,148.00	✓	Added on 06/05/2015

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:

PHHS is accredited through the Public Health Accreditation Board, the only national public health agency accrediting body. Public Health Department Accreditation is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. Accreditation period: 5/25/2016 - 5/25/2021

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).

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					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/Boone County Department of Public Health and Human Services	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	<input checked="" type="checkbox"/>	Added on 08/16/2018
Community Health/Medical Fund - PILOT #26-15JUN15 (Closed ends 08/17/2018 12:00 PM CDT)	Columbia/Boone County Department of Public Health and Human Services	Community Health/Medical Fund - Pilot	Boone County	RFP #26-15JUN15	<input checked="" type="checkbox"/>	Added on 05/20/2015
Children's Services Fund - POS 2017 (Year End Reporting ends 02/01/2019 12:01 PM CST)	Columbia/Boone County Department of Public Health and Human Services	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	<input checked="" type="checkbox"/>	Added on 06/28/2017
Children's Services Fund - POS RFP #27-10JUN14 (Closed)	Columbia/Boone County Department of Public Health and Human Services	Children's Services Fund - POS	Boone County	RFP #27-10JUN14	<input checked="" type="checkbox"/>	Added on 06/26/2015
Children's Services Fund - POS RFP #27-10JUN14 (Closed)	Columbia/Boone County Department of Public Health and Human Services	Children's Services Fund - POS	Boone County	RFP #27-10JUN14	<input checked="" type="checkbox"/>	Added on 06/26/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

System Fields**Record ID**

12684

Modification Date

09/12/2018 1:23 PM CDT

Modified By

Columbia-Boone County PHHS ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

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/Boone County Department of Public Health and Human Services

Fund Source

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

Funder

Boone County

Funding Cycle

RFP #36-13SEP18

Name of Program or Project

Live Well Boone County

Amount of Request

\$0.00

Program Information

Program Website (will default to Organization website)

<http://www.como.gov/health/>

Address

1005 W. Worley St.

City

Columbia

State

Missouri

County

Boone

Zip

65203

Program Administrator Name

Michelle Shikles

Phone Number

573-874-6331

Address

P.O. Box 6015

City

Columbia

State

Missouri

County

Boone

Zip

65205

Program Administrator Title

Public Health Promotion Supervisor

Email

michelle.shikles@como.gov

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

Attachment A 2018 Organization Assurance Sheet

/document/download/filename/1542231815_30421_AttachmentA.pdf/

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

/document/download/filename/1536762575_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1536762545_30419_20180907151835.pdf/

Signed Addendums

/document/download/filename/1542236152_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	Date
Columbia/Boone County Department of Public Health and Human			10684	Active	Added on 6/2018

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

Federal EIN Number (will auto-populate)
436000810

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/Boone County Department of Public Health and Human Services	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	Columbia/Boone County Department of Public Health and Human Services	Live Well Boone County				<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

Stephanick Browning
Printed Name - Agency Executive Director/President/CEO

10/25/18
Date

Stephanick K. Browning
Signature - Agency Executive Director/President/CEO

10/25/18
Date

Mike Mattheas - City Manager
Printed Name - Agency Board Chair

10-25-18
Date

Mike Mattheas
Signature - Agency Board Chair

10-25-18
Date

Company ID Number: 171557

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

Information relating to your Company:

Company Name: City of Columbia, Missouri

Company Facility Address: 600 E. Broadway
Columbia, MO 65201

Company Alternate Address: P.O. Box 6015
Columbia, MO 65205

County or Parish: BOONE

Employer Identification Number: 43600810

North American Industry
Classification Systems Code: 921

Parent Company: City of Columbia, Missouri

Number of Employees: 1,000 to
2,499 Number of Sites Verified for: 15

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

- MISSOURI 15 site(s)

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

Name: Deborah R. Dijk
Telephone Number: (573) 874 - 7560 Fax Number: (573) 874 - 7736
E-mail Address: drd@gocolumbiamo.com

Company ID Number: 171557

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: City of Columbia, Missouri

Deborah Dijak

Name (Please type or print)

Title

Electronically Signed

12/16/2008

Signature

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

12/16/2008

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: Columbia/Boone County Public Health & Human Services
Address: 1005 W Worley St
Phone Number: 573-874-6331 Fax Number: 573-874-7756
E-mail: michelle.shikles@comco.gov
Authorized Representative Signature: Michelle Shikles Date: 9/12/2018
Authorized Representative Printed Name: Michelle Shikles

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	573-449- 5600	673-875- 1585
5.	Annette Triplett	PedNet Coalition	999-9894	—
6.	Kasey Schramm	First Chance for Children	777 1815	777 1816
7.	Melissa Brown	All Adult Day Connection	882-7078	
8.	Kip Bane	Southern Boone YWCA	573-657-9600	
9.	Louna Trammel	Southern Boone YWCA	573-690-5397	
10.	Madison Anderson	Services for Independent Living	573 879 1616	
11.	Billy Polanski	C.S.A	514 4174	
12.	PAK ASHLEY	Family Health Center	573-886-6761	
13.	Collette Miller	BOECC	573-884-3776	
14.	Nichelle Strickland	Boone 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 Foster	VAC	874-2073
23.	Gary Schmitt	Compass Health	573-209-1531
24.	Tim Rich	Welcome Home	573-493-8001
25.	Nicole Dean	Great Circle	442-8331
26.	Emmie Harcourt	The Four Bone	573-338-4080
27.	Whitney Sans	St. Raymond's Society	(717) 677-7215
28.	Beliana Knight	St. Raymond's Society	573-353-0959
29.	Melissa Starnut	BLECC	573-336-1057
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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.

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, 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/Boone County PHHS
Address: 1005 W Worley St
Phone Number: 573 874 6331 Fax Number: 573 874 7756
E-mail: michelle.shikles@comco.gov
Authorized Representative Signature: Michelle Shikles Date: 9/12/2018
Authorized Representative Printed Name: MICHELLE SHIKLES



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/Boone County Public Health & Human Services

Address: 1005 W Worley St

Phone Number: 573 874 6331 Fax Number: 573 874 7756

E-mail: michelle.shikles@como.gov

Authorized Representative Signature: Michelle Shikles Date: 9/12/2018

Authorized Representative Printed Name: Michelle Shikles



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:

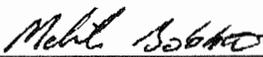
- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

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:

COLUMBIA/BOONE COUNTY HEALTH DEPT.
1005 W. WORLEY ST., PO BOX 6015
COLUMBIA, MO 65205
573-874-7355

Company Name: _____

Address: _____

Phone Number: 573 874 6337 Fax Number: 573 874 7756

E-mail: michelle.shikles@compo.gov

Authorized Representative Signature: M. Michelle Shikles Date: 10/25/2018

Authorized Representative Printed Name: Michelle Shikles

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/Boone County Department of Public Health and Human Services
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Live Well Boone County
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)

Healthy Lifestyles was identified in the 2013 Community Health Assessment as a priority. This includes tobacco prevention and cessation, healthy eating, and active living. Together these health behaviors contribute to four of the most common causes of death, which lead to over 50% of deaths in Boone County (MOPHIMS, n.d.). The World Health Organization has identified diet and physical activity as a public health priority. Unhealthy diets and physical inactivity are major risk factors for diseases such as cancer, diabetes, and cardiovascular disease (World Health Organization, 2015). The Live Well by Faith program will address diet and physical activity in a church based setting. The Live Well Restaurant program creates a healthy environment by helping restaurant customers identify healthy food options. Cooking Matters in the store will teach refugees learn how to navigate the supermarket and find healthy options at an affordable cost.

The use of e-cigarette devices is on the rise and is becoming a major issue, especially among the teen and young adult populations. In 2016, 10.1% of 6-12th graders in Boone County reported that they used e-cigarettes (Missouri Student Survey). In 2018, 17% of MU students reported using e-cigarettes (MACHB). As JUUL continues to grow in popularity, it is likely that the percentage of students using e-cigarettes will grow. JUULs contain high amounts of nicotine that is damaging to the developing brain (CDC, 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)

Live Well By Faith (LWBF): This program targets African Americans in Boone County. In Boone County, the death rate for heart disease in African Americans is almost twice the rate for whites. The death rate diabetes in African Americans is over three times higher than the white demographic (Raine, 2013).

Live Well Restaurants (LWR): This program will impact many Boone County residents. According to the National Restaurant Association, Americans spend nearly half of our food dollars eating out. Furthermore, about 40 percent of adults said restaurants are an essential part of their lifestyle (2017). On

a typical day, 1 in 3 kids eat fast food and 1 in 10 kids eats at a full service restaurant. (Macino, et al, 2010).

Cooking Matters at the Store: This program targets refugees who have recently moved to Boone County. During a recent focus group at PHHS, learning how to shop for and cook healthy foods was identified as a priority for refugee health.

E-cigarettes: The target population for the cessation program are individuals 18-24 year old who want to quit. For the JUUL/e-cigarettes media campaign the target is individuals 10 -24 years old. For the presentations the targets are parents and fifth graders. We target individuals 10-24 years old because 98% of smokers begin smoking by age 26 (CDC, 2018). All e-cigarette programming targets Boone County residents.

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)

Program goal is to empower all residents to be healthy by eating healthy, being physically active, and avoiding tobacco (including e-cigarette devices like JUUL).

Program Overview

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

LWBF program is a church-based health promotion (CBHP) intervention. LWBF provides evidence-based health promotion programming to local Historically Black Churches. The program works to educate congregations with messaging, provide evidence-based programs to reduce the risk of heart disease and diabetes, and create healthy church environments by working with churches to adopt health promoting policies and environmental change, for example "No fry" policies which means the church does fry food or serve fried foods at event.

LWR is a voluntary recognition program that encourages restaurants to offer healthy menu options. Restaurants that choose to be part of the Missouri Live Well Restaurant program help consumers easily identify and select healthy options. Live Well menu items are lower in fat, calories and sodium. The program uses science-based nutrition criteria to identify Live Well items, and Live Well Restaurants must serve at least two healthy menu options that meet specific nutrition criteria. This program is supported MO DHSS.

Cooking Matters at the Store is a program of the No Kid Hungry campaign that empowers families to stretch their food budgets so their children get healthy meals at home. Locally our Cooking Matters at the Store targets refugee families. Families learn how to shop and select healthy foods at low cost.

E-cigarettes: The program aims to reduce e-cigarette usage among youth age 10-24 through social marketing, presentations, and cessation.

Program Consumers

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

LWBF: The consumers served by Live Well by Faith will be partnering with Historically Black churches and their congregation members. The goal is to engage with 5 traditionally Black churches in Boone County.

LWR: The consumers are the restaurants and the individuals who eat at restaurants.

Cooking Matters: Refugees who have recently moved to Columbia. In previous years we have served individuals from The Republic of Congo, Burma, Sudan, Rwanda, and Burundi.

E-cigarettes: The overall consumers are all young adults in Boone County age 10-24. Specific aspects of the e-cigarette prevention effort have more targeted consumers. Young adults ages 18-24 is the target population for the JUUL/e-cigarette cessation program. The goal will be to reach 20 individuals who are interested in and/or ready to quit using their e-cigarette devices. For the JUUL media campaign, the goal will be to reach 20,000 10-24 year olds through multi-media advertisements educating youth about the dangers of e-cigarettes and JUUL devices. For the presentations 5th graders and parents of Boone County students will be targeted.

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

LWBF is a church-based health promotion (CBHP) intervention. CBHP has been shown to be effective and to reduce health disparities (Eng, Hatch, Callan, 1985). The 2013 Columbia/Boone County CHA found that African Americans in Boone County had significantly poorer health outcomes than Whites particularly in incidence of diabetes and hypertension (Rainey, 2013).

LWR: Restaurants are a primary food source for residents, and currently many do not meet the nutritional needs of the consumers. A study of the top 50 chain restaurants found that 97 percent of all children's meal combinations do not meet expert nutritional standards (Center for Science in the Public Interest, 2013).

Cooking Matters: Deficiencies of such vitamins as B12 and D, and minerals such as iron have been found in refugee populations resettled in the U.S. These deficiencies can cause a variety of medical problems such as impeding healthy growth in children and safe pregnancies in women. Refugees often resort to the unhealthy eating habits of their fellow Americans without access to affordable, healthy food (Refugee Health, 2011).

E-cigarettes: Nicotine is especially harmful to those under the age of 25 as their brains are still developing (DHHS, 2018). In 2014, more 18-24 year olds used e-cigarettes than those 25 and over (Surgeon General Report, 2016). E-cigarettes, specifically JUULs, have large amounts of nicotine (one pod = one pack of cigarettes), making them very addictive and harmful.

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

LWBF - in place for 2.5 years with minimal challenges. Examples of challenges are finding space, busy schedules, and frequently changing Pastors.

LWR - was in place and successful 3 years. The program began with MODHSS funds. This funding is no longer available to Boone because funds were

reallocated to "high risk" counties. No previous challenges.

Cooking Matters - was in place and successful for 2.5 years. No previous challenges.

E-cigarettes - Scheduling may be challenging for cessation with 18-24 year olds, but we hope virtual cessation will combat this.

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

1487

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

84.02

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)

1487

City of Columbia

1331

Cooper County

0

Howard County

0

Other Counties

0

Residence Total

1487

Record Lock

1

Race

White (alone)

483

Black or African American (alone)

878

Multiple Races

60

Asian (alone)

32

Native American Indian or Alaskan Native

10

Native Hawaiian or other Pacific Islander (alone)

10

Some Other Race

14

Race Total

1487

Ethnicity**Hispanic or Latino (of any race)**

63

Not Hispanic or Latino

1424

Ethnicity Total

1487

Gender**Female**

1060

Male

427

Other

0

Gender Total

1487

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

24

Over 200% of Federal Poverty Level

0

Income Total

24

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

50

5-19 years

711

20-59 years

322

60 years and over

404

Age Total (1)

1487

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:

15

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

This includes the 5 restaurants that will receive LWR recognition and 10 LWBF lifestyle coaches. The restaurants receive education about how to promote the healthy menu items and the benefits of serving healthy food. The Lifestyle Coaches receive training on how to take blood pressures and weights, implement health programs, and they are provided with general health knowledge they can share with their congregations.

*Note regarding the above demographic information. LWBF, the presentations, and smoking cessation do not collect income data as it would create a barrier to participation. In addition the social media data is not included because there is not way for us to get detailed demographic data for this portion of the project. For that project we plan to reach 20,000 Boone County residents between the ages of 10-24.

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)**

LWBF will take place in Historically Black churches and typically on weekday evenings and during/after Sunday service.

LWR - At days/times/locations that are convenient to them. Typically between lunch and dinner rushes on weekdays at the restaurant.

Cooking Matters- Friday mornings at Gerbes or Walmart. Both stores have allow us to used their facilities.

E-cigarettes - Cessation will be done virtually on a weekday. Fifth grade presentations during school. Parent presentations in the evenings.

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

LWBF - All members are welcome to participate. Over the last funding period, LWBF also partnered with the Community Voice for one of the classes, which reached Black residents outside of the churches.

LWR - All restaurants, however the majority of our efforts in the past have targeted local restaurants who do not have the resources to conduct menu analysis.

Cooking Matters - The program developers require participants to be low income. We partner with the City of Refuge to identify participants.

E-cigarettes - Cessation group participants will have to be 18-24 years of age.

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)

No fees are being charged because PHHS wants to make these services available to all residents.

Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

No fees are being charged because PHHS wants to make these services available to all residents.

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

LWBF - The program contains many evidence-based classes that have requirements, such as required training to implement and fidelity standards.

LWR - The state sets guidelines that will be followed.

Cooking Matters - No Kid Hungry, provides a set curriculum and guidelines.

E-cigarettes - No external requirements

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)

LWBF - The CDC identifies best practices for health promotion activities (2018). CBHP apply these best practices to a church setting.

LWR - Recommended by MODHSS and supported by research (see below).

Cooking Matters: Based on MyPlate and supported by research (see below).

E-cigarettes: Curriculum is based on Dr. Kevin Everett's tobacco cessation training and tailored to serve e-cigarette users and to be delivered virtually. Dr. Kevin Everett, is a local tobacco expert at the University of Missouri.

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)

LWBF - CBHP interventions have been shown to be effective, particularly in African American churches. "For African Americans, health interventions that incorporate spiritual and cultural contextualization have been effective. Evidence indicates that CBHP programs have produced significant impacts on a variety of health behaviors" (Campbell, et al, 2007). CBHP also are an effective way to reduce health disparities (Eng, Hatch, Callan, 1985).

LWR - Menu labeling is effective for example, one study found, "A 2-fold increase in the percentage of customers making calorie-informed choices" (Dumanovsky, et. al, 2010). Another study found that parents who saw nutritional information order 100 fewer calories for their children on average (Tandon, et. al. 2010).

Cooking Matters: Research conducted by Altarum Institute, has found the following changes after the program, 85% of families buy less unhealthy food, 76% buy more fruits and vegetables, 62% buy more low-sodium food, and 55% buy more low sugar foods (Cooking Matters).

E-cigarette: Smoking prevention media campaigns, such as the Federal Drug Administration's "The Real Cost" campaign have been shown to prevent thousands of youth from trying and/or using cigarettes (USDA, 2018). Group counseling sessions are effective at helping individuals stop smoking. Additionally, nicotine-replacement therapy (NRT) products have been found to be effective to help individuals quit. Our program will make NRT available to participants.

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

LWBF - Live Well by Faith was successful during the previous funding period and therefore is using the same evidence-based programming as provided during the previous contract period.

LWR - This program will be used because it will be a continuation of earlier programming. In addition, it a program that is recognized and supported by MODHSS.

Cooking Matters - The program is a good fit for the population we are serving and has been successful in the past.

E-cigarettes - The program will meet the needs of the population by addressing both prevention and cessation.

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

LWBF - Live Well by Faith takes evidenced-based programming and implements them in a church setting.

LWR - Often programs targeting healthy eating focus on educating the individual. This program partners with restaurants to provide and identify healthy menu options. This makes it easier for individuals to eat healthy when eating out.

Cooking Matters - The program helps address food access and nutrition at the store. Instead of a typical presentation, we educate participants while walking through the grocery store, and at the end they are given the opportunity to practice shopping.

E-cigarettes - For the cessation portion, the program will be a virtual program to best reach our target audience of 18-24 year olds. That age group tends to have very busy schedules and because they are more technically-focused, we wanted to take this innovative approach to fit the schedules and lifestyles of our target audience.

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)

LWBF - satisfaction surveys are used to gather feedback after each evidence-based program. In addition all church members are surveyed to identify the health needs and concerns of each congregation. Changes are made according to feedback.

LWR - This program gathers feedback yearly from restaurant owners. Changes are made according to feedback.

Cooking Matters - This program gathers satisfaction information in the post survey. Changes are made according to feedback.

E-cigarettes - For the fifth grade presentations, satisfaction surveys are given to the teachers to gather feedback. For the cessation program, satisfaction surveys will be given to the participants. The media campaign messages will be thoroughly tested with focus groups and stakeholder interviews to gather input before the campaign goes live. For all of these, changes are made according to feedback.

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)

Programs conduct surveys and changes are made according to the feedback provided.

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)**

LWBF - The Live Well By Faith Program has partnerships with several Historically Black Churches and the Community Voice.

LWR - We partner with MODHSS and local restaurant owners.

Cooking Matters - Operation Food Search provides the curriculum and local grocers allow us to use their facilities.

E-cigarettes: We plan partner with local colleges and universities, Boone County schools, and local tobacco experts who are part of Tobacco Free 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 Health Educator	MQ1 Bachelors, Masters/CHES preferred	FTE1 1.00	SR1 FROM \$43,020.17	SR1 TO \$62,378.87
P2 Health Educator	MQ2 Bachelors, Masters/CHES preferred	FTE2 1.00	SR2 FROM \$43,020.17	SR2 TO \$62,378.87
P3 Health Educator	MQ3 Bachelors, Masters/CHES preferred	FTE3 0.85	SR3 FROM \$43,020.17	SR3 TO \$62,378.87
P4 Health Educator (temporary)	MQ4 Bachelors, Masters/CHES preferred	FTE4 0.75	SR4 FROM \$40,542.46	SR4 TO \$58,786.22
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 Health Educator position is an existing position within the City. Minimum qualifications and salary range are determined by City Human Resources Department, taking into consideration current market analysis, education, and skills necessary to fill the role.

Two health educators will be utilized for LWBF (1 - 1.0 FTE, 1- .25 FTE). LWR, Cooking Matters, and Smoking Cessation will be run by an existing health educator without additional personnel funding. The e-cigarette program will be run by one health education (.1 FTE).

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 \$0.00	1A% 0
B. Other United Ways (300 character limit)	1B \$0.00	1B% 0
C. Capital Campaigns (300 character limit)	1C \$0.00	1C% 0
D. Grants (non-governmental) (300 character limit)	1D \$0.00	1D% 0
E. Fund Raising & Other Direct Support (300 character limit)	1E \$0.00	1E% 0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit) The majority of this funding is for LWBF (95,468.94). The remaining funds are for the e-cigarette prevention program (19,926.89), LWR (1000) and Cooking Matters (440).	2A \$116,835.83	2A % 94
B. Boone County - Community Health Funding (300 character limit)	2B \$0.00	2B % 0
C. Boone County- Other Funding (300 character limit)	2C \$0.00	2C % 0
D. Funding from Other Counties (300 character limit)	2D \$0.00	2D % 0
E. City of Columbia - Social Service Funding (300 character limit)	2E \$0.00	2E % 0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F \$0.00	2F % 0
G. City of Columbia - CHDO Funding (300 character limit)	2G \$0.00	2G % 0
H. City of Columbia - Other Funding (300 character limit) This funding is for the Health Educator who will work on Cooking Matters and LWR.	2H \$8,108.49	2H % 6
I. Funding from Other Cities (300 character limit)	2I \$0.00	2I % 0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J \$0.00	2J % 0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K \$0.00	2K % 0
L. Other (Schools, Courts, etc.) (300 character limit)	2L \$0.00	2L % 0
3. Program Service Fees (300 character limit)	3. \$0.00	3 % 0
4. Investment Income (realized & unrealized) (300 character limit)	4. \$0.00	4 % 0
5. Other Revenue Items (300 character limit)	5. \$0.00	5 % 0
TOTAL PROGRAM REVENUE	TOTAL REVENUE 124944.32	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$89,240.49	71

Personnel Narrative (300 character limit)

This includes one full-time Health Educator and .25 FTE Health Educator for LWBF. It also include .1 FTE Health Educator for the e-cigarette prevention project.

2. Non-Personnel	2.	2. %
	\$35,703.84	29

Non-Personnel Narrative (300 character limit)

Non-personnel costs are primarily for LWBF. They include things like supplies for meetings, incentives, and supplies for environmental changes. The e-cigarette prevention project includes limited supplies including demonstration aids, educational materials, and nicotine replacement therapy patches

TOTAL PROGRAM EXPENSES

TOTAL EXPENSES

124944.33

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

PHHS always looks for new funding opportunities and will continue to look for ways to continue these programs after the funding period ends.

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)

2018 Missouri Assessment of College Health Behaviors Survey. (2018). Retrieved August 31, 2018, from University of Missouri Student Wellness Center

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Mancino L, Todd JE, Guthrie J, and Lin B. How Food Away From Home Affects Children's Diet Quality. ERR-104. U.S. Department of Agriculture, Economic Research Service: October 2010. Accessed June 29, 2018. Available at: www.ers.usda.gov/Publications/ERR104/ERR104.pdf.

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Rainey, S. (2013) Community Health Status Assessment: Boone County, Missouri. Columbia/ Boone County Department of Public Health and Human Services. <http://www.gocolumbiamo.com/Health/Documents/7chsadigital.pdf>.

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U.S. Department of Health and Human Services. (2018). Know the risks: E-cigarettes and young people. Retrieved from <https://e-cigarettes.surgeongeneral.gov/knowtherisks.html>

U.S. Food and Drug Administration. (2018). The real cost campaign. Retrieved September 11, 2018, from <https://www.fda.gov/tobaccoproducts/publichealtheducation/publiceducationcampaigns/therealcostcampaign/default.htm>

World Health Organization. (2015, January). World Health Organization. Retrieved June 12, 2015, from <http://www.who.int/mediacentre/factsheets/fs311/en/>

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
Columbia/Boone County Department of Public Health and Human Services	Live Well Boone County					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/Boone County Department of Public Health and Human Services
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Live Well Boone County
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

\$1,000.00

b. Describe how the funds will be utilized. (600 character limit)

These funds will be used to hold a kick-off event in January. At this event, we will bring in speakers to motivate and educate. A healthy meal will be provide to encourage attendance. We will also bring in community agencies and set up a resource fair.

c. Provide justification for the request for one-time funding. (600 character limit)

This event is intended to re-energize the churches and draw their attention back toward health. It also is an opportunity for the all the churches to come together and celebrate their successes so far.

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (300 character limit)

Health Education

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Provides information to maintain or improve physical and mental health and overall well being.

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 includes our health education programs (Chronic Disease Self Management, Cooking Matters, African Heritage Cooking Classes, Diabetes Self Management, Weight Watchers, etc.). These programs are typically delivered by PHHS staff in the churches in the evenings. This varies however between programs. For example, the African Heritage Cooking class has been held at the Family Impact Center because they had the facility necessary to accommodate cooking demonstrations.

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 session

b. Unit Rate (#1)

\$45.46

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 a public funding rate for this service.

d. Total Number of Units of Service to be Provided (#1)

1385

e. Total Number of Unduplicated Individuals (#1)

120

f. Average Number of Units of Service per Unduplicated Individual (#1)

11.54

g. Average Cost of Service per Individual (#1)

524.68

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 only participants that will be charged a fee are participants of the Weight Watchers program. For the Weight Watchers program, PHHS pays half of each participant fee and the participant is responsible for the remaining half. The other programs are provided at no cost because we want all of our target population to be able to take advantage of these programs.

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)

Not covered.

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)

\$62,962.10

b. Proposed Number of Units of Service (#1)

1385

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)

We are requesting funding to continue with the same level of programming that we implemented during the pilot project. This programming proved to be successful and effective. This funding is primarily for staffing and program supplies.

Service #1- Performance Measures

Outcome (1-1)

Increase the percent of health education program participants whose blood pressure is within normal range by 10%

Indicator (1-1)

Percent of participants with BP in normal range will be 10% higher at post-test compared to the baseline

Method of Measurement (1-1)

Blood Pressure (normal range defined by Joint National Committee)

Additional Outcome (1-2)

Increase the percent of health education program participants who experience weight loss by 10%

Additional Indicator (1-2)

10% of participants will achieve weight loss from the program onset to program post-test period

Additional Method (1-2)

BMI (for healthy weight as defined by CDC guidelines) and pounds

Additional Outcome (1-3)

Additional Outcome (1-4)

Additional Outcome (1-5)

Additional Indicator (1-3)

Additional Indicator (1-4)

Additional Indicator (1-5)

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)

The program goal is to empower all residents to be healthy by eating healthy, being physically active, and avoiding tobacco. These outcomes measure blood pressure and weight, both of which are impacted based on health eating and physical activity level.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

External factors that may affect this outcome include attrition, which would lead to a smaller number of people being measured at the end of the program and sustained behavior change over time.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

These were based on the goals we set and met during the pilot project. We aim to reach these goals again.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Blood pressure, measured in mmHg, is the standard unit of measure. For weight loss, body mass index (BMI) measurement will be used to determine if weight loss is needed. If BMI falls above normal range, as defined by the CDC guidelines, the participant's weight in pounds will be recorded. Throughout the program, the participant's weight will be recorded at set intervals.

Service #2 - Name, Definition, and Description

a. Service #2 - Taxonomy of Service Name (300 character limit)

4.27 Physical Health Assessment

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Assessment to determine physical health problems and recommend treatment options.

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)

Participants complete blood pressure and weight assessments. If their blood pressure or BMI is elevated they receive education. If their blood pressure is within the critical range as defined by the Joint National Committee they are referred immediately to the ER or urgent care. These assessments are typically done before a program, but can occur at any time.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

5 minutes

b. Unit Rate (#2)

\$10.81

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)

846

e. Total Number of Unduplicated Individuals (#2)

120

f. Average Number of Units of Service per Unduplicated Individual (#2)

7.05

g. Average Cost of Service per Individual (#2)

76.21

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 want this service to be available to all without any barriers.

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 are not able to bill a third-party payor 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)

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)

\$9,145.26

b. Proposed Number of Units of Service (#2)

846

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)

We are requesting funding to continue providing this service. We began this service with pilot funding and it proved to be effective. With this program, individuals learned what their blood pressure and weight was and what they could do to reach a healthy blood pressure and weight. On several occasions during the pilot project this program provided potentially life-saving referrals to individuals who had blood pressures in the critical range. The funding is used primarily for personnel and supplies (blood pressure cuffs, educational pamphlets, etc.).

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Increase the percent of health education program participants whose blood pressure is within normal range by 10%	Percent of participants with BP in normal range will be 10% higher at post-test compared to the baseline	Blood Pressure (normal range defined by Joint National Committee)
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Increase the percent of health education program participants who experience weight loss by 10%	10% of participants will achieve weight loss from the program onset to program post-test period	BMI (for healthy weight as defined by CDC guidelines) and pounds
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 empower all residents to be healthy by eating healthy, being physically active, and avoiding tobacco. These outcomes measure blood pressure and weight, both of which are impacted based on health eating and physical activity level.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

There are many external factors (medication compliance, diet, exercise, etc) and personal factors (age, genetics, etc.) that can affect one's ability to decrease their weight and blood pressure. These were taken into consideration prior to developing the indicators.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

These were based on the goals we set and met during the pilot project. We aim to reach these goals again.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Blood pressure, measured in mmHg, is the standard unit of measure. For weight loss, body mass index (BMI) measurement will be used to determine if weight loss is needed. If BMI falls above normal range, as defined by the CDC guidelines, the participant's weight in pounds will be recorded. Throughout the program, the participant's weight will be recorded at set intervals.

Service #3 - Name, Definition and Description

a. Service #3 - Taxonomy of Service Name (300 character limit)

2.3 Public Awareness/Education

b. Service #3 - Taxonomy Definition of Service (300 character limit)

Increase the public's level of understanding of a particular issue.

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)

A health educator presents to the congregation, typically during Sunday service. The health educator raises awareness about health issues impacting their community and encourages individuals to attend programming.

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)

\$14.36

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). (#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)

There is not a publicly funding unit rate available.

d. Total Number of Units of Service to be Provided (#3)

600

e. Total Number of Unduplicated Individuals (#3)

600

f. Average Number of Units of Service per Unduplicated Individual (#3)

1

g. Average Cost of Service per Individual (#3)

14.36

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)

Charging a fee for individuals to attend their regularly scheduled church service would not be realistic.

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)

Not covered.

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)**

\$8,616.00

b. Proposed Number of Units of Service (#3)

600

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)

We are requesting funding to continue providing this service. We began this service with pilot funding and believe it is important that we continue to engage entire congregations, not only people who are willing and able to attend group level programming. This funding covers staff time (coordinating event, planning for presentations, giving presentations) and incentives for the church attendees to complete the survey. In the past, we have given water bottles and other health promotion items. The survey helps us measure LWBF's impact on the whole congregation.

Service #3 - Performance Measures**Outcome (3-1)**

Increase the percentage of church attendees who report eating 5 servings of fruits and/or vegetables on an average day.

Indicator (3-1)

35% of church attendees will report eating 5 servings of fruits and/or vegetables on an average day.

Method of Measurement (3-1)

church survey

Additional Outcome (3-2)

Increase the percentage of church attendees who report getting at least 30 minutes of moderate or vigorous physical activity in addition to their normal routine on most days.

Additional Indicator (3-2)

60% of church attendees will report getting at least 30 minutes of moderate or vigorous physical activity in addition to their normal routine on most days.

Additional Method (3-2)

church survey

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 empower all residents to be healthy by eating healthy, being physically active, and avoiding tobacco. These outcomes measure physical activity and healthy eating.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

There are many external factors that can affect one's ability and willingness to participate in physical activity and healthy eating (time, access to healthy foods, safe neighborhoods to participate in physical activity, etc.). These were taken into consideration prior to developing the indicator.

c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)

In Boone County, 22.4% of adults are consuming at least 5 fruits and vegetables a day (Behavioral Risk Factor Surveillance System [BRFSS], 2005-2009). We believe that with education/programming we can increase this percentage to 35% for church attendees. There is not a good county-wide measurement for physical activity. We do know that about 18% of Boone County residents have no leisure time physical activity (BRFSS, 2005-2009). Taking this into account we aim for 60% of church attendees to report getting at least 30 minutes of moderate or vigorous physical activity on most days.

d. Provide a rationale for each method of measurement. (#3) (600 character limit)

A survey given to all church attendees will be an effective way for us to gather this information.

Service #4 - Name, Definition, and Description**a. Service #4 - Taxonomy of Service Name (300 character limit)**

8.1 Consultation

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Examines an organization and provides suggestions to improve core capacities of an organization or program.

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)

A health educator will meet with church leaders and identify opportunities for environmental and policy changes within each church. Then together they will work to implement these changes. These changes could be creating a church garden, adding a fitness area, or creating a "no-fry" policy which includes eliminating all fried foods from church-sponsored events.

Service #4 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)**

one policy or environmental change

b. Unit Rate (#4)

\$1,102.93

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)

There is no public funding rate for this service.

d. Total Number of Units of Service to be Provided (#4)

6

e. Total Number of Unduplicated Individuals (#4)

300

f. Average Number of Units of Service per Unduplicated Individual (#4)

0.02

g. Average Cost of Service per Individual (#4)

22.06

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)

The churches would be unable to pay a fee.

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 are not able to bill a 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)

\$6,617.58

b. Proposed Number of Units of Service (#4)

6

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)

We are requesting funding to continue providing this service. We began this service with pilot funding and believe it is important that we not only teach them how to be healthy, but to create environments that support and encourage healthy behaviors.

Service #4 - Performance Measures

Outcome (4-1)

Increase the number of church attendees who report being able to be physically active at their church.

Indicator (4-1)

80% of church attendees will report being able to be physically active at their church.

Method of Measurement (4-1)

church survey

Additional Outcome (4-2)

Increase the number of church attendees who report that they can eat healthy when food is provided at their church.

Additional Indicator (4-2)

80% of church attendees will report that they can eat healthy when food is provided at their church.

Additional Method (4-2)

church survey

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)

The program goal is to empower all residents to be healthy by eating healthy, being physically active, and avoiding tobacco. These outcomes measure physical activity and healthy eating.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

There are several external factors that may affect the proposed outcome. One factor is the Pastors. These men and women often set the tone for the church. They also decide which policies and environmental changes to adopt and how those changes are implemented. Pastor turn-over has been challenging in the past.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

These measurement levels were set at 80% because not all churches will create physical activity and health eating policies and environmental changes.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

A survey given to all church attendees will be an effective way for us to gather this information.

Service #5 - Name, Definition, and Description

a. Service #5 - Taxonomy of Service Name (300 character limit)

8.7 Volunteer Coordination

b. Service #5 - 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 (#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)

Each church has one or more Lifestyle Coaches. The Lifestyle Coach serves as the point person for programming coordination. They receive training on various health topics including how to take blood pressures and how to facilitate programming. They work with PHHS staff to ensure the health needs of their church members are met.

Service #5 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)**

2 hours

b. Unit Rate (#5)

\$59.40

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)

There is no public funding rate for this service.

d. Total Number of Units of Service to be Provided (#5)

120

e. Total Number of Unduplicated Individuals (#5)

20

f. Average Number of Units of Service per Unduplicated Individual (#5)

6

g. Average Cost of Service per Individual (#5)

356.4

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)

These are volunteers who are willing donating their time to improve the health of their church. It would not be reasonable to charge them a fee.

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)

We are not able to bill a third-party payor for this service.

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)**

\$7,128.00

b. Proposed Number of Units of Service (#5)

120

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)

We are requesting funding to continue providing this service. We began this service with pilot funding and believe it is important that we continue to provide this service. This service is capacity building for the churches which is a critical part of sustainability.

Service #5 - Performance Measures

Outcome (5-1)

Lifestyle coaches will learn new information at lifestyle coach trainings.

Indicator (5-1)

85% of lifestyle coaches will report learning new information at lifestyle coach trainings.

Method of Measurement (5-1)

Lifestyle Coach Training Evaluation Survey

Additional Outcome (5-2)

Lifestyle coaches will perceive they have the ability to help their congregations be healthy.

Additional Indicator (5-2)

85% of lifestyle coaches report that they are able to help their congregations be healthy.

Additional Method (5-2)

Lifestyle Coach Training Evaluation Survey

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)

The program goal is to empower all residents to be healthy by eating healthy, being physically active, and avoiding tobacco. These outcomes attribute building the capacity of the Lifestyle Coaches. It is important to provide the Lifestyle Coaches with plenty of education, so they can serve as a resource for their congregation.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

Individual variances in knowledge and self-efficacy may affect the proposed outcome.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

We are aiming for 85% on each of these indicators because we believe it is important for most of the coaches to be learning new information and to be feeling they are able to help their congregations. Ideally we would reach 100% on both of these indicators, but due to the factors listed above, 85% seems realistic and achievable.

d. Provide a rationale for each method of measurement (#5) (600 character limit)

A survey given to all Lifestyle coaches will be an effective way for us to gather this information.

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

95468.94

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/Boone County Department of Public Health and Human Services	Live Well Boone County				<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 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...	Columbia/Boone County Department of Public Health and Human Services
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Live Well Boone County
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)

Health Education (1)

b. Service #6 - 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 (#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 E-cigarette Prevention program was developed according to the social ecological model which assumes change is most likely to occur when interventions are conducted on multiple levels of influence simultaneously. Best practice also indicates that cessation should be offered whenever new policies are put into place or when there is an increase in prevention education.

The cessation program will be facilitated by PHHS staff who received training from Dr. Kevin Everett. The curriculum that will be used has been developed and tested through previous cessation group meetings, but will be adjusted to hold the weekly meetings virtually to best meet our target audience of 18-24 year olds. Individuals under the age of 18 will be referred to in-person cessation because nicotine replacement therapy will be used during the program and it has not yet been approved for those under the age of 18. Participants will be recruited through partnerships with local colleges and universities and through social media. Meetings will be approximately 1 hour in length and will be held on a weekly basis for 8 weeks.

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 hour

b. Unit Rate (#6)

\$32.91

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)

The closest comparable rate is the Medicaid reimbursement amount for group psychotherapy by a licensed professional which is 27.25 per session. Ours is higher because it includes the price of nicotine replacement therapy.

d. Total Number of Units of Service to be Provided (#6)

160

e. Total Number of Unduplicated Individuals (#6)

20

f. Average Number of Units of Service per Unduplicated Individual (#6)

8

g. Average Cost of Service per Individual (#6)

263.28

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)

We do not want any barriers and feel that a fee would be 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)

We are unable to bill 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)

No

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. \$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)

\$5,265.62

b. Proposed Number of Units of Service (#6)

160

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)

We are pursuing funding for this service because it has been identified as a need, and PHHS is unable to cover the costs.

Service #6 - Performance Measures

Outcome (6-1)

Increase knowledge about the effects of JUUL and other e-cigarettes use to those interested and/or ready to quit

Indicator (6-1)

95% of participants will report learning new information about e-cigarette use/JUULing

Method of Measurement (6-1)

pre and post assessments

Additional Outcome (6-2)

Reduce JUUL/e-cigarette use among participants

Additional Indicator (6-2)

80% of participants will reduce their e-cigarette/JUUL usage, or stop using e-cigarette completely by the end of their 8-week program.

Additional Method (6-2)

pre and post assessments

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)

The goal of the program is to empower all residents to be healthy by eating healthy, being physically active, and avoiding tobacco. The goals of the cessation program are reducing e-cigarette use among participants and/or ceasing the use of e-cigarettes altogether, and increasing the knowledge of participants in the cessation group of the dangers and harms of using e-cigarettes, including JUULs. Providing education to the participants about the dangers of e-cigarettes and assisting them on their 'quit journeys' will attribute to reducing their use of e-cigarettes.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#6) (600 character limit)

There are many external factors that could possibly affect the proposed outcome of reducing and/or ceasing individuals' use of e-cigarette devices. Participants could be faced with many obstacles as they begin their quit journey, including various stressors relating to work, family, etc. Additional stressors can add to the difficulty participants might already be faced with as their start their quit journey.

c. Provide a rationale for the measurement level(s) for each indicator. (#6) (600 character limit)

Ensuring that participants are aware of the dangers of e-cigarettes/JUUL is an important part of their understanding of the importance to quit using these devices, hence why the program strives for 95% of participants reporting learning new information about e-cigarette/Juul usage. The main goal of a smoking cessation program is to have participants reduce and/or cease the use of e-cigarettes. Though the program strives to have all participants cease the use of e-cigarettes, it may not be feasible for all participants at the same time. Therefore, the program strives for 80%.

d. Provide a rationale for each method of measurement. (#6) (600 character limit)

Participants will complete a pre and post assessment that will be used for both of these objectives. The pre and post assessment will ask about their e-cigarette usage and e-cigarette knowledge before and after participating in the program.

Service #7 - Name, Definition, and Description

a. Service #7 - Taxonomy of Service Name (300 character limit)

2.3 Public Awareness and Education

b. Service #7 - Taxonomy Definition of Service (300 character limit)

Increases the public's level of understanding of a particular issue.

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)

A multi-media campaign revolved around JUUL/e-cigarette usage will be developed and implemented to educate individuals ages 10-24 about the dangers and harms of JUUL/e-cigarette devices. The media messages will be displayed on various social media sites, such as Snapchat and Instagram, to best reach our target audience. Additionally, posters will be created and displayed in popular school areas to further reach teenagers and young adults.

Service #7 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#7)**

1 week of social media display

b. Unit Rate (#7)

\$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). (#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)

There is no public funding rate for this service.

d. Total Number of Units of Service to be Provided (#7)

16

e. Total Number of Unduplicated Individuals (#7)

20000

f. Average Number of Units of Service per Unduplicated Individual (#7)

0

g. Average Cost of Service per Individual (#7)

0

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)

It would not be possible to charge viewers a fee for seeing a social marketing campaign.

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)

Not billable.

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>
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	7a1.	7a2.	7a3.
a. Boone County - Children's Services Funding (#7)	\$0.00	0	\$0.00
b. Boone County - Community Health Funding (#7)	\$0.00	0	\$0.00
c. City of Columbia - Social Services Funding (#7)	\$0.00	0	\$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#7)	\$0.00	0	\$0.00
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)

\$13,664.62

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)

We are pursuing funding for this service because it has been identified as a need, and PHHS is unable to cover the costs. Youth are using JUUL at increasing rates, so it is crucial that we get messaging and education to them to curb usage.

Service #7 - Performance Measures

Outcome (7-1)	Indicator (7-1)	Method of Measurement (7-1)
Increase the number of messages Boone County teens and young adults are receiving about the dangers of JUUL/e-cigarette devices.	JUUL/e-cigarette media campaign will reach 20,000 10-24 year olds.	Number of views/individuals reached as calculated by instagram/snapchat.
Additional Outcome (7-2) Decrease the number of students who used or e-cigarettes in the past 30 days	Additional Indicator (7-2) Decrease percentage of students who report using e-cigarettes in the past 30 days by 5%.	Additional Method (7-2) Missouri Student Survey
Additional Outcome (7-3) Increase the number of students who perceive e-cigarettes to be harmful	Additional Indicator (7-3) Increase the percentage of students who perceive its harmful to smoke e-cigarettes by 5%	Additional Method (7-3) Missouri Student Survey
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)

The goal of the program is to empower all residents to be healthy by eating healthy, being physically active, and avoiding tobacco. This includes decreasing JUUL/e-cigarette usage among Boone County students and raising the awareness of the harms and dangers of using JUULs/e-cigarettes. Using a campaign message on social media sites widely used by teenagers and young adults in the community aligns very well with getting the message out about the dangers of JUUL and other e-cigarette devices.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (7) (600 character limit)

There may be external factors that would affect the proposed outcome, specifically the outcome regarding a decrease in usage. One would be the increasing popularity and advertising of JUUL products. Another that may have a positive effect on the outcome would be the passage of a tobacco retail licensing ordinance that includes enforcement, which would potentially make it more difficult for youth to obtain these products.

c. Provide a rationale for the measurement level(s) for each indicator. (7) (600 character limit)

The program strives to reach at least 20,000 10-24 year olds through the JUUL/e-cigarette media campaign. While we would like to reach nearly all

young adults and teens in the Boone County area, we chose to target at least 20,000 because we know not all students have social media sites and not all students choose to view advertisements on social media sites. We would like to decrease the percentage of students who report using JUUL/e-cigarettes in the last 30 days by 5%. It is difficult for individuals to quit e-cigarettes, including JUUL, because of the high level of nicotine.

d. Provide a rationale for each method of measurement (7). (600 character limit)

We are using the MO Student Survey because it is the only source that currently collects this data county-wide.

Service #8 - Name, Definition and Description

a. Service #8 - Taxonomy of Service Name (300 character limit)

Health Education (2)

b. Service #8 - 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 (#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)

PHHS staff will present to Boone County school parents. The presentations will take place in the evenings at the schools. During the 2019 calendar year, there will be a total of three presentations, two in Boone County schools and one in a Columbia school. During the presentations PHHS staff teach parents how to identify e-cigarettes including JUULs, which often look similar to other devices, such as USB drives.

PHHS staff will also present to Boone County fifth graders. Presentations will take place during the school day at both Columbia and Boone County schools. During these presentations PHHS staff will teach fifth graders about the harmful effects of e-cigarettes including JUUL products.

Service #8 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#8)

1 hour

b. Unit Rate (#8)

\$1.55

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). (#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)

There is not a public funding rate for this service.

d. Total Number of Units of Service to be Provided (#8)

643

e. Total Number of Unduplicated Individuals (#8)

643

f. Average Number of Units of Service per Unduplicated Individual (#8)

1

g. Average Cost of Service per Individual (#8)

1.55

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)

It would not be possible to charge a fee to students as the presentations take place during the school day. For parent presentations, we believe that charging a fee would greatly reduce attendance.

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 is not covered.

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>
	8a1.	8a2.	8a3.
a. Boone County - Children's Services Funding (#8)	\$0.00	0	\$0.00
b. Boone County - Community Health Funding (#8)	\$0.00	0	\$0.00
c. City of Columbia - Social Services Funding (#8)	\$0.00	0	\$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#8)	\$0.00	0	\$0.00
e. Heart of Missouri United Way Funding (#8)	\$0.00	0	\$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)

\$996.65

b. Proposed Number of Units of Service (#8)

643

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)

We are pursuing funding for this service because it has been identified as a need, and PHHS is unable to cover the costs. Youth are using JUULs and other e-cigarettes at increasing rates, so it is crucial that PHHS targets messaging and education to curb usage.

Service #8 - Performance Measures

Outcome (8-1)	Indicator (8-1)	Method of Measurement (8-1)
Fifth grade students will be able to correctly identify the harmful effects of e-cigarette usage.	85% of fifth grade students will be able to correctly identify the harmful effects of e-cigarette usage following a presentation.	Post survey
Additional Outcome (8-2)	Additional Indicator (8-2)	Additional Method (8-2)
Parents of school-aged children in Boone County will be able to correctly identify e-cigarettes.	85% of parents can correctly identify e-cigarettes following a presentation.	Post survey
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)

The goal of the program is to empower all residents to be healthy by eating healthy, being physically active, and avoiding tobacco. The goal of this part of the program is to raise awareness of the harmful effects of e-cigarettes including JUULs, and to help parents learn how to identify them. We believe that this education, combined with social marketing and cessation, will decrease e-cigarette and JUUL usage among youth.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#8) (600 character limit)

We are not aware of any external factors that may affect the proposed outcome.

c. Provide a rationale for the measurement level(s) for each indicator. (#8) (600 character limit)

The indicators were both set at 85% because while we would ideally want 100% we realize that all participants will come in with various knowledge and learning abilities.

d. Provide a rationale for each method of measurement. (#8) (600 character limit)

Surveys will be used because they are an effective way to gather this information.

Service #9 - Name, Definition, and Description**a. Service #9 - Taxonomy of Service Name (300 character limit)**

4.1 Health Education

b. Service #9 - 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 (#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)

Cooking Matters at the Store is a program of the No Kid Hungry campaign that empowers families to stretch their food budgets so their children get healthy meals at home. Families learn how to shop and select healthy foods at low cost. It can be very difficult for refugees to navigate local supermarkets where the food selection is quite different from their home country, foods that they are familiar with may have very different packaging, making it hard for them to identify (i.e. canned tuna), and foods are sold in metrics they are not familiar with (i.e. price/pound, gallon, etc.). A PHHS Health Educator partners with the City of Refugee and Refugee and Immigration Services to recruit participants who all speak the same language. Translators are used during the program. All participants are refugees who have recently moved to Boone County. The program takes place at a local grocery store. In the past we have partnered with Gerbes and Walmart. The Health Educator provides a 3 hour tour of the grocery store in which they review important shopping skills like food labels, comparing prices, finding whole grains, where to find each food group, and how to identify healthy options low in fat and sugar. Health educators also review how to find their traditional foods, use shopping carts, and use card readers at checkout. After the tour, the participants received a \$10 gift card. They use gift card to purchase one item in each food group as identified through MyPlate. Health educators assist them in finding healthy options in each food group and throughout the checkout process.

Service #9 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#9)**

3 hours

b. Unit Rate (#9)

\$18.33

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)

There is no publicly funded rate.

d. Total Number of Units of Service to be Provided (#9)

24

e. Total Number of Unduplicated Individuals (#9)

24

f. Average Number of Units of Service per Unduplicated Individual (#9)

1

g. Average Cost of Service per Individual (#9)

18.33

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)

Any sort of fee would be a burden and discourage participation.

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)

Not a billable service.

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>
	9a1.	9a2.	9a3.
a. Boone County - Children's Services Funding (#9)	\$0.00	0	\$0.00
	9b1.	9b2.	9b3.
b. Boone County - Community Health Funding (#9)	\$0.00	0	\$0.00
	9c1.	9c2.	9c3.
c. City of Columbia - Social Services Funding (#9)	\$0.00	0	\$0.00
	9d1.	9d2.	9d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#9)	\$0.00	0	\$0.00
	9e1.	9e2.	9d4.
e. Heart of Missouri United Way Funding (#9)	\$0.00	0	\$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)

\$440.00

b. Proposed Number of Units of Service (#9)

24

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)

PHHS has received funding previously for this service. We no longer have this funding, and therefore are requesting funds from Boone County to continue to provide this service.

Services #9 - Performance Measures

Outcome (9-1)

Increase knowledge of comparing food labels to make healthy choices.

Indicator (9-1)

85% of participants will say they will compare food labels to make healthy choices.

Method of Measurement (9-1)

Cooking Matters post survey

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)

The goal of the program is to empower all residents to be healthy by eating healthy, being physically active, and avoiding tobacco. This outcome contributes to healthy eating by measuring if participants use food labels to identify healthy food options at the grocery store.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#9) (600 character limit)

One external factor that impacts the proposed outcome is the individual's reading and comprehensive level since the data is measured with a post survey. In order to address this we have translators give the survey verbally to some participants, which may impact its validity.

c. Provide a rationale for the measurement level(s) for each indicator (#9). (600 character limit)

The measurement level is based on previous results.

d. Provide a rationale for each method of measurement. (#9) (600 character limit)

The Cooking Matter post survey is used because it is a required part of the program.

Service #10 - Name, Definition, and Description

a. Service #10 - Taxonomy of Service Name (300 character limit)

8.1 Consultation

b. Service #10 - Taxonomy Definition of Service (300 character limit)

Examines an organization and provides suggestions to improve core capacities of an organization or program.

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)

Live Well restaurants is a menu labeling and social marketing initiative to promote healthy eating. The goals are to enable consumers to easily identify and select healthy options when eating away from home and increase the number of healthier food options available at local restaurants. Health educators work with local restaurant owners to identify or create healthy menu options. This includes conducting a nutritional analysis of their current menu items and new items if they are created. Once healthy menu items have been identified or created, menu labels are used to help distinguish the healthy items. The restaurants receive recognition if they have at least two menu items that meet the criteria. The criteria is set by the Missouri Department of Health and Senior Services. Recognition includes a plaque, listing on the MO DHHS and PHHS website as a "Live Well Restaurant", and limited Facebook advertising. We began this program with Healthy Eating and Active Living funding three years ago. The program was well received, but we were unable to continue it once the funding ended. Since more and more of our food dollars are being spent at restaurants and obesity continues to be taking its toll on the health of Boone County residents, we believe it's important to continue programs like this, which allow people to choose health.

Service #10 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#10)

1 Live Well Restaurant

b. Unit Rate (#10)

\$200.00

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)

No publicly funded rate. When we received funding from the MO DHSS we received \$500-\$1000 per restaurant. The additional funds were used for additional advertising and nutritional analysis software (which we now have).

d. Total Number of Units of Service to be Provided (#10)

5

e. Total Number of Unduplicated Individuals (#10)

5

f. Average Number of Units of Service per Unduplicated Individual (#10)

1

g. Average Cost of Service per Individual (#10)

200

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)

The LWR program, supported by MO DHSS, does not support requiring a fee.

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)

Not a billable service.

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)

\$1,000.00

b. Proposed Number of Units of Service (#10)

5

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)

We began this program with MO DHSS Healthy Eating and Active Living grant funding three years ago. The program was well received, but we were unable to continue it once the funding ended. We are requesting funding so we can continue this service despite the cut of state funding.

Service #10 - Performance Measures

Outcome (10-1) Increase the number of restaurants who qualify for Live Well Restaurant recognition.	Indicator (10-1) 5 new restaurants will qualify for Live Well Restaurant recognition.	Method of Measurement (10-1) number of restaurants who meet MO DHHS criteria for being a LWR.
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)

The goal of the program is to empower all residents to be healthy by eating healthy, being physically active, and avoiding tobacco. This outcome measures how easy it is to eat healthy when eating out. In order to eat healthy one needs to be in an environment that makes healthy foods available.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#10) (600 character limit)

It can be challenging to work with restaurant owners as their schedules are often busy. In the past, we worked with restaurants who did not have any healthy menu options and were unable to change their menu. Despite their interest in the program, we had to move on to other restaurants in those circ

c. Provide a rationale for the measurement level(s) for each indicator (#10). (600 character limit)

We believe 5 is a realistic and achievable goal for a calendar year. It often takes time to identify restaurant who want to participate and to conduct the nutritional analysis.

d. Provide a rationale for each method of measurement (#10). (600 character limit)

We are following the state's definition of a Live Well Restaurant and their qualifications for LWF menu items.

Total Amount Requested for Services #6 - Service #10

Total Amount Requested for Services #6 - Service #10
21366.89

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
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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
Columbia/Boone County Department of Public Health and Human Services	Live Well Boone County				<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/Boone County Department of Public Health and Human Services
Attn: Michelle Shikles, Public Health Promotion Supervisor
PO Box 6015
Columbia, MO 65205
Michelle.shikles@como.gov

RE: *Written Clarification #1 to 36-13SEP18 – Community Health/Medical Fund*

Dear Ms. Shikles:

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	Columbia/Boone County Department of Public Health and Human Services
Name of Program	Live Well Boone County

Proposal Cover Sheet	
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1. A signature was missing on Attachment A. Previous proposal cover sheets included Stephanie Browning as the Agency Executive Director and Mike Matthes as the Agency Board Chair.
Action Required: Submit Attachment A with all required signatures.

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2. Addendum #4 was missing from the signed addendums upload.
Action Required: Submit Addendum #4 with required signatures.

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Program Overview Form	
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3. The proposal included four different programs in one program proposal. For the future, different programs need to be submitted through different proposals. This allows for reporting and invoicing to be clearer. The proposal also lacked clear information on each program due to character limits in each field.
4. The narrative field to describe the population and issue being addressed does not provide specific data/description for each of the programs listed in the proposal.
Action Required: Describe the population 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). Provide references in APA format at the end of the Written Clarifications form.

5. The Program Budget did not provide an amount and description for the service fees collected from participants in the Weight Watchers program (Service 1). Also, the amount requested to the Community Health Fund was listed in the incorrect field (listed under the Boone County – Children’s Services Fund).

Action Required: Provide the expected amount received in Program Service Fees. Service 1 also mentions City of Columbia pays half of the Weight Watchers program fees for participants. Provide clarification on whether this amount is included in the City of Columbia – Other Funding line in the budget. Complete the attached budget making corrections.

6. The Program Access section mentions targeting local restaurants for the Live Well Restaurants service.

Action Required: Provide more information on how restaurants will be targeted and what efforts will be used to target restaurants with more diverse clientele.

7. The Program Access section states Cooking Matters is held on Friday mornings.

Action Required: Provide information on whether there is flexibility in the days/hours of operation for the service.

8. The Program Access section states the cessation class will be held virtually on weekdays.

Action Required: Provide more information on why there is set time when the cessation course is held since it’s provided online. Provide more information on the times the course is held. How can young adults with school or work hours during the day access the course?

9. The Program Quality section lacks sufficient information describing external requirements of the proposed program such as licensing, minimum standards, etc. The response vaguely lists that the programs have guidelines, curriculums, and/or evidence-based classes.
Action Required: Thoroughly describe what best practices are being used and evidence supporting each program. Include sources in the attached reference list section.

10. The Collaboration section lacks information on existing relationships with churches, schools, grocery, local restaurants, etc. There were no MOUs provided.
Action Required: Provide more specific information on existing relationships for each program and how these enhance program services. Provide MOUs, if available.

Program Services Form (1-5)	
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11. There were four "Program Services 1-5 (V3)" forms created for each of the proposed programs. 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 services need to be in numerical order. Information in the proposal has been corrected in Apricot. Please complete the remaining clarifications to reflect this change.

Service #	Proposed Service Name	Recommended Service Name/Notes
1	Health Education (LWBF)	This service may need to be separated out depending on the health education programs described below. (Service 1)
2	Physical Health Assessment (LWBF)	Physical Health Assessment (Service 2)
3	Public Awareness/Education (LWBF)	Community Collaboration (Service 3)
4	Consultation (LWBF)	
5	Volunteer Coordination (LWBF)	Volunteer Coordination (Service 4) Volunteer Training (Service 5)
6	Health Education (E-Cigarette)	Health Education (E-Cigarette Cessation)
7	Public Awareness and Education (E-Cigarette)	Public Awareness/Education (E-Cigarette Campaign)
8	Health Education (2) (E-Cigarette)	Public Awareness/Education (E-Cigarette Presentations)

9	Health Education (Cooking Matters)	Health Education (Cooking Matters)
10	Consultation (LWR)	Consultation

Program Service 1

12. The service description for Health Education (LWBF) lacks sufficient information.

Action Required: Provide information 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.

13. The service description lists multiple types of health education programs but lacks specific information that describes when these programs are held, time/location, how programs are determined to be held, frequency, etc.

Action Required: Complete the table below providing specific information on each health education program that is offered. Include any other health education programs that were not listed in the service description.

Program Name	Description	Time, Location, Frequency	How program is implemented within LWBF
Chronic Disease Self-Management			
Cooking Matters			
African Heritage Cooking Class			
Diabetes Self-Management			
Weight Watchers			

14. The unit measure is listed as "1 session" but lacks information on whether this is per person, per session.

Action Required: Provide clarification on the unit measure. Also, provide justification on how the unit rate was determined.

15. A barrier to achieving performance measures includes participants dropping out of the program that may have higher BMI or blood pressure.

Action Required: Provide information on incentives and additional efforts to increase retention of program participants.

16. The Program Performance Measures lack outcomes/indicators that relate to the listed health education programs (Chronic Disease Self-Management, Weight Watchers, etc.)

Action Required: Complete the *Service Change Table* and include additional performance measures related to the listed health education programs. Please identify what programs the outcomes/indicators/method of measurements correspond to in the table.

Program Service 2 – Physical Health Assessment

17. The service description lacks specific information on the frequency Physical Health Assessments are completed.

Action Required: Provide clarification on the frequency and the average number of assessments completed per person. Provide information on who conducts the assessments and their level of training.

18. The Unit Measure should be “one assessment”.

Action Required: Update the unit measure in *Service Change Table* and ‘Program Outputs and Funding Request Tables’. Provide information in the field below on how the unit rate was determined.

19. The proposed performance measures relate to the health education programming, not completed Physical Health Assessments. The funding request section mentions participants receiving information on their blood pressure and BMI and receiving referrals if needed.

Action Required: Update the performance measures in the *Service Change Table* to show individuals receive information on their scores and receive referrals when needed. Include the frequency in the Method of Measurement

Program Service 3 and 4

20. Time spent promoting the program during church services and working with church leaders can be combined. There will be difficulty reporting and billing environmental changes. The unit measure can either be "15 minutes" or "One hour".

Action Required: Update the outputs to combine Public Awareness/Education and Consultation and renamed "Community Collaboration" in the *Service Change Table*. Provide information below on how the outputs and unit rate was determined.

21. Program performance measures from both proposed services can be combined into the *Service Change Table*. Provide the frequency the church survey will be conducted in the Method of Measurement. The number of environmental changes can be listed as an outcome/indicator.

Program Service 5

22. The service description lacked information on the type of trainings Lifestyle Coaches receive and what activities these volunteers complete for the program. Trainings for volunteers need to be listed as a separate service as "Best Practices Training" with a unit measure of "one individual". Time spent coordinating/assisting Lifestyle Coaches can be listed under "Volunteer Coordination".

Action Required: Provide specific information on the trainings volunteers receive.

Action Required: Provide more information on how PHHS staff help volunteers and activities volunteers complete for the program. Provide clarification on whether Lifestyle Coaches are paid.

23. The outputs for Volunteer Coordination need to be adjusted to reflect these changes. The unit measure should be “one hour”.

Action Required: Complete the *Service Change Table* for Volunteer Coordination. Provide sufficient information on how the unit rate was determined.

24. The outputs for Best Practices Training need to be adjusted to reflect these changes. The unit measure should be “One Individual”.

Action Required: Complete the *Service Change Table* for Best Practices Training. Provide sufficient information on how the unit rate was determined.

25. The performance measures lack information on retention of Lifestyle Coaches.

Action Required: Provide performance measures for retention of Lifestyle Coaches on the *Service Change Table* for Volunteer Coordination.

Program Services Form (6-10)	
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Program Service 6

26. The proposal utilized the *Taxonomy of Services* well but would be helpful to identify the service for the smoking cessation program. The Service will be referred to “Health Education (E-Cigarette Cessation)”. The description lacked clarity on the social ecological model and how it relates to the cessation program.

Action Required: Provide more information on the social ecological model, content of the cessation program, consumer intake/requirements, incentives, etc. Provide more information of what a virtual meeting consists of and the in-person cessation service.

27. The program performance measures only include cessation of e-cigarettes.
Action Required: Provide clarification on whether individuals using only regular cigarettes can participate in the cessation program.

28. The service briefly mentions nicotine replacement therapy.
Action Required: Provide more information on how nicotine replacement therapy will be conducted, how individuals are selected, and whether Community Health Fund dollars will be utilized to purchase the nicotine replacement patches.

29. The unit measure is listed as “One hour” and the unit rate seems high per individual when the cessation program is offered in a group, online setting.
Action Required: Provide more information on how the unit rate was determined. Make adjustments as needed to the *Service Change Table* and ‘Program Outputs and Funding Request Tables’.

Program Service 7 – Public Awareness/Education (E-Cigarette Campaign)

30. The Community Health Advisory Council has approved the funding request amount for the E-Cigarette/JUUL campaign up to \$13,664.00. The unit measure and unit rate will be listed as “\$1.00” and total number of units will be 13,664. If contracted, PHHS will be required to submit an itemized list of expenses for the campaign with each monthly invoice.
Action Required: Update the *Service Change Table* and ‘Program Outputs and Funding Request Tables’ to reflect these changes. Provide more information on the campaign and how you anticipate funds will be utilized (time, cost for posts, printing materials, etc.). Provide clarification on the length of time the campaign will be held.

31. The Performance Measures list the Missouri Student Survey but isn't a very reliable source.
Action Required: The Youth Community Coalition is coordinating with the school districts to include a survey for students in addition to the Boone County Schools Mental Health Coalition checklist. Describe efforts that will be taken to utilize data from these local resources to report on performance measures. Update the performance measures on the *Service Change Table*.

32. Another campaign funded by the Children's Services Fund lists the following outcomes/indicators:

Outcomes	Indicators
Outputs: # new community partners # resources distributed # website hits, likes on Facebook, Twitter followers # print media # information presentations # radio ads, # of TV ads	10 partners will be contacted 5 new community partnerships will be developed 100 resources will be distributed 600 impressions on website, Facebook, and Twitter 2000 print media will be distributed 4 ads will be played on TV 4 ads will be played on radio

Action Required: Include more specific indicators similar to the indicators listed above in the *Service Change Table*.

Program Service 8 – Public Awareness/Education (E-Cigarette Presentations)

33. The service name will be listed as "Public Awareness/Education (E-Cigarette Presentations)" and the unit measure will be "one individual". It appears the total number of units is already listed as individuals that attend the presentations.

Action Required: Make any updates in the *Service Change Table* if needed. Provide more information on the content that will be shared, how attendance will be tracked, and the number presentations to fifth graders.

34. The service lacked information on how the presentations will be promoted and encourage parents to attend. The Performance Measures narrative did not any external factors that could affect the proposed outcomes.

Action Required: Describe how the program will be promoted to encourage attendance and any external factors that could affect the proposed outcomes.

Program Service 9 – Health Education (Cooking Matters)

35. The service name will be listed as "Health Education (Cooking Matters)" and the unit measure will be "one individual". It appears the total number of units is already listed as individuals that attend the cooking classes.

Action Required: Make any updates in the *Service Change Table* if needed.

36. The justification for the unit rate is not sufficient. Also, the service description mentions using translators for the cooking classes.

Action Required: Provide more information on how the unit rate was established and how the cost of translators is covered for the service.

37. Access to Healthy Food through Sustainable Farms & Communities (SF&C) could be a great resource for the clients served through this program.

Action Required: Describe efforts that will be utilized to refer clients to SF&C to double WIC/SNAP benefits at the Columbia Farmers Market, if eligible.

38. The Funding Request section mentions PHHS used to receive funding for this service but lacked information on why funds are not longer received from this source.

Action Required: Provide clarification on the previous funding source and why funds are no longer provided from this source.

39. The indicator is stating a long-term change rather than something that could be measured immediately following a Cooking Matters course.

Action Required: We prefer more short-term, gain of knowledge outcomes/indicators for this service since long term follow-up is difficult. Update the performance measures in the *Service Change Table*.

Service 10 – Consultation

40. The Service Description mentioned that the program was well received through the previous funding source.

Action Required: Provide more information on success and support for the program as measured in the past. The performance measures also lack improvement in community health. Does MO DHSS Healthy Eating and Active Living provide guidance on performance measures and demonstrating change?

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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41. 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/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #1 – Taxonomy of Service Name: Health Education (LWBF)			
Service #1 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: information provided in previous Written Clarification response			
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/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #2 – Taxonomy of Service Name: Physical Health Assessment			
Service #2 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: information provided in previous Written Clarification response			
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: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #3 – Taxonomy of Service Name: Community Collaboration			
Service #3 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Combination of church service presentations and meeting with church leaders (additional information provided in pervious Written Clarification response)			
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/Boone County Department of Public Health and Human Services

Program Name: Live Well Boone County

Service #4 – Taxonomy of Service Name: Volunteer Coordination

Service #4 – Taxonomy Definition of Service: Information provided in proposal

Provide a detailed description of the proposed service: information provided in previous Written Clarification response

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:
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Performance Measures

Outcome:	Indicator:	Method of Measurement:

Service Change Table

Organization Name: Columbia/Boone County Department of Public Health and Human Services

Program Name: Live Well Boone County

Service #5 – Taxonomy of Service Name: Volunteer Training

Service #5 – Taxonomy Definition of Service: Information provided in proposal

Provide a detailed description of the proposed service: information provided in previous Written Clarification response

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:
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Performance Measures

Outcome:	Indicator:	Method of Measurement:

Service Change Table			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #6 – Taxonomy of Service Name: Health Education (E-Cigarette Cessation)			
Service #6 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: information provided in previous Written Clarification response			
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/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #7 – Taxonomy of Service Name: Public Awareness/Education (E-Cigarette Campaign)			
Service #7 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: information provided in previous Written Clarification response			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
\$1.00	\$1.00	13,664	
Funding Request			
Amount Requested to Boone County: \$13,664		Proposed Number of Units of Service: 13,664	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Table

Organization Name: Columbia/Boone County Department of Public Health and Human Services

Program Name: Live Well Boone County

Service #8 – Taxonomy of Service Name: Public Awareness/Education (E-Cigarette Presentations)

Service #8 – Taxonomy Definition of Service: Information provided in proposal

Provide a detailed description of the proposed service: information provided in previous Written Clarification response

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:
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Performance Measures

Outcome:	Indicator:	Method of Measurement:

Service Change Table			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #9 – Taxonomy of Service Name: Health Education (Cooking Matters)			
Service #9 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: information provided in previous Written Clarification response			
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: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #9 – Taxonomy of Service Name: Consultation			
Service #9 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: information provided in previous Written Clarification response			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One restaurant			
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/Boone County Department of Public Health and Human Services				
Program Name: Live Well 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
Health Education (LWBF)				
Physical Health Assessment				
Community Collaboration				
Volunteer Coordination				
Volunteer Training				
Health Education (E-Cigarette Cessation)				
Public Awareness/Education (E-Cigarette Campaign)				
Public Awareness/Education (E-Cigarette Presentations)				
Health Education (Cooking Matters)				
Consultation				

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Health Education (LWBF)		
Physical Health Assessment		
Community Collaboration		
Volunteer Coordination		
Volunteer Training		
Health Education (E-Cigarette Cessation)		
Public Awareness/Education (E-Cigarette Campaign)		
Public Awareness/Education (E-Cigarette Presentations)		
Health Education (Cooking Matters)		
Consultation		
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

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	\$116,835.83	\$
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	\$8,108.49	\$
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	\$124,944.32	\$
Narrative:		
PROGRAM EXPENSES	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. Personnel	\$89,240.49	\$
Narrative:		
2. Non-Personnel	\$35,703.84	\$
Narrative:		
TOTAL PROGRAM EXPENSES	\$124,944.33	\$

Reference List	
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Provide sources listed in Written Clarification Questions #4 and #9 in the field below:

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 – 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/Boone County Department of Public Health and Human Services
Name of Program	Live Well Boone County

Proposal Cover Sheet

1. A signature was missing on Attachment A. Previous proposal cover sheets included Stephanie Browning as the Agency Executive Director and Mike Matthes as the Agency Board Chair.
Action Required: Submit Attachment A with all required signatures.

Document attached.

2. Addendum #4 was missing from the signed addendums upload.
Action Required: Submit Addendum #4 with required signatures.

Document attached.

Program Overview Form

3. The proposal included four different programs in one program proposal. For the future, different programs need to be submitted through different proposals. This allows for reporting and invoicing to be clearer. The proposal also lacked clear information on each program due to character limits in each field.
4. The narrative field to describe the population and issue being addressed does not provide specific data/description for each of the programs listed in the proposal.
Action Required: Describe the population 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). Provide references in APA format at the end of the Written Clarifications form.

Live Well by Faith: In 2016, 9.19% of Boone County residents ages 18 and over were Black or African American (MODHSS, Population MICA). For the years 2010 - 2014, Black residents in Boone County (ages 18-64) had heart disease and diabetes emergency room visit rates that were over twice as high as those of White residents (BIG, Chronic Disease-Emergency Room visits). White residents had a diabetes emergency room visit rate of 1.0 per 1,000 residents compared to 5.6 for Black residents (BIG, Chronic Disease-Emergency Room visits). White residents had a heart disease emergency room visit rate of 10.7 per 1,000 residents compared to 25.0 for Black residents (BIG, Chronic Disease-Emergency Room visits).

E-Cigarette Prevention Program - The target population for the cessation program would be individuals living in Boone County between the ages of 18-24 who are interested and/or ready to quit using their JUUL/e-cigarette devices. The target population of the JUUL media campaign is 10-24 year olds.

Data reported from the 2018 Missouri Assessment of College Health Behaviors (MACHB) Survey found that 17% of students from the University of Missouri use e-cigarettes. Of those students, 24% reported using e-cigarette devices daily. While we do not have data from the numerous other colleges in Boone County, we expect the data to be similar to the University of Missouri. Additionally, the JUUL e-cigarette devices are more popular than ever currently, as they make up seventy percent of the current e-cigarette market. Due to the rising population of JUUL, it is very likely that the number of students using e-cigarette devices is even higher now.

Live Well Restaurants - The target population for Live Well Restaurants is local restaurants with high rates of minority clientele. This program will impact many Boone County residents. According to the National Restaurant Association, Americans spend nearly half of our food dollars eating out. Furthermore, about 40 percent of adults said restaurants are an essential part of their lifestyle (2017). On a typical day, 1 in 3 kid eat fast food and 1 in 10 kids eats at a full service restaurant. (Macino, et al, 2010).

Cooking Matters at the Store - The target population for Cooking Matters at the Store is refugees who have recently moved to Boone County. During a recent focus group at PHHS, learning how to shop for and cook healthy foods was identified as a priority for refugee health.

5. The Program Budget did not provide an amount and description for the service fees collected from participants in the Weight Watchers program (Service 1). Also, the amount requested to the Community Health Fund was listed in the incorrect field (listed under the Boone County – Children’s Services Fund).

Action Required: Provide the expected amount received in Program Service Fees. Service 1 also mentions City of Columbia pays half of the Weight Watchers program fees for participants. Provide clarification on whether this amount is included in the City of Columbia – Other Funding line in the budget. Complete the attached budget making corrections.

The LWBF program does not receive any funds from the participants. WW splits the cost of the program and invoices the participants for half and LWBF for the remaining half. The half paid by LWBF is included in the proposed budget and it is already calculated into the unit of service rate.

6. The Program Access section mentions targeting local restaurants for the Live Well Restaurants service.

Action Required: Provide more information on how restaurants will be targeted and what efforts will be used to target restaurants with more diverse clientele.

Our first two years we targeted restaurants within or near Ward 1. Our third year we targeted restaurants outside of Columbia in the Boone County area. We had not determined how restaurants would be targeted for this proposal, and will adopt the idea of targeting restaurants with more minority clientele. We will also continue to prioritize local restaurants.

7. The Program Access section states Cooking Matters is held on Friday mornings.

Action Required: Provide information on whether there is flexibility in the days/hours of operation for the service.

Friday mornings have worked best for the participants in the past, but this, of course, is flexible. We always work with our target population to determine the times that work best for them.

8. The Program Access section states the cessation class will be held virtually on weekdays.

Action Required: Provide more information on why there is set time when the cessation course is held since it's provided online. Provide more information on the times the course is held. How can young adults with school or work hours during the day access the course?

The online course is set up similar to an interactive webinar or a live group video chat. This format is used so the participants can interact with the facilitator and other group members. It is at a set time. Our initial thoughts are to hold it over the lunch hours. Prior to formalizing the time we will speak to two classes of college students, one undergraduate and one graduate to gather their input. The age range for this program is 18-24. We always work with our target population to determine the times that work best for them.

9. The Program Quality section lacks sufficient information describing external requirements of the proposed program such as licensing, minimum standards, etc. The response vaguely lists that the programs have guidelines, curriculums, and/or evidence-based classes.

Action Required: Thoroughly describe what best practices are being used and evidence supporting each program. Include sources in the attached reference list section.

LWBF: All the of LWBF programs are based on set curricula that have requirement which outline what training is needed to deliver the program and how the program needs to be delivered. Detailed information for each program can be found below:

Chronic Disease Self Management/Diabetes Self Management: Requires facilitators to complete a 4.5 days of in person training provided by University Extension Master Trainers. An "active" Leader or Trainer has successfully completed training in a program, met requirements due within the initial 12 months after training in that program, and continues to facilitate all activities required by policy outlined in this document in all subsequent years. Active status is retained separately for each program in which someone has been trained. University of Ext covers the training fees (Stanford University Patient Education Research Center, CDSMP).

A Taste of African Heritage Cooking: A Taste of African Heritage instructors take the free online course to become Certified ATOAH Teachers. It offers 2 hours of CPE as well. The training includes the most up-to-date research on food, nutrition and healthy lifestyles.

Oldway's health studies database contains hundreds of peer-reviewed studies showing the links between traditional diets and good health (Oldways, Health Studies).

Weight Watchers: The WW Program provides their own trained/certified health coaches to facilitate weekly meetings. Weight Watchers has received pending recognition from the CDC as a provider of diabetes prevention services as of August 2015 (Centers for Disease Control, 2018).

Gateway Diabetes self-management program: The Diabetes Initiative was a national program of the Robert Wood Johnson Foundation from 2002 to 2009. The facilitator training is provided by Primaris. It is a 3 day training. It uses a set curriculum.

Eating Smart Being Active: This is a collaboration with University Extension, they provide their own certified facilitator for programming. Eating Smart • Being Active is a nutrition education, healthy lifestyles curriculum for low income adults with young children developed at Colorado State University and University of California at Davis. In 2010, the curriculum won the National Extension Association of Family and Consumer Sciences (NEAFCS) National Educational Curriculum award and was featured as a resource with a published review in the September/October 2010 issue of the Journal of Nutrition Education and Behavior (JNEB). The curriculum was also reviewed by and accepted for inclusion in the online resource center, SNAP-Ed Connection (USDA, 2017).

Live Empowered: A Clean Heart (used for the Weight loss competition); Learning to thrive with and prevent Diabetes. This is a weight loss competition in collaboration with the Community Voice Newspaper. The program uses the Live Empowered curriculum which is a curriculum specifically designed for African Americans. The program does not require special training. (Rodriguez, et. al, 2014)

Cooking Matters at the Store: This is a program of the No Kid Hungry Campaign. The program has been evaluated by independent third-party, Altarum Institute. Findings indicated the Cooking Matters is an effective program, some highlights of their findings are below:

The percentage of families comparing food labels for ingredients when shopping more than doubled from 40% to 83%

After a tour 76% of families buy more fruits and vegetables, 85% of families buy less unhealthy food, 62% buy more low-sodium foods, 62% buy more lean proteins, 55% buy more low-sugar foods, and 54% buy more low-fat dairy.

Food security (as measured by how often families make their food budget last all month) increased from 53% to 64% after taking the tour (Share our Strength's Cooking Matters, n.d.).

In order to facilitate this program, individuals need to complete an online training. The program uses a set curriculum.

Live Well Restaurants – This program is supported and recommended by MO DHSS. In general, people are unable to accurately estimate the amounts of fat, saturated fat, sodium, and calories in foods (Burton, Howlett, and Tangari 2009). One study found that nine out of ten people underestimate the number of calories in unhealthy menu items by an average of 600 calories (Burton, et. al 2006) Studies have found that providing nutritional information leads many customers to select lower-calorie meals. (Burton, Howlett, and Tangari 2009) (Dumanovsky,et. al., 2010). MO DHSS oversees this program around the state and will provide technical assistance to Boone County if needed.

E-cigarette Prevention Program - Studies have shown that youth that are exposed to e-cigarette advertisements are more likely to have positive views regarding e-cigarette devices (Padon, Lochbuehler, Maloney, Cappella, 2018). It is important that teens and young adults are exposed to advertisements that educate them on the dangers of e-cigarette devices to ensure that they know what they are using and exposing themselves to. Smoking prevention media campaigns, such as the Federal Drug Administration's "The Real Cost" campaign have been shown to prevent thousands of youth from trying and/or using cigarettes through the use of social media, web, TV, radio and print ads (U.S. Food and Drug Administration, 2018). We hope to have a similar impact to prevent youth from starting using e-cigarettes and to help the youth who have started to become more aware of the harms of e-cigarette and Juul devices through media campaigns.

According to the Centers for Disease Control and Prevention (2017), group counseling sessions have been deemed effective to help individuals stop smoking. Additionally, cessation counseling over the phone, which would be similar, though not exactly the same, to our virtual cessation program, has been deemed effective, as well (CDC, 2017).

Additionally, nicotine-replacement therapy (NRT) products have been found to be effective to help individuals quit smoking. Our virtual cessation program will consist of group virtual meetings and will make NRT available to all participants, reflecting multiple effective methods to help individuals successfully quit smoking.

10. The Collaboration section lacks information on existing relationships with churches, schools, grocery, local restaurants, etc. There were no MOUs provided.

Action Required: Provide more specific information on existing relationships for each program and how these enhance program services. Provide MOUs, if available.

LWBF - LWBF collaborates with Historically Black Churches and their pastors: Salvation Army, Friendship Baptist, Urban Empowerment, Second Baptist, Mt Celestial II, Restoration of Life, St Luke UMC, Fifth St Christian Church, Progressive Baptist, and Russell Chapel CME. The various health ministries choose LWBF programs to host in their facilities under the umbrella of their health ministry for their congregations. University of Missouri Extension provides training/certification for the Chronic Disease Self-Management and The Diabetes Self Management courses. Defense Against Diabetes, a non-profit, provides facilitators and program materials for participants. The Community Voice Newspaper, is a newspaper circulated in the historically black churches, barber shops, beauty salons and black businesses in town. They support and promote LWBF programs in their monthly publication. Weight Watchers (WW) meets in one of our LWBF churches and provides a health coach to teach weekly programming. Oldways African Heritage Cooking provides training for their curriculum online, free of charge. They also provide class materials such as books for program participants. Columbia Center for Urban Agriculture (CCUA), is a non-profit organization that promotes home gardening opportunities. LWBF collaborates with them to support our LWBF/Friendship Baptist Church Community Garden. Community Garden Coalition, a non-profit organization, has walked with our Lifestyle Coaches at Friendship Baptist in establishing a thriving community garden. They provide education, support, vegetable seeds. University Extension meets at one of the LWBF churches with a program, "Eating Smart, Being Active". Participants of this program practice cooking quick, healthy meals and new workouts that can be done at home. Tia Tucker is a former LWBF program participant and is now a business

owner, "Dance2Fit" exercise studio, she is a guest speaker that visits our Weight Loss Competition group. Jennifer Pate, Optavia program Health Coach, visits as a guest speaker to support the Weight Loss Competition participants in healthy nutritional choices. Mr. Jerrell Jackson, fitness trainer/coach, former NFL player & MU Football player and Fitness Gym owner of API, donates his time to discuss exercise and workout routines for the Weight Loss Competition participants. Primaris, Healthcare Consulting Service, sponsors Gateway Diabetes Education Program by training the facilitators and certifying them and providing curriculum and class materials. No MOUs.

LWR – We partner with MO DHSS. They provide technical assistance and help promote qualified websites by listing them on their website. We also partner with local restaurants. We currently have 20 restaurants enrolled in the program. We plan to recruit more with this additional funding. No MOUs

Cooking Matters - Operation Food Search provides the curriculum and local grocers allow us to use their facilities. The City of Refuge helps connect PHHS to refugee families. We do not have an MOU with the grocery stores or City of Refuge. We have an MOU with Operation Food Search. See attached.

E-cigarette prevention program - PHHS has a strong existing partnership with nearly all of the school districts in Boone County. Additionally, PHHS has been working with teens in Boone County schools for four years through our Teen Outreach Program. Because of these existing partnerships, we will be able to receive feedback and test the campaign materials from our teens before fully implementing the campaign, have contact with school officials regarding placing flyers throughout the schools to educate students on the dangers of e-cigarettes, and plan and implement the educational presentations. PHHS has existing relationships with a number of local cessation and tobacco experts who we have reached out to regarding previous cessation programs we have completed as well as the proposed online cessation program directed towards young adult e-cigarette users. Their knowledge has allowed us to better our curriculum and materials for the cessation classes.

Program Services Form (1-5)

11. There were four "Program Services 1-5 (V3)" forms created for each of the proposed programs. 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 services need to be in numerical order. Information in the proposal has been corrected in Apricot. Please complete the remaining clarifications to reflect this change.

Service #	Proposed Service Name	Recommended Service Name/Notes
1	Health Education (LWBF)	This service may need to be separated out depending on the health education programs described below. (Service 1)
2	Physical Health Assessment (LWBF)	Physical Health Assessment (Service 2)
3	Public Awareness/Education (LWBF)	Community Collaboration (Service 3)
4	Consultation (LWBF)	

5	Volunteer Coordination (LWBF)	Volunteer Coordination (Service 4)
		Volunteer Training (Service 5)
6	Health Education (E-Cigarette)	Health Education (E-Cigarette Cessation)
7	Public Awareness and Education (E-Cigarette)	Public Awareness/Education (E-Cigarette Campaign)
8	Health Education (2) (E-Cigarette)	Public Awareness/Education (E-Cigarette Presentations)
9	Health Education (Cooking Matters)	Health Education (Cooking Matters)
10	Consultation (LWR)	Consultation

Program Service 1

12. The service description for Health Education (LWBF) lacks sufficient information.

Action Required: Provide information 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.

The programs are implemented in the churches by the Health Ministry Lifestyle Coaches and PHHS Staff. LWBF participants come from all congregations to attend programs at different churches. We collaborate with different Lifestyle Coaches that are certified in various programs. PHHS Staff will make sure that all necessary equipment, handouts, snacks, meals, supplies, resources are provided and available on site for successful delivery of program. The consumers are members of various Live Well by Faith churches. Health assessments are done. Snacks/meals are provided because of the programming times, usually in the early evening and held for a few hours. This serves as an incentive for program participation.

13. The service description lists multiple types of health education programs but lacks specific information that describes when these programs are held, time/location, how programs are determined to be held, frequency, etc.

Action Required: Complete the table below providing specific information on each health education program that is offered. Include any other health education programs that were not listed in the service description.

Program Name	Description	Time, Location, Frequency	How program is implemented within LWBF
Chronic Disease Self-Management	It's a self-management education workshop attended by people with a variety of chronic health conditions. It aims to build participants' confidence in managing their health and keep them active and engaged in their lives.	Participants attend a 2½-hour interactive workshop once a week for 6 weeks at LWBF Church	PHHS Staff, Lifestyle Coaches

		This six-week program is held once per year	
Gateway	This is a diabetes self-management and prevention, similar to chronic disease self-management, but specific for individuals with prediabetes or diabetes.	2 hour sessions at LWBF church This six-week program is held once per year	PHHS Staff, Lifestyle Coaches
African Heritage Cooking Class	A Taste of African Heritage is more than just a series of cooking classes. It is a new kind of wellness program designed to reconnect participants with vibrant ways of eating and living that once promoted the health of African American ancestors everywhere.	2 hour sessions at LWBF Church This six-week program is held two-three times per year.	PHHS Staff, Lifestyle Coaches
Diabetes Self-Management	Diabetes self-management Education, similar to chronic disease self-management, but specific for individuals with diabetes.	Participants attend a 2½-hour interactive workshop once a week for 6 weeks at LWBF Church This six-week program is held one-two times per year.	PHHS Staff, Lifestyle Coaches

Weight Watchers	Wellness Workshops (formerly meetings) are gathering when participants check in with other members and get guidance from a Wellness Coach.	1 hour/week for 17 week or 26 week sessions. This program is held 4 times per year.	WW Health Coach, PHHS Staff, Lifestyle Coaches
Eat Smart Being Active	Eating Smart Being Active is a nutrition education, healthy lifestyles curriculum for low income adults with young children	2 hours sessions each week for 6 weeks, Six week course held 1-2 times per year.	PHHS Staff, University Extension staff
Weight loss competition /Live Empowered	Participants form competition teams. Each week, participants weigh ins and receive 30 minutes of coaching/teaching using "Live Empowered" Diabetes education from the American Diabetes Association.	1 hour for week for 8 weeks This course is offered 4 time per year	PHHS staff, Lifestyle Coaches

All of the programs are offered in the evenings on weekdays or during the afternoon on weekends.

14. The unit measure is listed as "1 session" but lacks information on whether this is per person, per session.

Action Required: Provide clarification on the unit measure. Also, provide justification on how the unit rate was determined.

This is per person per class. Cost associated with program, supplies, are added and divided by participants per session. Costs include supplies and facilitator time.

15. A barrier to achieving performance measures includes participants dropping out of the program that may have higher BMI or blood pressure.

Action Required: Provide information on incentives and additional efforts to increase retention of program participants.

PHHS Staff/Lifestyle Coaches make follow up phone calls, send email messages, text messages to absentee participants.

We conduct weekly participation prize drawings to encourage regular attendance. Gift cards are provided for program participants who receive A1C screenings. Take home food (meal preparation items) is an incentive for the participants of the African Heritage Cooking course. In the Black church, testimony service is important. People are given an opportunity to share and celebrate the great things that are happening in their lives. We shower participants with praise when they lose weight, control blood pressures, see favorable results from exercise programs, make different food choices, and overcome the temptation to eat bad food, etc.

16. The Program Performance Measures lack outcomes/indicators that relate to the listed health education programs (Chronic Disease Self-Management, Weight Watchers, etc.)

Action Required: Complete the *Service Change Table* and include additional performance measures related to the listed health education programs. Please identify what programs the outcomes/indicators/method of measurements correspond to in the table.

Outcome	Indicator	Method of Measurement	Class associated
Increase the percent of health education program participants whose blood pressure is within normal range by 10%	Percent of participants with BP in normal range will be 10% higher at post-test compared to the baseline	Blood Pressure (normal range defined by Joint National Committee)	Chronic Disease Self Management, Weight Watchers, Diabetes Self Management, African Heritage Cooking Class, Gateway, Live Empowered (used for the Weight Loss competition), Eating Smart Being Active
Increase the percent of health education program participants who experience weight loss by 10%	10% of participants will achieve weight loss from the program onset to program post-test period	BMI (for healthy weight as defined by CDC guidelines) and pounds	Chronic Disease Self Management, Weight Watchers, Diabetes Self Management, African Heritage Cooking Class, Gateway, Live Empowered (used for the Weight Loss competition), Eating Smart Being Active
Increase the percent of health education program participants who are active at least	Percent of participants that are active at least 30 minutes per day will be 10% higher at post-test	Live Well by Faith participant survey administered at the beginning and end of a program	Chronic Disease Self Management, Weight Watchers, Diabetes Self Management, African Heritage Cooking Class, Gateway, Live Empowered (used for the Weight Loss

30 minutes per day by 15%	compared to the baseline		competition), Eating Smart Being Active
Increase the daily average number of fruits and vegetables consumed by participants 1.5	Average number of fruits and vegetables consumed by participants will increase by 1.5 higher at post-test compared to the baseline	Live Well by Faith participant survey administered at the beginning and end of a program	Chronic Disease Self Management, Weight Watchers, Diabetes Self Management, African Heritage Cooking Class, Gateway, Live Empowered (used for the Weight Loss competition), Eating Smart Being Active

Program Service 2 – Physical Health Assessment

17. The service description lacks specific information on the frequency Physical Health Assessments are completed.

Action Required: Provide clarification on the frequency and the average number of assessments completed per person. Provide information on who conducts the assessments and their level of training.

Blood Pressures are monitored weekly for program participants if participants BP are high. They are also given information about hypertension and provided with information on ways lower blood pressure. They are given referrals to physicians for high blood pressure and urgent care or ER if reading is 180 or higher. The Lifestyle Coaches receive training on properly using the digital Blood pressure Cuffs provided to the churches. They are trained in the protocols set by the Medical Director at PHHS.
The average number of physical health assessments per participant is 5.50.

18. The Unit Measure should be “one assessment”.

Action Required: Update the unit measure in *Service Change Table* and ‘Program Outputs and Funding Request Tables’. Provide information in the field below on how the unit rate was determined.

The rate was determined by taking the overall cost of conducting the assessments in 2017 divided by the number of assessments conducted in 2017. The cost includes staff time to conduct the assessment and enter it into our records system.

19. The proposed performance measures relate to the health education programming, not completed Physical Health Assessments. The funding request section mentions participants receiving information on their blood pressure and BMI and receiving referrals if needed.

Action Required: Update the performance measures in the *Service Change Table* to show individuals receive information on their scores and receive referrals when needed. Include the frequency in the Method of Measurement

See change table.

Program Service 3 and 4

20. Time spent promoting the program during church services and working with church leaders can be combined. There will be difficulty reporting and billing environmental changes. The unit measure can either be “15 minutes” or “One hour”.

Action Required: Update the outputs to combine Public Awareness/Education and Consultation and renamed “Community Collaboration” in the *Service Change Table*. Provide information below on how the outputs and unit rate was determined.

Per phone conversation, these will remain separate because activities, outcomes, and populations are different.
For the environmental changes, the unit is changed from environmental changes to time spent working with individuals within the church regarding environmental/policy changes. This unit is now 15 minutes.
For the Public Awareness/Education the unit will remain 15 minutes. See Service change table

21. Program performance measures from both proposed services can be combined into the *Service Change Table*. Provide the frequency the church survey will be conducted in the Method of Measurement. The number of environmental changes can be listed as an outcome/indicator.

Per phone conversation, these will remain separate because activities, outcomes, and populations are different. The church surveys are conducted once per year.

Program Service 5

22. The service description lacked information on the type of trainings Lifestyle Coaches receive and what activities these volunteers complete for the program. Trainings for volunteers need to be listed as a separate service as “Best Practices Training” with a unit measure of “one individual”. Time spent coordinating/assisting Lifestyle Coaches can be listed under “Volunteer Coordination”.

Action Required: Provide specific information on the trainings volunteers receive.

Coaches are trained how to implement evidenced-based programs. Typically coaches are used to assist a health educator implement a program. Coaches are trained on a variety of other best practices including how to

- access and refer church members to community resources
- operate digital blood pressure cuffs and to follow protocols for taking blood pressures
- support their churches in determining environmental changes and policy changes for their congregations.
- recruit Lifestyle Coaches, Recruiting Pastors/Churches

Action Required: Provide more information on how PHHS staff help volunteers and activities volunteers complete for the program. Provide clarification on whether Lifestyle Coaches are paid.

The lifestyle coaches are the Live Well by Faith volunteers. There are no other volunteers for the program. Lifestyle coaches are not paid, but they do receive incentives for participating including gift cards when they attend a lifestyle coach training and prize drawings.

23. The outputs for Volunteer Coordination need to be adjusted to reflect these changes. The unit measure should be "one hour".

Action Required: Complete the *Service Change Table* for Volunteer Coordination. Provide sufficient information on how the unit rate was determined.

Changed to Best Practice Training with the unit "1 individual" per phone conversation.

24. The outputs for Best Practices Training need to be adjusted to reflect these changes. The unit measure should be "One Individual".

Action Required: Complete the *Service Change Table* for Best Practices Training. Provide sufficient information on how the unit rate was determined.

Unit is one individual. Unit rate was determined by dividing the total costs for Best Practice Training and dividing it by the number of sessions and the average number of people in a program.

25. The performance measures lack information on retention of Lifestyle Coaches.

Action Required: Provide performance measures for retention of Lifestyle Coaches on the *Service Change Table* for Volunteer Coordination.

We added a measure to Best Practice Training regarding lifestyle coach retention.

Program Services Form (6-10)

Program Service 6

26. The proposal utilized the *Taxonomy of Services* well but would be helpful to identify the service for the smoking cessation program. The Service will be referred to "Health Education (E-Cigarette Cessation)". The description lacked clarity on the social ecological model and how it relates to the cessation program.

Action Required: Provide more information on the social ecological model, content of the cessation program, consumer intake/requirements, incentives, etc. Provide more information of what a virtual meeting consists of and the in-person cessation service.

The social ecological model was referenced in regard to the E-cigarette Prevention Program. The E-cigarette Prevention Program includes all activities listed in the proposal concerning e-cigarettes, not only the cessation program. These activities are conducted on multiple levels of influence in line with the social ecological model. In addition, the highest level of the social ecological model is policy change. While this proposal does not cover policy change there is currently a policy the Board of Health is reviewing that would support this effort. The policy being considered is Tobacco Retail Licensing. This policy has been shown to decrease youth access which is an important component of e-cigarette/tobacco control .

The e-cigarette cessation program is based on the Transtheoretical Model. This model outlines stages of behavior change and 'change processes' which are used to move individuals from one stage to the next. It is commonly used for smoking cessation.

27. The program performance measures only include cessation of e-cigarettes.

Action Required: Provide clarification on whether individuals using only regular cigarettes can participate in the cessation program.

Both e-cigarette users and conventional cigarette users will be able to participate in the cessation program. The program is marketed towards e-cigarette users, but no one who uses tobacco products will be turned away.

28. The service briefly mentions nicotine replacement therapy.

Action Required: Provide more information on how nicotine replacement therapy will be conducted, how individuals are selected, and whether Community Health Fund dollars will be utilized to purchase the nicotine replacement patches.

Nicotine replacement patches will be used as the main NRT product, with dosage depending on each individual's needs. Because of the online setting, NRT will be available for participants to pick up at PHHS or it can be mailed to them. Community Health Fund dollars will be used to purchase NRT for the participants. Each participant will receive three boxes of patches throughout the cessation program, each box lasting them two weeks, to ensure they have the proper tools to help them quit successfully. They will receive their first box of patches during Quit Week of the cessation program. They will receive their second box of patches two weeks later, with the option to stay with the same dosage they received previously or go down to a lower dosage. Their final box of patches will be given to them two weeks after the second box as the cessation program comes to a finish.

29. The unit measure is listed as "One hour" and the unit rate seems high per individual when the cessation program is offered in a group, online setting.

Action Required: Provide more information on how the unit rate was determined. Make adjustments as needed to the *Service Change Table* and 'Program Outputs and Funding Request Tables'.

The unit rate was determined by dividing the cost by the estimated number of participants per session. The costs include the price of NRT for participants: \$20 per box with an estimated 20 participants and three boxes of patches per person, a high-quality, reliable online technology service will need to be purchased for weekly use, social media advertisements for the program, staff time, and printing of the curriculum.

Program Service 7 – Public Awareness/Education (E-Cigarette Campaign)

30. The Community Health Advisory Council has approved the funding request amount for the E-Cigarette/JUUL campaign up to \$13,664.00. The unit measure and unit rate will be listed as “\$1.00” and total number of units will be 13,664. If contracted, PHHS will be required to submit an itemized list of expenses for the campaign with each monthly invoice.

Action Required: Update the *Service Change Table* and ‘Program Outputs and Funding Request Tables’ to reflect these changes. Provide more information on the campaign and how you anticipate funds will be utilized (time, cost for posts, printing materials, etc.). Provide clarification on the length of time the campaign will be held.

Staff time will be used to develop the campaign materials, including the messages behind the campaign and the various components of the campaign as well. The messages and campaign design will be tested with the target audience. Flyers will be printed to post around the middle schools and high schools throughout Boone County. We will print out flyers for all ten middle schools and high schools in Columbia, as well as middle schools and high schools in the Boone County areas. The pricing for social media posts will vary depending on the type of social media outlet used. We plan to use instagram, snapchat, pandora, and spotify. The ads will run at the beginning of the 2019-2020 school year. The ads will run in 2 week increments over a four month period.

31. The Performance Measures list the Missouri Student Survey but isn’t a very reliable source.

Action Required: The Youth Community Coalition is coordinating with the school districts to include a survey for students in addition to the Boone County Schools Mental Health Coalition checklist. Describe efforts that will be taken to utilize data from these local resources to report on performance measures. Update the performance measures on the *Service Change Table*.

Prior to submitting the original proposal, contact was made with YC2 in regards to asking if a question about JUULing could be added to their survey that they plan to give out to all Boone County schools. YC2 was checking on the logistics to ensure a question could be added and had not heard back from the survey company yet. Because of this, we did not want to add this to the original proposal. Shortly after the proposal was submitted, it was confirmed that we will not be able to add a JUUL question to the survey with YC2 to receive this information. YC2 relayed to us that the schools felt they would have to get permission from the parents to include a question on JUUL/e-cigarette use, and they didn’t feel like it would be possible. We also reached out to MU Wellness Center. They survey all MU students during the spring semester, and they were able to add a question specifically on e-cigarettes and JUULing for this effort. This will provide information on 18-24 year olds at MU. We will get a baseline in Spring 2019 and be able to start tracking changes in Spring 2020. We understand that the Missouri Student Survey is not the best measure for several reasons. This is, however, what we currently use to determine youth smoking rates on the county level. The Missouri Student Survey indicators are listed in the Services of Change table, but can be deleted if preferred. We added a measure that counts the number of website visits to a JUUL education page of the como.gov/health website. This website would be at the bottom of the ad. This measure would show who is seeking additional education (see Service of Change table).

32. Another campaign funded by the Children’s Services Fund lists the following outcomes/indicators:

Outcomes	Indicators
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Outputs: # new community partners # resources distributed # website hits, likes on Facebook, Twitter followers # print media # information presentations # radio ads, # of TV ads	10 partners will be contacted 5 new community partnerships will be developed 100 resources will be distributed 600 impressions on website, Facebook, and Twitter 2000 print media will be distributed 4 ads will be played on TV 4 ads will be played on radio
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Action Required: Include more specific indicators similar to the indicators listed above in the *Service Change Table*.

Outputs	Indicators
# of resources distributed # of people reached on social media through campaign # of partners contacted # of Pandora and/or spotify ads	1250 flyers will be printed and distributed to middle schools and high schools throughout Boone County. 20,000 people will be reached on social media through campaign through Snapchat/Instagram 10 partners will be contacted 2 ads will be played on Pandora and/or Spotify.

Program Service 8 – Public Awareness/Education (E-Cigarette Presentations)

33. The service name will be listed as “Public Awareness/Education (E-Cigarette Presentations)” and the unit measure will be “one individual”. It appears the total number of units is already listed as individuals that attend the presentations.

Action Required: Make any updates in the *Service Change Table* if needed. Provide more information on the content that will be shared, how attendance will be tracked, and the number presentations to fifth graders.

Information on health effects of e-cigarettes, conventional cigarettes, prevention methods, and harm reduction will be discussed within the presentation. Educating students on the dangers of e-cigarettes is incredibly important, as a large majority of e-cigarette users do not see them as harmful. Attendance will be tracked by receiving attendance info from the students’ teachers. We will to present to 7 fifth grade classes.

34. The service lacked information on how the presentations will be promoted and encourage parents to attend. The Performance Measures narrative did not any external factors that could affect the proposed outcomes.

Action Required: Describe how the program will be promoted to encourage attendance and any external factors that could affect the proposed outcomes.

Typically, parent presentations are requested by the school and the school PTA groups. We believe there is considerable interest because we have received several presentation requests from school personnel/PTAs over the month. We will, however, reach out to schools that we do not initially hear from to ensure that educational presentations regarding e-cigarettes are offered to as many schools as possible.

Scheduling issues could be an external factor that may affect the proposed outcomes. We will work with the school to determine the best time for the school and parents.

Program Service 9 – Health Education (Cooking Matters)

35. The service name will be listed as “Health Education (Cooking Matters)” and the unit measure will be “one individual”. It appears the total number of units is already listed as individuals that attend the cooking classes.

Action Required: Make any updates in the *Service Change Table* if needed.

36. The justification for the unit rate is not sufficient. Also, the service description mentions using translators for the cooking classes.

Action Required: Provide more information on how the unit rate was established and how the cost of translators is covered for the service.

The unit rate was established based on prior expenditures. The total cost was divided by the number of participants to determine the unit rate. We plan to hold 2 cooking matters courses with 12 participants each. Each participant receives a \$10 gift card to use during the program. The gift card is used to help participants practice purchasing healthy and inexpensive food within each food group. There is one translator at each course (\$100). Health educator staff time is provided in kind.

37. Access to Healthy Food through Sustainable Farms & Communities (SF&C) could be a great resource for the clients served through this program.

Action Required: Describe efforts that will be utilized to refer clients to SF&C to double WIC/SNAP benefits at the Columbia Farmers Market, if eligible.

We ask if they participate in the programs listed above. We can provide additional education on these benefits.

38. The Funding Request section mentions PHHS used to receive funding for this service but lacked information on why funds are not longer received from this source.

Action Required: Provide clarification on the previous funding source and why funds are no longer provided from this source.

The funding was provided by MO DHHS through a Health Eating and Active Living contract. Boone County no longer qualifies for this funding due to our median income, population health status, local resources, and other factors.

39. The indicator is stating a long-term change rather than something that could be measured immediately following a Cooking Matters course.

Action Required: We prefer more short-term, gain of knowledge outcomes/indicators for this service since long term follow-up is difficult. Update the performance measures in the *Service Change Table*.

The indicator is measured in the cooking matters post survey which is given to the participants immediately following the course. The survey was designed by the makers of the program and has been thoroughly researched and tested. The indicator measures what the participants “say they will do”, in other words, it measures their intention. Intention is a widely used and acceptable way to predict future behavior change.

Service 10 – Consultation

40. The Service Description mentioned that the program was well received through the previous funding source.

Action Required: Provide more information on success and support for the program as measured in the past. The performance measures also lack improvement in community health. Does MO DHSS Healthy Eating and Active Living provide guidance on performance measures and demonstrating change?

The support for the program was not formally measured. However, the majority of restaurants elect to participate in the program when presented with it, and some restaurants reached out to us about the program. Success was measured by the number of restaurants who qualified for Live Well Restaurant status. Currently we have 20 restaurants participating in the program. PHHS staff spoke to MO DHSS staff regarding the clarification. MO DHSS Healthy Eating and Active Living does not recommend measuring behavior change for the program. Their recommendation is to measure the number of restaurants. The program is part of an effort to increase access to healthy food access and create healthier environments. This program follows the assumption that people respond to their environment therefore when the environment changes, behavior is more likely to change.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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41. 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/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #1 – Taxonomy of Service Name: Health Education (LWBF)			
Service #1 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: information provided in previous Written Clarification response			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 session	\$ 45.46	1385	120
Funding Request			
Amount Requested to Boone County: 62,962.10		Proposed Number of Units of Service: 1385	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase the percent of health education program participants whose blood pressure is within normal range by 10%	Percent of participants with BP in normal range will be 10% higher at post-test compared to the baseline	Blood Pressure (normal range defined by Joint National Committee)	
Increase the percent of health education program participants who experience weight loss by 10%	10% of participants will achieve weight loss from the program onset to program post-test period	BMI (for healthy weight as defined by CDC guidelines) and pounds	
Increase the percent of health education program participants who are active at least 30 minutes per day by 15%	Percent of participants that are active at least 30 minutes per day will be 10% higher at post-test compared to the baseline	Live Well by Faith participant survey administered at the beginning and end of a program	
Increase the daily average number of fruits and vegetables consumed by participants 1.5	Average number of fruits and vegetables consumed by participants will increase by 1.5 higher at post-test compared to the baseline	Live Well by Faith participant survey administered at the beginning and end of a program	

Service Change Table			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #2 – Taxonomy of Service Name: Physical Health Assessment			
Service #2 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: information provided in previous Written Clarification response			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Assessment	10.81	846	120
Funding Request			
Amount Requested to Boone County: \$ 9,145.26		Proposed Number of Units of Service: 846	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase the percent of health education program participants whose blood pressure is within normal range by 10%	Percent of participants with BP in normal range will be 10% higher at post-test compared to the baseline	Blood Pressure (normal range defined by Joint National Committee)	
Increase the percent of health education program participants who experience weight loss by 10%	10% of participants will achieve weight loss from the program onset to program post-test period	BMI (for healthy weight as defined by CDC guidelines) and pounds	
All program participants receive information on their blood pressure scores when they complete a physical health assessment	100% of participants receive information on their blood pressure when they complete a physical health assessment	Live Well by Faith participant survey administered at the beginning and end of a program and the Live Well by Faith follow-up form that is filled out anytime a physical health assessment is done during a program	

All program participants with critical blood pressure readings receive a referral to a clinic or urgent care when they complete a physical health assessment	100% of participants are referred to medical attention if they have a critical blood pressure reading when they complete a physical health assessment	Live Well by Faith participant survey administered at the beginning and end of a program and the Live Well by Faith follow-up form that is filled out anytime a physical health assessment is done during a program
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Service Change Table			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #3 – Taxonomy of Service Name: Public Awareness/Education			
Service #3 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Combination of church service presentations and meeting with church leaders (additional information provided in pervious Written Clarification response) – Per phone conversation, this will include educational presentations to congregations during Sunday services.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	14.36	600	600
Funding Request			
Amount Requested to Boone County: \$ 8,616		Proposed Number of Units of Service: 600	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase the percentage of church attendees who report eating 5 servings of fruits and/or vegetables on an average day.	35% of church attendees will report eating 5 servings of fruits and/or vegetables on an average day.	church survey (completed yearly)	
Increase the percentage of church attendees who report getting at least 30 minutes of moderate or vigorous physical activity in addition to their normal routine on most days.	Increase the percentage of church attendees who report getting at least 30 minutes of moderate or vigorous physical activity in addition to their normal routine on most days.	church survey (completed yearly)	

Service Change Table			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #4 – Taxonomy of Service Name: Consultation			
Service #4 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: Combination of church service presentations and meeting with church leaders (additional information provided in pervious Written Clarification response) – Per phone conversation, this will include time spent speaking with church leaders regarding environmental and policy changes. The unit measure was changed to 15 minutes sessions from 1 environmental/policy change.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$29.41	207	20
Funding Request			
Amount Requested to Boone County: \$ 6,087.87		Proposed Number of Units of Service: 207	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Increase the number of church attendees who report being able to be physically active at their church.	80% of church attendees will report being able to be physically active at their church.	church survey (completed yearly)
Increase the number of church attendees who report that they can eat healthy when food is provided at their church.	80% of church attendees will report that they can eat healthy when food is provided at their church.	church survey (completed yearly)
A total of 2 environmental changes will be implemented by Live Well by Faith Churches	The count of Live Well by Faith environmental changes will increase by 2 from the baseline to post-test period	Database of environmental change and policies updated as new environmental changes are made
A total of 3 policy changes will be implemented by Live Well by Faith Churches	The count of Live Well by Faith policy changes will increase by 3 from the baseline to post-test period	Database of environmental change and policies updated as new policy changes are made

Service Change Table			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #5 – Taxonomy of Service Name: Best Practice Training			
Service #5 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: information provided in previous Written Clarification response. Per phone conversation, this includes training our volunteers (we refer to them as Lifestyle Coaches) in best practices including how to properly take an individual's blood pressure and how to implement LWBF's evidence-based curricula.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 individual	59.40	120	20
Funding Request			
Amount Requested to Boone County: \$7,128		Proposed Number of Units of Service: 120	

Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Lifestyle coaches will learn new information at lifestyle coach trainings.	85% of lifestyle coaches will report learning new information at lifestyle coach trainings.	Lifestyle Coach Training Evaluation Survey
Lifestyle coaches will perceive they have the ability to help their congregations be healthy.	85% of lifestyle coaches report that they are able to help their congregations be healthy.	Lifestyle Coach Training Evaluation Survey
Lifestyle coaches will remain active throughout the course of the year.	75% of lifestyle coaches attended at least 5 lifestyle coach trainings per year, method of measurement is attendance logs	Lifestyle Coach Training Attendance Logs

Service Change Table			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #6 – Taxonomy of Service Name: Health Education (E-Cigarette Cessation)			
Service #6 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: information provided in previous Written Clarification response			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour	32.91	160	20

Funding Request		
Amount Requested to Boone County: \$ 5,265.62		Proposed Number of Units of Service: 160
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Increase knowledge about the effects of JUUL and other e-cigarettes use to those interested and/or ready to quit	95% of participants will report learning new information about e-cigarette use/JUULing	pre and post assessments
Reduce JUUL/e-cigarette use among participants	80% of participants will reduce their e-cigarette/JUUL usage, or stop using e-cigarette completely by the end of their 8-week program.	pre and post assessments

Service Change Table			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Live Well Boone County			
Service #7 – Taxonomy of Service Name: Public Awareness/Education (E-Cigarette Campaign)			
Service #7 – Taxonomy Definition of Service: Information provided in proposal			
Provide a detailed description of the proposed service: information provided in previous Written Clarification response			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:

\$1.00	\$1.00	13,664	20,000
Funding Request			
Amount Requested to Boone County: \$13,664		Proposed Number of Units of Service: 13,664	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase the number of messages Boone County teens and young adults are receiving about the dangers of JUUL/e-cigarette devices.	JUUL/e-cigarette media campaign will reach 20,000 10-24 year olds.	Number of views/individuals reached as calculated by instagram/snapchat.	
Decrease the number of students who used or e-cigarettes in the past 30 days	Decrease percentage of students who report using e-cigarettes in the past 30 days by 5%.	Missouri Student Survey	
Increase the number of students who perceive e-cigarettes to be harmful	Increase the percentage of students who perceive its harmful to smoke e-cigarettes by 5%	Missouri Student Survey	
Increase the number of students who visit the JUUL/e-cigarette page of como.gov/health website for more information on JUUL/e-cigarettes.	Website visits to the JUUL education section of the como.gov/health website will increase by 300%.	Website statistics	

Service Change Table
Organization Name: Columbia/Boone County Department of Public Health and Human Services
Program Name: Live Well Boone County
Service #8 – Taxonomy of Service Name: Public Awareness/Education (E-Cigarette Presentations)
Service #8 – Taxonomy Definition of Service: Information provided in proposal
Provide a detailed description of the proposed service: information provided in previous Written Clarification response
Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Individual	\$1.55	643	643
Funding Request			
Amount Requested to Boone County: \$996.65		Proposed Number of Units of Service: 643	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Fifth grade students will be able to correctly identify the harmful effects of e-cigarette usage.	85% of fifth grade students will be able to correctly identify the harmful effects of e-cigarette usage following a presentation.	Post survey	
Parents of school-aged children in Boone County will be able to correctly identify e-cigarettes.	85% of parents can correctly identify e-cigarettes following a presentation.	Post survey	

Service Change Table
Organization Name: Columbia/Boone County Department of Public Health and Human Services
Program Name: Live Well Boone County
Service #9 – Taxonomy of Service Name: Health Education (Cooking Matters)
Service #9 – Taxonomy Definition of Service: Information provided in proposal
Provide a detailed description of the proposed service: information provided in previous Written Clarification response

Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Individual	\$ 18.33	24	24
Funding Request			
Amount Requested to Boone County: \$440		Proposed Number of Units of Service: 24	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase knowledge of comparing food labels to make healthy choices.	85% of participants will say they will compare food labels to make healthy choices.	Cooking Matters post survey	

Service Change Table
Organization Name: Columbia/Boone County Department of Public Health and Human Services
Program Name: Live Well Boone County
Service #9 – Taxonomy of Service Name: Consultation
Service #9 – Taxonomy Definition of Service: Information provided in proposal

Provide a detailed description of the proposed service: information provided in previous Written Clarification response			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One restaurant	\$200	5	5
Funding Request			
Amount Requested to Boone County: \$1,000		Proposed Number of Units of Service: 5	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase the number of restaurants who qualify for Live Well Restaurant recognition.	5 new restaurants will qualify for Live Well Restaurant recognition.	number of restaurants who meet MO DHSS criteria for being a LWR.	

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/Boone County Department of Public Health and Human Services				
Program Name: Live Well 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
Health Education (LWBF)	1 session	45.46	1385	120
Physical Health Assessment	1 assessment	10.81	846	120
Public Awareness/Education	15 minutes	14.36	600	600
Consultation	15 minutes	29.41	207	20
Best Practice Training	1 individual	59.90	120	20
Health Education (E-Cigarette Cessation)	1 hour	32.91	160	20
Public Awareness/Education (E-Cigarette Campaign)	1 dollar	1.00	13,664	20,000
Public Awareness/Education (E-Cigarette Presentations)	1 individual	1.55	643	643
Health Education (Cooking Matters)	1 individual	18.33	24	24
Consultation	1 restaurant	200.00	5	5

Funding Request to Community Health Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Health Education (LWBF)	62,962.10	1385
Physical Health Assessment	9,145.26	846
Public Awareness/Education	8,616	600
Consultation	6,087.87	207
Best Practice Training	7,128	120
Health Education (E-Cigarette Cessation)	5,265.62	160
Public Awareness/Education (E-Cigarette Campaign)	13,644	13,644
Public Awareness/Education (E-Cigarette Presentations)	996.65	643
Health Education (Cooking Matters)	440	24
Consultation	1000	5
Development/Start Up Service Funding	1500	
Total Amount Requested to Boone County:	116,785.50	

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	\$116,835.83	\$
Narrative:		
B. Boone County - Community Health Funding	\$	\$ 116,785.50
Narrative:	This is the amount we are requesting.	
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	\$8,108.49	\$ 8,108.49
Narrative:	Time provided in-kind	
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	\$124,944.32	\$ 124,893.99
Narrative:		
PROGRAM EXPENSES	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. Personnel	\$89,240.49	\$ 89,240.49
Narrative:		
2. Non-Personnel	\$35,703.84	\$ 35,653.50
Narrative:		
TOTAL PROGRAM EXPENSES	\$124,944.33	\$124,893.99

Reference List

Provide sources listed in Written Clarification Questions #4 and #9 in the field below:

Boone Impact Group (BIG,n.d.). Boone Indicators Dashboard. In Chronic Disease-Emergency Room visits. Retrieved October 25, 2018 from <http://booneindicators.org/Populations.aspx?id=2#4870>

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Centers of Disease Control and Prevention. (2017, February 1). Smoking and tobacco use: Quitting smoking. Retrieved September 11, 2018, from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm

Dumanovsky T, Huang CY, Bassett MT, and Silver LD. (2010) "Consumer Awareness of Fast-Food Calorie Information in New York City After Implementation of a Menu Labeling Regulation." *American Journal of Public Health*, 100(12):2520–2525.

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Mancino L, Todd JE, Guthrie J, and Lin B. How Food Away From Home Affects Children's Diet Quality. ERR-104. U.S. Department of Agriculture, Economic Research Service: October 2010. Accessed June 29, 2018. Available at: www.ers.usda.gov/Publications/ERR104/ERR104.pdf.

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U.S. Department of Agriculture (2017). Eating Smart Being Active. Retrieved on October 25, 2018 from <https://snaped.fns.usda.gov/library/materials/eating-smart-being-active>

Oldways. Health Studies. Retrieved October 25, 2018 from https://oldwayspt.org/health-studies/search?keys=&field=diet_target_id_entityreference_filter%5B%5D=97&items_per_page=12

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Rodriguez, A., Magee, M., Ramos, P., Seley, J. J., Nolan, A., Kulasa, K., Caudell, K. A., ...Maynard, G. (2014). Best Practices for Interdisciplinary Care Management by Hospital Glycemic Teams: Results of a Society of Hospital Medicine Survey Among 19 U.S. Hospitals. *Diabetes Spectrum*, 27(3). Retrieved from <http://spectrum.diabetesjournals.org/content/27/3/197?rss=1>

Share Our Strengths Cooking Matters (n.d.) CMS Evaluation Brochure. Retrieved October 25, 2018 from http://cookingmatters.org/sites/default/files/CMS_Evaluation_Brochure_Final_Print_ready.pdf

Stanford University Patient Education Research Center. Chronic Disease Self-Management (CDSMP). Retrieved October 25, 2018 from <https://www.selfmanagementresource.com/programs/small-group/chronic-disease-self-management>

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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:

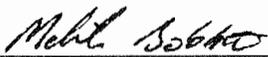
- a. For the Program Service sections, should the Unduplicated Individuals per service need to equal the sum of the total Unduplicated Individuals served in the Program overview?

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: _____

Address: _____

COLUMBIA/BOONE COUNTY HEALTH DEPT.
1005 W. WORLEY ST., PO BOX 6015
COLUMBIA, MO 65205
573-874-7355

Phone Number: 573 874 1633

Fax Number: 573 874 7756

E-mail: Michelle.Shikles@compo.gov

Authorized Representative Signature: M. Michelle Shikles Date: 10/25/2017

Authorized Representative Printed Name: Michelle Shikles

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

Stephanie K. Browning
Printed Name - Agency Executive Director/President/CEO

10/25/18
Date

Stephanie K. Browning
Signature - Agency Executive Director/President/CEO

10/25/18
Date

Mike Mattheas - City Manager
Printed Name - Agency Board Chair

10-25-18
Date

Mike Mattheas
Signature - Agency Board Chair

10-25-18
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: COLUMBIA/BOONE COUNTY HEALTH DEPT.
1005 W. WORLEY ST., PO BOX 6015
Address: COLUMBIA, MO 65205
573-874-7355

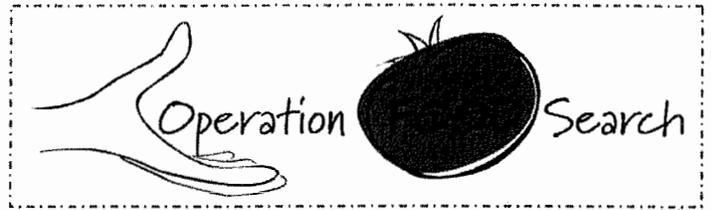
Telephone: 573 874 10331 Fax: 573-874-7758

Federal Tax ID (or Social Security #): 43-1000010

Print Name: Michelle Shikles Title: Public Health Promotion Supervisor

Signature: Michelle Shikles Date: 10/26/2018

E-mail: michelle.shikles@como.gov



COOKING MATTERS SATELLITE PARTNERSHIP AGREEMENT

This **AGREEMENT** (the “Agreement”) is by and between Operation Food Search, Inc. (“Cooking Matters Lead Partner”) and the City of Columbia, Missouri on behalf of its Department of Public Health and Human Services (“Satellite Partner”).

This Agreement authorizes Satellite Partner to run Share Our Strength’s Cooking Matters program (the “Program”) in the Columbia/Boone County, Missouri region for the period Date agreement signed to April 30, 2017.

Satellite Partner agrees to run the Program, which is defined in the *Cooking Matters Satellite Partner Implementation Guidelines* (the “Guidelines”) under the below terms and conditions.

DEFINITION OF SUCCESS

The Satellite Partner and the Cooking Matters Lead Partner affirm that they will strive to meet Cooking Matters standards of success.

- Courses serve participants from low-income households.
- Each course has between 8 - 15 regularly attending participants who have not previously taken the same Cooking Matters course
- Eighty-five percent (85%) of participants who start a course graduate; participants must attend at least four out of six classes to be considered graduates.
- Both Cooking Matters and the Satellite Partner fulfill their respective roles and responsibilities as outlined in this document

ROLES AND RESPONSIBILITIES

Cooking Matters Lead Partner Responsibilities:

1. Provide curricula and other program materials necessary to run the Program (as described in the Guidelines).
2. Provide Cooking Matters paperwork including course attendance sheets, participant enrollment forms, participant evaluations and participation waivers.
 - a. Paperwork will be delivered via US Mail for course evaluation and via email for waivers and attendance sheets.

3. Communicate with Satellite Partner in a timely and collaborative manner on coordination and implementation of the Program.
4. Provide training and technical assistance needed to run and expand Program:
 - a. Provide in-person or remote training for Satellite Partner staff and volunteers including all training materials.
 - b. Be available by phone and email to respond to specific needs and concerns and address them as able.
 - c. Provide site visits as needed.
 - d. Assist with the identification of appropriate course sites for the Program.
5. Support the training of culinary and nutrition professionals as volunteer course instructors.
 - a. Provide training and tips on volunteer recruitment on an as needed basis.
 - b. Provide volunteer training materials developed by Share Our Strength, other Cooking Matters Lead Partners, or Operation Food Search.
 - c. Provide volunteer recognition gifts as determined by Share Our Strength.
6. Serve as a liaison with Share Our Strength's Cooking Matters for materials, trainings, evaluation results, questions, and general concerns.
7. Submit Share Our Strength, Cooking Matters Partner, and Satellite Partner information to media covering the Program.

Satellite Partner Responsibilities:

1. Provide Cooking Matters courses (courses as defined in the attached Guidelines).
2. Provide Cooking Matters at the Store tours (tours as define in the attached Guidelines).
3. Designate at least one employee to coordinate the Program and serve as the contact person with Cooking Matters staff. This person is Maureen Coy.
4. Communicate with Cooking Matters Lead Partner in a timely and collaborative manner for coordination and implementation of the Program.
 - a. At least one (1) month in advance provide the Cooking Matters Program Satellite Manager with the "New Course Scheduling and Order Form" via email.
5. Take primary responsibility for recruiting and retaining a sufficient number of volunteer instructors to staff all courses and/or tours.
6. Participate fully in the evaluation of Cooking Matters by completing paperwork as requested and administering participant surveys as directed.
 - a. Send "End of Course Reporting Form", attendance sheet, participant waivers, enrollment forms, and evaluations to Cooking Matters Program Satellite Manager within one week of the course ending. Send original copies via US Mail.
7. Ensure Program materials are used properly and report on inventory, as requested.

- a. Only provide Cooking Matters instructor guides to staff or volunteers directly involved with implementing a course.
 - b. Only provide Cooking Matters participant guides and incentive items to Cooking Matters graduates (defined as someone who has attended 4, or more, of 6 classes).
8. Develop and maintain relationships within the culinary and nutrition community in your area to support volunteer and programmatic goals.
9. Provide Cooking Matters Partner with photographs, quotes or stories from participants or volunteers who have been involved in the program.
 - a. Provide at least two (2) photographs from a Cooking Matters course.
 - b. Provide at least one (1) quote or story from a participant or volunteer who has been involved in the program.
10. Fully represent the Cooking Matters Lead Partner in all communications and to all media covering the Program, and share any media covering the Program with Cooking Matters Lead Partner.
11. Pay for program costs as agreed upon with the Cooking Matters Lead Partner.
 - a. Provide funding for all necessary course materials (see attached) except those materials provided by Share Our Strength (instructor and participant guides, graduation certificates and incentive items).
12. Pay for food costs.
 - a. The Satellite Partner will provide funding for all in-class and take-home food costs.

PROMOTION

Cooking Matters is a national program wholly owned by Share Our Strength. Satellite Partner agrees to describe the Program as a program of Share Our Strength and Cooking Matters Lead Partner on all program and promotional materials, including but not limited to newsletters, fact sheets, annual reports, brochures, press kits, advertisements, publicity material and press releases.

SPONSORSHIP

Walmart is the *sole national sponsors* of Share Our Strength's Cooking Matters. All materials produced by Share Our Strength will recognize their sponsorship. No other sponsors may be integrated into the Cooking Matters logo. To the extent that Satellite obtains any local sponsor, they shall notify Cooking Matters Lead Partner and Share Our Strength in writing. Local sponsors must be clearly defined as such in all program and promotional materials. Local sponsorship recognition plans need to be submitted to Share Our Strength for approval; Share Our Strength will respond within five (5) business days.

LICENSE OF INTELLECTUAL PROPERTY

Share Our Strength owns the copyright for all Cooking Matters curricula and printed materials. All rights in and to such materials shall be held solely by Share Our Strength.

In accordance with a separate Program Agreement with the Cooking Matters Lead Partner, Share Our Strength hereby grants to Satellite Partner a non-exclusive, non-transferable, non-sublicensable, revocable license to use the following Share Our Strength name, logo, and other trademarks, trade names, and service marks: SHARE OUR STRENGTH[®], U.S. Reg. No. 1,894,313, COOKING MATTERS[™], SHARE OUR STRENGTH and apple core designSM, U.S. Reg. No. 3522092, and COOKING MATTERS, U.S. Serial No. 85148570, and SHOPPING MATTERS, U.S. Serial No. 85160043 (collectively, the "Share Our Strength Marks"), in connection with Cooking Matters and in accordance with this Agreement. Satellite Partner hereby authorizes Share Our Strength to use

Satellite Partner name, logo, and trademark in connection with Cooking Matters and in accordance with this Agreement.

TERMINATION

This Agreement shall terminate on **April 30, 2017** unless earlier terminated by the Cooking Matters Lead Partner, Satellite Partner, or Share Our Strength only as provided in this Agreement. The Cooking Matters Partner may terminate this Agreement for any material breach of this Agreement by Satellite Partner, provided that Cooking Matters partner gives Satellite Partner written notice of such breach and an opportunity to cure the breach within sixty (60) days of receipt of such notice (to be sent to City of Columbia, Missouri, Department of Public Health and Human Services, P.O. 6015, Columbia, Missouri 65205-6015). Satellite Partner may also terminate this Agreement upon sixty (60) days written notice (to be sent to Operation Food Search 6282 Olive Boulevard, St. Louis, MO 63130). Satellite Partner will return any unused program materials to Cooking Matters Lead Partner within fifteen (15) days of the termination of this Agreement.

NO WAIVER OF IMMUNITIES

In no event shall the language of this Agreement constitute or be construed as a waiver or limitation for either party's rights or defenses with regard to each party's applicable sovereign, governmental, or official immunities and protections as provided by federal and state constitutions or laws.

NATURE OF SATELLITE PARTNER'S OBLIGATIONS

All obligations of the Satellite Partner under this Agreement, which require the expenditure of funds, are conditional upon the availability of funds budgeted and appropriated for that purpose.

REPRESENTATIONS AND WARRANTIES

Each party represents and warrants to the other (A) that it has the authority to enter into this Agreement and perform its obligations hereunder in full compliance with all applicable federal, state and local laws and regulations, (B) that this Agreement constitutes a valid, binding and enforceable obligation, and (C) that it is under no disability, restriction or prohibition affecting its ability to execute this Agreement and to perform its obligations hereunder.

This Agreement constitutes the entire agreement between the parties hereto and there are no other understandings, written or oral, relating to the subject matter hereof. The Agreement may not be changed, modified or amended, in whole or in part, except in writing signed by all parties.

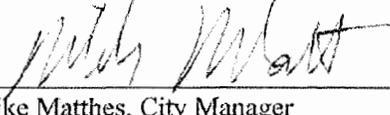
[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed by their respective authorized representatives as of the date first above written.

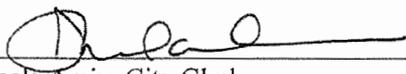
OPERATION FOOD SEARCH, INC.

By: 
Mariella Funk, Nutrition Education Manager
Date: 5/23/16

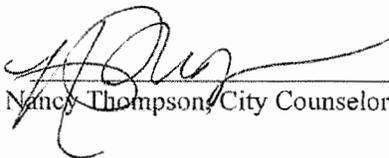
CITY OF COLUMBIA, MISSOURI

By: 
Mike Matthes, City Manager
Date: 6-6-16

ATTEST:

By: 
Sheela Amin, City Clerk

APPROVED AS TO FORM:

By: 
Nancy Thompson, City Counselor

Columbia/Boone County Department of Public Health and Human Services

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 Columbia-Boone County PHHS.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
1497 124944.32 \$36,709.84
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
Health Education 22314
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
Health Education (1) 22351
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
Columbia/Boone County Department of Public Health and Human Services Live with Boone County

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. Add information about not collecting income levels in the Consumer Demographics Narrative.	1. Please describe reasoning on not collecting income levels.
Individuals Trained	1. The number of Individuals Trained has been updated to 20 to reflect the number of volunteers receive LWBF training.	1. Please review and make changes, if necessary.
Development/Start-Up Service Funding	1. The Community Health Advisory Council approved the original request of \$1,000 for the January kick-off event. The amount for implementing environmental changes needs to be included in the Amount Requested and a description of how the funds will be used.	1. Update the Amount Requested and provide information on how the development funds will be used for environment changes.
Program Service 1 – Supplemental Food	<ol style="list-style-type: none"> 1. The unit measure has been updated to identify the units are per session/per individual. 2. Outcome/Indicator/Method of Measurement 1-1 has been updated/reworded. 3. Additional Outcome 1-2 has been updated/reworded. 4. Additional performance measures have been added from the Written Clarifications. Some outcomes/indicators have been reworded. 5. Consider adding another performance measure that relates to managing chronic health conditions. 	<ol style="list-style-type: none"> 1. Please review. 2. Add time intervals of when blood pressure is measured to Method of Measurement 1-1. 3. Please review. Add time intervals of when BMI is measured to Additional Method 1-2. 4. Please review. Add a percentage to Additional Indicator 1-4. 5. Please review. Add a percentage to Additional Indicator 1-5.

Program Service 2 – Physical Health Assessment	<ol style="list-style-type: none"> 1. Copied the updated wording for blood pressure and BMI from Service 1. 2. Added the additional performance measure provided in the Written Clarifications. 	<ol style="list-style-type: none"> 1. Please review. 2. Please review.
Program Service 3 – Public Awareness/Education	<ol style="list-style-type: none"> 1. The service remains as time spent providing educational presentations to congregations during Sunday services. 2. Reworded Outcome 3-1 and 3-2. 	<ol style="list-style-type: none"> 1. Please review. 2. Please review.
Program Service 4 – Consultation	<ol style="list-style-type: none"> 1. The unit measure seems like it should be similar to Service 3 (\$14.36). The cost of supplies for the environmental changes should be added to the Development/Start-Up costs section. 2. Additional performance measures from the Written Clarifications have been added and reworded. 3. The performance measures need additional work to better explain an environmental change. This outcome/indicator is often difficult to report out to the community in a clear manner. 	<ol style="list-style-type: none"> 1. Please review and make changes as necessary. Provide clarification below in the “Additional Follow-Up Items” section. 2. Please review. 3. Please help think of a way to better communicate an environmental change for outcome/indicator 4-3.
Program Service 5 – Best Practices Training	<ol style="list-style-type: none"> 1. Outputs have been updated according to the Written Clarifications. 2. Added the additional performance measure about Lifestyle Coaches remaining active in trainings. Also, added an indicator about coaches remaining active in training congregation members. 	<ol style="list-style-type: none"> 1. Please review. 2. Please review. Add a percentage for #2 in Additional Indicator 5-3 and information on this can be measured for #2 in Additional Method 5-3.
Program Service 6- Health Education (E-Cigarette Cessation)	<ol style="list-style-type: none"> 1. Updated the performance measures wording. 	<ol style="list-style-type: none"> 1. Please review.
Program Service 7 – Public Awareness/Education (E-Cigarette Campaign)	<ol style="list-style-type: none"> 1. Outputs have been updated according to the Written Clarifications. Added the numbers 	<ol style="list-style-type: none"> 1. Please review. Provide method of measurements to the corresponding

	<p>provided in response question #32 to Indicator 7-1.</p> <p>2. Reworded outcomes/indicators. Need information on the time frame the Missouri Student Survey will be collected/analyzed.</p>	<p>indicators in Method of Measurement 7-1.</p> <p>2. Please review. Provide time intervals for Additional Method 7-2 and 7-3.</p>
Program Service 8 – Public Awareness/Education (E-Cigarette Presentations)	1. Updated the unit measure.	1. Please review.
Program Service 9 – Health Education (Cooking Matters)	<p>1. Updated the unit measure.</p> <p>2. Reworded Outcome 9-2</p> <p>3. Added an additional indicator to show increased knowledge of comparing food labels.</p>	<p>1. Please review.</p> <p>2. Please review.</p> <p>3. Please review.</p>
Program Service 10 – Consultation	1. Updated the outputs.	1. Please review.

Additional Follow-Up Items:

1. The MOU provided with Operation Food Search states the agreement will terminate on April 30, 2017 or earlier. Provide an updated copy or clarification on the status of this MOU.

2. Provide clarification on why the unit rate is higher for Consultation than Public Awareness/Education.

Columbia/Boone County Department of Public Health and Human Services

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

Columbia Boone County PHHS Org

Organizations

Collapse All

Proposal Cover Sheet Document Folder

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

Additional Documents

Program Overview (V3) (1 records) ▼

Boone County (includes City of Columbia residents) %

TOTAL REVENUE % 2. % Complete

12/10/18 \$1,713,34

Page 1 of 1 20 records per page

Program Services 1-9 (V3) (1 records) ▼

a. Service #1 - Taxonomy of Service Name (300 character limit) %

Record ID % Complete

2234

Page 1 of 1 20 records per page

Program Services 8-10 (V3) (1 records) ▼

a. Service #6 - Taxonomy of Service Name (300 character limit) %

Record ID % Complete

2203

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

Columbia Boone County

Folder Actions ▼

- Edit Proposal Cover Sheet
- Return to Search
- Application Documents
- Print Records
- Copy Records
- Record History

Grant Actions ▼

- Submit Agreement
- Propose Agreement
- Approved Budget

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. Add information about not collecting income levels in the Consumer Demographics Narrative.	1. Please describe reasoning on not collecting income levels.
Individuals Trained	1. The number of Individuals Trained has been updated to 20 to reflect the number of volunteers receive LWBF training.	1. Please review and make changes, if necessary.
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Program Service 1 – Supplemental Food	<ol style="list-style-type: none"> 1. The unit measure has been updated to identify the units are per session/per individual. 2. Outcome/Indicator/Method of Measurement 1-1 has been updated/reworded. 3. Additional Outcome 1-2 has been updated/reworded. 4. Additional performance measures have been added from the Written Clarifications. Some outcomes/indicators have been reworded. 5. Consider adding another performance measure that relates to managing chronic health conditions. 	<ol style="list-style-type: none"> 1. Please review. 2. Add time intervals of when blood pressure is measured to Method of Measurement 1-1. 3. Please review. Add time intervals of when BMI is measured to Additional Method 1-2. 4. Please review. Add a percentage to Additional Indicator 1-4. 5. Please review. Add a percentage to Additional Indicator 1-5.

Commented [MS1]: The rewording changed what is being measured from a group average to individual changes for 1-4. Therefore this needed to be changes to 1 because now we are just looking at an increase. We measure fruit and vegetable consumption in whole integers.

Commented [MS2]: Considered and decided against. Many participants are not aware they have a "chronic disease" which would make the data unreliable.

Program Service 2 – Physical Health Assessment	<ol style="list-style-type: none"> 1. Copied the updated wording for blood pressure and BMI from Service 1. 2. Added the additional performance measure provided in the Written Clarifications. 	<ol style="list-style-type: none"> 1. Please review. 2. Please review.
Program Service 3 – Public Awareness/Education	<ol style="list-style-type: none"> 1. The service remains as time spent providing educational presentations to congregations during Sunday services. 2. Reworded Outcome 3-1 and 3-2. 	<ol style="list-style-type: none"> 1. Please review. 2. Please review.
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Program Service 5 – Best Practices Training	<ol style="list-style-type: none"> 1. Outputs have been updated according to the Written Clarifications. 2. Added the additional performance measure about Lifestyle Coaches remaining active in trainings. Also, added an indicator about coaches remaining active in training congregation members. 	<ol style="list-style-type: none"> 1. Please review. 2. Please review. Add a percentage for #2 in Additional Indicator 5-3 and information on this can be measured for #2 in Additional Method 5-3.
Program Service 6- Health Education (E-Cigarette Cessation)	<ol style="list-style-type: none"> 1. Updated the performance measures wording. 	<ol style="list-style-type: none"> 1. Please review.
Program Service 7 – Public Awareness/Education (E-Cigarette Campaign)	<ol style="list-style-type: none"> 1. Outputs have been updated according to the Written Clarifications. Added the numbers 	<ol style="list-style-type: none"> 1. Please review. Provide method of measurements to the corresponding

Commented [MS3]: This added measure is too hard to define and measure.

	<p>provided in response question #32 to Indicator 7-1.</p> <p>2. Reworded outcomes/indicators. Need information on the time frame the Missouri Student Survey will be collected/analyzed.</p>	<p>indicators in Method of Measurement 7-1.</p> <p>2. Please review. Provide time intervals for Additional Method 7-2 and 7-3.</p>
Program Service 8 – Public Awareness/Education (E-Cigarette Presentations)	1. Updated the unit measure.	1. Please review.
Program Service 9 – Health Education (Cooking Matters)	<p>1. Updated the unit measure.</p> <p>2. Reworded Outcome 9-2</p> <p>3. Added an additional indicator to show increased knowledge of comparing food labels.</p>	<p>1. Please review.</p> <p>2. Please review.</p> <p>3. Please review.</p>
Program Service 10 – Consultation	1. Updated the outputs.	1. Please review.

Commented [MS4]: Measure 9-1 is not something we collect. It measures the same ultimate behavior as indicator 9-2. However, indicator 9-2 measures intention which is a stronger predictor of behavior change than knowledge. If you would like us to add an additional measure, we could add a measure on comparing prices, reading the ingredient list to find whole grains, or buying fruits and vegetables in all its forms (fresh, frozen, canned)

Additional Follow-Up Items:

1. The MOU provided with Operation Food Search states the agreement will terminate on April 30, 2017 or earlier. Provide an updated copy or clarification on the status of this MOU.

We have reached out to Operation Food Search for an updated contract. Once we receive an updated contract, and it's signed by both parties, we will pass it along to you.

2. Provide clarification on why the unit rate is higher for Consultation than Public Awareness/Education.

These numbers were determined based on expenditures over the last year. Both program services take about the same amount of time from a health educator, however public awareness/education is provided to large groups which decreases the unit rate. Consultation is typically provided in small groups or one on one. Taking this into account, maybe the unit rate should be 15 minutes per person. Please advise.

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/Boone County Department of Public Health and Human Services
Fund Source	Community Health/Medical Fund - RFP #36-13SEP18
Funder	Boone County
Funding Cycle	RFP #36-13SEP18
Name of Program or Project	Live Well Boone County
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

Columbia/Boone County Department of Public Health and Human Services

Program Name

Live Well Boone County

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. \$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. \$116,785.50
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. \$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. \$8,108.49
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 124893.99
PROGRAM EXPENSES	
1. Personnel	(A) 1. \$89,240.49
2. Non-Personnel	(A) 2. \$35,653.50
TOTAL PROGRAM EXPENSES	(A) Total Expenses 124893.99

Residence	
<u>RESIDENCE</u>	AGREEMENT RESIDENCE (A)
City of Columbia	(A) City of Columbia 1331
Boone County (includes City of Columbia residents)	(A) Boone County (includes City of Columbia residents) 1487
Cooper County	(A) Cooper County 0
Howard County	(A) Howard County 0
Other Counties	(A) Other Counties 0
RESIDENCE TOTAL	(A) Residence Total: 1487

Race	
<u>RACE</u>	AGREEMENT RACE (A)
White (alone)	(A) White (alone) 483
Black or African American (alone)	(A) Black or African American (alone) 878
Multiple Races	(A) Multiple Races 60
Asian (alone)	(A) Asian (alone) 32
Native American Indian or Alaskan Native (alone)	(A) Native American Indian or Alaskan Native (alone)

	10
Native Hawaiian or other Pacific Islander (alone)	(A) Native Hawaiian or other Pacific Islander (alone)
	10
Some Other Race	(A) Some Other Race
	14
RACE TOTAL	(A) Race Total
	1487

Ethnicity	
<u>ETHNICITY</u>	AGREEMENT ETHNICITY (A)
Hispanic or Latino (of all race)	(A) Hispanic or Latino (of all race)
	63
Not Hispanic or Latino	(A) Not Hispanic or Latino
	1424
ETHNICITY TOTAL	(A) Ethnicity Total
	1487

Gender	
<u>GENDER</u>	AGREEMENT GENDER (A)
Female	(A) Female
	1060
Male	(A) Male
	427
Other Gender	(A) Other Gender
	0
GENDER TOTAL	(A) Gender Total
	1487

Income	
<u>INCOME</u>	AGREEMENT INCOME (A)
At or below 200% of FPL (Federal Poverty Level)	(A) At or below 200% of FPL
	24
Over 200% of FPL	(A) Over 200% of FPL
	0
INCOME TOTAL	(A) Income Total
	24

Age (City-Social Services/County-Health/HMUW)

<u>AGE</u>	AGREEMENT AGE (A):
Under 5 years	(A) Under 5 years 50
5-19 years	(A) 5-19 years 711
20-59 years	(A) 20-59 years 322
60 years and over	(A) 60 years and over 404
AGE TOTAL	(A) Age Total 1487

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.

Income data will not be collected for LWBF, the JUUL presentations in schools, and for smoking cessation as it would create a barrier to participation.

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 \$1,500.00
Description of Funds	(A) Description of Funds \$1,000 will be used to hold a kick-off event in January. At this event, we will bring in speakers to motivate and educate. A healthy meal will be provide to encourage attendance. We will also bring in community agencies and set up a resource fair. \$500 will be used to create environmental changes at the churches that promote health, such as creating community gardens.

Program Service #1 - Outputs

Program Service #1 - Outputs:	#1 Agreement (A)
Service #1 Name	(A) Service #1 Health Education (LWBF)
Total # of Units Provided #1	(A) Units #1 1385
Unit Measure #1	(A) Unit Measure #1 1 session/person
Unit Rate #1	(A) Unit Rate #1 \$45.46
Total # of Unduplicated Individuals Served #1	(A) Unduplicated Individuals #1 120

Program Service #1 - Funding

Funding Amount #1	(A) Agreement Amount #1 \$62,962.10
Units #1	(A) Agreement Units #1 1385

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 blood pressure.	(A) Indicator 1-1 10% of participants will improve their blood pressure to be in the normal range at post-test compared to their baseline score.	(A) Method of Measurement 1-1 Blood Pressure (normal range defined by Joint National Committee) as measured at first encounter compared to last encounter within the 2019 calendar year.
(A) Additional Outcome 1-2 Participants will experience weight loss.	(A) Additional Indicator 1-2 10% of participants will achieve weight loss from the program onset to program post-test period	(A) Additional Method 1-2 BMI (for healthy weight as defined by CDC guidelines) and pounds, as measured at first encounter compared to last encounter within the 2019 calendar year.
(A) Additional Outcome 1-3 Participants will become more physically active.	(A) Additional Indicator 1-3 10% of participants will increase activity to at least 30 minutes per day at post-test compared to their baseline response.	(A) Additional Method 1-3 Live Well by Faith participant survey (Pre- and post- survey)
(A) Additional Outcome 1-4 Participants will increase fruit and vegetable consumption.	(A) Additional Indicator 1-4 50% of participants will increase their fruit and vegetable consumption by 1 servings at post-test compared to their baseline response.	(A) Additional Method 1-4 Live Well by Faith participant survey (Pre- and post- survey)
(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

Physical Health Assessment

(A) Units #2

846

(A) Unit Measure #2

One assessment

(A) Unit Rate #2

\$10.81

(A) Unduplicated Individuals #2

120

Total # of Units #2

Unit Measure #2

Unit Rate #2

Total # of Unduplicated Individuals Served #2

Program Service #2 - Funding

(A) Agreement Amount #2

\$9,145.26

(A) Agreement Units #2

846

Funding Amount #2

Units #2

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 improve their blood pressure.

(A) Indicator 2-1

10% of participants will improve their blood pressure to be in the normal range at post-test compared to their baseline score.

(A) Method of Measurement 2-1

Blood Pressure (normal range defined by Joint National Committee)

(A) Additional Outcome 2-2

Participants will experience weight loss.

(A) Additional Indicator 2-2

10% of participants will achieve weight loss from the program onset to program post-test period

(A) Additional Method 2-2

BMI (for healthy weight as defined by CDC guidelines) and pounds

(A) Additional Outcome 2-3

Participants are informed of their blood pressure

(A) Additional Indicator 2-3

- 1.) 100% of participants receive information on their blood pressure following their physical health assessment
- 2.) 100% of participants are referred to seek medical attention if they have a critical blood pressure reading.

(A) Additional Method 2-3

Live Well by Faith participant survey (pre-/post-survey)
Live Well by Faith follow-up form completed for every physical health assessment

(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

Public Awareness/Education

Total # of Units #3

(A) Units #3

600

Unit Measure #3

(A) Unit Measure #3

15 minutes

Unit Rate #3

(A) Unit Rate #3

\$14.36

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

600

Program Service #3 - Funding

Funding Amount #3

(A) Agreement Amount #3

\$8,616.00

Units #3

(A) Agreement Units #3

600

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**Church attendees will increase
fruit and vegetable consumption.**(A) Indicator 3-1**35% of church attendees will report eating 5 servings of fruits and/or vegetables
on an average day.**(A) Method of Measurement
3-1**

Church survey (annual)

(A) Additional Outcome 3-2Church attendees will become
more physically active.**(A) Additional Indicator 3-2**60% of church attendees will report getting at least 30 minutes of moderate or
vigorous physical activity in addition to their normal routine on most days.**(A) Additional Method 3-2**

Church survey (annual)

(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

Consultation

Total # of Units #4

(A) Units #4

207

Unit Measure #4

(A) Unit Measure #4

15 minutes

Unit Rate #4

(A) Unit Rate #4

\$29.41

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

20

Program Service #4 - Funding

Funding Amount #4

(A) Agreement Amount #4

\$6,087.87

(A) Agreement Units #4

Units #4

207

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

Church attendees will become more physically active.

(A) Indicator 4-1

80% of church attendees will report being able to be physically active at their church.

(A) Method of Measurement 4-1

Church survey (annual)

(A) Additional Outcome 4-2

Church attendees have access to healthy food options at church functions.

(A) Additional Indicator 4-2

80% of church attendees will report that they can eat healthy when food is provided at their church.

(A) Additional Method 4-2

Church survey (annual)

(A) Additional Outcome 4-3

Live Well by Faith churches will implement environmental changes

(A) Additional Indicator 4-3

2 environmental changes will be implemented at Live Well by Faith churches.

(A) Additional Method 4-3

Database of environmental change and policies updated as new environmental changes are made.

(A) Additional Outcome 4-4

Live Well by Faith churches will implement policy changes

(A) Additional Indicator 4-4

3 policy changes will be implemented at Live Well by Faith churches

(A) Additional Method 4-4

Database of environmental change and policies updated as new policy changes are made.

(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

Best Practices Training

Total # of Units Provided #5

(A) Units #5

120

Unit Measure #5

(A) Unit Measure #5

One individual

Unit Rate #5

(A) Unit Rate #5

\$59.40

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5

20

Program Service #5 - Funding

Funding Amount #5

(A) Agreement Amount #5

\$7,128.00

Units #5

(A) Agreement Units #5

120

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 Lifestyle Coaches will increase knowledge of health.	(A) Indicator 5-1 85% of lifestyle coaches will report learning new information at lifestyle coach training.	(A) Method of Measurement 5-1 Lifestyle Coach Training Evaluation Survey
(A) Additional Outcome 5-2 Lifestyle coaches will perceive they have the ability to help their congregations be healthy.	(A) Additional Indicator 5-2 85% of lifestyle coaches report that they are able to help their congregations be healthy.	(A) Additional Method 5-2 Lifestyle Coach Training Evaluation Survey
(A) Additional Outcome 5-3 Lifestyle coaches will remain active in attending trainings.	(A) Additional Indicator 5-3 75% of Lifestyle Coaches attended at least 5 lifestyle coach trainings per year.	(A) Additional Method 5-3 Lifestyle Coach Training Attendance Logs
(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 Health Education (E-Cigarette Cessation)
Total # of Units #6:	(A) Units #6 160
Unit Measure #6:	(A) Unit Measure #6 1 hour
Unit Rate #6:	(A) Unit Rate #6 \$32.91
Total # of Unduplicated Individuals Served #6:	(A) Unduplicated Individuals #6 20

Program Service #6 - Funding

Funding Amount #6	(A) Agreement Amount #6 \$5,265.62
Units #6	(A) Agreement Units #6 160

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 be informed about e-cigarette use and JUULing.	(A) Indicator 6-1 95% of participants will report learning new information about e-cigarette use/JUULing	(A) Method of Measurement 6-1 pre and post assessments
(A) Additional Outcome 6-2 Participants will reduce JUUL/E-cigarette use.	(A) Additional Indicator 6-2 80% of participants will reduce their e-cigarette/JUUL usage, or stop using e-cigarette completely by the end of their 8-week program.	(A) Additional Method 6-2 pre and post assessments
(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 Public Awareness/Education (E-Cigarette Campaign)
Total # of Units #7	(A) Units #7 13644
Unit Measure #7	(A) Unit Measure #7 \$1.00
Unit Rate #7	(A) Unit Rate #7 \$1.00
Total # of Unduplicated Individuals Served #7	(A) Unduplicated Individuals #7 20000

Program Service #7 - Funding

Funding Amount #7	(A) Agreement Amount #7 \$13,644.00
Units #7	(A) Agreement Units #7 13644

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 Teens and young adults will receive messages about the dangers of JUUL/E-Cigarette devices.	(A) Indicator 7-1 1.) 1250 flyers will be printed and distributed to middle schools and high schools throughout Boone County. 2.) 20,000 people will be reached on social media through Snapchat/Instagram. 3.) 10 community partners will be contacted. 4.) 2 ads will be played on Pandora and/or Spotify	(A) Method of Measurement 7-1 1.) Number of flyers distributed to middle and high schools as measured by counting 2.) Number of views/individuals reached as calculated by instagram/snapchat. 3.) # of community partners that have been contacted as recorded on list 4.) number of ads that will be played as measured by counting
(A) Additional Outcome 7-2 Decrease the number of students who used or e-cigarettes in the past 30 days	(A) Additional Indicator 7-2 The percentage of students who report using e-cigarettes in the past 30 days will decrease by 5%.	(A) Additional Method 7-2 Missouri Student Survey, 2018 and 2020 data
(A) Additional Outcome 7-3 Students will perceive e-cigarettes to be harmful.	(A) Additional Indicator 7-3 The percentage of students who perceive its harmful to smoke e-cigarettes will increase by 5%	(A) Additional Method 7-3 Missouri Student Survey, 2018 and 2020 data
(A) Additional Outcome 7-4 Students will access more information about JUUL/E-Cigarettes	(A) Additional Indicator 7-4 The number of visits to the PHS's JUUL education page will increase by 300%.	(A) Additional Method 7-4 Website statistics pre and post intervention
(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

Public Awareness/Education (E-Cigarette Presentations)

Total # of Units Provided #8

(A) Units #8

643

Unit Measure #8

(A) Unit Measure #8

One individual

Unit Rate #8

(A) Unit Rate #8

\$1.55

Total # of Unduplicated Individuals Served #8

(A) Unduplicated Individuals #8

643

Program Service #8 - Funding

Funding Amount #8

(A) Agreement Amount #8

\$996.65

Units #8

(A) Agreement Units #8

643

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**

Fifth grade students will be able to correctly identify the harmful effects of e-cigarette usage.

(A) Indicator 8-1

85% of fifth grade students will be able to correctly identify the harmful effects of e-cigarette usage following a presentation.

(A) Method of Measurement 8-1

Post survey

(A) Additional Outcome 8-2

Parents of school-aged children in Boone County will be able to correctly identify e-cigarettes.

(A) Additional Indicator 8-2

85% of parents can correctly identify e-cigarettes following a presentation.

(A) Additional Method 8-2

Post survey

(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

Health Education (Cooking Matters)

Total # of Units Provided #9

(A) Units #9

24

Unit Measure #9

(A) Unit Measure #9

One individual

Unit Rate #9

(A) Unit Rate #9

\$18.33

(A) Unduplicated Individuals #9

Total # of Unduplicated Individuals Served #9

24

Program Service #9 - Funding

Funding Amount #9

(A) Agreement Amount #9

\$440.00

Units #9

(A) Agreement Units #9

24

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

Participants will increase knowledge of selecting healthy food options.

(A) Indicator 9-1

85% of participants will say they will compare food labels to make healthy choices.

(A) Method of Measurement 9-1

Cooking Matters post survey

(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

Consultation

Total # of Units Provided #10

(A) Units #10

5

Unit Measure #10

(A) Unit Measure #10

One restaurant

Unit Rate #10

(A) Unit Rate #10

\$200.00

Total # of Unduplicated Individuals Served #10

(A) Unduplicated Individuals #10

5

Program Service #10 - Funding

Funding Amount #10

(A) Agreement Amount #10

\$1,000.00

Units #10

(A) Agreement Units #10

5

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes:

(A) Outcome 10-1

Increase the number of restaurants who qualify for Live Well Restaurant recognition.

(A) Additional Outcome 10-2

(A) Additional Outcome 10-3

(A) Additional Outcome 10-4

(A) Additional Outcome 10-5

(A) Program Service 10 Indicators:

(A) Indicator 10-1

5 new restaurants will qualify for Live Well Restaurant recognition.

(A) Additional Indicator 10-2

(A) Additional Indicator 10-3

(A) Additional Indicator 10-4

(A) Additional Indicator 10-5

(A) Program Service 10 Method of Measurements:

(A) Method of Measurement 10-1

Number of restaurants who meet MO DHHS criteria for being a LWR.

(A) Additional Method 10-2

(A) Additional Method 10-3

(A) Additional Method 10-4

(A) Additional Method 10-5

Total Funding Amount - Services 1-10

Total Funding Request for Services 1-10

116785.5

Links for Agreement Form (V3)

STATES SELF-INSURERS RISK RETENTION GROUP, INC.

222South Ninth St Suite 2700

Minneapolis, MN 55402-3332

(612) 766-3000

CERTIFICATE OF INSURANCE

Insured: City of Columbia, MO PO Box 6015 Columbia MO 65205	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 policy(ies) below. This certificate of insurance does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder.
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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).

Coverages:

This is to certify that the policy(ies) 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 policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies).
 Limits shown may have been reduced by paid claims.

Type of Insurance:	Policy Number	Effective Date	Expiration Date	Limits	
				Occurrence	Aggregate
Public Entity Excess Liability including Error or Omission Liability Coverage.	3000030-2	10/1/2018	10/1/2019	\$3,000,000	\$10,000,000
Retroactive Date:	Occurrence Form Policy				

Description of Operations/Locations/Vehicles/Special Terms:
 Proof of insurance for city departmental activities.

Certificate Holder:	CANCELLATION: Should the above described policy be cancelled before the expiration date, thereof, notice will be delivered according to policy provisions.
----------------------------	--

Self-Insured Retention: \$500,000	Authorized Representative:  _____ Signature
	10/1/2018 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2018

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 Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	NAIC #
CN102114687-WC-18-19	INSURER A : Safety National Casualty Corp.	15105
INSURED City of Columbia P.O. Box 6015 Columbia, MO 65205-6015	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-008143631-11 **REVISION NUMBER:** 6

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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"/> OTHER: _____						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	SP4059362 SIR: All Other - \$500,000 Police/Firefighters/Utility - \$750,000	10/01/2018	10/01/2019	<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

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

CERTIFICATE HOLDER City of Columbia P.O. Box 6015 Columbia, MO 65205-6015	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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STATES SELF-INSURERS RISK RETENTION GROUP, INC.

222 South Ninth St Suite 2700

Minneapolis, MN 55402-3332

(612) 766-3000

CERTIFICATE OF INSURANCE

Insured: City of Columbia, MO PO Box 6015 Columbia MO 65205	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 policy(ies) below. This certificate of insurance does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder.
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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).

Coverages:

This is to certify that the policy(ies) 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 policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies). Limits shown may have been reduced by paid claims.

Type of Insurance:	Policy Number	Effective Date	Expiration Date	Limits	
				Occurrence	Aggregate

Public Entity Excess Liability including Error or Omission Liability Coverage.	3000030-2	10/1/2018	10/1/2019	\$3,000,000	\$10,000,000
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Retroactive Date: Occurrence Form Policy

Description of Operations/Locations/Vehicles/Special Terms:
 Proof of insurance for city departmental activities.

Certificate Holder:	CANCELLATION: Should the above described policy be cancelled before the expiration date thereof, notice will be delivered according to policy provisions.
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Self-Insured Retention: \$500,000	Authorized Representative:  _____ Signature
	10/1/2018 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2018

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 Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101 CN102114687--WC-18-19	CONTACT NAME: PHONE (A/C No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED City of Columbia P.O. Box 6015 Columbia, MO 65205-6015	INSURER A : Safety National Casualty Corp. NAIC # 15105	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-008143631-11 **REVISION NUMBER: 6**

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
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 N	N/A	SP4059362 SIR: All Other - \$500,000 Police/Firefighters/Utility - \$750,000	10/01/2018	10/01/2019	X 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)
Proof of Insurance

CERTIFICATE HOLDER City of Columbia P.O. Box 6015 Columbia, MO 65205-6015	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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CERTIFIED COPY OF ORDER

STATE OF MISSOURI

January Session of the January Adjourned

Term. 20 19

County of Boone

} ea.

In the County Commission of said county, on the

24th

day of

January

20 19

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 Curators of the University of Missouri for the 2019 Show-Me State Games.

Terms of the agreement are stipulated in the attached Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Cooperative Agreement.

Done this 24th day of January 2019.

ATTEST:

Brianna L. Lennon
Brianna L. Lennon
Clerk of the County Commission

Daniel K. Atwill
Daniel K. Atwill
Presiding Commissioner

Fred J. Parry
Fred J. Parry
District I Commissioner

Janet M. Thompson
Janet M. Thompson
District II Commissioner

COOPERATIVE AGREEMENT

THIS AGREEMENT made and entered in this 24th day of January, 2019, by and between Boone County, Missouri, a political subdivision of the State of Missouri, (herein County), and Curators of the University of Missouri, (herein University).

WHEREAS, County desires to engage in promotion of Boone County to support economic growth and development; and

WHEREAS, the University, in hosting the Show-Me Games within Boone County, Missouri, is providing an excellent opportunity to promote Boone County to the attendees of the games; and

WHEREAS, the Show-Me Games 2019 will provide a large, economic impact Boone County; and

WHEREAS, the parties are authorized to enter into cooperative agreements pursuant to the provisions of RSMo §70.220.

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, as well as the health and physical fitness of Boone County citizens, the county hereby agrees to pay the University the sum of Eighteen Thousand Dollars (\$18,000.00) in support of the Show-Me Games 2019.
2. In consideration of payment of the aforesaid sum, the University agrees to hold the 2019 Show-Me State Games within Boone County, Missouri, and to promote Boone County, Missouri, in accordance with the University's guidelines for "major" sponsors contributing Twenty Thousand Dollars for the sponsorship of the games.

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,

Curators of the University of Missouri Boone County, Missouri

By:

Casey E Forbis
Senior Business Services
Consultant

Printed Name: _____

Title: _____

By:

Daniel K. Atwill, Presiding Commissioner

ATTEST:

Brianna L. Lennon, Boone County Clerk

Approved as to Legal Form:

C.J. Dylhouse, 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.

\$12,000 1510-86687

June Pitchford by SA 1-17-19
Auditor Date

REVIEWED
By Casey Forbis at 10:28 am, Jan 10, 2019

Approved as to
Legal Form
MVZ
Mark Van Zandt

1/10/19