

CERTIFIED COPY OF ORDER

March Session of the January Adjourned

Term. 20 20

STATE OF MISSOURI }
County of Boone } ea.

In the County Commission of said county, on the 17th day of March 2020

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

Now on this day, the County Commission of the County of Boone, pursuant to Chapter 139 RSMo, does hereby authorize the Boone County Collector, Brian McCollum, for the 2014 tax bill year, to strike from the delinquent tax rolls, property tax balances on real estate tax, personal property tax, nuisance abatements and community improvement district assessments as follows:

State	\$	687.39
County	\$	5,371.64
School Districts	\$	123,987.71
Cities	\$	7,468.83
Fire Districts	\$	4,818.30
Library Districts	\$	9,747.78
Surtax	\$	3,841.80
Nuisance	\$	548.80
Community Improvement	\$	2,217.00
Common Road	\$	1,128.22
Centralia Common Road	\$	17.22
Total		<u>159,834.69</u>

These 2014 real estate taxes, personal property taxes, nuisance abatements and community improvement district assessments are stricken for the following reasons:

- After due diligence, the collector cannot locate the owners; or
- Bankruptcy or probate proceedings have intervened making the balances due uncollectible; or,
- The real estate property was sold via a Post-Third Offering Delinquent Tax Certificate Sale; or,
- The real estate property was not subject to taxation after being acquired by a tax-exempt owner after January 1 of the taxable year.

The above total of \$159,834.69 breaks out as follows:

- Personal property \$ 102,270.19
- Bankruptcy and/or probate \$ 3,950.21
- Post-third tax sale \$ 548.80
- Tax exempt acquisitions \$ 53,065.49

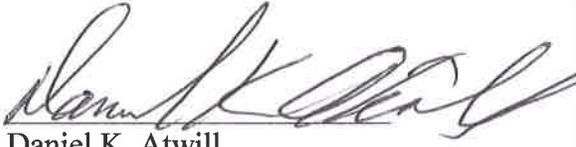
The following tax amounts represent 2013 and prior tax bills that were previously stricken from the delinquent tax rolls in Boone County. The tax amounts were added back to the delinquent tax rolls and collected and distributed to the taxing entities during the period of March 1, 2019 through February 29, 2020.

State	\$	13.61
County	\$	106.09
School Districts	\$	2,339.75
Cities	\$	140.52
Fire Districts	\$	73.65
Library Districts	\$	184.34
Common Road	\$	22.30
Total	\$	<u>2,880.26</u>

Done this 17th day of March 2020.

ATTEST:


 Brianna L. Lennon DKB
 Clerk of the County Commission



Daniel K. Atwill
 Presiding Commissioner



Fred J. Parry
 District I Commissioner



Janet M. Thompson
 District II Commissioner

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March Session of the January Adjourned

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} ca.

In the County Commission of said county, on the

17th

day of

March

20 20

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

Now on this day, the County Commission of the County of Boone does hereby authorize the Auditor's Office to reclassify position 194 from Field Service Technician (303500) Range 26, to Automotive/Equipment Mechanic (303300) Range 31, effective January 1, 2020.

Done this 17th day of March 2020.

ATTEST:

Brianna L. Lennon
Brianna L. Lennon *DKB*
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

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STATE OF MISSOURI }
County of Boone } ea.

March Session of the January Adjourned

Term. 20 20

In the County Commission of said county, on the 17th day of March 2020

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 Contract Amendment Number One to Contract C215080007 – Copier with Maintenance for Jury Services/Court Marshall as well as the disposal of one (1) Canon IR 5050 Copier, serial #CHE11110, fixed asset tag 16718.

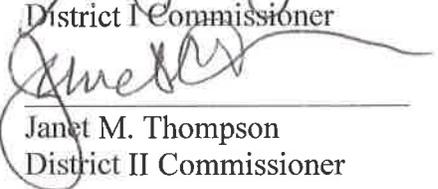
Terms of the amendment are stipulated in the attached Amendment. It is further ordered the Presiding Commissioner is hereby authorized to sign said Contract Amendment Number One.

Done this 17th day of March 2020.

ATTEST:


Brianna L. Lennon *DLB*
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
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: March 4, 2020
RE: Amendment Number One – C215080007 - Copier with Maintenance for Jury Services/Court Marshall

Contract *C215080007 - Photocopier with Maintenance* was approved by commission for award to Marco Technologies, LLC on January 21, 2020. This amendment adds the following copier:

Jury Services/Court Marshall

Copier: \$7,182.72

Department: 1230 - Jury Services & Court Costs, Account: 92301 - Replacement
Computer Hardware

Budgeted: \$8,500.00

Maintenance is 11,000 prints per month for \$69.30 (\$831.60 annually). \$800 is budgeted in department 1230 - Jury Services & Court Costs, account 60050 - Equipment Service Contract.

Purchasing is seeking permission to dispose of the following copier by trade.

Canon IR 5050, serial # CHE11110, asset tag 16718

Marco Technologies will haul off and recycle at the time they install the new copier. The hard drive will be removed and left with our Information Technology department.

cc: Contract File

BOONE COUNTY

Capital

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3-4-2020

Fixed Asset Tag Number: 16718

Description of Asset: Copier

RECEIVED

MAR 04 2020

**BOONE COUNTY
AUDITOR**

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): CHE11110

Condition of Asset: Inoperable

Reason for Disposition: Past life expectancy/broken

Location of Asset and Desired Date for Removal to Storage: Boone County Courthouse 3rd Fl. Jury Office

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1230 - Jury Services

Signature *[Handwritten Signature]*

~~To be Completed by: AUDITOR~~

Original Acquisition Date 12/31/08

G/L Account for Proceeds 1190-3835

Original Acquisition Amount 8,700.00

Original Funding Source 2782

Account Group 1601

~~To be Completed by: COUNTY COMMISSION / COUNTY CLERK~~

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 126-2020

Date Approved 3/17/2020

Signature *[Handwritten Signature]*

**CONTRACT AMENDMENT NUMBER ONE
FOR
PHOTOCOPIER WITH MAINTENANCE FOR
JURY SERVICES / COURT MARSHALL**

The Agreement **C215080007** dated the 21st day of January 2020 made by and between Boone County, Missouri and **Marco Technologies, LLC.** for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows:

1. Add one (1) photocopier with maintenance for the **Jury Services/Court Marshall**, Attn: Christopher Rishman-Weaver, 705 E. Walnut Street, Columbia, MO 65201, Phone: (573) 886-4086, e-mail: Christopher.Fishman-Weaver@courts.mo.gov

Copier/Printer #AA6T011: Konica 558E B&W 55 ppm \$7,182.72

- 55 Black and White Pages Per Minute
- 150 Sheet Bypass Tray
- (2) 500 Sheet Paper Tray
- (1) 2500 Sheet Paper Tray
- 300 Sheet Single Pass Document Feeder
- Automatic Duplexing
- Network Printing
- Network Scanning
- Stapling Finisher
- Scan to E-Mail/Network Folder

Pricing includes delivery, setup, connectivity, initial training, and on-going training and support.

Maintenance shall be provided for the copier as follows:

- **Black and White Prints included per Month: 11,000 for \$69.20 / month (132,000 prints annually for \$830.40)**
- Includes parts, labor, all preventative maintenance, and consumables (i.e. Toner and drum). Excludes paper and staples.
- 5 Year Replacement Guarantee on equipment
- Average response time is 4 hours or less
- Performance Guarantee with Loaner Program
- Factory parts re-stocked daily, factory trained technicians
- Non-stop continuous training
- Unlimited service calls

Maintenance shall begin upon installation of equipment. Maintenance agreement is customized to meet County needs and volume can be changed any time. **Maintenance rates are firm for five (5) years ending on December 31, 2024.** Maintenance will automatically renew yearly through December 31, 2024 unless the County gives a 30-day termination notice.

Contractor's on-site maintenance for copier shall include preventative maintenance calls and all remedial service calls required by County and found to be necessary by the service representative to maintain the equipment in optimum operating condition (unlimited service calls). County expects repair response time to be four (4) business hours from the date and time a service call is placed. In the event a machine cannot be repaired within 48 hours of the first service request, a loaner machine of equal or higher level will be provided at no charge to the County. If the original equipment cannot be repaired to the satisfaction of the County, permanent replacement equipment with equal or greater specifications must be provided, at no cost to the County. The Contractor's responsibility for permanent replacement will be seven (7) fiscal years following the year equipment is installed and accepted by the County.

- 2. **Trade-in Copier:** Contractor shall remove the following trade-in copier with a \$0.00 value the same day the new copier is installed and shall recycle equipment. Contractor agrees to remove the hard drive of the trade-in copier and leave with the Boone County Information Technology department.

Canon IR 5050 Copier, serial # CHE11110, fixed asset tag 16718

- 3. Except as specifically amended hereunder, all other terms, conditions and provisions of the original agreement shall remain in full force and effect.

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

MARCO TECHNOLOGIES, LLC.

By: DocuSigned by: Dave Paalhar
F13E65E4D0084A9...

Title: Technology Advisor

BOONE COUNTY, MISSOURI

By: Boone County Commission

DocuSigned by: Daniel K. Atwill
B4B934CED6E4E8...
Presiding Commissioner

APPROVED AS TO FORM:

DocuSigned by: J. Johnson
7D71DEAEB9D74DD...
County Counselor

ATTEST:

DocuSigned by: Brianna L. Lennon by MT
7D82DA986BF6495...
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.)

DocuSigned by: Dave E. Paalhar
EB91DB24AAAC49D...
Signature

3/9/2020
Date

Maintenance: 1230-60050: Black & White 11,000/month
@ \$69.30 with overage at \$0.00630000/print

Appropriation Account



COPIER/PRINTER RECOMMENDATION

A Proposal For:

Client Name: Jury Services/Court Marshall
Company Name: BOONE COUNTY Circuit
Address: 705 E WALNUT 1ST FL
COLUMBIA, MO 65201--446
Phone: (573) 886-4392
Email:
Date: Wednesday, March 04, 2020
Expiration Date:

Prepared By:

Technology Advisor: David Paalhar
Phone: 800.892.8548
Email: dave.paalhar@marconet.com
Web: marconet.com

taking technology further

MANAGED SERVICES
CLOUD SERVICES
BUSINESS IT SERVICES
CARRIER SERVICES
COPIERS & PRINTERS



marconet.com

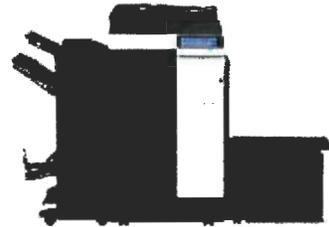


BOONE COUNTY Circuit Clerk
RECOMMENDED PRINT SOLUTION

ITEM	DESCRIPTION	QUANTITY
AA6T011	KONICA 558E B&W 55 PPM COPIER/PRINTER	1

Specifications

- 55 Black and White Pages Per Minute
- 150 Sheet Bypass Tray
- (2) 500 Sheet Paper Tray
- (1) 2500 Sheet Paper Tray
- 300 Sheet Single Pass Document Feeder
- Automatic Duplexing
- Network Printing
- Network Scanning
- Stapling Finisher
- Scan to E-Mail/Network Folder



PURCHASE PLAN on State Contract 3091 NASPO

- Purchase Payment with Discount Applied \$7,182.72

DELIVERY, INSTALLATION, INITIAL SUPPLIES AND INITIAL TRAINING

Delivery, Installation, Initial Supplies & Initial Training Included

SERVICE AND SUPPLIES

The service and supply contract includes all parts, labor, mileage, drums, toner, and developer—except paper and staples.

SERVICE & SUPPLIES..... \$69.30

- Black and White Prints **included** per Month: 11,000
- Black and White Print Overage: \$0.00630000 /Print

Customers may also choose to purchase an Advanced Copier/Printer Support Agreement and future onsite/phone service.

*The above pricing does not include applicable sales tax.
 Prices quoted are subject to change and should be verified before placing your order.*

Accepted by: _____ Date: _____

By signing this proposal, you are authorizing Marco Technologies LLC to order, install and invoice the above listed equipment.



**STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING**

NOTIFICATION OF STATEWIDE CONTRACT

December 30, 2019

CONTRACT TITLE: NASPO VaulePoint Copiers, Printers, and Related Devices

CURRENT CONTRACT PERIOD: January 1, 2020 through March 31, 2020

BUYER INFORMATION: Autumn Klauba
573-522-0001 Phone
573-526-9816 Fax
autumn.klauba@oa.mo.gov

RENEWAL INFORMATION	Original Contract Period	Potential Final Expiration
	October 2, 2015 through December 31, 2019	March 31, 2020

ALL PURCHASES MADE UNDER THIS CONTRACT MUST BE FOR **PUBLIC USE ONLY**.
PURCHASES FOR PERSONAL USE BY PUBLIC EMPLOYEES OR OFFICIALS ARE PROHIBITED.

THE USE OF THIS CONTRACT IS **MANDATORY** FOR THE PURCHASE AND LEASE OF COPIER-BASED
MULTIFUNCTION EQUIPMENT FOR ALL STATE AGENCIES.

Local Purchase Authority shall not be used to purchase supplies/services included
in this contract unless specifically allowed by the contract terms.

~ Instructions for use of the contract, specifications, and requirements are attached ~

CANON USA INFORMATION			
CONTRACT NUMBER	VENDOR NUMBER / MissouriBUYS Number	CONTRACTOR DESCRIPTION	COOP PROCUREMENT
C215080001	1325617720 B \ MB00079179	Canon USA Inc. 1 Canon Park Melville, NY 11747 Contact Person: Bob Ackerson Telephone: 631-330-2613 Email: BAckerson@CUSA.Canon.com	YES
C215080002	2230568220 0	Canon Financial Services 14904 Collections Center Drive Chicago, IL 60693 Contact Person: Government Account Team Telephone: 800-220-9510 Facsimile: 856-505-5399 Email: governmentaccounts@cfs.canon.com	YES

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STATE OF MISSOURI }
County of Boone } ea.

March Session of the January Adjourned

Term. 20 20

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

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 Contract Amendment Number One to Contract 22-16APR19 – Tree Trimming Services, Tree Cutting and Removal Services, Stump Removal/Grinding Services – Term & Supply.

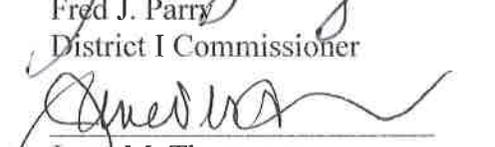
Terms of the amendment are stipulated in the attached Amendment. It is further ordered the Presiding Commissioner is hereby authorized to sign said Contract Amendment Number One.

Done this 17th day of March 2020.

ATTEST:


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


Daniel K. Atwill
Presiding Commissioner

Fred J. Parry
District I Commissioner

Janet M. Thompson
District II Commissioner

Boone County Purchasing

Melinda Bobbitt, CPPO
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: Robert Wilson
DATE: March 5, 2020
RE: Amendment Number One – 22-16APR19 – *Tree Trimming Services, Tree Cutting and Removal Services, Stump Removal / Grinding Services – Term & Supply*

Contract 22-16APR19 – *Tree Trimming Services, Tree Cutting and Removal Services, Stump Removal / Grinding Services – Term & Supply* was approved by commission for award to Braik's Tree Care, LLC. of Columbia, Missouri on June 4, 2019.

This amendment adds the following pricing for Braik's Tree Care, LLC:

Equipment Description	Rate – Per Hour
Service Truck	\$30.00

Invoices will be paid from the following accounts/departments:

Departments: 6104 – Grounds Maintenance, 2040 – Road & Bridge-Maintenance Operations, 2041 – Infrastructure Preservation/Rehab
Account: 71100 – Outside Services

cc: Bid File
Jeff McCann, Resource Management; Greg Edington, Public Works, Doug Coley, Facilities Maintenance

Commission Order: 127-2020

**CONTRACT AMENDMENT NUMBER ONE
FOR
TREE TRIMMING SERVICES, TREE CUTTING AND REMOVAL SERVICES,
STUMP REMOVAL / GRINDING SERVICES – TERM & SUPPLY**

The Agreement **22-16APR19** dated the 4th day of June, 2019 made by and between Boone County, Missouri and **Braik’s Tree Care, LLC**. for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows:

- 1. ADD the following equipment rate:

Equipment Description	Rate – Per Hour
Service Truck	\$30.00

- 2. Except as specifically amended hereunder, all other terms, conditions and provisions of the original agreement shall remain in full force and effect.

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

BRAIK’S TREE CARE, LLC

DocuSigned by:
By: Dan Braik
212EF317F109403...

Title: owner

BOONE COUNTY, MISSOURI

By: Boone County Commission

DocuSigned by:
Daniel K. Atwill
BAMB934CED6E4EE
Presiding Commissioner

APPROVED AS TO FORM:

DocuSigned by:
June E Pitchford
by: June E Pitchford
EPEE901D5B9C445
County Counselor

ATTEST:

DocuSigned by:
Brianna L Lennon by MT
BMB9086E1E99
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.)

DocuSigned by: <u>June E Pitchford by J</u> <u>No Encumbrance Required</u> JCE740D4EE7A483...	3/6/2020	6104, 2040, 2041/71100 – Term & Supply
Signature	Date	Appropriation Account

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

March Session of the January Adjourned

Term. 20 20

County of Boone

} ea.

In the County Commission of said county, on the

17th

day of

March

20 20

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

Now on this day, the County Commission of the County of Boone does hereby award Contract 34-18JUL19 – Purchase of Service Contracts to the Curators of the University of Missouri (on behalf of the College of Engineering), Program Name: Managing Behaviors and Engagement of At-Risk High School Youth by Immersion in a STEM Environment in the amount of \$141,863.88.

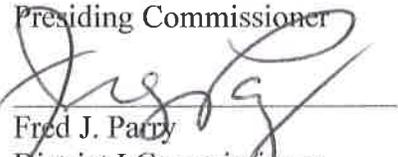
Terms of the award are stipulated in the attached Contract. It is further ordered the Presiding Commissioner is hereby authorized to sign said Purchase of Service Contract.

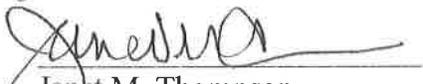
Done this 17th day of March 2020.

ATTEST:


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


Daniel K. Atwill
Presiding Commissioner


Fred J. Parry
District I Commissioner


Janet M. Thompson
District II Commissioner

Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing



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

MEMORANDUM

TO: Boone County Commission
FROM: Melinda Bobbitt, CPPO, CPPB
DATE: February 26, 2020
RE: RFP Award Recommendation: *34-18JUL19 – Purchase of Service Contracts*

Contracts from Request for Proposal *34-18JUL19 – Purchase of Service Contracts* were awarded per commission order 559-2019 on December 31, 2019. The University of MO, College of Engineering is also being awarded a contract from that RFP for the period January 1, 2020 through December 31, 2020 with the option for one, one-year renewal.

The Curators of the University of Missouri (on behalf of the College of Engineering)
Managing Behaviors and Engagement of At-Risk High School Youth by Immersion in a STEM Environment
\$141,863.88

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

cc: Proposal File

PROPOSAL EXECUTIVE SUMMARY: RFP #34-18JUL19

Program Overview	
Organization Name	The Curators of the University of Missouri (on behalf of the Department of Engineering)
Program Name	Managing Behaviors and Engagement of At-Risk High School Youth by Immersion in a STEM Environment
Contract Amount	\$141,863.88
Current Contract Amount	N/A
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Mental health screenings
Number of Unduplicated Individuals to be Served	50 (20 – High School (15 years-19) and 30 - Parent/Guardian)

Program Budget			
Total Program Revenue	\$170,495.00	% of Budget Proposed to CSF	100%
Other Funders	No other funders listed.		

Services					
	Service	Unit Measure	Unit Rate	# of Units Contracted	Contracted Amount
#1	Career Exploration	1 hour/individual	\$37.84	3362	\$127,218.08
Description:					
The consumers would be high school children who are at risk for a multitude of issues. These students will work with a team of engineering faculty, graduate, and undergraduate students at MU College of Engineering and an embedded QMHP. The faculty-student team will create lab and project based hands-on activities in four different departments through the year. Most activities would involve design, build and test.					
Performance Measures - Outcomes:					
a.	Individuals complete job training, college, or vocational training.				
b.	Individuals make changes based on knowledge gained.				
c.	Individuals improve functioning.				
d.	Individuals experience fewer mental, emotional, and/or behavioral symptoms.				
#2	Personal Development	1 hour/individual	\$32.00	38	\$1,216.00
Description:					
Every student will engage in two separate 30-min sessions with the QMHP. The first session will review the screeners to identify mental health needs, apprise them of the services available and refer them to FACE for continuum of services. The second session will be informed by the first session and will help client to identify their SNAP (strengths, needs, abilities and preferences) to manage their mental health.					
Performance Measures - Outcomes:					
a.	Individuals develop coping, stress management skills.				
#3	Behavior Support Services	1 hour/individual	\$10.98	880	\$9,662.40
Description:					
There will be a one-hour behavior support session in a group setting for all the students in the program every week led by the QMHP. In this session, several topics will be discussed,					
Performance Measures - Outcomes:					
a.	Individuals identify, manage, and appropriately express emotions and behaviors.				
#4	Parent Partnership	1 hour	\$4.83	780	\$3,767.40
Description:					
There will be a one-hour behavior support session in a group setting for all the students in the program every week led by the QMHP. In this session, several topics will be discussed,					
Performance Measures - Outcomes:					
a.	Individuals identify, manage, and appropriately express emotions and behaviors.				



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Service Contract
Managing Behaviors and Engagement of at Risk High School Youth by
Immersion in a STEM Environment

THIS AGREEMENT dated the 17th day of March, 2020 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **The Curators of the University of Missouri (on behalf of the College of Engineering)** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **MU College of Engineering**.

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

WHEREAS, MU College of Engineering has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY MU COLLEGE OF ENGINEERING

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

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

2. **Contract Documents.** MU College of Engineering will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #34-18JUL19 (Purchase of Service Contracts), any addenda, the MU College of Engineering's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, Best and Final Offer Responses, 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 MU College of Engineering's Proposal, any addenda, the MU College of Engineering's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, Requests for Additional Information, Best and Final Offer Responses, and the Agreement Form in Apricot.

3. **Purchase.** The BCCSB agrees to purchase from MU College of Engineering and MU College of Engineering agrees to furnish the **Managing Behaviors and Engagement of at Risk High School Youth by Immersion in a STEM Environment** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in MU College of Engineering'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 **\$141,863.88** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2020 and extend through December 31, 2020** subject to the provisions for termination specified below. MU College of Engineering agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of MU College of Engineering be renewed for an **additional one-year period**. MU College of Engineering agrees and understands that the County may require supplemental information to be submitted by MU College of Engineering prior to any renewal of this agreement.

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Career Exploration	1 hour/individual	\$37.84	3362	\$127,218.08
Personal Development	1 hour/individual	\$32.00	38	\$1,216.00

Behavior Support Services	1 hour/individual	\$10.98	880	\$9,662.40
Parent Partnership	1 hour	\$4.83	780	\$3,767.40

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of MU College of Engineering, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Proposal #34-18JUL19 (Purchase of Services), any addenda, the MU College of Engineering's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, Requests for Additional Information, Best and Final Offer Responses, and the Agreement Form in Apricot, as submitted by MU College of Engineering to monitor service delivery and program expenditures. MU College of Engineering agrees to submit to the BCCSB an Interim Report by July 31, 2020 for the period of January 1, 2020 through June 30, 2020 and a Year End Final Report by January 31, 2021, for the period of January 1, 2020 through December 31, 2020. Variations on this date may be requested by MU College of Engineering and, if so stipulated, are noted on this contract document. Payments may be withheld from MU College of Engineering if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. MU College of Engineering agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** MU College of Engineering agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect MU College of Engineering'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, MU College of Engineering hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

15. **Conflict of Interest.** MU College of Engineering 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 MU College of Engineering, and this shall include any transaction in which MU College of Engineering is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define “Conflict of Interest”.

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

17. **Employment of Unauthorized Aliens Prohibited.** MU College of Engineering 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. MU College of Engineering shall require each subcontractor to affirmatively state in its Agreement with the MU College of Engineering 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 MU College of Engineering a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor’s employees are lawfully present in the United States.

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

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

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

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

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

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

c. BCCSB may terminate this agreement should MU College of Engineering 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, MU College of Engineering shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the MU College of Engineering for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Insurance Requirements.** MU College of Engineering 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:** MU College of Engineering 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, MU College of Engineering 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 MU College of Engineering.

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: MU College of Engineering 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. MU College of Engineering 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.

MU College of Engineering 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 claims which might arise as a result of the operations of MU College of Engineering 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 MU College of Engineering.

c. Professional Liability Insurance: MU College of Engineering 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. A program of self-funding can be used in place of insurance.

d. Commercial Automobile Liability: MU College of Engineering 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 MU College of Engineering's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work. A program of self-funding can be used in place of insurance.

23. Indemnification. To the extent permitted under Missouri law, MU College of Engineering agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against claims arising by reason of any act or failure

to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of the College of Engineering)** (meaning anyone, including but not limited to consultants having a contract with MU College of Engineering or subcontractor for part of the services), or anyone directly or indirectly employed by MU College of Engineering, or of anyone for whose acts MU College of Engineering may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

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

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

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

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

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

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

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

Any written notice or communication to MU College of Engineering shall be mailed or delivered to:

The Curators of the University of Missouri (on behalf of the College of Engineering)

Office of Sponsored Programs

115 Business Loop 70W

Mizzou North, Room 501

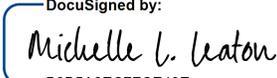
Columbia, MO 65211-0001

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

**The Curators of the University of Missouri
(on behalf of the College of Engineering)**

Boone County, Missouri

By: Boone County Commission

By: 
B9B5A8EC7FCE49E...


BA4B934CED6E4EB...

Signature

Presiding Commissioner

Pre-Award Manager

By: _____
Printed Name/ Title

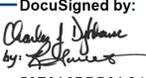
By: Boone County Children's Services Board

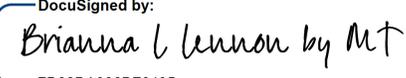

C1246EF42CC84CC...

Board Chair

APPROVED AS TO FORM:

ATTEST:


56E0A0DDB0AC445...


7D82DA986BF6495...

County Counselor

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.)


4147B4E3F1C847D...

3/4/2020

(2161/71106/\$141,863.88)

Signature

Date

Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Organization Profile

Organization Profile Instructions

New Users:

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

Returning Users:

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

Organization User Information

Primary Information

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

The Curators of the University of Missouri (on behalf of the College of Engineering)

DBA:

Federal EIN Number:

436003859

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

Office of Sponsored Programs
115 Business Loop 70W, Mizzou North RM 501

City

Columbia

State

Missouri

County

Boone

Zip

65211-0001

Organization Phone Number:

573-882-7560

Website:

<http://www.research.missouri.edu/>

Head of Organization

Karen M. Geren

Head of Organization Phone:

573-882-7560

Address

Office of Sponsored Programs
115 Business Loop 70W, Mizzou North RM 501

City

Columbia

State

Missouri

County

Boone

Zip

65211-0001

Organization Fax Number:

573-884-4078

Email:

grantsdc@missouri.edu

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

Pre-Award Manager, OSPA

Head of Organization Email:

grantsdc@missouri.edu

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

Local Organization Name:

The Curators of the University of Missouri

Local Organization Fax:

573-884-4078

Address

Office of Sponsored Programs
115 Business Loop 70W, Mizzou North RM 501

City

Columbia

State

Missouri

County

Boone

Zip

65211-0001

Local Contact Name:

Karen M. Geren

Local Contact Email:

grantsdc@missouri.edu

Address

Office of Sponsored Programs
115 Business Loop 70W, Mizzou North RM 501

City

Columbia

State

Missouri

County

Boone

Zip

65211-0001

Local Contact Title:

Pre-Award Manager, OSPA

Local Contact Phone:

573-882-7650

General Information

Organization

Mission

Statement

(Purpose):

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

We are stewards and builders of a priceless state resource, a unique physical infrastructure and scholarly environment in which our tightly interlocked missions of teaching, research, service and economic development work together on behalf of all citizens. Students work side by side with some of the world's best faculty to advance the arts and humanities, the sciences and the professions. Scholarship and teaching are daily driven by a commitment to public service — the obligation to produce and disseminate knowledge that will improve the quality of life in the state, the nation and the world.

Organization

History:

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

Established in 1839, the University of Missouri knows what it means to be first. We were the first public university west of the Mississippi River. As a flagship, land-grant institution and one of only 62 universities across the U.S. and Canada to be a member of the prestigious Association of American Universities, we are a campus where empathy, innovation and hard work combine to solve the world's grand challenges. We tackle diverse problems because Missouri is a diverse state.

Brief Statement

of Organization's

Major Goals:

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

Specifically, we were tasked with developing goals and strategies around the five Missouri compacts: Excellence in Student Success, Excellence in Research and Creative Works, Excellence in Engagement and Outreach, Inclusive Excellence, Excellence in Planning, Operations and Stewardship

Articles of

Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1562794932_30405_ArticlesofIncorporation.pdf/

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

Bylaws:

Provide a copy of the organization's Bylaws.

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1562782752_34051_BoardBylaws_CollectedRules_RulesandRegulations_UniversityofMissouriSystem.pdf/

Organizational

Chart

(must be for the

entire

organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1562782752_30406_UMSYS_OrgChart.pdf/

Strategic Plan:

Strategic Plan (MUST BE IN PDF FORMAT)

/document/download/filename/1562782752_42846_mu-strategic-plan.pdf/

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

Service Area: Today, the University of Missouri System is one of the nation's largest higher education institutions, with more than 75,000 students on four campuses and an Extension program with activities in every county of the state. The university continues to impact Missouri and its citizens in every county, every day.

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
Our vision is to advance the opportunities for success and well-being for Missouri, our nation and the world through transformative teaching, research, innovation, engagement and inclusion.

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

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

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

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

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

Governing Board

Length of Board Term (e.g. "2 years"):
6 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 A. Williams	NA	01/01/2019	01/01/2025	Board of Curators Office 316 University Hall Columbia, MO 65211	<input checked="" type="checkbox"/>	Added on 07/10/2019	
David L. Steelman	NA	01/01/2014	01/01/2020	Board of Curators Office 316 University Hall Columbia, MO 65211	<input checked="" type="checkbox"/>	Added on 07/10/2019	
Phillip H. Snowden	NA	01/01/2015	01/01/2021	Board of Curators Office 316 University Hall Columbia, MO 65211	<input checked="" type="checkbox"/>	Added on 07/10/2019	
Jeffrey L. Layman	NA	01/01/2017	01/01/2023	Board of Curators Office 316 University Hall Columbia, MO 65211	<input checked="" type="checkbox"/>	Added on 07/10/2019	
Maurice B. Graham	NA	01/01/2015	01/01/2021	Board of Curators Office 316 University Hall Columbia, MO 65211	<input checked="" type="checkbox"/>	Added on 07/10/2019	

Governing Board Member						Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date	
Darryl M. Chatman	NA	01/01/2017	01/01/2023	Board of Curators Office 316 University Hall Columbia, MO 65211	✓	Added on 07/10/2019	
Julia G. Brncic	Vice Chair	01/01/2017	01/01/2021	Board of Curators Office 316 University Hall Columbia, MO 65211	✓	Added on 07/10/2019	
Jon T. Sunvold	Chair	01/01/2017	01/01/2020	Board of Curators Office 316 University Hall Columbia, MO 65211	✓	Added on 07/10/2019	

Total Active Links:8, Total Deactivated Links:1, Current Active Links:8, Current Deactivated Links:1

Advisory Board (if applicable)

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

Not Applicable

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

Not Applicable

Organization Advisory Board:

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

Advisory Board Member

Financial Information

Organization Fiscal Year:

2020

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

IRS Tax Exempt Status Determination Letter:
If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

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

/document/download/filename/1562786858_29953_Missouri_Tax_Exemption_Letter.pdf/

Financial Statement:

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

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1562786858_29954_FinancialStatement.pdf/

IRS 990 or 990 EZ:

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

990/990 EZ (MUST BE PDF FORMAT)

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

The Chief Audit and Compliance Officer reports directly to the Board of Curators and administratively to the President. The position performs highly varied administrative duties involving the use of independent judgement and professional skills to

assist the president, Board of Curators, executive leadership in finance, human resources and general counsel, and other units of the UM System.

Employees Compensation

Top Five Compensated Employees:

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

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

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

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation			Link Info			Active	Date
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:			
Professor	Ph.D.	1.00	\$203,726.45	\$0.00	✖	Added on	07/10/2019
Professor	Ph.D.	1.00	\$219,080.06	\$0.00	✖	Added on	07/10/2019
Professor	Ph.D.	1.00	\$225,000.00	\$0.00	✖	Added on	07/10/2019
Professor	Ph.D.	1.00	\$226,450.68	\$0.00	✖	Added on	07/10/2019
Dean	Ph.D.	1.00	\$356,600.04	\$0.00	✖	Added on	07/10/2019

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:

ABET - Engineering

Accreditation 2:

ABET -Computer Science

Accreditation 3:

ABET: Accreditation Board for Engineering and Technology

Certifications:

Certifications:

Please indicate that the above named organization:

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

no

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other

applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

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

n/a

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

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

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

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

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
Children's Services Fund - POS 2019 (Agreement Form (V3.1))	The Curators of the University of Missouri (on behalf of the Department of Engineering)	Children's Services Fund - POS 2019	Boone County	RFP #34-18JUL19	<input checked="" type="checkbox"/>	Added on 06/17/2019

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

System Fields

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2019 (Agreement Form (V3.1))

Organization Name (will auto-populate)

The Curators of the University of Missouri (on behalf of the Department of Engineering)

Fund Source

Children's Services Fund - POS 2019

Funder

Boone County

Funding Cycle

RFP #34-18JUL19

Name of Program or Project

Managing Behaviors and Engagement of at Risk High School Youth by Immersion in a STEM Environment

Amount of Request

\$170,495.00

County-Children's Services - Service Type (check all that apply)

Mental health screenings

County-Children's Services-Program Service Period (choose only one)

Year Round

Program Information

Program Website (will default to Organization website)

<http://www.research.missouri.edu/>

Address

Office of Sponsored Programs Administration
115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

Missouri

County

Boone

Zip

65211-0001

Program Administrator Name

Karen M Geren

Phone Number

573-882-7560

Address

Office of Sponsored Programs Administration
115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

Missouri

County

Boone

Zip

65211-0001

Program Administrator Title

Pre-Award Manager, OSPA

Email

grantsdc@missouri.edu

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

Attachment A 2019 Organization Assurance Sheet

/document/download/filename/1563396416_30421_AttachmentA.pdf/

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

/document/download/filename/1563396416_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1563397891_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1563460800_30418_30418_SignedAddendums-1.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Record ID

Active Date

The Curators of the University of Missouri (on behalf of the Department of Engineering)

Office of Sponsored Programs

Karen M. Geren

22767

Added on 06/17/2019

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

Federal EIN Number (will auto-populate)

Linked 'Year End Report - V3.1' Records

Linked 'Year End Report - V3.1 (Services 6-15)' Records

ATTACHMENT A

2019 ORGANIZATION ASSURANCE SHEET

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

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

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

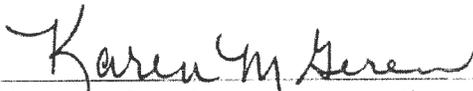
- Certificate of Corporate Good Standing
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Karen M. Geren

7-12-19

Printed Name - Organization Executive Director/President/CEO
(Authorized Signer, Grants & Contracts)

Date



7/12/2019

Signature - Organization Executive Director/President/CEO

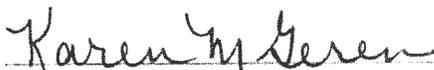
Date

Karen M. Geren

7-12-19

Printed Name - Organization Board Chair
(Authorized Signer, Grants & Contracts)

Date



7/12/2019

Signature - Organization 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 Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Authorized Signer, Grants & Contracts

Name and Title of Authorized Representative

Karen M. Geren

Signature

7-12-19

Date

ATTACHMENT C

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

County of Boone)
) SS
State of Missouri)

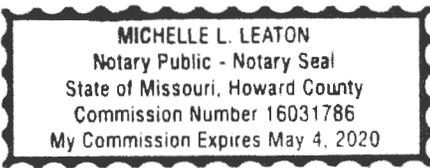
My name is Karen M. Geren. I am an authorized agent of The Curators of the University of Missouri (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly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

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

Karen M. Geren 7/12/2019
Affiant Date

Karen M. Geren
Printed Name

Subscribed and sworn to before me this 12 day of July, 2019.



Michelle L. Leaton
Notary Public

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



BOONE COUNTY, MISSOURI

Request for Proposal #: 34-18JUL19 – Purchase of Service Contracts – Boone County Children’s Services Fund - 2019

ADDENDUM #1 - Issued June 17, 2019

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 Sign-In Sheet from the pre-proposal conference held on June 10, 2019 is attached for informational purpose.
- II. The Word document for Program Overview under the Section for Individuals Trained says: “*Instructions: If providing training for consumers, please complete the Individuals Trained section. No individual’s demographic information will be required. We will only need totals.*”

Apricot says “*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*”.

Apricot wording is correct. The Word document should read: “*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*”.

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

1. Moberly Area Community College’s (MACC) services are generally based upon a school year, rather than calendar year. We’ve made this work for our initial three-year award, but it may be challenging for a one-year contract. Is there any possibility the year of service could be a school year rather than calendar year?

Response: No, all contracts must run on a calendar year.

2. Is the coaching rate still capped at \$40 per hour? It is very challenging to hire qualified staff and pay their salaries at this rate, and cost of living continues to increase every year.

Response: There are no caps on what may be proposed as a unit rate.

3. With our initial award of a three-year contract we were able to spread out certain expenses over three years (such as purchases of materials). With a one-year award, we may need to increase the unit cost of some services to have necessary materials. Will this be allowed?

Response: This competitive bid process allows an organization to propose a unit rate to cover the cost of the work.

4. Item 3.5 requires agencies to complete annual background checks for child and neglect. MACC as a whole does not require all employees to do this (as most would not encounter children in the course of their job), but our particular department (Early Childhood) does. Is this acceptable to meet this requirement?

Response: Only employees who are part of the funded program will be required to complete annual background checks.

5. The Salvation Army Harbor House does not shelter unaccompanied youth under the age of 18. May the youth be considered under this grant if they are still residing with their family?

Response: Youth may be considered if they are still residing with their family.

6. Are we required to submit proof of insurance with the application?

Response: No. Please review the insurance requirements to make sure you can meet these. Insurance Certificates will be obtained from awarded offerors.

7. If we submit more than one application, do we need to upload the attachments for each application?

Response: Yes, attachments must be uploaded for each proposal submitted.

8. What type of collaborations is the board looking for in the proposal? Do collaborations need to be with other organizations applying for Children's Services Funding?

Response: Collaborations can be with any organization. However, organizations should not combine two separate programs into one proposal.

9. Is there a minimum or maximum number of proposals an organization can submit?

Response: There are no set limits to the number of proposals that may be submitted or amount that may be requested.

10. The Proposal Cover Sheet asks whether the program is year-round or follows the school-year. Does this determine the time frame the proposal should be written?

Response: The field on the Proposal Cover Sheet asking the program service period is utilized for reporting purposes only, if the program is contracted. All proposals must be for a calendar year.

11. What age category would a teenager fall under if they are not in high school and not a parent/guardian?

Response: Use the age ranges identified in each age category in the demographics section.

12. Do we include revenues in the budget section that do not support the proposed program?

Response: No, the proposed budget should only include revenues and expenses related to the program.

13. Do we collect demographics on professionals that receive training through the program?

Response: No, demographics do not need to be collected for professionals receiving training. The number of professionals to be trained should be listed only in the 'Individuals Trained' section below the demographics.

14. Can you provide more information on unit rates being tied to publicly available rate?

Response: Established unit rates should be utilized and described to justify the proposed unit rate for each program service. If there are no established unit rates available, you should provide information on how the proposed unit rate was determined.

15. Do we include adults that participate in the program?

Response: Yes, adults that participate in the same program should be included in the demographics and total number of unduplicated individuals for each relevant service.

16. Can we charge the cost of child shelter only? Is there a specific unit rate?

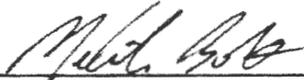
Response: If the program relates to the wellbeing of the family, then you can apply for funding.

17. Are there any items not eligible for funding? For example, purchasing computers.

Response: There is a development/start-up fund available one time for a program to purchase necessary items. The statute prohibits inpatient treatment and transportation.

18. The statute lists that only children ages 0-19 can be funded. Can we get funding for parenting classes?

Response: Yes, if it promotes wellbeing of children and strengthens families.

By: 
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **34-18JUL19 – Purchase of Service Contracts** receipt of which is hereby acknowledged:

Company Name: The Curators of The University of Missouri

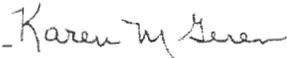
Address: 115 Business Loop 70W, Mizzou North, Room 501, Columbia MO

65211

Phone Number: 573-882-7560

Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature:  Date: 7-12-19

Authorized Representative Printed Name: Karen M. Geren

**PRE-PROPOSAL CONFERENCE
RFP 34-18JUL19 – PURCHASE OF SERVICE CONTRACTS –
BOONE COUNTY CHILDREN’S SERVICES FUND – 2019
APPLICATION
6-10-19 – 1:30 P.M.**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Leigh Annettaun	Woodhaven	876-7326
3.	Sanjeev Khanna	Univ. of Missouri	884-9109
4.	Silly Polansky	CCWA	514-7174
5.	Melissa Stone Rogers	Boys & Girls Club	874-1697
6.	Thomeana Foster	Boys & Girls Club	874-1697
7.	Beth Vassler	Central Missouri Community Action	573-443-8700
8.			
9.	Julie Seers	Phoenix Programs	573-875-8880 ext 2110
10.	Janet Pitt	Central Missouri Foster Care & Adoption Agency	(513) 616-9158
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**PROPOSAL OPENING
RFP 34-18JUL19 – PURCHASE OF SERVICE CONTRACTS –
BOONE COUNTY CHILDREN’S SERVICES FUND – 2019
APPLICATION
7-18-19 – 1:30 P.M.**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brenda Overkamp	Job Point	777-1506
3.	Janet Robison	macc	234-1067
4.	Vikki Davolt	SOAR	884-6943
5.	Leslie Luckene	SOAR	884-1230
6.	Becky Mack	CHA low-income SWS	443-2556X1250
7.	Kasey Schumaker	First Children's Services	777-1151
8.	Sharon Payne	First Care for Women	777-1815X200
9.	Alyson Workman	University of MU students	777-181520A
10.	Stacy Martin	Campus Health	636-887-3946
11.			
12.			
13.			
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PROPOSAL OPENING
RFP 34-18JUL19 – PURCHASE OF SERVICE CONTRACTS –
BOONE COUNTY CHILDREN’S SERVICES FUND – 2019
APPLICATION
7-18-19 – 1:30 P.M.

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Christina Carmon	Bethany Christian Service	573-808-0028
3.	Joe Brock	Abundant Life Empowerment	(573) 239-8550
4.	STEVE GREENE	South Boone Area YMCA	(573) 239-7823
5.	Fayyn Griffin	southern Boone area YMCA	(573) 657-9622
6.	Beatrice Stewart	Great Circle	573 999 3607
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**PRE-PROPOSAL CONFERENCE
RFP 34-18JUL19 – PURCHASE OF SERVICE CONTRACTS –
BOONE COUNTY CHILDREN’S SERVICES FUND – 2019
APPLICATION
6-10-19 – 1:30 P.M.**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Sean Spence	KOPN Radio	573-823-1308
3.	Tia Hickey	MACC	660-263-9107 ext 12153
4.	Kristan Gannaway	The Food Bank	906-781-7909
5.	Kim Harvey	Harrisburg Early Learning Center	573-875-5950
6.	Cindy Gannett	13th Circuit Court	886-4059
7.	Liz Decker	Presbyterian Children's Home + Serv. S	424-116
8.	Winnie Yantzi	Fun City	256-1436
9.	Cheryl Howard	Nora Stewart	449-5981
10.	Kristy Baresi	Compass Health	573-363-4409
11.	Joe Chapman	SHC	573-874-1646
12.	Karen Washer	BCECC	573-884-4881
13.			
14.			
15.			

PROPOSAL OPENING
RFP 34-18JUL19 – PURCHASE OF SERVICE CONTRACTS –
BOONE COUNTY CHILDREN'S SERVICES FUND – 2019
APPLICATION
7-18-19 – 1:30 P.M.

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Gay Lottoken	MLJ LLC	573-449-5600
3.	Dan Williams	The Food Bank	513-447-2790
4.			573-882-2700
5.	Cindy Steci Kroner	Cradle to Career	573-999-4358
6.	Heather Wall	LFCS	(573) 815-9955
7.	Katelyn Eichorst	LFCS	314 754 2767
8.	JULIA M. JONES	LFCS	314 754 2776
9.	Jennifer Crowes	True North	513-875-0503
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**PRE-PROPOSAL CONFERENCE
RFP 34-18JUL19 – PURCHASE OF SERVICE CONTRACTS –
BOONE COUNTY CHILDREN'S SERVICES FUND – 2019
APPLICATION
6-10-19 – 1:30 P.M.**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	John Weston	Columbia Golf Foundation	573-356-7059
3.	Anna Wilson	Lawrence, Oliver, & Associates	573-230-2167
4.	Samantha Moog	Heart of Missouri Girls on the Run	573-246-0884
5.	Michelle Shivers	Columbia/Boone PHHS	573-874-6331
6.	Sarah Varvan	Columbia/Boone PHHS	573-874-7741
7.	Kerri Nowell	MU TC	573-884-0228
8.	Kelly Waller	Children's Services	
9.	Jeanne Nelson	Children's Services	
10.	Kristin Cummins	Children's Services	
11.	Megan Carter	Children's Services	
12.			
13.			
14.			
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BOONE COUNTY, MISSOURI

Request for Proposal #: 34-18JUL19 – Purchase of Service Contracts – Boone County Children’s Services Fund - 2019

ADDENDUM #2 - Issued June 21, 2019

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:

1. I have been unable to find the F&A (indirect rate) on the RFP. Please direct me to the correct amount.

Response: See the first paragraph in Attachment A, which states:

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

Information on indirect expenses can be found in the Boone County Children’s Services Board Funding Policy and can be located at <https://www.showmeboone.com/community-services/children/>.

2. I had received an example called “Current Unit Rate Ranges” when we were working on the last RFP, and I was wondering if there was an updated version of this that was being shared with agencies?

Response: For guidance in developing a unit rate when there is not a publicly available rate, organizations should refer to the document in the My Shared Files of Apricot entitled Developing a Unit of Service Rate.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# **34-18JUL19 – Purchase of Service Contracts** receipt of which is hereby acknowledged:

Company Name: The Curators of The University of Missouri

Address: 115 Business Loop 70W, Mizzou North, Room 501, Columbia, MO 65211

Phone Number: 573-882-7560

Fax Number: 573-884-4078

E-mail: grantsdc@missouri.ed

Authorized Representative Signature: Karen M. Geren Date: 7-12-19

Authorized Representative Printed Name: Karen M. Geren



BOONE COUNTY, MISSOURI

Request for Proposal #: 34-18JUL19 – Purchase of Service Contracts – Boone County Children’s Services Fund - 2019

ADDENDUM #3 - Issued June 28, 2019

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:

For the 2019 Children’s Service Fund POS. You mentioned that you would like us to enter information about all program services associated with the program, even if BCCSF is not funding a particular service. I have two question: Do we need to complete the *Performance Measure* and *Performance Measure Narrative* sections in Apricot for services that BCCSF is not funding. And will we be required to report outcomes to BCCSF for a service that BCCSF is not funding?

Response: Performance measures must be provided for each proposed service, regardless of the funding source. If contracted, performance measures will be reported on for all program services

1. The cover page of RFP#:34-18Jul19 states that the response must be submitted by July 18, 2019 at 12 p.m. The Apricot database indicates that it will close on July 16 at 8 a.m. Will we be locked out at that time? See snippet below.

Response: Apricot has been corrected. Responses must be submitted by July 18, 2019 at 12:00 p.m. central time.

2. We are considering applying for (RFP) #: 34-18JUL19. In section 4 it says the narrative should include Program Overview (V3), Program Services 1-5 (V3), and, if needed, Additional Program Services 6-10 (V3) and Additional Program Services 11-15 (V3), and similarly on Apricot we are asked to link report V3.1 records, V3 (Services 6-15) records, and V3.1 (Services 16-20) records. Can you help us to understand what these mean? Is there a reference where we can find out about this?

Response: Linking is an administrative function. Organizations should not utilize linking functions. Organizations should utilize the "Apricot Instructions for RFP #34-18JUL19" found in Apricot (Menu/My Apricot Tools/My Shared Files/Boone County Documents) for completing proposal forms.

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

OFFEROR has examined **Addendum #3** to Request for Proposal# **34-18JUL19 – Purchase of Service Contracts** receipt of which is hereby acknowledged:

Company Name: The Curators of The University of Missouri

Address: 115 Business Loop 70W, Mizzou North Room 501, Columbia MO 65211

Phone Number: 573-882-7560

Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7-12-19

Authorized Representative Printed Name: Karen M. Geren



BOONE COUNTY, MISSOURI

Request for Proposal #: 34-18JUL19 – Purchase of Service Contracts – Boone County Children’s Services Fund - 2019

ADDENDUM #4 - Issued July 3, 2019

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:

1. How do I account for the BCCSB ineligible clients served by AHF (i.e., seniors, disabled and out of county residents) in the new proposal? The reason I ask is that we are planning to expend considerable time and effort to recruit Boone County seniors and disabled clients this next year (as well as other SNAP residents not now using AHF) which means handling the AHF clients who are BCCSB eligible somewhat differently.

Response: The proposal should include all clients, regardless of eligibility for Children’s Services Fund reimbursement. This should be reflected in the demographics section and the total number of individuals served for each applicable service(s) that clients directly receive.

2. When preparing our proposal, if services are delivered to families outside of Boone County, should we include those numbers in the total number of individuals served by the service?

Response: The total number of individuals served for each service should include all individuals receiving that service, regardless of county residency

3. On the Program Overview (V3) document under the section “Program Budget,” is this section asking us to project what the income in these fields will be starting January 2020-December 31st 2021? If we did this, it would be projecting based on our last 12 months.

Response: The budget should be a projection of expected revenues that will support the program. The time frame of the budget should cover one year of programming (January 1, 2020-December 31, 2020).

4. I looked under Shared Files and see Developing a Unit of Service Rate. Do you need our application to format a page like that? We are entering everything in Apricot, so we believe we're covering all the details, but do we also need to attach a page like that?

Response: There is no place to attach a page describing how a unit of service is developed. Development of the unit rate information should be included in the Outputs section for each service.

5. The RFP asks for a 1500 character of the description of the evidence regarding our program approach. At the end of the proposal, there is a 5000-character section in which we are asked to reproduce the documentation in APA style. My question deals with the first section: do the references cited have to be in APA format in this section or can they be modified in such a way that they can be compared to the longer list of citations? 1500 characters with full citations does not leave much room for description.

Response: We prefer that APA Style format is used throughout the proposal, unless character limitations are reached in a particular field. The Reference List does require the APA Style format.

6. Does Boone County and/or the Children's Board have any particular format they wish to have used for an audit?

Response: Audits must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include complete accounting for funds, in accordance with generally accepted accounting principles. The Boone County Children's Services Board also requires that the management report of any audit be made available as part of the required audit.

7. For our proposal, one of the project partners is the University of Missouri Center for Health Policy. They are eager to participate, however because of some procedural hurdles, they cannot sign an MOU until funding is in place. The MUCHP Director is happy to provide a letter of support stating that an MOU will be signed upon funding being awarded to the project. However, there are specific instructions from Children's Services not to include letters of support.

We want to convey to the reviewers of our proposal that the partnership is ready to move forward, however the procedural hurdles at the University prevent us from providing you with an MOU. Can we upload a letter of support stating that an MOU is forthcoming? Should we explain this situation in the narrative?

Response: Letters of support will not be accepted or reviewed. This information can be included in applicable narrative field(s).

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

OFFEROR has examined **Addendum #4** to Request for Proposal# **34-18JUL19 – Purchase of Service Contracts** receipt of which is hereby acknowledged:

Company Name: The Curators of The University of Missouri

Address: 115 Business Loop 70W, Mizzou North, Room 501, Columbia MO 65211

Phone Number: 573-882-7560

Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7-12-19

Authorized Representative Printed Name: Karen M. Geren



BOONE COUNTY, MISSOURI

**Request for Proposal #: 34-18JUL19 – Purchase of Service Contracts – Boone
County Children’s Services Fund - 2019**

ADDENDUM #5 - Issued July 9, 2019

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 new date and time to receive questions by is Thursday, July 11, 2019, 5:00 p.m. central time.
- II. The County received the following questions and is providing a response:
 - 1. How would we bill for Community Outreach if no children are present? An example would be if we are talking about our programs with business owners or providing counseling to families.

Response: Community Outreach is not a service. Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service.

Would this be billing for the time of the “outreach-er” (aka: our staff time) OR those reached/served? Example would be that we provide a seminar and 10 people attend. Would be bill for the 1 person facilitating or the 10 people attending?

Response: Billing would be dependent on the type of service being provided. Community Outreach is not a service. Based on your example, trainings are typically bill per individual.

Should Community Outreach be its own service OR should it be a component of each of the other proposed services (since all of them will require some degree of outreach)?

Response: Community Outreach is not a service. Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service

If it is its own service, how do we define an “unduplicated individual”?

Response: Each individual may be counted only once for a service.

2. Definition of duplicated vs. unduplicated

Response: Unduplicated individual means that individuals may be counted only once for a service.

3. I had a question concerning a potential collaboration between us and Lincoln University. A vital part of BGC’s Behavioral Health Program is having student interns from the School of Social Work at MU providing programming and services. We are hoping to expand our service offerings to Club Members, in turn, expanding the number of intern placements. As mentioned, we have partnered the MU’s School of Social Work for bachelor and master’s students and are also hoping to partner with the Counseling Psychology Department. In our plans to have more bachelor level students, we were hoping to partner with Lincoln University, as they are the next closest Bachelor of Social Work program. Since this grant is county funded, we did not know if there would be any issue collaborating with Lincoln University, since they are outside of Boone. Of course, all services provided by these students would be within Boone County, at each of our programming sites. Any thoughts or clarification you can provide is appreciated.

Response: There is not a requirement that providers be Boone County residents, only that the recipients of services are Boone County residents.

4. Clarification of what a unit of service is (the formula).

Response: A unit of service is the measurement that will be used to invoice for and track the delivery of the service, e.g. 15 minutes, one hour, one individual.

There is a “Developing Unit of Service Rate” handout in Apricot. This handout will provide clarification on developing a rate for a unit of service. Follow the directions to view this handout.

- Login to Apricot
- Click on the Menu
- Click on My Apricot Tools
- Check on “My Shared Files”
- Click on the triangle next to the Boone County Documents
- Click on Actions to download the document titled, “Developing a Unit of Service Rate”

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

5. We are including in our proposal support for teachers, administrators and staff in a school. Services are to be offered to children and parents of minor children. Is it acceptable to request funding for adults working in an elementary school setting if the target is reducing stress for those adults who are working with children? Do those adults have to be parents of minors themselves or can we offer it to any adult working within that school?

Response: Funds may be requested for services for adults working in an elementary school setting if there is a direct and measurable benefit to the child/children.

6. There are some forms that I am not familiar with and we had not submitted for a previous funding request. These are: **Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion; Work Authorization Certification; Signed addendums.** Are these required and if they are can you direct me to a definition of each? We are a small nonprofit, so I am not familiar with these forms/terms.

Response: The **Certification Regarding Debarment** is an affidavit that you complete that certifies that you have not been debarred from doing business with any federal government agency. While not statutorily required for this RFP, the County does check to ensure no vendor we are doing business with is debarred.

The Work Authorization Certification- House Bill 1549 addresses the Department of Homeland Security's and the Social Security Administration's E-Verify Program (Employment Eligibility Verification Program) that requires the County to verify "lawful presence" of individuals when we contract for work services; verify that contractor has programs to verify lawful presence of their employees when contracts exceed \$5,000; and a requirement for OSHA safety training for public works projects

The County is required to obtain certification that the bidder awarded the attached contract participates in a federal work authorization program. To obtain additional information on the Department of Homeland Security's E-Verify program, go to:

<http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnextoid=75bce2e261405110VgnVCM1000004718190aRCRD&vgnnextchannel=75bce2e261405110VgnVCM1000004718190aRCRD>

Addendum – an addition or supplement to a document, for example, items or information added to a procurement document. For this RFP, we use an addendum to clarify information, to answer questions we receive or to change, add or delete information to the RFP document.

7. I have received several notifications of questions that were posed to you and answered and there is a place to sign at the bottom of those. Are those signed documents to be turned in somehow?

Response: Yes. Scan and upload as an attachment into Apricot.

8. When we applied for funding in 2017, we completed an E-Verify with the county treasurer. Do we need to do that again this year or is what we have on file from 2017 still sufficient?

Response: The E-Verify form is not a document filed with the County Treasurer's office. Upload your E-Verify MOU with the Work Authorization Certification attachment.

9. SF&C is planning to change how the program is managed, recognizing that our board is made up largely of working folks who do not have the time to actively engage in program management. Further, we want to start recognizing the staff at the Market who have been doing most all the record keeping since the program started WITHOUT compensation. So, our outcomes will include objectives/outputs for each hire. Therefore, should I develop a section—say, #2 through #4 recognizing that each person hired will have a different pay rate?

Response: Outputs and outcomes should be developed based on the service provided. Unit rates should be developed per service not per individual providing the service.

By: 
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #5** to Request for Proposal# **34-18JUL19 – Purchase of Service Contracts** receipt of which is hereby acknowledged:

Company Name: The Curators of The University of Missouri

Address: 115 Business Loop 70W, Mizzou North, Room 501, Columbia, MO 65211

Phone Number: 573-882-7560

Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature:  Date: 7-12-19

Authorized Representative Printed Name: Karen M. Geren



BOONE COUNTY, MISSOURI

Request for Proposal #: 34-18JUL19 – Purchase of Service Contracts – Boone
County Children's Services Fund - 2019

ADDENDUM #6 - Issued July 15, 2019

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:

1. Can our agency continue with our current partner agency and other community agencies in Boone? For example, we have a partnership with the ARC. However, some of our families want a second respite in the Boone area at a local establishment such as Bonkers.

Response: Since this is a new funding cycle, organization may propose to work with different community establishments.

2. Would you be able to share if special consideration would be given to new organizations wanting to apply for funding? The Inclusive Impact Institute, while operating officially since the Spring of 2018, is a new organization and we do not have the following at this time:

- an independent financial audit
- Federal 990

Response: No special consideration is given to any proposals. Yes, a new organization may apply for funding. The independent financial audit and the Federal Form 990 may be uploaded to A/prior at a later date since the organization hasn't been required by law to have these items ready.

3. I have one service that is designated in the Taxonomy as 2.3 PUBLIC AWARENESS/EDUCATION. I can define the unit, but I think it is a wild guess how

many unduplicated individuals might be served in the "public." Since the long-term objective here is to increase private donations could I submit an estimate of how many new individuals contribute as the number "served." Or, is there a more appropriate way to respond to this item?

Response: Provide the best estimate for the unduplicated individuals.

- 4. We would like to know if Boone County Children's Service Fund has an agreement with Columbia Public School System that allows a particular high school to collaborate directly in a research proposal being submitted to the Children Service Fund? Particularly, would Rockbridge or Douglas High School directly collaborate with Dr. Khanna on a POS project?

Response: The Boone County Children's Services Board does not have any agreement with the Columbia Public Schools. Each organization is responsible for developing their own Memorandum of Understanding (MOUs)

- 5. If the service is Public Awareness/Education, is the unit of service billed based on the presenter's time or the audience's time. For example, if a public awareness activity with 20 individual participants was led by one staff member, would the provider bill for 1 or 20 units?

Response: The response to this question is dependent on how the unit measure is defined for example: one hour/individual, one hour, or one individual. Once the unit measure is defined then the total number of units of service can be determined.

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

OFFEROR has examined **Addendum #6** to Request for Proposal# **34-18JUL19 – Purchase of Service Contracts** receipt of which is hereby acknowledged:

Company Name: The Curators of The University of Missouri

Address: 115 Business Loop 70W, Mizzou North, Room 501, Columbia, MO 65211-0001

Phone Number: 573-882-7560

Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7-15-19

Authorized Representative Printed Name: Karen M. Geren

Program Overview (V3)

Children's Services Fund - POS 2019 (Agreement...

Quick View Information

Grant	Children's Services Fund - POS 2019 (Agreement Form (V3.1))
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Department of Engineering)
Fund Source	Children's Services Fund - POS 2019
Funder	Boone County
Funding Cycle	RFP #34-18JUL19
Name of Program or Project	Managing Behaviors and Engagement of at Risk High School Youth by Immersion in a STEM Environment
Amount of Request	\$170,495.00
Record Lock	

Program Overview Form Information

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

Guidelines:

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

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

Each narrative response should be clear and succinct.

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

Instructions:

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

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

Resources:

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

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

* Indicates Required Field

Statement of Issue Being Addressed

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

The following issues will be addressed as part of this proposal:

1. Improvement in behavioral issues
2. School engagement
3. Poverty by educational attainment and poverty in Boone County

The Boone County School Mental Health Coalition administers a screener tool to all high school going children in Boone County and they report that over 50% of all children report a lack of engagement in school and do not believe in going to school.

Child and Adolescent Health Measurement Initiative (CAHMI) estimates that 50% of children with mental health disorders drop out of school [1]. This loss means that a very significant number of high schoolers have little chance of entering into a well-paying job and having a productive life even though, they may receive mental health support.

The cohort to be selected will come from families with mean household income that is equal to or less than the 50% income level in Boone County (that is approximately \$41,620 based on Boone Indicators Dashboard: mean Household Income by Quintile).

Poverty is highest among people with no high school diploma. In Boone County 32% population with less than HS education is poor, which drops to 10.8% with HS diploma and 5.2% with bachelor's degree (Booneindicators.org).

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)

High school children who are at risk due to (1) mental health (MH) issues, such as anxiety, depression or ADHD, (ii) self-reporting lack of engagement in school, and (iii) household income at or below the average or fifty-percentile income level in Boone County.

Some of the data used in support of the need to serve the above-mentioned populations is listed below. MH disorder, such as those listed above alone are the most common with nearly 50% of high school children at risk of or are affected [2]. Also, research estimates that about 50% of children with MH disorders are likely to drop out of school [1], while others estimate this group is twice as likely to dropout compared to children with no mental health concerns [3]. According to the screening conducted by the Boone County Schools Mental Health Coalition more than 50% of the children report lack of engagement and interest in school and classroom activities. Majority of them also report they are unsure why they need to go to school. According to the US Census Bureau the overall poverty rate in MO is 14%, which is higher than the national average, while it is even higher at 16.6% in Boone County (Booneindicators.org). Missourian's to End Poverty Coalition list the main causes as economic security, health, education, food and nutrition, among others. Albeit, we believe that mental health and behavioral issues can further aggravate the issues.

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)**

MU is a Land Grant University with a mission to improve lives and communities by providing access to relevant and responsive educational resources to improve quality of life. This proposal intends to motivate students into technological careers with financial stability while manage their MH issues.

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

The basic premise is that children (15-18 yrs) in grades 9-11 with behavioral health concerns and limited economic resources when immersed in a technical educational environment along with mental health support will alleviate behavioral issues while enhancing their motivation and skills for acquiring higher education and eventually gainful employment.

This effort will develop a new pathway for the nearly 50% of high school children who are estimated to be at risk or affected by MH issues, to manage their MH symptoms, be vested and engaged in school, and eventually join the workforce. Success of this endeavor will bring a boost to their quality of life and contribute to the economy of the nation. Current statistics shows that up to 50% of the children [4] challenged by MH issues drop out of high school, which is resulting in a big loss to the nation to the tune of tens of billion \$ each year.

HS children in this project will learn basic factual and conceptual knowledge in different engineering disciplines; employment potential, perform hand-on projects in small teams, interact with engineering students and faculty, engage with the embedded MH professional, learn teamwork, improve self-esteem, develop confidence in their abilities and strengthen their character.

This project could also provide the correlation between immersion in STEM along with MH and vocational support, and school engagement and mitigating mental health issues while opening up vocational opportunities.

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

The consumers will be selected from Boone County high schools. The selection will be based on satisfying the following criteria: (i) mental health issues, such as anxiety, depression or ADHD, (ii) self-reporting lack of engagement in school, and (iii) household income at or below the average or fifty-percentile income level in Boone County. We do not plan to select based on race. We will make every effort to have nearly equal representation of male and female students to the extent possible.

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

About 32% of adolescents have an anxiety disorder, more females (38%) compared to males (26%) are affected [5]. Prevalence of depression is highest among female adolescents aged 12-17 at 20% compared to males at about 7% [6]. Among children up to ages 17, ADHD is more pronounced among males (15%) compared to females (7%) [7]. Overall, mental disorders among adolescents aged 15-16 is about 49.3% and ages 17-18 is 56.7% [8].

These potential candidates are at risk for or are currently affected by behavioral health issues, which is estimated at nearly 50% of the HS population. These concerns in part and others severely affect their engagement in school. Furthermore, their challenged economic status aggravates their risk of not being able to manage their behavioral health issues now and in later life [9], not able to continue their education in or post high school, and improve their economic security and quality of life.

MH has an apparent direct relationship with academic success and thereby gainful employment and economic security. Through this project we expect to develop a correlation between MH issues, immersion in STEM environment and associated activities in conjunction with MH support, and school engagement, mitigation in MH issues, and develop vocational interests.

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

The primary challenge is the long process of acceptance by the Columbia Public Schools system to participate in the project. The Hallsville School System has agreed to participate in the project. Others have been approached, acceptance is pending.

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

20

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

8524.75

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)

20

City of Columbia

0

Cooper County

0

Howard County

0

Other Counties

0

Residence Total

20

Record Lock

0

Race

White (alone)

0

Black or African American (alone)

0

Multiple Races

20

Asian (alone)

0

Native American Indian or Alaskan Native

0

Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

0

Race Total

20

Ethnicity

Hispanic or Latino (of any race)

2

Not Hispanic or Latino

18

Ethnicity Total

20

Gender

Female

10

Male

10

Other

0

Gender Total

20

Income

At or below 200% of Federal Poverty Level

41620

Over 200% of Federal Poverty Level

0

Income Total

41620

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

0

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

20

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Adult (age 20 and over - not a parent/guardian)

0

Age Total

20

Individuals Trained

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

a. Number of individuals to be trained:

0

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

Program Access

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

This program will be hosted in the college of engineering buildings at MU. Operation during the regular Spring and Fall semesters will be Saturday's from 9:00am – 2:00pm with a 45-min lunch break (provided). In summer, the program will run from 1:00pm to 7:00pm and lunch/snack will be provided. Round-trip Transportation will be provided from one pick up point in a town to the college of engineering at MU.

The program will follow the MU calendar. We on Saturday meetings in each of the two regular semesters in 2020 along with four weeks in summer when the program meets on weekdays.

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

High school children who are at risk due to (1) mental health issues, such as anxiety, depression or ADHD, (ii) self-reporting lack of engagement in school, and (iii) household income at or below average or fifty percentile income level in Boone County. The target grades are 9, 10 and 11.

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)

This is a new project and an opportunity for HS students at risk with MH concerns and economically challenged to mitigate such issues while experiencing the advantages and promise of science and engineering professions. The program is voluntary and charging a fee would be a barrier to participation.

Program Quality

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

ABET is a nonprofit, ISO 9001 certified organization that accredits college and university programs in science, computing, engineering and engineering technology in USA and abroad [10]. With ABET accreditation, students, employers and society can be confident that a program meets the quality standards that produce graduates prepared to enter a global workforce. ABET has more than 2,200 experts from industry, academia and government. They give their time and effort supporting quality assurance activities around the world by serving as Program Evaluators, commissioners, and board members.

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

Yes

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

Accreditation Board for Engineering and Technology (ABET)

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

September 1, 2018 to August 30, 2024

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

ABET is a nonprofit, ISO 9001 certified organization that accredits college and university programs in science, computing, engineering and engineering technology in USA and internationally. With ABET accreditation, students, employers and society can be confident that a program meets the quality standards that produce graduates prepared to enter a global workforce. ABET has more than 2,200 experts from industry, academia and government. They give their time and effort supporting quality assurance activities around the world by serving as Program Evaluators, commissioners, and board members.

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

No

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

No

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

The primary innovative aspect is the teaming up of engineering faculty with mental health professionals to provide a unique and motivating educational experience along with the evaluation of its effect on the behavioral issues, school engagement, and changes in vocational interests, of the selected cohort. The technical and educational experience will be based on the problem/project based learning (PBL) approach. PBL is a self-directed learning approach where the instructor is a facilitator in the student's learning and not a transmitter of knowledge. In PBL, the teacher acts a coach to the small student teams and students share responsibility for their learning [11-13]. In addition, this experience has the potential to prepare the cohort for investing in their education, eventually joining the workforce, contribute to societal growth, enable personal economic security, and mitigate their behavioral issues. It may be noted that a significant number of students with MH issues drop out of school, which is a loss to the workforce and consequently a significant loss to themselves and the society even though they may continue to receive MH support. This new pathway of integrated technical exposure in conjunction with MH support could stop the slide and bring them back into the mainstream while alleviating MH issues.

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

We propose to conduct pre- and post-assessment of mental health status and vocational interests. In addition, satisfaction surveys will be periodically administered. The satisfaction surveys will be given separately to the consumer and their family. The surveys will assess the perceived quality of the technical program, the services of the embedded qualified mental health professional (QMHP), and the overall impact. The QMHP will be in continuous contact with the consumers and will utilize cognitive behavioral and motivational interview approaches. The QMHP will be able to provide crisis intervention as and when needed. In addition, the MHP will direct the consumers towards career exploration and assessment, using the Self Directed Search tool developed by John Holland, three times during the project, at the start, the middle and at the end. This will allow to track the changes in their

vocational interests. A third party, The Boone County Schools Mental Health Coalition, will administer a screening tool and the Revised Child Anxiety and Depression Scale and Parent version three times during the year-long program. This will help to determine the changes in the anxiety and depression scales of each consumer along with changes in school engagement. In addition, semester reports by the faculty instructors in the program will provide the basis for determining progress of the individual student in the project for their academic advancement and learning.

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)

Feedback will be collected through satisfaction surveys administered to the consumer and the family separately about into the first regular semester, the summer semester and then into the second regular semester. We plan to hold a family orientation group at the start of the program in each semester and they will be provided the overview of program and the survey feedback to be conducted. The information from the surveys will be utilized to initiate any desired corrective actions, and the survey results will be discussed with the consumers and the families during the end of the semester family education group. We strongly believe that collecting feedback and addressing any concerns will help in generating greater engagement and investment by the consumers in the project, which should lead to a positive impact on the expected outcomes of the project.

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)

Four college of engineering faculty members from mechanical & aerospace engineering, civil and environmental engineering, computer science and computer engineering will collaborate to provide a unique and extended exposure to the engineering discipline and hands-on project based activities. Graduate and undergraduate students along with the embedded mental health professional through the program will support their endeavors.

We will seek the cooperation of Boone County high schools to draw the cohort of students. In addition, we will work with the Boone County Schools Mental Health Coalition to use their expertise in use of screener tools and the Revised Child Anxiety and Depression Scale along with the Parent's version to track changes in school engagement, and the anxiety and depression scales, respectively, of each individual in the cohort.

Thus, a multipronged approach based on exposure to a technical environment simultaneously with mental health support will help us to determine the impact on school engagement, development of vocational interests and mitigation of behavioral health issues.

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

/document/download/filename/1563303166_40691_KhannaSTEMSupportLetter.pdf/

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

/document/download/filename/1563303190_40764_BCSMHCLet.pdf/

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

/document/download/filename/1563307038_40765_DouglasHSLol.pdf/

Program Personnel Instructions

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

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

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

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Principal Investigator	MQ1 Ph.D.	FTE1 1.39	SR1 FROM \$130,000.00	SR1 TO \$160,000.00
P2 Co-PI	MQ2 Ph.D.	FTE2 0.39	SR2 FROM \$130,000.00	SR2 TO \$160,000.00
P3 Co-PI	MQ3 Ph.D.	FTE3 0.39	SR3 FROM \$130,000.00	SR3 TO \$160,000.00
P4 Co-PI	MQ4 Ph.D.	FTE4 0.39	SR4 FROM \$130,000.00	SR4 TO \$160,000.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO

MH Professional	M.A., LPC	0.20	\$55,000.00	\$65,000.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
Graduate Student	M.S.	0.50	\$12,000.00	\$18,000.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
Undergraduate Student	Senior Standing	0.20	\$2,000.00	\$4,000.00

Program Personnel Narrative

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

1. Engineering Faculty and students: Faculty (with Ph.D.) and two students (graduate and undergraduate) from each of the four departments will introduce their particular engineering discipline, what does an engineer do, their background, employment prospects, and highlight motivational stories and failures. They will employ problem/project based methods to conduct the program. The PI (Khanna) will manage the whole project and will periodically meet all to discuss the state of the program and outcomes. Their admissible salaries are listed in the budget.
2. Embedded Qualified MH Professional: The QMHP will be licensed and experienced in MH and vocational counseling. QMHP will be in constant contact with the consumers and will utilize motivational interviews in the project. The QMHP will provide crisis intervention as and when needed. Also, the QMHP will direct the consumers towards career exploration and assessment, using the Self Directed Search inventory (by John Holland), three times during the project, the start, the middle, and at the end. Thus, we would track the changes in their vocational interests. The QMHP will participate in all meetings and analysis work with all constituents. The QMHP would be working over the weekend in regular semesters and afternoon weekdays (4-7pm) in summer at an hourly salary rate of \$42.
3. The services of the Boone County School Mental Health Coalition personnel is at no charge as they are already funded by the Children's Services Board.

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
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For each source of revenue, describe how the funding will be utilized in the proposed program.

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Salary and fringe for engineering faculty, graduate and undergraduate students, compensation for mental health counselor, meals, rewards and supplies.	\$170,495.00	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	170495	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$121,655.00	71
Personnel Narrative (300 character limit)		
Salary and fringe for engineering faculty, graduate and undergraduate students, Qualified Mental Health Professional.		
2. Non-Personnel	2.	2. %
	\$48,840.00	29
Non-Personnel Narrative (300 character limit)		
Materials & supplies, SDS inventory use fee, engineering research support services of college of engineering, meals for students and families, student rewards, indirect costs.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	170495	

Program Budget Narrative

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

We do not have any other source of funding for the proposed project. The University of Missouri has an indirect cost rate of 55.0% of the total direct cost. However, the Indirect costs are limited to 15% of salary costs, per

sponsor guidelines, which we have adhered to.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

- [1] <http://www.acmh-mi.org/get-help/navigating/problems-at-school/>
- [2] www.nimh.nih.gov/health/statistics/mental-illness.shtml
- [3] Hjorth, C. F., Bilgrav, L., Frandsen, L. S., Overgaard, C., Torp-Pedersen, C., Nielsen, B., & Bøggild, H. (2016). Mental health and school dropout across educational levels and genders: a 4.8-year follow-up study. BMC public health, 16, 976. doi:10.1186/s12889-016-3622-8.
- [4] Insel, T.R., (2008) Assessing the economic costs of serious mental illness. The American Journal of Psychology, 165(6), 663-665.
- [5] <https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml>
- [6] <https://www.nimh.nih.gov/health/statistics/attention-deficit-hyperactivity-disorder-adhd.shtml>
- [7] <https://www.nimh.nih.gov/health/statistics/major-depression.shtml>
- [8] <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>
- [9] <https://www.jstor.org/stable/2137292>
- [10] <https://www.abet.org/>
- [11] Jonassen, D. (2011). Learning to solve problems: A handbook. New York: Routledge.
- [12] Henry, Holly R., Tawfik, Andrew A.; Jonassen, David H.; Winholtz, Robert A.; and Khanna, Sanjeev (2012) "I Know This is Supposed to be More Like the Real World, But . . .": Student Perceptions of a PBL Implementation in an Undergraduate Materials Science Course," Interdisciplinary Journal of Problem-based Learning: Vol. 6: Iss. 1, Article 5.
- [13] H. Holly, D. Jonassen, A. Winholtz and S. K. Khanna, (2010) "Introducing Problem Based Learning in a Materials Science Course In the Undergraduate Engineering Curriculum", Proceedings ASME 2010 International Congress, Vancouver, Canada, Nov. 12-18, paper # IMECE2010-39049.
- [14] <https://stlcc.edu/workforce/st-louis-workforce/st-louis-workforce-reports.aspx>

Linked 'Agreement Form - V3' Records

Link Instructions - Agreement Form - V3

Linked 'Agreement Form - V3.1' Records

Link Instructions Agreement Form - V3.1

Agreement Form - V3.1

		Link Info		
Organization Name	Program Name	Date Completed	Record Lock	Active Date
The Curators of the University of Missouri (on behalf of the Department of Engineering)	Managing Behaviors and Engagement of at Risk High School Youth by Immersion in a STEM Environment			Added on 11/15/2019

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

Program Services 1-5 (V3)

Children's Services Fund - POS 2019 (Agreement...

Quick View Information

Grant	Children's Services Fund - POS 2019 (Agreement Form (V3.1))
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Department of Engineering)
Fund Source	Children's Services Fund - POS 2019
Funder	Boone County
Funding Cycle	RFP #34-18JUL19
Name of Program or Project	Managing Behaviors and Engagement of at Risk High School Youth by Immersion in a STEM Environment
Amount of Request	\$170,495.00
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

\$170,495.00

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

Funds will be utilized to compensate the PI (1.4 mon) and three Co-PI's at \$6,000 per engineering faculty. Four Graduate students (GS) are 0.5FTE on hourly payment scheme, which does not pay tuition and insurance. Four undergraduate students. The QMHP will be available all Saturday's during the two semesters and 4-7pm in summer. The QMHP will collaborate with faculty and the BC Schools Mental Health Coalition; participate in all meetings and data analysis. The QMHP will be paid \$42/hr for 240 hr. Other funds for fringe, supplies, meals, rewards, tech shop support, and SDS inventory.

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

As per the proposal guidelines, the allowed project duration is one year and hence we are requesting for one-time funding for the 2020 calendar year. We expect to apply for renewal of the project after the first year with any modifications deemed necessary based on the data analysis and feedback in the first year. In addition, we hope to track the progress of the student cohort after they graduate from this project to know how their educational, vocational and mental health goals have evolved with time. For this purpose, we will use an alumni survey.

Service #1 - Name, Definition, and Description**a. Service #1 - Taxonomy of Service Name (300 character limit)**

Academic enrichment and career exploration

b. Service #1 - Taxonomy Definition of Service (350 character limit)

Project based activities intended to motivate and expose students to engineering & science careers and the long-term opportunities these provide. Such activities will engage students in education and skill development by focusing on increased engagement in school and developing vocational interests.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The consumers would be high school children, grades 9-11, who are at risk due to (1) behavioral issues, such as anxiety, depression or ADHD, (ii) self-reporting lack of engagement in school, and (iii) household income at or below the average or fifty-percentile income level in Boone County. It is estimated that behavioral health issues could affect about 50% of high schoolers, and about half of these are at risk of dropping out of school. In addition, over 50% report a lack of school engagement. The factors in conjunction with economic challenges can aggravate their MH issues and severely hamper their educational and employment prospects. In the long term, continued lack of economic security or poverty affects MH of children and in later life they could be uneducated, remain unemployed, and have domestic problems [9]. Thus, the basic premise of this project is that children (15-18 yrs) in grades 9-11 with behavioral issues and limited economic background when immersed in a technical educational environment along with mental health support will alleviate behavioral issues while enhancing their motivation and skills for acquiring higher education and eventually gainful employment.

For this endeavor, we have constituted a team of engineering faculty and graduate and undergraduate students at MU College of Engineering (COE), an embedded QMHP, Boone County school districts, and the Boone County Schools Mental Health Coalition (BCSMHC). The faculty-student team will create lab and project based hands-on activities in four different departments through the year. Most activities would involve design, build and test. In addition, the cohort would receive a tour of the MU campus and COE, general introduction to each engineering discipline involving the academic preparations required to become the engineer of choice, a technical introduction of the advancements in the department's discipline and how it relates to other fields, examples of major innovations and even disasters. We will also strive to provide tours of onsite and industrial facilities to get a feel of the real world and see the workforce in action. During this process, the QMHP will engage in individual and group interaction and provide MH support and crisis intervention. The QMHP will engage the cohort in career exploration using the self-directed search inventory. BCSMHC will collaborate by administering a screener tool and the revised child anxiety and depression scale questionnaire to determine changes in their school engagement, and anxiety and depression levels. This new pathway of integrated technical exposure in conjunction with MH support and evaluation will mitigate MH issues, motivate greater school engagement and vocational interests, thereby improving their long term prospects for a productive and quality life.

Record Lock

0

Service #1 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)**

one day

b. Unit Rate (#1)

\$2,979.92

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)

Faculty in different engineering departments have different salary structure even though they have the same designation and their effort in the project is different.

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

50

e. Total Number of Unduplicated Individuals (#1)

20

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

2.5

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

7449.8

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)

This is a new project and an opportunity for high school students who are at risk with mental health issues and economically challenged to mitigate such issues while experiencing the advantages and promise of science and engineering professions. The program is voluntary and charging a fee would be a barrier to participation.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)

No

Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)

to the best of our knowledge there is no eligible third-party potential in this round of the project.

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)**

\$170,495.00

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

57.21

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

Funding to provide the opportunity for high school students who are at risk with mental health issues and economically challenged to mitigate such issues while experiencing the advantages and promise of science and engineering professions.

Service #1- Performance Measures

Outcome Sample	Indicator Sample	Method of Measurement Sample
Outcome (1-1) Attendance in the project	Indicator (1-1) Each Consumer attends at least 90% of the project days	Method of Measurement (1-1) Attendance sheet by lead faculty; parent(s) will be notified of absence.
Additional Outcome (1-2) Follows directions	Additional Indicator (1-2) each consumer attempts to follow directions in a specific problem/project in class	Additional Method (1-2) report by faculty member and graduate student.
Additional Outcome (1-3) Participation in class projects	Additional Indicator (1-3) complete at least 70% of the projects assigned	Additional Method (1-3) report by faculty member and graduate student.
Additional Outcome (1-4) Able to work in a team	Additional Indicator (1-4) shows initiative and able to resolve conflicts in the team	Additional Method (1-4) report by faculty member and graduate student.
Additional Outcome (1-5) Motivation to pursue higher education	Additional Indicator (1-5) at least 50% of class reports the target outcome	Additional Method (1-5) participate in taking the SDS: self directed search inventory

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)**

On page 31 of 2018 workforce report [14] the short comings of job applicants in MO are work ethics (59% of applicants), problem solving skills (51%), lack of teamwork (50%), unwilling to learn (39%), lack of communications skills (55%). These are overall number and are expected to be higher in the population considered in this project. Job openings exceed job seekers by 20%. Hence, the successful outcomes of this project will help to motivate investment in their own education and long-term job potential while managing their MH issues.

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

Outcomes 1-1 to 1-5 may be affected by parameters prevalent in the lives and homes of the consumer, which are beyond our control.

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

Outcome 1-1 is high, as it is one of the most important factor for increasing their engagement with schools and all activities that will affect their future. Once the individual is vested in the process, they will value the directions given and complete the tasks on hand. Though we hope and expect more than 50% of the cohort to feel motivated towards higher education but other domestic and personal factors may depress this indicator. Teamwork could be measured by observation of the faculty in regard to initiative, decision-making, problem-solving and completion, and surveying the team members.

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

Outcomes 1-1 to 1-4 are dependent on observation by the associated faculty and students conducting the various projects. We will develop a survey that would be periodically completed by the instructors for each candidate in the cohort. For outcome 1-5 the SDS inventory will be used as it is a standard inventory for career exploration and assessment, and is widely used.

Service #2 - Name, Definition, and Description**a. Service #2 - Taxonomy of Service Name (300 character limit)**

Behavioral health screening using BCSMHC tools and congregate meals.

b. Service #2 - Taxonomy Definition of Service (350 character limit)

BCSMHC self-report screening survey and RCADS: Revised Child Anxiety and Depression Scale (for consumer and one for parent) will be used to determine changes in school engagement and internalizing, and track changes in anxiety and depression, respectively. Lunch will be provided every day.

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)

It is estimated that behavioral health issues, such as anxiety and depression, could affect about 50% of high school children, and about half of these are at risk of dropping out of school. In addition, over 50% report a lack of school engagement. The factors in conjunction with economic challenges can aggravate their MH concerns and severely hamper their educational and employment prospects. To tackle this problem we have developed this project to immerse a group of select students in a STEM environment for an extended period and simultaneously provide mental health support. To determine the effectiveness of this approach on their school engagement and internalizing we would use the BCSMHC screener tool three successive times during the project. In addition, RCADS: Revised Child Anxiety and Depression Scale (for consumer and one for parent) will be used to track changes in anxiety and depression. In this regard we have established a collaboration with the Boone County Schools Mental Health Coalition and the concerned faculty and the mental health professional will work closely with them.

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

50 days

b. Unit Rate (#2)

\$429.98

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate tied to an established public funding rate? (#2)**d. Total Number of Units of Service to be Provided (#2)**

50

e. Total Number of Unduplicated Individuals (#2)

20

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

2.5

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

1074.95

Service #2 - Service Fee**a. Will the proposed service consumers be charged a fee? (#2)**

No

Provide a rationale why no fee will be charged for the service. (#2) (600 character limit)

This is a new project and an opportunity for high school students who are at risk with mental health issues and economically challenged to mitigate such issues while experiencing the advantages and promise of science and engineering professions. The program is voluntary and charging a fee would be a barrier to participation.

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)

No

Explain why the proposed service is not billable to a third-party payor. (#2) (600 character limit)

To the best of our knowledge there is no eligible third-party potential in this round of the project.

Service #2 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

No

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$0.00

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

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

No funding is being requested from City of Columbia or United way.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Increase in school engagement	at least 60% of class shows improvement	BCSMHC screener tool
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Reduction in anxiety and depression scale	at least 50% of class shows reduction	RCADS: Revised Child Anxiety and Depression Scale (for consumer and for parent)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Consumer and family satisfaction with the project	at least 70% of consumer and families are satisfied	Self-report satisfaction survey administered to consumer and family.
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 three outcomes listed are at the heart of this proposal because school engagement and reduction in behavioral issues are an essential foundation to achieve higher education and gainful employment. Satisfaction and trust of the consumer and their families in the project and perception of its value is also important.

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

This being the first time we are submitting the proposal, we do not foresee any external issues at this time.

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

We are targeting a majority of the cohort to be positively affected by the project and see greater value in the educational opportunity, which in part means greater engagement in school. We expect at least a simple majority of the consumers to alleviate their behavioral health issues to enable them to engage in other activities that will secure their future, namely higher education. Our target is greater than two-third majority of consumers and families to be satisfied with the process and outcomes of the project.

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

The BCSMHC's screener tool and the RCADS scale are standard and well tested instruments and hence will be used in this project for outcomes 2-1 and 2-2. For outcome 2-3 a self-report satisfaction survey will be developed that will cover different aspects of the project and the consumer and their family will use a Likert scale to provide feedback. The Likert scale is widely used to measure opinions and attitudes.

Service #3 - Name, Definition and Description

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

b. Service #3 - Taxonomy Definition of Service (350 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities

that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate tied to an established public funding rate? (#3)

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

0

e. Total Number of Unduplicated Individuals (#3)

0

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

0

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

0

Service #3 - Service Fee

a. Will the proposed service consumers be charged a fee? (#3)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)

Service #3 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

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

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)
- d. Provide a rationale for each method of measurement. (#3) (600 character limit)

Service #4 - Name, Definition, and Description

- a. Service #4 - Taxonomy of Service Name (300 character limit)
- b. Service #4 - Taxonomy Definition of Service (350 character limit)
- c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)
- b. Unit Rate (#4)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

- c. Is the proposed Unit Rate tied to an established public funding rate? (#4)
- d. Total Number of Units of Service to be Provided (#4)
0
- e. Total Number of Unduplicated Individuals (#4)
0
- f. Average Number of Units of Service per Unduplicated Individual (#4)
0
- g. Average Cost of Service per Individual (#4)
0

Service #4 - Service Fee

- a. Will the proposed service consumers be charged a fee? (#4)
- b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

Service #4 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Funding Request

- a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)
\$0.00
- b. Proposed Number of Units of Service (#4)
0
- c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Service #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)
- d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

- a. Service #5 - Taxonomy of Service Name (300 character limit)
- b. Service #5 - Taxonomy Definition of Service (350 character limit)
- c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)
- b. Unit Rate (#5)
\$0.00
- IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)*
- c. Is the proposed Unit Rate tied to an established public funding rate? (#5)
- d. Total Number of Units of Service to be Provided (#5)
0
- e. Total Number of Unduplicated Individuals (#5)
0
- f. Average Number of Units of Service per Unduplicated Individual (#5)
0
- g. Average Cost of Service per Individual (#5)
0

Service #5 - Service Fee

- a. Will the proposed service consumers be charged a fee? (#5)
- b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

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

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- d. Provide a rationale for each method of measurement (#5) (600 character limit)

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

Total Amount Requested for Start-Up and Service #1 - Service - #5
340990

Linked 'Agreement Form - V3' Records

Link Instructions - Agreement Form - V3

Linked 'Agreement Form - V3.1' Records

Link Instructions - Agreement Form - V3.1

Agreement Form - V3.1

Organization Name

Program Name

Date Completed

Record Lock

Link Info

Description

Active Date

Agreement Form - V3.1

Organization Name	Program Name	Link Info		
		Date Completed	Record Lock	Active Date
The Curators of the University of Missouri (on behalf of the Department of Engineering)	Managing Behaviors and Engagement of at Risk High School Youth by Immersion in a STEM Environment			Added on 11/15/2019

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

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

December 6, 2019

The Curators of the University of Missouri (on behalf of the Department of Engineering)
Attn: Karen Geren, Pre-Award Manager, OSPA
Office of Sponsored Programs Administration
115 Business Loop 70W, Mizzou North, Room 501
Columbia, MO 652211
grantsdc@missouri.edu

RE: Written Clarification #1 to *34-18JUL19 – Purchase of Service Contract*

Dear Ms. Geren:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) *34-18JUL19 – 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. November 4, 2019** by e-mail to mbobbitt@boonecountymmo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone

else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board 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: #34-18JUL19 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

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

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

Organization	The Curators of the University of Missouri (on behalf of the Department of Engineering)
Name of Program	Managing Behaviors and Engagement of at-Risk High School Youth by Immersion in a STEM Environment

Organization Profile	
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No follow-up required.

Proposal Cover Sheet	
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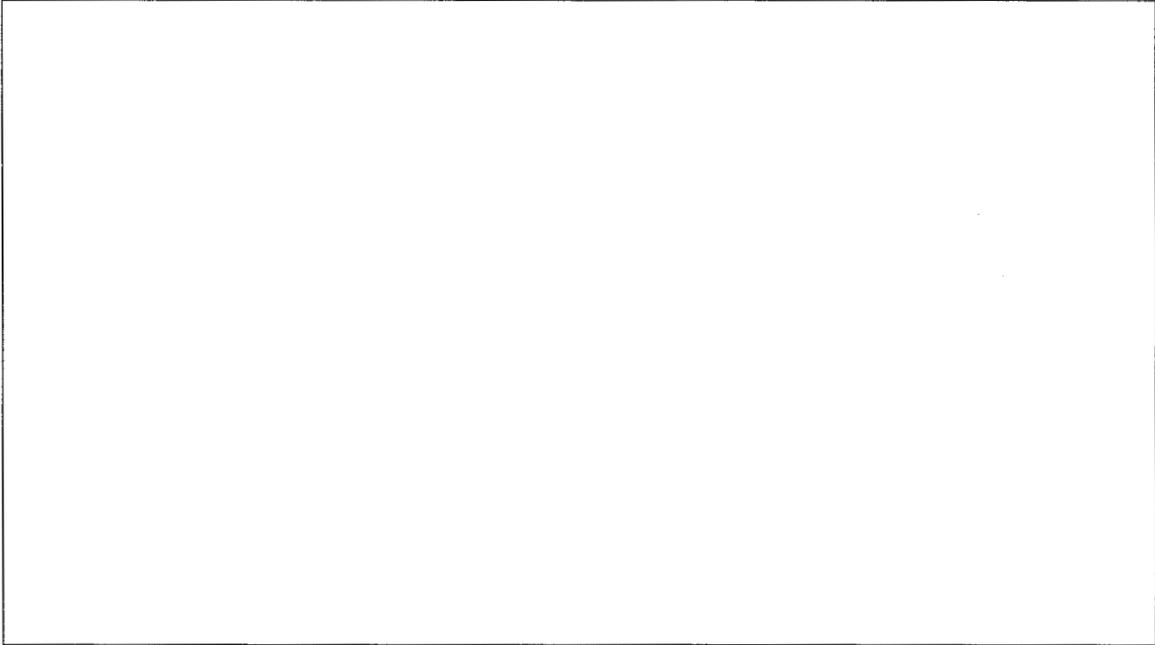
- Attachment C is missing the E-Verify documentation.
Action Required: Provide E-Verify documentation in your response.

Program Overview Form	
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- The Program Consumers section lists the following criteria to participate in the program: mental health issues, self-reporting lack of engagement in schools, and household income at or below the average or fifty-percentile income level in Boone County.
Action Required: Provide detailed information on how students will be identified, income level determined, and students are enrolled into the program.

We have a commitment from Hallsville School system to participate and Columbia Public School is expected to approve their participation. We will follow the following process to enroll students in the program.

- Prepare a program brochure and distribute in the high schools of participating schools and other pertinent agencies, such as FACE. The brochure will include a program description and eligibility criteria and a consent form for intent to participate.
- School staff review the most recent checklist data in the school engagement area.
- For students who have school engagement issues, the school sends home a recruitment letter and brochure to describe the program, to gauge parent interest and gain consent for their student to have a conversation about this/or to participate.
- With the assistance of MU staff (PI and QMHP), school staff discuss this program with students/parents and gain consent.
- Interested parents answer a questionnaire that addresses issues of mental health concerns and income level.
- Program commences for identified and eligible students.



3. There can be an extensive list of challenges working with youth meeting the stated criteria.
Action Required: Provide details in how the Engineering Department is prepared to navigate potential barriers.

The potential barriers as we currently envisage are attendance and family engagement. Active student engagement and family interest will potentially result in good attendance and participation in the program. In this regard, a family orientation program and a kick-off event will be held on the first day and we will highlight the pertinent facilities in the college of engineering with a tour. The expected program outcomes and modus operandi will be presented along with possible incentives as certain benchmarks are achieved by the enrolled students. Details on transportation and meal arrangements will be provided in the kick-off event.

4. The Residence demographic section shows that all participants will be from outside Columbia city limits. The race demographics need to be delineated across the other races listed. The income level shows 41620 in the 'at or below 200\$ of Federal Poverty Level'. This should be the number of students (n=20) that meet this income level.
Action Required: Update the Consumer Demographics. All section totals should equal the same number (n=20).

Demographic Info	# of Unduplicated Individuals
Residence	
Boone County (includes City of Columbia residents)	20
City of Columbia	12
Other Counties	8
Residence Total:	
Race	
White (alone)	8
Black or African American (alone)	8
Multiple Races	0
Asian (alone)	1

Native American Indian or Alaskan Native (alone)	1
Native Hawaiian or other Pacific Islander (alone)	0
Some other Race	2
Race Total:	20
Ethnicity	
Hispanic or Latino (of any race)	2
Not Hispanic or Latino	18
Ethnicity Total:	20
Gender	
Female	10
Male	10
Gender Total:	20
Income	
At or below 200% of Federal Poverty Level	20
Over 200% of Federal Poverty Level	0
Income Total:	20
Age	
Infant/Toddler (birth – 2 years)	0
Preschool (3 years – 5 years)	0
School Age (6 years – 11 years)	0
Middle School (12 years – 14 years)	0
High School (15 years – 19 years)	20
Parent/Guardian (19 years and younger)	0
Parent/Guardian (20 years and older)	0
Adult (age 20 and over – not a parent/guardian)	0
Age Total:	20

5. The Program Access section mentions there will be one pick up location for students. Transportation is often a large barrier for low income families. The proposal also mentioned youth from outside Columbia will be served.

Action Required: Provide information on how transportation barriers will feasibly be addressed.

Within Columbia and other town(s) outside Columbia a bus will pick from the respective high schools. The MU College of Engineering has four mini-busses that would be available. Student drivers will be allowed after checking their driving record. At present, without knowing the composition and personal transport situation of the group members, we have proposed to pick from high schools. Once the whole cohort is known and we become aware of the transport situation of each member we will add more pick up points.

6. The Program Access section and service description is unclear on when the program will be offered. Is this program offered each semester and/or summer?

Action Required: Provide clarification on when this program will be offered.

The program will be offered in Spring 2020 semester, summer 2020 semester and Fall 2020 semester of the University of Missouri.

7. The FTE for the Principal Investigator and the number of Co-PIs seems high.

Action Required: Provide justification for the number of personnel listed. Describe any proposed changes to lower the personnel expenses.

The budgeted FTE and salaries for the faculty and staff is based on the best estimate of the time they will spend on this project and their current salaries. The graduate intern charges have been revised and that has resulted in substantial reduction in the budget. The meals charge and incentives for students has been increased slightly. The QMHP hours have been increased by 40 hours. The overall savings after all revisions is about ten thousand dollars.

8. The Program Budget needs to be updated with your best and final offer.

Action Required: Complete the attached program budget.

9. The Program Budget Narrative mentions there are no other funding sources for the project.

Action Required: It is understandable there are no other funding source since this is a pilot program. Please describe any known funding opportunities in the future that will be pursued for the program, if funded through BCCSF.

Assuming the project is funded and the outcomes are promising, we hope to expand the scope with a higher number of students and simultaneously seek federal funding from the National Science Foundation and/or the Department of Labor.

Program Services Form (1-5)

Program Service 1 – Academic Enrichment and Career Exploration (now Career Exploration)

10. The service name listed more than one service from the *Taxonomy of Services*.

Action Required: The service name has been changed to Career Exploration based on the service description.

11. The service description lacked clear information on strategies to facilitate buy-in from the students enrolled in the program.

Action Required: Provide more information on how students will be empowered to pursue STEM careers. Describe efforts to assist students in achieving college admissions requirements (i.e. high school GPA requirements, ACT/SAT scores, financial barriers, students being supported to attending post-secondary education, etc.)

In this program they will involve in engineering project related activities and will see immediate results. The outcomes will enable them to visualize their own potential, see themselves in the role of an engineering student and others such as faculty and staff, they will interact with. It is expected that they will develop a sense of self-efficacy, motivation to learn and develop a strong resume. The participants will also be provided information via lectures on college admission criteria, requirements and expectations, financial aid, resources available to students who are in college, and student job prospects and career choices after graduation from college.

12. The service description provided brief information on how the program will operate. It lacks specific details including class duration, frequency, class projects, etc.

Action Required: Provide more detailed information about class duration, frequency, class projects, and other relevant information in the field below.

Students will meet on a Saturday from 9am – 2pm during regular Spring and Fall semesters and on weekdays from 1:00-7:00pm during summer. In regular semesters they will spend three weeks in each of the four departments (mechanical engineering, civil engineering, computer engineering and computer science). In summer they will spend a 4-day week (Wed-Sat) in each department. In each regular semester there will be a kick-off and a closing day.

13. The service description explains qualified mental health professionals will engage students in career exploration, administer screenings, provide mental health support and crisis intervention, motivate students.

Action Required: Provide more details on how this will be implemented. Include information on how this will be in conjunction with the STEM aspect of the program.

The QMHP will observe the students while they are engaged in STEM project work. The observation will entail but not limited to their interaction with other students, able to follow directions, able to solve problems, how they handle conflicts, able to ask questions, stay focused on the task and able to work in a group setting. The QMHP will then discuss the observations with the faculty and students interns. The QMHP would also discuss with the participant and/or family during the one-on-one counseling sessions.

14. Another service may need to be added depending on information provided regarding STEM classes and time spend with QMHPs.

Action Required: Describe how many hours a student would participate in STEM activities and how many hours they may spend with QMHPs.

The participating student will spend 3 hrs on STEM every weekly session, 45-60 min in a group session with the QMHP every third week, and QMHP will meet once in the semester with every student and family one-on-one for 30 min, the QMHP expects to conduct 2 individual sessions every week.

15. The proposal does not describe how buy-in from the parents and students will be addressed.

Action Required: Describe how students and parents will be reached and encouraged to participate in the program.

The kick-off event and the family orientation group will lay out the contours and details of the program and the potential outcomes. The Engineering Career Center will provide information on career prospects after graduating with an engineering degree. Transportation, meal plans and incentives would possibly facilitate and motivate the prospective students and their families. Motivational lectures by current students with their life stories would encourage the participants.

16. The outputs need to be revised. The proposed unit rate and cost per student is extremely high (\$7,449.80/student). The unit measure needs to be 'one hour/individual'.

Action Required: Adjust the unit rate and total number of units to reflect a unit measure of one hour/individual. The number of units should be the total number of hours for all the sessions that will be provided throughout one year multiplied by the total number of individuals to be served. Provide this information in the *Best and Final Offer* table. It is also recommended that you make a significant reduction in the funding request amount in the *Best and Final Offer* table. Please note that the funding request amount should equal a whole number of units to be provided. Provide information on how the revised unit rate was determined in the field below.

In one regular semester there will be 5 hrs spent on a Saturday which include 3 hrs STEM, 1 hr with QMHP, 1 hr meals. In Spring and Fall semester there will be 14. In summer there will be 4 days per week from 1:00-7:00pm that includes 1 hr meals + 0.5 hr snack break, 1 hr QMHP. There will be 4 weeks in summer. Thus, the total hrs will be STEM: 140 hrs, QMHP: 44 hrs, Meals: 52 hrs, for a total of 236 hrs of direct contact.

It may be noted that QMHP will be spending extra hours as stated in #13 reply earlier. The QMHP will be spending an additional 168 hours for observations during STEM hrs and during meal times. QMHP will also spend an estimated 98 hrs in the initial BCSMHC screener review, student selection process and providing periodic reports. Thus, the QMHP will provide an estimated 310 hrs.

The PI will be responsible for and oversee the whole project. The PI will be responsible for the mechanical engineering department component and continuously monitor the effort in the other three departments. The PI will be involved in the initial BCSMHC screener review, student selection process and providing periodic reports and the final report. The PI will also oversee the provision of meals and transportation. It is estimated that the PI will spend 364 hrs on the project.

The Co-PIs from each of the three other engineering departments will spend an estimated 128 hrs each during the project.

Please Note: We are unable to assign unit rates for the effort to each service activity such as STEM classes, meals, student selection etc. We have stated above the estimated hours each individual on the project will spend and how many hours are being billed in the budget description. We sincerely hope that is acceptable, as the college does not assign unit rates as requested. Also, the budgeted hours are below those estimated above as we are being conservative in this initial pilot project.

17. Performance Measures need to be revised and suggestions have been proposed. Please see the *Performance Measures Change Chart* for Service 1.

Program Service 2 – Behavioral health screening using BCSMHC tools and congregate meals

- 18.** Meals and the time spent identifying students with the BCSMHC screener and measuring performance measures should be calculated into the unit rate. This should not be listed as a separate service. However, an additional service(s) may need to be added based on the information provided in your written clarifications response.

Program Budget		
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	\$159,609.00	\$
Narrative:		
B. Boone County - Community Health Funding	\$	\$
Narrative:		
C. Boone County - Other Funding	\$	\$
Narrative:		
D. Funding from Other Counties	\$	\$
Narrative:		
E. City of Columbia - Social Service Funding	\$	\$
Narrative:		
F. City of Columbia - CDGB/Home Funding	\$	\$
Narrative:		
G. City of Columbia - CHDO Funding	\$	\$
Narrative:		
H. City of Columbia - Other Funding	\$	\$
Narrative:		
I. Funding from Other Cities	\$	\$
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$	\$
Narrative:		
K. State (Purchase of Services, Grants, etc.)	\$	\$
Narrative:		
L. Other (Schools, Courts, etc.)	\$	\$
Narrative:		
3. Program Service Fees	\$	\$

Narrative:		
4. Investment Income (realized & unrealized)	\$	\$
Narrative:		
5. Other Revenue Items	\$	\$
Narrative:		
TOTAL PROGRAM REVENUE	\$	\$
Narrative:		
PROGRAM EXPENSES	AMOUNT IN PROPOSAL	UPDATED AMOUNT
1. Personnel	\$106,457.00	\$
Narrative:		
2. Non-Personnel	\$53,152.00	\$
Narrative:		
TOTAL PROGRAM EXPENSES	\$159,609	\$

Best and Final Offer

Please provide your best and final offer:

Organization Name: The Curators of the University of Missouri (on behalf of the Department of Engineering)						
Program Name: Managing Behaviors and Engagement of at Risk High School Youth by Immersion in a STEM Environment						
Program Outputs from all funding sources (including Children's Services Fund):						
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	# of Units Requested to BCCSB:	Total Requested Amount:	Total # of Unduplicated Individuals
Career Exploration	1 hour/individual		184			20
Total Requested Amount:					159,609	

NOTE: Thus for 184 units/individual and 20 individuals the total units would be 3680, and hence the unit cost is \$159,609/3680 = \$43.37.

Performance Measure Change Chart		
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Engineering)		
Program Name: Managing Behaviors and Engagement of at Risk High School Youth by <u>Immersion</u> in a STEM Environment		
Service #1 – Taxonomy of Service Name: Career Exploration		
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Individuals complete job training, college, or vocational training.	1.) 70% of individuals attend at least 90% of project course days. 2.) 60% of individuals complete the assigned projects.	1.) Attendance sheet by lead faculty; parent(s) will be notified of absence. 2.) Report by faculty member and graduate student.
Individuals make changes based on knowledge gained.	1.) 70% of students report increased motivation to pursue higher education. 2.) 60% of students develop and make progress on goals to pursue higher education.	1.) Completed SDS: self-directed search inventory results 2.) Students complete a self-report survey at the start of the program and at the end of each regular semester.
Individuals improve functioning.	1.) 70% of students follow directions in class. 2.) 70% of students demonstrate ability to resolve conflicts in their group.	1.) Faculty and QMHP report every week. 2.) QMHP report every week.
Individuals experience fewer mental, emotional, and/or behavioral symptoms.	1.) 50% of students demonstrate a reduction in anxiety and depression symptoms. 2.) 60% of students report positive values toward school engagement.	1.) RCADS: Revised Child Anxiety and Depression Scale (for consumer and for parent) (to be completed at the start of the program and at the end of each regular semester) 2.) BCSMHC screener tool
Please indicate if there are any changes needed in the proposed performance measures:		

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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

December 6, 2019

The Curators of the University of Missouri (on behalf of the Department of Engineering)
Attn: Karen Geren, Pre-Award Manager, OSPA
Office of Sponsored Programs Administration
115 Business Loop 70W, Mizzou North, Room 501
Columbia, MO 652211
grantsdc@missouri.edu

RE: Written Clarification #2 to *34-18JUL19 – Purchase of Service Contract*

Dear Ms. Geren:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) *34-18JUL19 – 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 **12:00 p.m. November 11, 2019** 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 Boone County Children's Services Board 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
Michelle Leaton (leatonml@missouri.edu)
Amy Cavanah (cavanaha@missouri.edu)

Attachments: Written Clarification Form #2

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #34-18JUL19 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #2**

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

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

Organization	The Curators of the University of Missouri (on behalf of the Department of Engineering)
Name of Program	Managing Behaviors and Engagement of at-Risk High School Youth by Immersion in a STEM Environment

1. The cost per individual is still extremely high. It is recommended to substantially lower the total requesting amount in your revised best and final offer.
2. The response to Written Clarifications 1 (WC1) did not provide required outputs for the program and funding request. The Boone County Children’s Services Board (BCCSB) requires organizations to follow a purchase of service model. This information needs to be provided in order to present your best and final offer to the BCCSB and continue contract negotiations. The following services have been identified from the WC1:
 - a. Career Exploration (unit measure is 1 hour/individual)
 - i. 140 hours
 - b. Individual Therapy – Child (unit measure is 1 hour/individual)
 - i. Calculate from the estimated 44 hours with a QMHP
 - c. Group Therapy – Child (15 minutes/individual)
 - i. Calculate from the estimated 44 hours with a QMHP
 - d. Congregate Meals (1 meal/individual)
 - i. Include costs of the food and staffing to provide meals
 - e. Parent Partnership (1 hour/family)
 - i. covers time staff are meeting with families
 - f. Additional staff time should be calculated into the unit rates for the services listed above: recruitment, QMHP observations, analyzing Boone County Schools Mental Health Coalition data, other data analysis, transportation of students, course prep work, etc.

Action Required: Provide unit rates and outputs in the *Best and Final Offer* table. Please refer to the attached document describing how to develop a unit of service rate. Please note, that the response will be considered unresponsive if this information is not provided which will end contract negotiations.

ANSWER: Please see our detailed reply in the pages below:

1. Service: Career Exploration

Unit Measurement: 1 hour

Program Expenses

1 Principal Investigator faculty * 0.15 FTE = \$ 23,504

3 Co-investigator faculty * 0.05 FTE (each) = \$19,952

4 graduate students * (210 hrs STEM provision and preparation) = \$19,412

4 undergraduate students (110 hrs each) = \$4,400

Benefits = \$14,907 (this amount includes student pay in the #4 Congregate Meals section)

Materials and supplies for all 4 departments = \$4,000

Engineering technical support services (30 hrs per dept * 4 dept) = \$7,200

Self-directed search inventory costs = \$600

Rewards = \$5,500

Indirect cost = \$9,822 (this amount includes student pay in the #4 Congregate Meals section)

Total program expenses = \$109,297

Total # of Anticipated Units: 2,880

Total # of unduplicated individuals to be served = 20

Unit of service rate: \$109,297/2880 = \$37.95

2. Service: Individual Therapy

Unit Measurement: 1 hour

Program Expenses

Individual Therapy (50 hr) + recruitment & use of Boone County Schools Mental Health Coalition data screener data for recruitment (98 hr) = \$4,736

QMPH observation during STEM programing (50 hrs regular semesters + 20 hrs summer semester) = \$2,240

Reporting of collected data and its analysis (90 hrs) = \$2,880

Total program expenses = \$9,856

Total # of Anticipated Units: 880

Total # of unduplicated individuals to be served = 20

Unit of service rate: $\$9,856/880 = \11.20

3. Service: Group Therapy

Unit Measurement: 15 min

Program Expenses

Group Therapy (12 hrs each regular semester *2 sems + 8 hrs summer semester) = \$1,024

Total program expenses = \$1,024

Total # of Anticipated Units: 2,560

Total # of unduplicated individuals to be served = 20

Unit of service rate: \$1,024/2560 = \$0.40

4. Service: Congregate Meals

Unit Measurement: 1 meal/individual

Program Expenses

Graduate students attend lunch for social interaction and skill development (64 hrs total for 4 students) = \$1,479

UG-Graduate students attend lunch for social interaction and skill development (64 hrs total for 4 students) = \$640

Meals cost: \$12/person lunch * 26 person * 44 days + \$5/snack in summer * 26 person * 16 days = \$15,808

Meals cost: Two family orientation groups with lunch twice a semester for total of 4 lunches: \$15/person * 50 person * 4 lunches = \$3,000

Total program expenses = \$20,927

Total # of Anticipated Units: 1,040

Total # of unduplicated individuals to be served = 20

Unit of service rate: \$20,927/1,040 = \$20.12

5. Service: Parent Partnership

Unit Measurement: 1 hour

Program Expenses

Two 1-hr groups each regular semester * 2 sems = \$128

Face to face with each family (0.5 hr) each regular semester for total of 20 hr = \$640

Total program expenses = \$768

Total # of Anticipated Units: 480

Total # of unduplicated individuals to be served = 20

Unit of service rate: $\$768/480 = \1.60

Best and Final Offer

Please provide your best and final offer:

Organization Name: The Curators of the University of Missouri (on behalf of the Department of Engineering)						
Program Name: Managing Behaviors and Engagement of at Risk High School Youth by Immersion in a STEM Environment						
Program Outputs from all funding sources (including Children's Services Fund):						
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	# of Units Requested to BCCSB:	Total Requested Amount:	Total # of Unduplicated Individuals
Career Exploration	1 hour/individual	\$37.95	2,880	2,880	\$109,297	20
Individual Therapy – Child	1 hour/individual	\$11.20	880	880	\$9,856	20
Group Therapy – Child	15 minutes/individual	\$0.40	2,560	2,560	\$1,024	20
Congregate Meals	1 meal/individual	\$20.12	1,040	1,040	\$20,927	20
Parent Partnership	1 hour/family	\$1.60	480	480	\$768	20
Total Requested Amount:					\$141,872	

ADDENDUM

Plan of Project and Activities for Participants

Computer Science

The students would be exposed to expanding areas of computing technologies including augmented reality/virtual reality, video games, music and film for video games, building and programming systems like drones with mentoring and hands-on activities provided by graduate students and undergraduate students.

1. Spring 2020 Semester (3 Saturdays)
 - a. Week 1: General Introduction. Explain to the students what we study in Computer Science (CS) and Information Technology (IT), what preparations are required to get into CS and IT, what are the expectations to succeed academically in CS and IT, what kind of jobs a CS or IT degree will offer to the student. What does the CS and IT job markets look like today and over the next decade – which specialties are in demand today (like cybersecurity, cloud computing, smartphone apps, web technologies, data science) and emerging specialties where there will future growth (including image processing, computer vision, artificial intelligence, machine learning, smart vehicles, smart cities).
 - b. Week 2: Technical introduction. What are the different fields in CS and IT in general and how they relate to other fields on MU campus. Introduce terminology like operating systems, coding, graphical user interfaces, databases, networking, etc. Visit different labs and introduction to work going on those labs, such as in cloud computing, intelligent systems, data science, smart healthcare/eldercare, remote sensing and drone technologies, etc. Demonstration will also be conducted.
 - c. Week 3: Learning to use software tools for installing an operating system, data visualization, photo filtering, social network sharing and simple software coding examples.
2. Summer 2020 (1 Week)
 - a. Day 1: Visit a healthcare IT company like Cerner or ExpressScripts.
 - b. Day 2: Visit to an engineering design company and how CS and IT are used in telecommunications engineering projects.

c. Day 3-4: Design, build and test a given hands-on project as a team, such as a small low cost vision sensor and embedded processor. Time permitting, students propose and build a prototype with an emphasis on operating systems and software.

3. Fall 2020 (3 Saturdays)

a. Week 1-2: Continue or start new hands-on projects involving software and information technology tools.

b. Week 3: Finish the project and prepare a demo/presentation/poster/report.

Civil and Environmental Engineering

1. Spring 2020 Semester (3 Saturdays)

a. Week 1: General Introduction. Describe the field of civil engineering. Identify different fields of civil engineering and their role in supporting modern society. Provide examples of civil engineering achievements through history in context of the development of modern society. Describe the process of preparation for pursuing a future in civil engineering.

b. Week 2: Technical Introduction. Conduct laboratory tours to illustrate the four primary fields of Civil Engineering. Walking tour of MU campus to demonstrate the work of each field: Structural Engineering, Environmental Engineering, Geotechnical Engineering, and Transportation Engineering.

c. Week 3: Construction site tour – Visit a local building construction site to explore the application of engineering principles and reveal the interval structure of a building. Describe the systems approach to constructing a building and relate these systems to the different fields of Civil Engineering. Introduce team project through lecture / video on hurricane resistance of buildings. Initiate design process for construction the following week. Design project: Disaster resistant building design: by using common materials, construct a tower to support a tennis ball 12 inches about the table and resists high wind velocities.

2. Summer 2020 (1 Week)

a. Day 1: Field trip to steel bridge fabrication shop and tour of Jefferson City Bridge over the Missouri River.

- b. Day 2: Describe team project to design and load test a spaghetti bridge. Explanation of sensors and measurement technologies to be implemented for monitoring the performance of the bridges. Diagrams and plans for spaghetti bridge. Materials listing and cost estimating for construction.
 - c. Day 3-4: Complete design and construction of spaghetti bridge. Testing of bridges for load capacity and deflection. Introduce past civil engineering disasters, such as collapse of the walkway at the Kansas City Hyatt.
3. Fall 2020 (3 Saturdays)
- a. Week 1-2: Description of a team project and poster presentation. Initiate investigation of an engineering disaster, explore resources for learning about the root causes of a selected disaster.
 - b. Week 3: Work on preparing a report, poster, and public presentation regarding the selected engineering disaster. Poster presentation to public.

Information Technology

1. Spring 2020 (3 Saturdays)
- a. Week 1: General Introduction. Explain to the students what we study at computer science (CS), what preparations are required to get into CS, what are the expectations to succeed in class of CS, what kind of jobs a CS degree will offer you. What is the CS job market looks like.
 - b. Week 2: Technical introduction. What are the different fields in CS in general and MU in particular. What is my lab research focus(Computer Vision, AI, VR/AR, Computer Graphics, visualization, biomedical imaging). What we do, and what is the applications (robotics, autonomous cars, animation, biomedical imaging/informatics). Demo/presentation of our lab.
 - c. Week 3: Learning to use software such as Maya, Unity, Python, Tensorflow, OpenCV, MatLab, etc. Learning to use equipment such as LIDAR scanner, Kinect Scanner, DJI Drones, Oculus Rift, Google Glass, LeapMotion, etc. Use these software/hardwares to start hands CS projects: video/image collection and processing, computer vision applications such as face recognition, biomedical imaging applications, video game developments, etc.
2. Summer 2020 (1 Week)

- a. Day 1- Day 2: More in depth learning to use software such as Maya, Unity, Python, Tensorflow, OpenCV, MatLab, etc.
- b. Day 3- Day 4: Use these software/hardwares to continue or start new hands CS projects: video/image collection and processing, computer vision applications such as face recognition, biomedical imaging applications, video game developments, etc.
3. Fall 2020 (4 Saturdays)
 - a. Week 1-2: Continue or start new hand on projects.
 - b. Week 3-4: Finish the project and prepare a demo/presentation/poster/report. Project presentations to the class.

Mechanical & Aerospace Engineering

1. Spring 2020 Semester (3 Saturdays)
 - a. Week 1: General Introduction. Describe the field of mechanical & aerospace engineering. Identify different fields of mechanical engineering and their role in supporting modern society. Provide examples of mechanical engineering marvels, such as St. Louis Arch and Electric Motor and the airplane, and how they shaped the development of modern society. Describe the process of preparation for pursuing a future in mechanical & aerospace engineering.
 - b. Week 2: Technical Introduction. Conduct laboratory tours to illustrate the four primary fields of mechanical engineering. The four primary fields are Manufacturing Engineering, Materials Engineering, Mechanical Design, and Controls Engineering. Demonstration of a project in each.
 - c. Week 3: Project design and build: Students conceive a small object and draw the object, which will then be 3D-printed in the lab. 3D printing is a modern manufacturing process that has gained large scale applications.
2. Summer 2020 (1 Week)
 - a. Day 1: Field trip to an industry in Columbia to see a manufacturing plant and interact with the personnel to know about their daily life in an industry.
 - b. Day 2: build a small robot from a kit and test its functions.

- c. Day 3: Manufacture composite materials from plastic and nanomaterial and glass fiber reinforcements. Understand basic properties and applications of these widely used materials.
- d. Day 4: Set up an outdoor solar panel and measure the power output. Understand the basics of renewable energy and future.
- 3. Fall 2020 (3 Saturdays)
 - a. Week 1-2: Description of a team project. Initiate investigation of the energy usage in Lafferre Hall, College of Engineering, by using instruments such as light meters, air leak detectors, infrared camera, etc to determine how energy efficient is the building. Discuss best practices of building design and energy use. Prepare a small poster or presentation.
 - b. Week 3: Present the grand engineering challenges, future prospects of engineering, ethics in engineering profession.

Other lectures during opening and closing day in a semester:

Introduction of all the program participants.

Introduction to the MU College of Engineering and a tour.

Lecture by Admissions and Career Services on requirements for transitioning from high school to college in general and to engineering in particular. Overview of colleges and educational opportunities at MU not limited to engineering.

Engineering professions and potential life-long career prospects.

Introduction of the whole program to student participants and their families.

Introduction to diversity and inclusion in the workplace.

Testimony from students and presentation of outcomes and challenges in the closing day of each semester (to participants and their families).

Desired work ethics in engineering and sciences.

From: [Melinda Bobbitt](mailto:Melinda_Bobbitt)
To: grantsdc@missouri.edu
Cc: Cavanah, Amy; leatonml@missouri.edu; Khanna, Sanjeev
Subject: Agreement Form for MU Engineering
Date: Tuesday, December 03, 2019 11:04:30 AM

Dear Ms. Geren:

The Boone County Children's Services Board has approved Boone County Community Services Department staff to enter into contract negotiations. An Agreement Form has been created in Apricot and updated with information provided in your Written Clarification response(s). The Agreement Form will be included in the contract once completed. Please complete the following steps:

1. Log into Apricot.
2. Click 'Search Records' on the left hand side of your screen for the drop down menu and click 'Proposal Cover Sheet'.
3. Click on the correct proposal with the Funding Cycle for RFP #34-18JUL19.
4. The top of your screen should read "Proposal Cover Sheet Document Folder". Click on the Agreement Form record that has been created.
5. Review the items in this email describing updates and complete requested changes. Remember to click "Save Record" frequently.
6. Return back to the Proposal Cover Sheet Document Folder page once changes are complete and click 'Submit Agreement' on the right hand side of your screen.
7. Once you've updated and submitted the Agreement Form, notify Melinda Bobbitt via email. Please include information on any changes that you made to the Agreement Form. Community Services Department staff will review the changes and send any additional items, if necessary.

- **Organization Profile**

- John Phillips term has expired on the Board of Curators. Please update this listing to reflect the current Board of Curators.

- **Agreement Form**

- The Program Budget was updated based on information provided through Written Clarifications 1 and 2. Update the Program Expenses section based on the information provided.
- Update the Consumer Demographics to include the parents served through Parent Partnership. Please remember that the section totals for Residence, Race, Ethnicity, Gender, etc. need to match.
- Service 1 – Career Exploration
 - The outputs have been updated based on our conversation last week. Time spent during lunch has been moved to Career Exploration except for lunches with parents. Please see our following calculations for the outputs:
 - \$17,927.00 from Congregate Meals has been added to \$109,297.00 service expense (equals \$127,224.00). We added 722 units for lunches. The number of units originally listed has also been changed to reflect the three hours spent for Career Exploration in the mornings

- (14+14+16=44*3=132 hours * 20 students= 2,640).
- Therefore the total number of units is $722+2,640=3,362$. The rate should be \$37.84 (need to round down) ($\$127,224/3,362=\37.84).
 - Program performance measures have been updated to reflect information in WC1.
- Service 2 – Individual Therapy (changed to Personal Development)
 - The outputs have been updated based on our conversation last week.
 - We determined the total number of units possible for one-on-one meetings with students is 38 hours and the anticipated hourly rate for the QMHP is \$32.00. The other expenses listed under this service have been moved to Service 3 (Group Therapy) to increase the unit rate.
 - The service description needs to be updated to reflect time students are spending one-on-one with the QMHP. This will need to include information about who will receive the service, how it will be delivered, and curricula used.
 - Performance measures have been updated for this service based on proposed performance measures and aligned outcomes. Performance measures need to be completed by adding in appropriate percentages within the indicators section.
 - Program Service 3- Group Therapy (changed to Behavior Support Services)
 - The outputs have been updated based on our conversation last week.
 - Students will meet in a group for one hour for each Saturday or summer session day for a total of 44 hours. The total number of units is $44*20$ students=880 hours/individual.
 - We added \$8,640.00 (amount remaining from Service 2) to $\$1,024.00=\$9,664.00$. To calculate the unit rate, we took $\$9,664.00/880$ units = \$10.98.
 - The service description needs to be updated to reflect time students are spending in a group with the QMHP. This will need to include information about who will receive the service, how it will be delivered, and curricula used.
 - Performance measures have been updated to reflect this service. Please review and update the performance measures as needed.
 - Service 4 – Parent Partnership
 - Parent Partnership program outputs have been updated.
 - We moved \$3,000.00 from Congregate Meals to Parent Partnership with the total expenses of \$3,768.00.
 - It was mentioned that an average of 1.5 parents per student will participate in the program which be 30 parents/guardians. The total number of unduplicated individuals will now be 50 (20 students + 30 parents).
 - A service description is needed for this service explaining how the service will be delivered and who will be involved in the service.
 - Performance measures need to be provided for this service. Please provide an indicator and method of measurement (example: survey).

Please review and make changes by Thursday, December 5.

Thanks,

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

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



Agreement Form - V3.1

Children's Services Fund - POS 2019 (Agreement...

Quick View Information

Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

Organization Name

The Curators of the University of Missouri (on behalf of the Department of Engineering)

Program Name

Managing Behaviors and Engagement of at Risk High School Youth by Immersion in a STEM Environment

Date Completed

Funder

Boone County

Funding Type

Children's Services Fund - POS 2019

Funding Cycle

RFP #34-18JUL19

County-Children's Services - Service Type

Mental health screenings

Record Lock

1

Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Generally, information should be provided 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.
Salary and fringe for engineering faculty, graduate and undergraduate students, compensation for mental health counselor, meals, rewards and supplies.	\$141,863.88
B. Boone County - Community Health Funding	(A) 2B.
	\$0.00
C. Boone County - Other Funding	(A) 2C.
	\$0.00
D. Funding from Other Counties	(A) 2D.
	\$0.00
E. City of Columbia - Social Service Funding	(A) 2E.
	\$0.00
F. City of Columbia - CDGB/Home Funding	(A) 2F.
	\$0.00
G. City of Columbia - CHDO Funding	(A) 2G.
	\$0.00
H. City of Columbia - Other Funding	(A) 2H.
	\$0.00
I. Funding from Other Cities	(A) 2I.
	\$0.00
J. Federal (Medicaid, Title III, etc.)	(A) 2J.
	\$0.00
K. State (Purchase of Services, Grants, etc.)	(A) 2K.
	\$0.00
L. Other (Schools, Courts, etc.)	(A) 2L.
	\$0.00
3. Program Service Fees	(A) 3.
	\$0.00
4. Investment Income (realized & unrealized)	(A) 4.
	\$0.00
5. Other Revenue Items	(A) 5.
	\$0.00
TOTAL PROGRAM REVENUE	(A) Total Revenue
	141863.88
PROGRAM EXPENSES	
1. Personnel	(A) 1.
Salary and fringe for engineering faculty, graduate and undergraduate students, Qualified Mental Health Professional.	\$80,390.00
2. Non-Personnel	(A) 2.
Materials & supplies, SDS inventory use fee, engineering research support services of college of engineering, meals for students and families, student rewards, indirect costs.	\$61,482.00
TOTAL PROGRAM EXPENSES	(A) Total Expenses
	141872

Yearly Amount Request from Children's Services Fund

AGREEMENT REQUEST (A)

Year 1 Total Request**(A) Year 1 Total Request**

\$141,863.88

(A) Total Amount Requested

141863.88

Residence

RESIDENCE

AGREEMENT RESIDENCE (A)

City of Columbia

(A) City of Columbia

30

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)

50

Cooper County

(A) Cooper County

0

Howard County

(A) Howard County

0

Other Counties

(A) Other Counties

0

RESIDENCE TOTAL

(A) Residence Total:

50

Race

RACE

AGREEMENT RACE (A)

White (alone)

(A) White (alone)

20

Black or African American (alone)

(A) Black or African American (alone)

20

Multiple Races

(A) Multiple Races

0

Asian (alone)

(A) Asian (alone)

2

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

5

Native Hawaiian or other Pacific Islander (alone)

(A) Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

(A) Some Other Race

3

RACE TOTAL**(A) Race Total**

50

EthnicityETHNICITY

AGREEMENT ETHNICITY (A)

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

5

Not Hispanic or Latino

(A) Not Hispanic or Latino

45

ETHNICITY TOTAL**(A) Ethnicity Total**

50

GenderGENDER

AGREEMENT GENDER (A)

Female

(A) Female

25

Male

(A) Male

25

Other Gender

(A) Other Gender

0

GENDER TOTAL**(A) Gender Total**

50

IncomeINCOME

AGREEMENT INCOME (A)

At or below 200% of FPL (Federal Poverty Level)

(A) At or below 200% of FPL

50

Over 200% of FPL

(A) Over 200% of FPL

0

INCOME TOTAL**(A) Income Total**

50

Age (County-Children's Services Fund RFP)AGE

AGREEMENT AGE (A)

Infant/Toddler (birth - 2 years)	(A) Infant/Toddler (birth - 2 years)
	0
Preschool (3 years - 5 years)	(A) Preschool (3 years - 5 years)
	0
School Age (6 years - 11 years)	(A) School Age (6 years - 11 years)
	0
Middle School (12 years - 14 years)	(A) Middle School (12 years - 14 years)
	0
High School (15 years - 19 years)	(A) High School (15 years - 19 years)
	20
Parent/Guardian (19 years and younger)	(A) Parent/Guardian (19 years and younger)
	0
Parent/Guardian (age 20 and over)	(A) Parent/Guardian (age 20 and over)
	30
Adult (age 20 and over - not a parent/guardian)	(A) Adult (age 20 and over - not a parent/guardian)
	0
AGE TOTAL (CSF)	(A) Age Total (CSF)
	50

Consumer Demographics Narrative (optional)

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

Individuals Trained

	AGREEMENT (A)
Individuals to be Trained	(A) Individuals to be Trained
	0

Program Service and Performance

Instructions: Update the Agreement(A) Column with updated figures finalized through the approved contract.

Development/Start Up Service Funding

	AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)
Amount Requested	(A) Amount Requested
	\$0.00
Description of Funds	(A) Description of Funds

Program Service #1 - Outputs

Program Service #1 - Outputs:	#1 Agreement (A)
Service #1 Name	(A) Service #1 Career Exploration
Total # of Units Provided #1	(A) Units #1 3362
Unit Measure #1	(A) Unit Measure #1 1 hour/individual
Unit Rate #1	(A) Unit Rate #1 \$37.84
Total # of Unduplicated Individuals Served #1	(A) Unduplicated Individuals #1 20

Program Service #1 - Description

Provide a detailed description on the delivery of the proposed service (#1).

The consumers would be high school children, grades 9-11, who are at risk due to (1) behavioral issues, such as anxiety, depression or ADHD, (ii) self-reporting lack of engagement in school, and (iii) household income at or below the average or fifty-percentile income level in Boone County. It is estimated that behavioral health issues could affect about 50% of high schoolers, and about half of these are at risk of dropping out of school. In addition, over 50% report a lack of school engagement. The factors in conjunction with economic challenges can aggravate their MH issues and severely hamper their educational and employment prospects. In the long term, continued lack of economic security or poverty affects MH of children and in later life they could be uneducated, remain unemployed, and have domestic problems [9]. Thus, the basic premise of this project is that children (15-18 yrs) in grades 9-11 with behavioral issues and limited economic background when immersed in a technical educational environment along with mental health support will alleviate behavioral issues while enhancing their motivation and skills for acquiring higher education and eventually gainful employment.

For this endeavor, we have constituted a team of engineering faculty and graduate and undergraduate students at MU College of Engineering (COE), an embedded QMHP, Boone County school districts, and the Boone County Schools Mental Health Coalition (BCSMHC). The faculty-student team will create lab and project based hands-on activities in four different departments through the year. Most activities would involve design, build and test. In addition, the cohort would receive a tour of the MU campus and COE, general introduction to each engineering discipline involving the academic preparations required to become the engineer of choice, a technical introduction of the advancements in the department's discipline and how it relates to other fields, examples of major innovations and even disasters. We will also strive to provide tours of onsite and industrial facilities to get a feel of the real world and see the workforce in action. During this process, the QMHP will engage in individual and group interaction and provide MH support and crisis intervention. The QMHP will engage the cohort in career exploration using the self-directed search inventory. BCSMHC will collaborate by administering a screener tool and the revised child anxiety and depression scale questionnaire to determine changes in their school engagement, and anxiety and depression levels. This new pathway of integrated technical exposure in conjunction with MH support and evaluation will mitigate MH issues, motivate greater school engagement and vocational interests, thereby improving their long term prospects for a productive and quality life.

Program Service #1 - Funding

Instructions:

Agreement amount with City of Columbia, Boone County, or Heart of Missouri United Way.

Funding Amount #1	(A) Agreement Amount #1 \$127,218.08
Units #1	(A) Agreement Units #1 3362

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

Individuals complete job training, college, or vocational training.

(A) Indicator 1-1

1.) 70% of individuals attend at least 90% of project course days.

2.) 60% of individuals complete the assigned projects.

(A) Method of Measurement 1-1

1.) Attendance sheet by lead faculty; parent(s) will be notified of absence.

2.) Report by faculty member and graduate student.

(A) Additional Outcome 1-2

Individuals make changes based on knowledge gained.

(A) Additional Indicator 1-2

1.) 70% of students report increased motivation to pursue higher education.

2.) 60% of students develop and make progress on goals to pursue higher education.

(A) Additional Method 1-2

1.) Completed SDS: self-directed search inventory results

2.) Students complete a self-report survey at the start of the program and at the end of each regular semester.

(A) Additional Outcome 1-3

Individuals improve functioning.

(A) Additional Indicator 1-3

1.) 70% of students follow directions in class.

2.) 60% of students demonstrate ability to resolve conflicts in their group.

(A) Additional Method 1-3

1.) Faculty and QMHP report every third week.

2.) QMHP report every third week.

(A) Additional Outcome 1-4

Individuals experience fewer mental, emotional, and/or behavioral symptoms.

(A) Additional Indicator 1-4

1.) 50% of students demonstrate a reduction in anxiety and depression symptoms.

2.) 60% of students report positive values toward school engagement.

(A) Additional Method 1-4

1.) RCADS: Revised Child Anxiety and Depression Scale (for consumer and for parent) (to be completed at the start of the program and at the end of each regular semester)

2.) BCSMHC screener tool

(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

Personal Development

Total # of Units #2

(A) Units #2

38

Unit Measure #2

(A) Unit Measure #2

1 hour/individual

Unit Rate #2

(A) Unit Rate #2

\$32.00

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2

20

Program Service #2 - Description**Provide a detailed description on the delivery of the proposed service (#2).**

It is estimated that behavioral health issues, such as anxiety and depression, could affect about 50% of high school children, and about half of these are at risk of dropping out of school. In addition, over 50% report a lack of school engagement. The factors in conjunction with economic challenges can aggravate their MH concerns and severely hamper their educational and employment prospects. To tackle this problem we have developed this project to immerse a group of select students in a STEM environment for an extended period and simultaneously provide mental health support. To determine the effectiveness of this approach on their school engagement and internalizing we would use the BSCMHC screener tool three successive times during the project. In addition, RCADS: Revised Child Anxiety and Depression Scale (for consumer and one for parent) will be used to track changes in anxiety and depression. In this regard we have established a collaboration with the Boone County Schools Mental Health Coalition and the concerned faculty and the mental health professional will work closely with them.

Every student will engage in two separate 30-min sessions with the QMHP. The first session will review the screeners to identify mental health needs, apprise them of the services available and refer them to FACE for continuum of services. The second session will be informed by the first session and will help client to identify their SNAP (strengths, needs, abilities and preferences) to manage their mental health.

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2

\$1,216.00

Units #2

(A) Agreement Units #2

38

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**

Individuals develop coping, stress management skills.

(A) Indicator 2-1

1) 60% of participants report improved scores on the BCSMHC Student Checklist.

(A) Method of Measurement 2-1

1) BCSMHC screener tool

2) 50% of program participants report improvement in anxiety symptoms.

2) RCADS: Revised Child Anxiety and Depression Scale (for consumer)

3) 50% of program participants report improved depressive symptoms.

3) RCADS: Revised Child Anxiety and Depression Scale (for parent)

(A) Additional Outcome 2-2**(A) Additional Indicator 2-2****(A) Additional Method 2-2****(A) Additional Outcome 2-3****(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

(A) Service #3

Behavior Support Services

Total # of Units #3

(A) Units #3

880

Unit Measure #3

(A) Unit Measure #3

1 hour/individual

Unit Rate #3

(A) Unit Rate #3

\$10.98

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

20

Program Service #3 - Description**Provide a detailed description on the delivery of the proposed service (#3).**

There will be a one-hour behavior support session in a group setting for all the students in the program every week led by the QMHP. In this session, several topics will be discussed and a draft listing is provided below:

- Art of self-motivation and staying motivated
- Communication skills
- Building a social network
- Symptoms of stress and coping with stress
- Symptoms of anxiety and coping with anxiety
- Self-defeating behaviors
- Compulsive behaviors
- Relationship between Mental health and substance use
- Self-awareness
- Self-acceptance

- Self-empowerment
- Self esteem
- What do I want to do when I grow up
- SDS inventory administration
- SDS result discussion
- Career path exploration
- What do I want to do when I grow up

Program Service #3 - Funding

Funding Amount #3	(A) Agreement Amount #3 \$9,662.40
Units #3	(A) Agreement Units #3 880

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:	(A) Program Service 3 Indicators:	(A) Program Service 3 Method of Measurement.:
(A) Outcome 3-1 Individuals identify, manage, and appropriately express emotions and behaviors.	(A) Indicator 3-1 60% of individuals identify, manage, and appropriately express emotions and behaviors.	(A) Method of Measurement 3-1 QMHP will complete a progress report every six weeks.
(A) Additional Outcome 3-2	(A) Additional Indicator 3-2	(A) Additional Method 3-2
(A) Additional Outcome 3-3	(A) Additional Indicator 3-3	(A) Additional Method 3-3
(A) Additional Outcome 3-4	(A) Additional Indicator 3-4	(A) Additional Method 3-4
(A) Additional Outcome 3-5	(A) Additional Indicator 3-5	(A) Additional Method 3-5

Program Service #4 - Outputs

Program Service 4 Outputs:	#4 Agreement (A)
Service #4 Name	(A) Service #4 Parent Partnership
Total # of Units #4	(A) Units #4 780
Unit Measure #4	(A) Unit Measure #4 1 hour
Unit Rate #4	(A) Unit Rate #4 \$4.83
Total # of Unduplicated Individuals Served #4	(A) Unduplicated Individuals #4 50

Program Service #4 - Description

Provide a detailed description on the delivery of the proposed service (#4).

Meet with parent/family in a one-hour session and inform them of the program services, answer any program inquiries they have and provide guidance on any mental health concerns. Parents will be provided a satisfaction survey to complete and return.

Program Service #4 - Funding

Funding Amount #4

(A) Agreement Amount #4

\$3,767.40

Units #4

(A) Agreement Units #4

780

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**

Individuals develop healthy relationships with family members/care givers.

(A) Indicator 4-1

50% of individuals report developing healthy relationships with family members/care givers.

(A) Method of Measurement 4-1

Satisfaction survey

(A) Additional Outcome 4-2**(A) Additional Indicator 4-2****(A) Additional Method 4-2****(A) Additional Outcome 4-3****(A) Additional Indicator 4-3****(A) Additional Method 4-3****(A) Additional Outcome 4-4****(A) Additional Indicator 4-4****(A) Additional Method 4-4****(A) Additional Outcome 4-5****(A) Additional Indicator 4-5****(A) Additional Method 4-5****Program Service #5 - Outputs**

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

(A) Service #5

Total # of Units Provided #5

(A) Units #5

0

Unit Measure #5

(A) Unit Measure #5

Unit Rate #5

(A) Unit Rate #5

\$0.00

Total # of Unduplicated Individuals Served #5

(A) Unduplicated Individuals #5

0

Program Service #5 - Description**Provide a detailed description on the delivery of the proposed service (#5).****Program Service #5 - Funding**

Funding Amount #5

(A) Agreement Amount #5

\$0.00

Units #5

(A) Agreement Units #5

0

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes:	(A) Program Service 5 Indicators:	(A) Program Service 5 Method of Measurements:
(A) Outcome 5-1	(A) Indicator 5-1	(A) Method of Measurement 5-1
(A) Additional Outcome 5-2	(A) Additional Indicator 5-2	(A) Additional Method 5-2
(A) Additional Outcome 5-3	(A) Additional Indicator 5-3	(A) Additional Method 5-3
(A) Additional Outcome 5-4	(A) Additional Indicator 5-4	(A) Additional Method 5-4
(A) Additional Outcome 5-5	(A) Additional Indicator 5-5	(A) Additional Method 5-5

Program Service #6 - Outputs

Program Service 6 Outputs:	#6 Agreement (A):
Service #6 Name:	(A) Service #6
Total # of Units #6:	(A) Units #6 0
Unit Measure #6:	(A) Unit Measure #6
Unit Rate #6:	(A) Unit Rate #6 \$0.00
Total # of Unduplicated Individuals Served #6:	(A) Unduplicated Individuals #6 0

Program Service #6 - Description

Provide a detailed description on the delivery of the proposed service (#6).

Program Service #6 - Funding

Funding Amount #6	(A) Agreement Amount #6 \$0.00
Units #6	(A) Agreement Units #6 0

Program Service #6 - Performance Measures (Agreement)

(A) Program Service 6 Outcomes:	(A) Program Service 6 Indicators:	(A) Program Service 6 Method of Measurements:
(A) Outcome 6-1	(A) Indicator 6-1	(A) Method of Measurement 6-1
(A) Additional Outcome 6-2	(A) Additional Indicator 6-2	(A) Additional Method 6-2
(A) Additional Outcome 6-3	(A) Additional Indicator 6-3	(A) Additional Method 6-3

(A) Additional Outcome 6-4

(A) Additional Indicator 6-4

(A) Additional Method 6-4

(A) Additional Outcome 6-5

(A) Additional Indicator 6-5

(A) Additional Method 6-5

Program Service #7 - Outputs

Program Service 7 Outputs:

#7 Agreement (A)

Service #7 Name

(A) Service #7

Total # of Units #7

(A) Units #7
0

Unit Measure #7

(A) Unit Measure #7

Unit Rate #7

(A) Unit Rate #7
\$0.00

Total # of Unduplicated Individuals Served #7

(A) Unduplicated Individuals #7
0**Program Service #7 - Description****Provide a detailed description on the delivery of the proposed service (#7).****Program Service #7 - Funding**

Funding Amount #7

(A) Agreement Amount #7
\$0.00

Units #7

(A) Agreement Units #7
0**Program Service #7 - Performance Measures (Agreement)**

(A) Program Service 7 Outcomes: (A) Program Service 7 Indicators: (A) Program Service 7 Method of Measurements:

(A) Outcome 7-1

(A) Indicator 7-1

(A) Method of Measurement 7-1

(A) Additional Outcome 7-2

(A) Additional Indicator 7-2

(A) Additional Method 7-2

(A) Additional Outcome 7-3

(A) Additional Indicator 7-3

(A) Additional Method 7-3

(A) Additional Outcome 7-4

(A) Additional Indicator 7-4

(A) Additional Method 7-4

(A) Additional Outcome 7-5

(A) Additional Indicator 7-5

(A) Additional Method 7-5

Program Service #8 - Outputs

Program Service #8 - Outputs:

#8 Agreement (A)

Service #8 Name

(A) Service #8

Total # of Units Provided #8	(A) Units #8 0
Unit Measure #8	(A) Unit Measure #8
Unit Rate #8	(A) Unit Rate #8 \$0.00
Total # of Unduplicated Individuals Served #8	(A) Unduplicated Individuals #8 0

Program Service #8 - Description

Provide a detailed description on the delivery of the proposed service (#8).

Program Service #8 - Funding

Funding Amount #8	(A) Agreement Amount #8 \$0.00
Units #8	(A) Agreement Units #8 0

Program Service #8 - Performance Measures (Agreement)

(A) Program Service 8 Outcomes:	(A) Program Service 8 Indicators:	(A) Program Service 8 Method of Measurements:
(A) Outcome 8-1	(A) Indicator 8-1	(A) Method of Measurement 8-1
(A) Additional Outcome 8-2	(A) Additional Indicator 8-2	(A) Additional Method 8-2
(A) Additional Outcome 8-3	(A) Additional Indicator 8-3	(A) Additional Method 8-3
(A) Additional Outcome 8-4	(A) Additional Indicator 8-4	(A) Additional Method 8-4
(A) Additional Outcome 8-5	(A) Additional Indicator 8-5	(A) Additional Method 8-5

Program Service #9 - Outputs

Program Service #9 - Outputs:	#9 Agreement (A)
Service #9 Name	(A) Service #9
Total # of Units Provided #9	(A) Units #9 0
Unit Measure #9	(A) Unit Measure #9
Unit Rate #9	(A) Unit Rate #9 \$0.00
Total # of Unduplicated Individuals Served #9	(A) Unduplicated Individuals #9

0

Program Service #9 - Description**Provide a detailed description on the delivery of the proposed service (#9).****Program Service #9 - Funding**

Funding Amount #9	(A) Agreement Amount #9
	\$0.00

Units #9	(A) Agreement Units #9
	0

Program Service #9 - Performance Measures (Agreement)

(A) Program Service 9 Outcomes:	(A) Program Service 9 Indicators:	(A) Program Service 9 Method of Measurements:
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(A) Outcome 9-1	(A) Indicator 9-1	(A) Method of Measurement 9-1
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(A) Additional Outcome 9-2	(A) Additional Indicator 9-2	(A) Additional Method 9-2
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(A) Additional Outcome 9-3	(A) Additional Indicator 9-3	(A) Additional Method 9-3
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(A) Additional Outcome 9-4	(A) Additional Indicator 9-4	(A) Additional Method 9-4
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(A) Additional Outcome 9-5	(A) Additional Indicator 9-5	(A) Additional Method 9-5
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Program Service #10 - Outputs

Program Service 10 Outputs:	#10 Agreement (A)
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Service Name #10	(A) Service #10
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Total # of Units Provided #10	(A) Units #10
	0

Unit Measure #10	(A) Unit Measure #10
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Unit Rate #10	(A) Unit Rate #10
	\$0.00

Total # of Unduplicated Individuals Served #10	(A) Unduplicated Individuals #10
	0

Program Service #10 - Description**Provide a detailed description on the delivery of the proposed service (#10).****Program Service #10 - Funding****(A) Agreement Amount #10**

Funding Amount #10

\$0.00

Units #10

(A) Agreement Units #10

0

Program Service #10 - Performance Measures (Agreement)

(A) Program Service 10 Outcomes: (A) Program Service 10 Indicators: (A) Program Service 10 Method of Measurements:

(A) Outcome 10-1

(A) Indicator 10-1

(A) Method of Measurement 10-1

(A) Additional Outcome 10-2

(A) Additional Indicator 10-2

(A) Additional Method 10-2

(A) Additional Outcome 10-3

(A) Additional Indicator 10-3

(A) Additional Method 10-3

(A) Additional Outcome 10-4

(A) Additional Indicator 10-4

(A) Additional Method 10-4

(A) Additional Outcome 10-5

(A) Additional Indicator 10-5

(A) Additional Method 10-5

Total Funding Amount - Services 1-10

Total Funding Request for Services 1-10

141863.88

Links for Agreement Form (V3)

Linked 'Year End Report - V3.1' Records

Link Instructions (V3.1)

Linked 'Year End Report - V3.1 (Services 6-15)' Records

Link Instructions (6-15)



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

To Whom It May Concern:

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

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

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

Should you require additional information, please advise.

Sincerely,

Ed Knollmeyer

Ed Knollmeyer
Director, Risk & Insurance Management

EK



CERTIFICATE OF LIABILITY INSURANCE

8/1/2020

DATE (MM/DD/YYYY)
7/12/2019

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

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

PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : Safety National Casualty Corporation</td> <td style="text-align: center;">15105</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Safety National Casualty Corporation	15105	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Safety National Casualty Corporation	15105														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED 1308583 The Curators of the University of Missouri 1105 Carrie Francke Dr. Columbia MO 65211															

COVERAGES CURUN02 **CERTIFICATE NUMBER:** 11964743 **REVISION NUMBER:** XXXXXXX

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:			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	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			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
A 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	SP 4061136 SIR: \$750,000	8/1/2019	8/1/2020	<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)

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

REQUEST FOR PROPOSAL (RFP) #: 34-18JUL19

Purchase of Service Contracts Boone County Children's Services Fund 2019 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth, and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 4, 2019
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 7, 2019 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 10, 2019 1:30 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 18, 2019 12:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 18, 2019 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 #: 34-18JUL19 – Purchase of Service Contracts for Boone County Children’s Services Fund

A pre-proposal conference has been scheduled for **Monday, June 10, 2019, at 1:30 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut, Columbia, Missouri.

Proposals will be accepted until **12:00 p.m. Central Time on Thursday, July 18, 2019** via the web-based funding management system.

The list of Offerors that submitted a proposal response will be acknowledged and read aloud shortly after **1:30 p.m. Central Time on Thursday, July 18, 2019** 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@boonecountymmo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Bid Opportunities / 34-18JUL19.

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: Tuesday, June 4, 2019

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 web-based funding management system application, 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/Bid Opportunities/ 34-18JUL19](http://www.showmeboone.com/Purchasing/Bid%20Opportunities/34-18JUL19).
- 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 Organization 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, July 18, 2019 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 Bid Opportunities, and then "34-18JUL19 Opening" under the RFP # 34-18JUL19.
- c) Proposal responses are due by **Thursday, July 18, 2019 at 12:00 p.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 statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

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) Program Information and Requirements
- 4) Application Information
- 5) Attachment A - Organization 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 **5:00 p.m., June 7, 2019**. 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 **June 10, 2019 at 1:30 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut, 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 three (3) 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. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children’s Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

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

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children’s Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children’s Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified by the Institute of Public Policy, Harry S. Truman School of Public Affairs, Boone County Children's Services Fund: Review and Assessment – May 2019. The Review and Assessment Report may be found at: www.showmeboone/communityservices/information.asp. The BCCSB also encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

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

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 organization 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 up to \$9,500,000 available through December 31, 2020. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute. Preference will be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2020 and end December 31, 2020, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

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 Service:

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 Organization 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 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 Services 1-5 (V3), and, if needed, Additional Program Services 6-10 (V3) and Additional Program Services 11-15 (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 Children's Services Fund – 2019 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2019. 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 12:00 p.m. on July 18, 2019 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 technical 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.

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

2019 ORGANIZATION ASSURANCE SHEET

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

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

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

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

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization 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 Organization.
- (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

129-2020

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

March Session of the January Adjourned

Term. 20 20

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

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

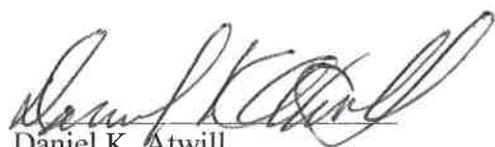
Now on this day, the County Commission of the County of Boone does hereby approve the request by the Purchasing Department to dispose of the following list of surplus PCs, peripheral equipment, unworking air conditioners, file cabinets, and other miscellaneous items through MRC Recycling Center.

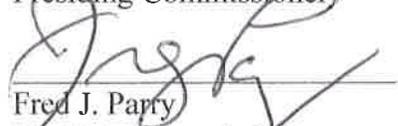
It is further ordered the Presiding Commissioner is hereby authorized to sign said Request for Disposal Forms.

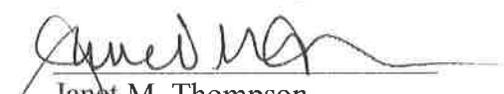
Done this 17th day of March 2020.

ATTEST:


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


Daniel K. Atwill
Presiding Commissioner


Fred J. Parry
District I Commissioner


Janet M. Thompson
District II Commissioner



MEMORANDUM

TO: Boone County Commission
FROM: David Eagle
RE: Computer and Peripheral Surplus Disposal
DATE: March 10, 2020

The Purchasing Departments requests permission to dispose of the following list of surplus PCS, peripheral equipment, unworking air conditioners, file cabinets, and other miscellaneous items through MRC Recycling Center. MRC Recycling will pick up our surplus for fifty dollars per load. Tubed monitors and TV's cost extra. There is also an extra charge for items with freon. They are a State of Missouri, DNR Level Four recycling center. None of these items are land-filled. Purchasing will obtain a Certificate of Destruction, and we will let them know that we want everything recycled, not reused so nothing ends up in the landfill.

Prior to Computer surplus coming to Purchasing for disposal, Information Technology has removed the hard drives for destruction by their department. Their procedure for PC disposal is:

Once all the data is copied or recovered for the user, IT removes the hard drive and memory from the PC. The memory is held to be used for upgrading other PCs at the county that can benefit. IT sometimes removes parts that can be used as spare if the model is current enough. (ie Power Supplies, Video Cards, etc.) The hard drive is held for a minimum of 30 days in case a user identifies something is missing. After 30 days IT may reuse the hard drive in other county PCs if there are failures. If a hard drive goes unused or fails and IT needs to physically dispose of it, they drill a 5/8" hole through the drive and the data platters. Once IT has collection of "drilled" drives, they deliver them to PC recycling vendor, MRC Recycling Center.

MRC Recycling Center certifies that they have picked up the following items and that all items will be recycled, not reused, so nothing ends up in the landfill.

Signature: _____

Date: _____

	Asset #	Description	Make & Model	Department	Condition of Asset	Serial #
1.	22754	DESKTOP SCANNER	TWAIN /FI-7160	CIRCUIT CLERK	UNKNOWN	
2.	17129	DESKTOP PC	COMPAQ 6000 PRO	ADMINISTRATION OF JUSTICE	UNKNOWN	
3.	17017	FAX MACHINE	L80	CIRCUIT COURT	UNKNOWN	

4.	18970	17" COMPUTER NOTEBOOK	PROBOOK 6570b	JJC	UNKNOWN	
5.	18971	17" COMPUTER NOTEBOOK	PROBOOK 6570b	JJC	UNKNOWN	
6.	19299	16" COMPUTER NOTEBOOK	PROBOOK 650 G1	JUVENILE OFFICE	UNKNOWN	
7.	16930	19" LCD MONITOR	L1950g	UNKNOWN	UNKNOWN	
8.	17586	19" LCD MONITOR	L1951g	PROPOSITION L	UNKNOWN	
9.	18020	22" LCD MONITOR	LA2205wg	JURY SERVICES AND COURT COSTS	UNKNOWN	
10.	NO TAG	17" LCD MONITOR	AL 1714	CIRCUIT CLERK	UNKNOWN	
11.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	
12.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	
13.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	
14.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	
15.	NO TAG	17" LCD MONITOR	AL 1714		UNKNOWN	
16.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	
17.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	
18.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	
19.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	
20.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	

21.	NO TAG	17" LCD MONITOR	AL 1714		UNKNOWN	
22.	NO TAG	17" LCD MONITOR	AL 1714		UNKNOWN	
23.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	
24.	NO TAG	17" LCD MONITOR	AL 1714		UNKNOWN	
25.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	
26.	NO TAG	17" LCD MONITOR	AL 1715		UNKNOWN	
27.	NO TAG	MONITOR	ACER AL 1715	CIRCUIT COURT	UNKNOWN	
28.	NO TAG	19" LCD MONITOR	L 1906		UNKNOWN	
29.	NO TAG	17" LCD MONITOR	1702		UNKNOWN	
30.	NO TAG	17" LCD MONITOR	1702		UNKNOWN	
31.	NO TAG	MONITOR	HP	CIRCUIT COURT	UNKNOWN	
32.	NO TAG	MONITOR	HP	CIRCUIT COURT	UNKNOWN	
33.	NO TAG	17" LCD MONITOR	EZ17F		UNKNOWN	
34.	NO TAG	TWO SPEAKERS	ADVENT	CIRCUIT COURT	UNKNOWN	
35.	NO TAG	DOCKING STATION	HP UTRASLIM	CIRCUIT COURT	UNKNOWN	
36.	NO TAG	DOCKING STATION	HP UTRASLIM	CIRCUIT COURT	UNKNOWN	
37.	NO TAG	DOCKING STATION	HP	CIRCUIT COURT	UNKNOWN	
38.	NO TAG	DOCKING STATION	HP	CIRCUIT COURT	UNKNOWN	
39.	NO TAG	DOCKING STATION	HP	CIRCUIT COURT	UNKNOWN	

40.	NO TAG	DOCKING STATION	HP	CIRCUIT COURT	UNKNOWN	
41.	NO TAG	DOCUMENT READER	ACTIVEVIEW	CIRCUIT COURT	UNKNOWN	
42.	NO TAG	UNDERDESK HEATER	RADIANT	CIRCUIT COURT	UNKNOWN	
43.	NO TAG	IPAD COVER WITH KEYBOARD		CIRCUIT COURT	UNKNOWN	
44.	NO TAGS	KEYBOARD		CIRCUIT COURT	UNKNOWN	
45.	NO TAG	MICE		CIRCUIT COURT	UNKNOWN	
46.	NO TAG	PHONE	MERIDIAN	CIRCUIT COURT	UNKNOWN	
47.	NO TAG	COMDIAL	MAXPLUS	CIRCUIT COURT	UNKNOWN	
48.	NO TAG	UNITY		CIRCUIT COURT	UNKNOWN	
49.	NO TAG	PHONE	MERIDIAN	CIRCUIT COURT	UNKNOWN	
50.	9132	PHONE	NORTHORN TELCOM	CIRCUIT COURT	UNKNOWN	
51.	NO TAG	UPS/APC BACK UP	RS800	CIRCUIT COURT	UNKNOWN	
52.	NO TAG	MICROPHONE	POLYCOM	CIRCUIT COURT	UNKNOWN	
53.	NO TAG	APPLICATIONS SERVER	PROLIANT DL380 G4	DONATED	UNKNOWN	
54.	18081	19" LCD MONITOR	LA 1951g	CIRCUIT DRUG COURT	UNKNOWN	
55.	16360	LAPTOP COMPUTER	MACBOOK	SHERIFF	UNKNOWN	
56.	18823	8-BAY RACKMOUNT NAS	SEAGATE STDP12000100	I.T.	UNKNOWN	
57.	16381	19" LCD MONITOR	HANNSTAR JC 199D	SHERIFF	UNKNOWN	
58.	NO TAG	APC BACK-UPS	350 UPS	CLERK	UNKNOWN	
59.	18855	PC WORKSTATION	HP PRO 4300	PROSECUTING ATTORNEY	UNKNOWN	

60.	19049	PC WORKSTATION	HP PRODESK 400	TREASURER	UNKNOWN	
61.	NO TAG	TWO KEYBOARDS - 2 MICE - MISC. CORDS		I.T.	UNKNOWN	
62.	NO TAG	FAX MACHINE	PANASONIC PANAFAX UF- 790		UNKNOWN	
63.	18452	LAPTOP NOTEBOOK	PANASONIC TOUGHBOOK CF31	SHERIFF	UNKNOWN	
64.	19053	PC WORKSTATION	HP PRODESK 400	TREASURER	UNKNOWN	
65.	16218	SOFTWARE	NAVALINE	I.T.	UNKNOWN	
66.	12942	SOFTWARE	CORRECTIONS MANAGEMENT	I.T.	UNKNOWN	
67.	NO TAG	TOASTER & THREE MIXERS	HAMILTON BEACH	JJC	BROKEN	
68.	NO TAG	PAPER SHREDDER	FELLOWS	JJC	BROKEN	
69.	NO TAG	VACUUM CLEANER	WINDSOR	JJC	BROKEN	
70.	NO TAG	PUMP SPRAYER		JJC	BROKEN	
71.	NO TAG	HEATER	RADIATOR TYPE	JJC	BROKEN	
72.	NO TAG	PHONE-AUDIO BASE-WIFI- BLOOD PRESSURE TESTOR- THERMOMETER- CAMAERA-FOOD TRAY		JJC	BROKEN	
73.	NO TAG	MICROWAVE	GE	COMMISSION	BROKEN	
74.	NO TAG	MINIFRIDGE		SHERIFF	BROKEN	
75.	NO TAG	BLUE/GRAY OFFICE CHAIR		SHERIFF	BROKEN	
76.	12889	RED ROLLING CHAIR		SHERIFF	BROKEN	
77.	11666	BLUE ROLLING CHAIR		SHERIFF	BROKEN	

78.	9702	BURGANDY OFFICE CHAIR		SHERIFF	BROKEN	
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cc: Heather Acton, Jacob Flowers, Auditor Surplus File

13th Judicial Circuit Court
Technology Services
Surplus Summary Listing

Department Use Only						Auditors Use Only					
Inventory Tag #	Category	Make/Model	Description	Serial Number	Picked Up	Original Purchase Date	Original Cost	Original Funding Source	Transfer Confirmed	Asset Group	Receipt Into
17129	Workstation	Compaq 6000 Pro	Desktop PC	MXL0100ZTM	Y N						
22754	Scanner	Fujitsu	TWAIN Scanner	A36DJ66033	Y N						
17017	Fax	Canon	FAX Machine	MDL 93371	Y N						
18970	Notebook	HP ProBook 6570b	17" Notebook Computer	5CB4060R8T	Y N						
18971	Notebook	HP ProBook 6570b	17" Notebook Computer	5CB4060R8V	Y N						
19299	Notebook	ProBook 650 G1	16" Notebook Computer	CNU4219X8N	Y N						
16930	Monitor	Hewlett-Packard LA1951g	19" LCD Monitor	CNK9030NZW	Y N						
17586	Monitor	Hewlett-Packard LA1951g	19" LCD Monitor	CNC101P2TG	Y N						
18020	Monitor	HP LA2205wg	22" LCD Monitor	3CQ2121QDJ	Y N						
18081	Monitor	HP LA2205wg	19" LCD Monitor	CNC221P2PG	Y N						
N/A	Monitor	Acer AL1714	17" LCD Monitor	ETL18090093480003APQ01	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL2102105445002E0ED14	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL2102105445002DEED14	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL210210551600409ED67	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL2102105445002D2ED14	Y N						
N/A	Monitor	Acer AL1714	17" LCD Monitor	ETL1809009341007D4PQ00	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL21030333510002DEED00	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL21020333510001BED00	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL21020333510002EED00	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL2102105516003EED67	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL210203335200117ED00	Y N						
N/A	Monitor	Acer AL1714	17" LCD Monitor	ETL1809009341007E2PQ00	Y N						
N/A	Monitor	Acer AL1714	17" LCD Monitor	ETL1809009341007ABPQ00	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL21020333510001CED00	Y N						
N/A	Monitor	Acer AL1714	17" LCD Monitor	ETL1809009341007A9PQ00	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL2102105445002D3ED14	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL2102105445002E1ED14	Y N						
N/A	Monitor	Acer AL1715	17" LCD Monitor	ETL21020333510003FED00	Y N						
N/A	Monitor	Hewlett-Packard L1906	19" LCD Monitor	CNC715QYTM	Y N						
N/A	Monitor	Hewlett-Packard 1702	17" LCD Monitor	CNN51015NK	Y N						
N/A	Monitor	Hewlett-Packard 1702	17" LCD Monitor	CNC4181SP1	Y N						
N/A	Monitor	Hewlett-Packard 1703	17" LCD Monitor	CNC810PFF8	Y N						
N/A	Monitor	Hewlett-Packard 1702	17" LCD Monitor	HP1702	Y N						
N/A	Monitor	Vision EZ17F	17" LCD Monitor	LAQ4302B02307	Y N						
N/A	Speakers	ADVENT	2 ADVENT SPEAKERS	S4798	Y N						
N/A	Docking Station	Hewlett-Packard	UTRASLIM DOCKING STATION	CNU450Z5BQ	Y N						
N/A	Docking Station	Hewlett-Packard	UTRASLIM DOCKING STATION	5CG804ZTL3	Y N						
N/A	Docking Station	Hewlett-Packard	HP DOCKING STATION	CNU237XNK7	Y N						
N/A	Docking Station	Hewlett-Packard	HP DOCKING STATION	CNU11W31F	Y N						
N/A	Docking Station	Hewlett-Packard	HP DOCKING STATION	CNU152WDJM	Y N						
N/A	Docking Station	Hewlett-Packard	HP DOCKING STATION	5CG512ZX1Z	Y N						
N/A	Document Reader	Activeview	ActiveView Document Reader	A03F24183	Y N						
N/A	Heater	Radiant	RADIANT UNDER DESK HEATER	302SLB	Y N						
N/A	Ipad Cover	NA	IPad cover with keyboard	NA	Y N						
N/A	Keyboard	NA	11 Pieces	NA	Y N						
N/A	Mice	Na	3 Pieces	NA	Y N						
N/A	Phone	Meridian	Meridian Phone	Model : NT4X37JB	Y N						
N/A	Phone	COMDIAL Maxplus	COMDIAL Maxplus	3779H-AS	Y N						
N/A	Phone	Unity	Unity	NT4L21AA-03	Y N						
N/A	Phone	Meridian	Meridian Phone	NT4X38JA	Y N						
N/A	Phone	NORTHORN TELCOM	NORTHORN TELCOM	NT2N30AA13	Y N						
N/A	UPS	APC	APC Back-UPS RS 800	BE750BB	Y N						
N/A	Microphone	Polycom	2W Extended Microphone - POLYCOM	220167840101	Y N						
N/A	ISA Token	NA	NA	6100229910	Y N						
N/A	Server	HP Proliant DL380 G4	Applications Server	LA8B80D8VSC134 use615N1FS	Y N						
					Y N						

Per state requirements
this has been removed
from the surplus list.

Department Signature:

Agency Signature:

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

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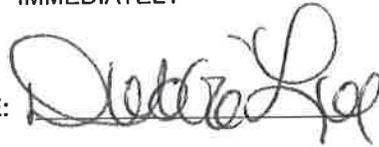
FEB 19 2020

**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: 22754
Description of Asset: TWAIN Scanner / FI-7160
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: A36DJ66033
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 1221-Circuit Clerk SIGNATURE:



To be Completed by: AUDITOR

Original Acquisition Date

4/9/18

G/L Acct for Proceeds

1190-3836

Original Acquisition Amount

890.33

Original Funding Source

2731

Account Group

1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer

Department Name: _____ Number _____

Location within Department: _____

Individual: _____

Trade

Auction

Sealed Bids

Other

Explain _____

Commission Order Number

129-2020

Date Approve:

3-17-2020

Signature



BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/11/2020 Fixed Asset Tag Number: 17129
Description of Asset: Desktop PC / Compaq 6000 Pro
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: MXL0100ZTM
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

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FEB 19 2020
BOONE COUNTY
AUDITOR

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 2850-Administration of Justice SIGNATURE: *Mary Eppin*

To be Completed by: AUDITOR

Original Acquisition Date 3/31/10 G/L Acct for Proceeds 2850-3836 J
Original Acquisition Amount 539.00
Original Funding Source 2742
Account Group 1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer Department Name: _____ Number _____
Location within Department: _____
Individual: _____
 Trade Auction Sealed Bids
 Other Explain _____

Commission Order Number 129-2020
Date Approve: 3-17-2020
Signature *[Signature]*

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/11/2020 Fixed Asset Tag Number: 17017
 Description of Asset: FAX Machine / L80
 Requested Means of Disposal: Recycle/Trash
 Other Information: SERIAL NUMBER: MDL 93371
 Condition of Asset:
 Reason for Disposition: ROUTINE REPLACEMENT
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

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FEB 19 2020
 BOONE COUNTY
 AUDITOR

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 1210-Circuit Court SIGNATURE: Mary Harris

To be Completed by: AUDITOR

Original Acquisition Date 6/26/09 G/L Acct for Proceeds 1190-3836 J
 Original Acquisition Amount 179.99
 Original Funding Source 2731
 Account Group 1601

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer Department Name: _____ Number _____
 Location within Department: _____
 Individual: _____
 Trade Auction Sealed Bids
 Other Explain _____

Commission Order Number 129-2020
 Date Approve: 3.17.2020
 Signature Dorothy H. Atwell

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/11/2020 Fixed Asset Tag Number: 18970
 Description of Asset: 17" Notebook Computer / ProBook 6570b
 Requested Means of Disposal: Recycle/Trash
 Other Information: SERIAL NUMBER: 5CB4060R8T
 Condition of Asset:
 Reason for Disposition: ROUTINE REPLACEMENT
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

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FEB 19 2020
 BOONE COUNTY
 AUDITOR

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 1242-Juvenile Justice Center SIGNATURE: _____



To be Completed by: AUDITOR

Original Acquisition Date 3/6/14 G/L Acct for Proceeds 1190-3836 J
 Original Acquisition Amount 875.33
 Original Funding Source 2731
 Account Group 1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer Department Name: _____ Number _____
 Location within Department: _____
 Individual: _____
 Trade Auction Sealed Bids
 Other Explain _____

Commission Order Number 129-2020
 Date Approve: 3.17.2020
 Signature [Handwritten Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

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FEB 19 2020
BOONE COUNTY
AUDITOR

Date: 02/11/2020 Fixed Asset Tag Number: 18971
Description of Asset: 17" Notebook Computer / ProBook 6570b
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: 5CB4060R8V
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 1242-Juvenile Justice Center SIGNATURE:

Mary Egan

To be Completed by: AUDITOR

Original Acquisition Date 3/6/14 G/L Acct for Proceeds 1190-3836 J
Original Acquisition Amount 875.33
Original Funding Source 2731
Account Group 1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer Department Name: _____ Number _____
Location within Department: _____
Individual: _____
 Trade Auction Sealed Bids
 Other Explain _____

Commission Order Number 129-2020
Date Approved 3/17/2020
Signature *[Signature]*

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

RECEIVED

Date: 02/11/2020

Fixed Asset Tag Number: 19299

Description of Asset:

16" Notebook Computer / ProBook 650 G1

Requested Means of Disposal:

Recycle/Trash

Other Information:

SERIAL NUMBER: CNU4219X8N

Condition of Asset:

Reason for Disposition:

ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 1241-Juvenile Office SIGNATURE:



FEB 19 2020

**BOONE COUNTY
AUDITOR**

To be Completed by: AUDITOR

Original Acquisition Date

6/20/14

G/L Acct for Proceeds

1190-3836 J

Original Acquisition Amount

792.48

Original Funding Source

2731

Account Group

1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer

Department Name: _____ Number _____

Location within Department: _____

Individual: _____

Trade

Auction

Sealed Bids

Other

Explain _____

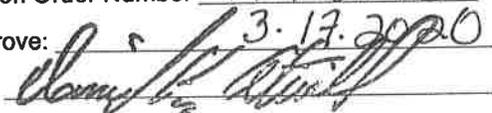
Commission Order Number

129-2020

Date Approve:

3.17.2020

Signature



BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/11/2020 Fixed Asset Tag Number: 16930
 Description of Asset: 19" LCD Monitor / L1950g
 Requested Means of Disposal: Recycle/Trash
 Other Information: SERIAL NUMBER: CNK9030NZW
 Condition of Asset:
 Reason for Disposition: ROUTINE REPLACEMENT
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

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FEB 19 2020
 BOONE COUNTY
 AUDITOR

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: Unknown SIGNATURE: *Mary Epp*

To be Completed by: AUDITOR
 Original Acquisition Date 3/20/09 G/L Acct for Proceeds 1190-3836-5
 Original Acquisition Amount 189.00
 Original Funding Source 2731
 Account Group 1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;
 Transfer Department Name: _____ Number _____
 Location within Department: _____
 Individual: _____
 Trade Auction Sealed Bids
 Other Explain _____

Commission Order Number 129-2020
 Date Approve: 3-17-2020
 Signature *[Signature]*

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/11/2020 Fixed Asset Tag Number: 17586
Description of Asset: 19" LCD Monitor / LA1951g
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: CNC101P2TG
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

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BOONE COUNTY
AUDITOR

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 2904-Proposition L SIGNATURE:

Mary Epp

To be Completed by: AUDITOR

Original Acquisition Date 3/30/11 G/L Acct for Proceeds 2904-3836 J
Original Acquisition Amount 157.00
Original Funding Source 2787
Account Group 1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer Department Name: _____ Number _____
Location within Department: _____
Individual: _____
 Trade Auction Sealed Bids
 Other Explain _____

Commission Order Number 129-2020
Date Approve: 3-17-20
Signature *[Signature]*

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/11/2020 Fixed Asset Tag Number: 18020

Description of Asset: 22" LCD Monitor / LA2205wg

Requested Means of Disposal: Recycle/Trash

Other Information: SERIAL NUMBER: 3CQ2121QDJ

Condition of Asset:

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 1230-Jury Services and Court Costs

SIGNATURE:



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**BOONE COUNTY
AUDITOR**

To be Completed by: AUDITOR

Original Acquisition Date

6/8/12

G/L Acct for Proceeds

1190-3836

J

Original Acquisition Amount

185.00

Original Funding Source

2731

Account Group

1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer

Department Name: _____ Number _____

Location within Department: _____

Individual: _____

Trade

Auction

Sealed Bids

Other

Explain _____

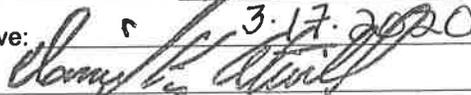
Commission Order Number

129-2020

Date Approve:

3.17.2020

Signature



BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

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FEB 19 2020

**BOONE COUNTY
 AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
 Description of Asset: 17" LCD Monitor / AL1714
 Requested Means of Disposal: Recycle/Trash
 Other Information: SERIAL NUMBER: ETL18090093480003APQ01
 Condition of Asset:
 Reason for Disposition: ROUTINE REPLACEMENT
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 1221-Circuit Clerk SIGNATURE:

Man Eppin

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836 J
 Original Acquisition Amount _____
 Original Funding Source _____
 Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer Department Name: _____ Number _____
 Location within Department: _____
 Individual: _____
 Trade Auction Sealed Bids
 Other Explain _____

Commission Order Number 129-2020
 Date Approve: 3.17.2020
 Signature *[Signature]*

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

RECEIVED

FEB 19 2020

**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 17" LCD Monitor / AL1715
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: ETL2102105445002E0ED14
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY
Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____ SIGNATURE: *Mary Eppis*

To be Completed by: AUDITOR
Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836
Original Acquisition Amount _____
Original Funding Source ↓
Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK
Approved Disposal Method;
____ Transfer Department Name: _____ Number _____
Location within Department: _____
Individual: _____
____ Trade _____ Auction _____ Sealed Bids
____ Other Explain _____

Commission Order Number 129-2020
Date Approve: 3-17-2020
Signature *[Signature]*

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

RECEIVED

FEB 19 2020

**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 17" LCD Monitor / AL1715
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: ETL2102105445002DEED14
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____ SIGNATURE: Mary [Signature]

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-38865
Original Acquisition Amount _____
Original Funding Source _____
Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;
____ Transfer Department Name: _____ Number _____
Location within Department: _____
Individual: _____
____ Trade _____ Auction _____ Sealed Bids
____ Other Explain _____

Commission Order Number 129-2020
Date Approve: 3.17.2020
Signature [Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

RECEIVED

FEB 19 2020

**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 17" LCD Monitor / AL1715
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: ETL210210551600409ED67
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____ SIGNATURE: Mary Eppes

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836 J
Original Acquisition Amount _____
Original Funding Source ✓
Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

___ Transfer Department Name: _____ Number _____
Location within Department: _____
Individual: _____
___ Trade ___ Auction ___ Sealed Bids
___ Other Explain _____

Commission Order Number 129-2020
Date Approve: 3-17-2020
Signature [Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

RECEIVED

FEB 19 2020

**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 17" LCD Monitor / AL1715
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: ETL2102105445002D2ED14
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____

SIGNATURE: _____



To be Completed by: AUDITOR

Original Acquisition Date

N/A

G/L Acct for Proceeds

1190-3836-5

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

_____ Transfer

Department Name: _____ Number _____

Location within Department: _____

Individual: _____

_____ Trade

_____ Auction

_____ Sealed Bids

_____ Other

Explain _____

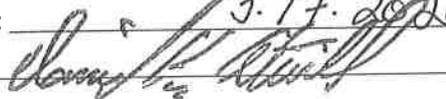
Commission Order Number

129-2020

Date Approve:

3.17.2020

Signature



BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

RECEIVED

FEB 19 2020

**BOONE COUNTY
 AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
 Description of Asset: 17" LCD Monitor / AL1715
 Requested Means of Disposal: Recycle/Trash
 Other Information: SERIAL NUMBER: ETL21030333510002DED00
 Condition of Asset:
 Reason for Disposition: ROUTINE REPLACEMENT
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____ SIGNATURE: Mary Eppig

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836 J
 Original Acquisition Amount _____
 Original Funding Source _____
 Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;
 _____ Transfer Department Name: _____ Number _____
 Location within Department: _____
 Individual: _____
 _____ Trade _____ Auction _____ Sealed Bids
 _____ Other Explain _____

Commission Order Number 129-2020
 Date Approve: 3.17.2020
 Signature [Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

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**BOONE COUNTY
 AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
 Description of Asset: 17" LCD Monitor / AL1715
 Requested Means of Disposal: Recycle/Trash
 Other Information: SERIAL NUMBER: ETL21020333510001BED00
 Condition of Asset:
 Reason for Disposition: ROUTINE REPLACEMENT
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____ SIGNATURE: Mary Eppin

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836 J
 Original Acquisition Amount _____
 Original Funding Source _____
 Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;
 _____ Transfer Department Name: _____ Number _____
 Location within Department: _____
 Individual: _____
 _____ Trade _____ Auction _____ Sealed Bids
 _____ Other Explain _____

Commission Order Number 129-2020
 Date Approve: 3/17/2020
 Signature [Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/11/2020 Fixed Asset Tag Number: <none>
 Description of Asset: 17" LCD Monitor / AL1714
 Requested Means of Disposal: Recycle/Trash
 Other Information: SERIAL NUMBER: ETL1809009341007E2PQ00
 Condition of Asset:
 Reason for Disposition: ROUTINE REPLACEMENT
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

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FEB 19 2020
BOONE COUNTY
AUDITOR

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____ SIGNATURE: Mary Epp

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836 J
 Original Acquisition Amount _____
 Original Funding Source _____
 Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;
 Transfer Department Name: _____ Number _____
 Location within Department: _____
 Individual: _____
 Trade Auction Sealed Bids
 Other Explain _____

Commission Order Number 129-2020
 Date Approve: 3.17.2020
 Signature [Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

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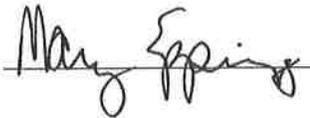
**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 17" LCD Monitor / AL1714
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: ETL1809009341007ABPQ00
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____

SIGNATURE: _____



To be Completed by: AUDITOR

Original Acquisition Date

_____ *N/A* _____

G/L Acct for Proceeds

_____ *1190-3836 J* _____

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

_____ Transfer

Department Name: _____ Number _____

Location within Department: _____

Individual: _____

_____ Trade

_____ Auction

_____ Sealed Bids

_____ Other

Explain _____

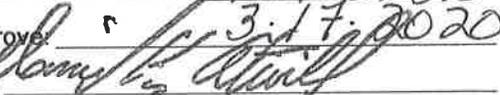
Commission Order Number

_____ *129-2020* _____

Date Approved

_____ *3/17/2020* _____

Signature



BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

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**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 17" LCD Monitor / AL1715
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: ETL21020333510001CED00
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____

SIGNATURE: _____



To be Completed by: AUDITOR

Original Acquisition Date

N/A

G/L Acct for Proceeds

1190-3856 J

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

_____ Transfer

Department Name: _____ Number _____

Location within Department: _____

Individual: _____

_____ Trade

_____ Auction

_____ Sealed Bids

_____ Other

Explain _____

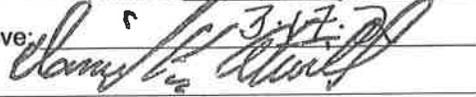
Commission Order Number

129-2020

Date Approve:

3.17.20

Signature



BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

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**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 17" LCD Monitor / AL1714
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: ETL1809009341007A9PQ00
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____ SIGNATURE: Mary Eppig

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836 J

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

____ Transfer Department Name: _____ Number _____

Location within Department: _____

Individual: _____

____ Trade ____ Auction ____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approve: 3.17.2020

Signature [Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

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FEB 19 2020

**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 17" LCD Monitor / AL1715
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: ETL2102105445002D3ED14
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____

SIGNATURE: _____

Mary Eppin

To be Completed by: AUDITOR

Original Acquisition Date

N/A

G/L Acct for Proceeds

1190-3836 J

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

_____ Transfer

Department Name: _____ Number _____

Location within Department: _____

Individual: _____

_____ Trade

_____ Auction

_____ Sealed Bids

_____ Other

Explain _____

Commission Order Number

129-2020

Date Approve:

3.17.2020

Signature

[Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

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FEB 19 2020

**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 17" LCD Monitor / AL1715
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: ETL2102105445002E1ED14
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____ SIGNATURE: Mary Eppis

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836 J
Original Acquisition Amount _____
Original Funding Source ✓
Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer Department Name: _____ Number _____
Location within Department: _____
Individual: _____
 Trade Auction Sealed Bids
 Other Explain _____

Commission Order Number 129-2020
Date Approve: 3-17-2020
Signature [Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

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FEB 19 2020

**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 19" LCD Monitor / L1906
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: CNC715QYTM
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____ SIGNATURE: Mary Egan

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836 J
Original Acquisition Amount _____
Original Funding Source _____
Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;
____ Transfer Department Name: _____ Number _____
Location within Department: _____
Individual: _____
____ Trade _____ Auction _____ Sealed Bids
____ Other Explain _____

Commission Order Number 129-2020
Date Approve: 3.17.2020
Signature [Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 17" LCD Monitor / 1702
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: CNN51015NK
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

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BOONE COUNTY
AUDITOR

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____ SIGNATURE: Mary Epping

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836 J
Original Acquisition Amount _____
Original Funding Source _____
Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

____ Transfer Department Name: _____ Number _____
Location within Department: _____
Individual: _____
____ Trade _____ Auction _____ Sealed Bids
____ Other Explain _____

Commission Order Number 129-2020
Date Approve: 3-17-2020
Signature [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

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FEB 19 2020
BOONE COUNTY
AUDITOR

Date: 02/10/2020

Fixed Asset Tag Number: NA

Description of Asset: HP Monitor

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): CNC810PFF8

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature



To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J-

Original Acquisition Amount ↓

Original Funding Source ↓

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

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FEB 19 2020

**BOONE COUNTY
AUDITOR**

Date: 02/11/2020 Fixed Asset Tag Number: <none>
Description of Asset: 17" LCD Monitor / EZ17F
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: LAQ4302B02307
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: _____ SIGNATURE: Mary Spain

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836-J

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

_____ Transfer Department Name: _____ Number _____

Location within Department: _____

Individual: _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 129-2020
Date Approve: 3-17-2020
Signature [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

Description of Asset: HP UTRASLIM DOCKING STATION

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BOONE COUNTY
AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): CNU450Z5BQ

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature



To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836

Original Acquisition Amount ↓

Original Funding Source ↓

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

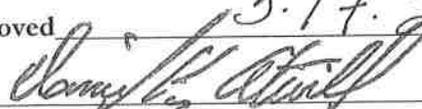
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

Description of Asset: HP UTRASLIM DOCKING STATION

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Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

**BOONE COUNTY
AUDITOR**

Other Information (Serial number, etc.): 5CG804ZTL3

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature



To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount _____

Original Funding Source ↓

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature Daniel K. Atwell

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

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Description of Asset: HP DOCKING STATION

FEB 19 2020

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

**BOONE COUNTY
AUDITOR**

Other Information (Serial number, etc.): CNU11W31F

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

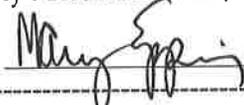
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature

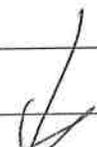


To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount _____

Original Funding Source  _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature  _____

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

Description of Asset: HP DOCKING STATION

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**BOONE COUNTY
AUDITOR**

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): CNU152WDJM

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

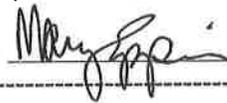
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature

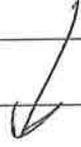


To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount _____

Original Funding Source 

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 179-2020

Date Approved 3.17.2020

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

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Description of Asset: HP DOCKING STATION

FEB 19 2020

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

**BOONE COUNTY
AUDITOR**

Other Information (Serial number, etc.): 5CG512ZX1Z

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature

Mary Epp

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 JF

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature *Clayton H. Stull*

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

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Description of Asset: ActiveView Document Reader

FEB 19 2020

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

**BOONE COUNTY
AUDITOR**

Other Information (Serial number, etc.): A03F24183

Condition of Asset: FAIR

Reason for Disposition: OUTDATED

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature

Mary Egan

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836-J

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature *[Signature]*

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

Description of Asset: RADIANT UNDER DESK HEATER

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Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

FEB 19 2020

BOONE COUNTY
AUDITOR

Other Information (Serial number, etc.): 202SLB

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature Mary Egan

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount J

Original Funding Source J

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/10/2020

Fixed Asset Tag Number: N/A

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Description of Asset: iPad cover with keyboard

FEB 19 2020

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY
AUDITOR

Other Information (Serial number, etc.): 1 Piece

Condition of Asset: Broken

Reason for Disposition: Broken

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature

Mary Epp

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount _____

Original Funding Source ✓

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature *Samuel A. Atwell*

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

Description of Asset: Keyboards

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FEB 19 2020

BOONE COUNTY
AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): 11 Pieces

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature Mary Egan

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836-J

Original Acquisition Amount _____

Original Funding Source ↓

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3-17-2020

Signature Dan H. Atwell

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

Description of Asset: Mice

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FEB 19 2020

**BOONE COUNTY
AUDITOR**

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): 3 Pieces

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature Mary Eppin

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount _____

Original Funding Source ✓

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature [Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

Description of Asset: Meridian Phone

RECEIVED

FEB 19 2020

**BOONE COUNTY
AUDITOR**

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): Model : NT4X37JB

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature Mary Eppin

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836

Original Acquisition Amount J

Original Funding Source J

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature Clayton P. Atwell

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

Description of Asset: COMDIAL Maxplus

RECEIVED

FEB 19 2020

**BOONE COUNTY
AUDITOR**

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): 3779H-AS

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature Mary Eppin

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source J

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

RECEIVED

Description of Asset: UNITY

FEB 19 2020

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY
AUDITOR

Other Information (Serial number, etc.): NT4L21AA-03

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature Mary Epps

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source ✓

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3-17-2020

Signature [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

RECEIVED

Description of Asset: MERIDIAN

FEB 19 2020

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY
AUDITOR

Other Information (Serial number, etc.): NT4X38JA

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature *Mary Egan*

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount _____

Original Funding Source *[Handwritten mark]*

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3-17-2020

Signature *[Handwritten Signature]*

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: 09132

RECEIVED

Description of Asset: NORTHORN TELCOM

FEB 19 2020

**BOONE COUNTY
AUDITOR**

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): NT2N30AA13

Condition of Asset: BROKEN

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature

Mary Egan

To be Completed by: AUDITOR

Original Acquisition Date 6/23/95

G/L Account for Proceeds 1190-3836

Original Acquisition Amount 188.76

Original Funding Source 2782

Account Group 1604

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 129-2020

Date Approved 3-17-2020

Signature *Dan H. Atwell*

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: N/A

RECEIVED

Description of Asset: UPS / APC Back-UPS RS 800

FEB 19 2020

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

**BOONE COUNTY
AUDITOR**

Other Information (Serial number, etc.): BE750BB

Condition of Asset: BROKEN

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature Mary Egan

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount _____

Original Funding Source 6

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature Dennis H. Atwell

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02/10/2020

Fixed Asset Tag Number: NA

Description of Asset: 2W Extended Microphone - POLYCOM

RECEIVED

FEB 19 2020

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOC
AUD

Other Information (Serial number, etc.): 220167840101

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature



To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836

Original Acquisition Amount J

Original Funding Source J

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature [Handwritten Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

RECEIVED

FEB 19 2020

**BOONE COUNTY
 AUDITOR**

Date: 02/13/2020 Fixed Asset Tag Number: <none>
 Description of Asset: Applications Server / Proliant DL380 G4
 Requested Means of Disposal: Recycle/Trash
 Other Information: SERIAL NUMBER: LA8B80D8VSC134 use615N1FS
 Condition of Asset:
 Reason for Disposition: ROUTINE REPLACEMENT
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 9999-*Donated

SIGNATURE: *Mary Eppin*

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Acct for Proceeds 1190-3836 *J*

Original Acquisition Amount *J*

Original Funding Source *J*

Account Group *J*

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer Department Name: _____ Number _____

Location within Department: _____

Individual: _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 129-2020

Date Approve: 3/17/2020

Signature *Danny H. [unclear]*

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/11/2020 Fixed Asset Tag Number: 18081
Description of Asset: 19" LCD Monitor / LA1951g
Requested Means of Disposal: Recycle/Trash
Other Information: SERIAL NUMBER: CNC221P2PG
Condition of Asset:
Reason for Disposition: ROUTINE REPLACEMENT
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

RECEIVED
FEB 19 2020
BOONE COUNTY
AUDITOR

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 2830-Circuit Drug Court SIGNATURE:



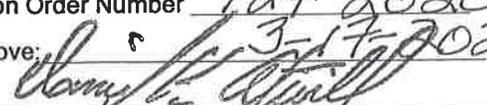
To be Completed by: AUDITOR

Original Acquisition Date 8/3/12 G/L Acct for Proceeds 1190-3856 J
Original Acquisition Amount 150.00
Original Funding Source 2782
Account Group 1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer Department Name: _____ Number _____
Location within Department: _____
Individual: _____
 Trade Auction Sealed Bids
 Other Explain _____

Commission Order Number 129-2020
Date Approve: 3-17-2020
Signature 

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/19/2020

FIXED ASSET TAG NUMBER: 00016360

DESCRIPTION: MACBOOK MACBOOK
LAPTOP NOTEBOOK

REQUESTED MEANS OF DISPOSAL: _____

OTHER INFORMATION: _____

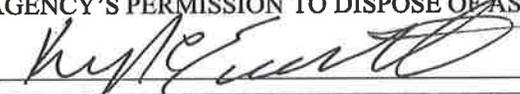
CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: NO LONGER NEED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF

SIGNATURE: 

RECEIVED
FEB 20 2020
BOONE COUNTY
AUDITOR

AUDITOR

ORIGINAL ACQUISITION DATE 2007/09/28

G/L ACCOUNT FOR PROCEEDS 1190-3836 J

ORIGINAL ACQUISITION AMOUNT 1,099.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 129-2020

DATE APPROVED 3-17-2020

SIGNATURE 

PROPERTY DISPOSITION

- Subrecipients are expected to use the approved equipment for the purpose for which it was acquired as long as needed.
 - If a SCCG-funded project ceases and there is still value in the property, DPS may request such property be made available for re-authorization to another SCCG-funded project.
- Replacement: May use the equipment to be replaced as a trade-in, or may sell the equipment and use the proceeds to offset the cost of the replacement equipment.
 - Purchase of replacement property must take place soon enough after the sale of property to show that the sale and the purchase are related.
- Disposition: When original or replacement equipment acquired under an award is no longer needed for the original project, subrecipients may dispose of the personal non-expendable property.
 - Items with a current per unit fair market value of less than \$5,000 may be retained, sold, or otherwise disposed of with no further obligation to DPS.
 - Items with a current per unit fair market value of \$5,000 or more may be retained or sold, but the Department of Public Safety (DPS) shall have a right to an amount calculated by multiplying the current market value or proceeds from the sale by DPS' share of the equipment.
 - The seller is eligible for limited sale and handling costs of \$500 or 10% of the proceeds, whichever is less.
- Records for non-expendable property acquired with grant funds shall be retained for five (5) years after final disposition of property.

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/19/2020

FIXED ASSET TAG NUMBER: 00018823

DESCRIPTION: SEAGATE STDP12000100
8-BAY RACKMOUNT NAS

REQUESTED MEANS OF DISPOSAL: _____

OTHER INFORMATION: _____

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *[Signature]*

RECEIVED
FEB 19 2020
BOONE COUNTY
AUDITOR

AUDITOR

ORIGINAL ACQUISITION DATE 2013/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836 J

ORIGINAL ACQUISITION AMOUNT 2,982.37

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

 TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

 TRADE AUCTION SEALED BIDS

 OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 129-2020

DATE APPROVED 3-17-2020

SIGNATURE *[Signature]*

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/19/2020

FIXED ASSET TAG NUMBER: 00016381

DESCRIPTION: HANNSTAR JC199D
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: _____

OTHER INFORMATION: _____

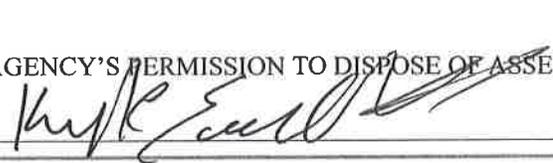
CONDITION OF ASSET: PURCHASED 10/05/2007

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF

SIGNATURE: 

RECEIVED
FEB 20 2020
BOONE COUNTY
AUDITOR

AUDITOR

ORIGINAL ACQUISITION DATE 2007/10/05

G/L ACCOUNT FOR PROCEEDS 1190-3836 J

ORIGINAL ACQUISITION AMOUNT 199.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

 TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

 TRADE AUCTION SEALED BIDS

 OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 129-2020

DATE APPROVED 3-17-2020

SIGNATURE 

PROPERTY DISPOSITION

- Subrecipients are expected to use the approved equipment for the purpose for which it was acquired as long as needed.
 - If a SCCG-funded project ceases and there is still value in the property, DPS may request such property be made available for re-authorization to another SCCG-funded project.
- Replacement: May use the equipment to be replaced as a trade-in, or may sell the equipment and use the proceeds to offset the cost of the replacement equipment.
 - Purchase of replacement property must take place soon enough after the sale of property to show that the sale and the purchase are related.
- Disposition: When original or replacement equipment acquired under an award is no longer needed for the original project, subrecipients may dispose of the personal non-expendable property.
 - Items with a current per unit fair market value of less than \$5,000 may be retained, sold, or otherwise disposed of with no further obligation to DPS.
 - Items with a current per unit fair market value of \$5,000 or more may be retained or sold, but the Department of Public Safety (DPS) shall have a right to an amount calculated by multiplying the current market value or proceeds from the sale by DPS' share of the equipment.
 - The seller is eligible for limited sale and handling costs of \$500 or 10% of the proceeds, whichever is less.
- Records for non-expendable property acquired with grant funds shall be retained for five (5) years after final disposition of property.

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/18/2020

Fixed Asset Tag Number:

Description of Asset:

APC Back-UPS 350 UPS

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): 4B074SP99454

Condition of Asset:

Reason for Disposition:

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC 123

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: From: Clerks office

Signature [Signature]

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount 1

Original Funding Source 4

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 2-17-2020

Signature [Signature]

RECEIVED

FEB 19 2020

BOONE COUNTY
AUDITOR

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/25/2020

FIXED ASSET TAG NUMBER: 00018855

DESCRIPTION: HP PRO 4300
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: _____

OTHER INFORMATION: _____

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

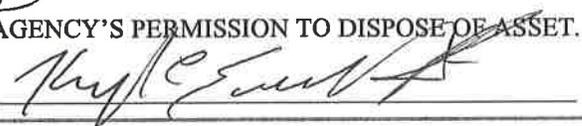
REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PROSECUTING ATTORNI

SIGNATURE: _____



RECEIVED
FEB 25 2020
BOONE COUNTY
AUDITOR

AUDITOR

ORIGINAL ACQUISITION DATE 2014/02/28

G/L ACCOUNT FOR PROCEEDS 1190-3836 J

ORIGINAL ACQUISITION AMOUNT 608.58

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

 TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

 TRADE AUCTION SEALED BIDS

 OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 129-2020

DATE APPROVED 3-17-2020

SIGNATURE [Handwritten Signature]

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/03/2020

FIXED ASSET TAG NUMBER: 00019049

DESCRIPTION: HP PRODESK 400
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: _____

OTHER INFORMATION: _____

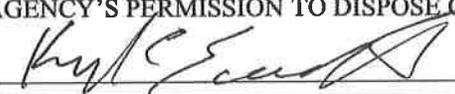
CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: TREASURER

SIGNATURE: 

RECEIVED
MAR 03 2020
BOONE COUNTY
AUDITOR

AUDITOR

ORIGINAL ACQUISITION DATE 2014/05/07

G/L ACCOUNT FOR PROCEEDS 1190-3836 J

ORIGINAL ACQUISITION AMOUNT 601.45

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 129-2020

DATE APPROVED 3.17.2020

SIGNATURE 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/26/20

Fixed Asset Tag Number: /

RECEIVED

Description of Asset: (2) Keyboards, (2) mice, (1) misc. cord

FEB 27 2020

BOONE COUNTY
AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: non-working

Reason for Disposition: /

Location of Asset and Desired Date for Removal to Storage: ASAP - in GC Room 123

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name:

Signature 

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount _____

Original Funding Source 6

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/26/20

Fixed Asset Tag Number: /

RECEIVED

Description of Asset: Panasonic
Panafax UF-790

FEB 27 2020

BOONE COUNTY
AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): 5B P2A00 326

Condition of Asset: /

Reason for Disposition: /

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name:

Signature 

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J.

Original Acquisition Amount /

Original Funding Source /

Account Group /

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

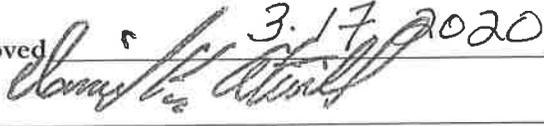
Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature 

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/27/2020

FIXED ASSET TAG NUMBER: 00018452

DESCRIPTION: PANASONIC TOUGHBOOK CF31
LAPTOP NOTEBOOK

REQUESTED MEANS OF DISPOSAL: _____

OTHER INFORMATION: _____

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF SIGNATURE: [Signature]

RECEIVED

FEB 28 2020

BOONE COUNTY
AUDITOR

AUDITOR

ORIGINAL ACQUISITION DATE 2013/06/28

G/L ACCOUNT FOR PROCEEDS 1190-3836

ORIGINAL ACQUISITION AMOUNT 3,570.62

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 129-2020

DATE APPROVED 3.17.2020

SIGNATURE [Signature]

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/03/2020

FIXED ASSET TAG NUMBER: 00019053

DESCRIPTION: HP PRODESK 400
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: _____

OTHER INFORMATION: _____

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: TREASURER

SIGNATURE: *Myle Gault*

RECEIVED
MAR 03 2020
BOONE COUNTY
AUDITOR

AUDITOR

ORIGINAL ACQUISITION DATE 2014/05/07

G/L ACCOUNT FOR PROCEEDS 1190-3836 *F*

ORIGINAL ACQUISITION AMOUNT 601.45

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 129-2020

DATE APPROVED 3.17.2020

SIGNATURE *Clayton H. Atwell*

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02/20/2020

Fixed Asset Tag Number: 16218

Description of Asset: Navaline Software

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: Software

Other Information (Serial number, etc.): Crimes Mgt, Jails

Condition of Asset:

Reason for Disposition: Software replaced by RMS/JMS

Location of Asset and Desired Date for Removal to Storage:

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170-Information Technology

Signature



To be Completed by: AUDITOR

Original Acquisition Date 4-24-07

G/L Account for Proceeds 2905-3835 Ha

Original Acquisition Amount \$28,504.50

Original Funding Source 2787

Account Group 1603

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

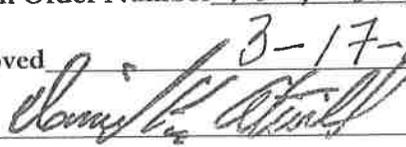
Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 129-2020

Date Approved 3-17-2020

Signature 

RECEIVED

Feb. 24 2020

BOONE COUNTY
AUDITOR

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/20/2020

Fixed Asset Tag Number: 12942

Description of Asset: Corrections Management Software

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: Software

Other Information (Serial number, etc.): H T E - License

Condition of Asset:

Reason for Disposition: Software replaced by RMS/JMS

Location of Asset and Desired Date for Removal to Storage:

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170-Information Technology

Signature



To be Completed by: AUDITOR

Original Acquisition Date 5-10-01

G/L Account for Proceeds 1190-3835 Ha

Original Acquisition Amount \$108,264.90

Original Funding Source 2731

Account Group 1603

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

 Transfer Department Name _____ Number _____

Location within Department _____

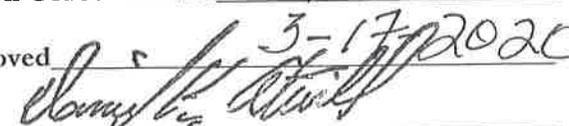
Individual _____

 Trade Auction Sealed Bids

 Other Explain _____

Commission Order Number 129-2020

Date Approved 3-17-2020

Signature 

RECEIVED

Feb. 24 2020

**BOONE COUNTY
AUDITOR**

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/4/2020

Fixed Asset Tag Number: _____

Description of Asset: Hamilton Beach toaster & 3 electric mixers

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: poor

Reason for Disposition: Doesn't work

Location of Asset and Desired Date for Removal to Storage: JJC Shop

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242-JJC

Signature:

To be Completed by: AUDITOR

Original Acquisition Date: N/A

G/L Account for Proceeds: 1190-3836 J

Original Acquisition Amount: _____

Original Funding Source: _____

Account Group: _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number: 174-2020

Date Approved: 3/17-2020

Signature:

RECEIVED

MAR 05 2020

BOONE COUNTY
AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/4/2020

Fixed Asset Tag Number: _____

Description of Asset: Fellow's paper shredder

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Poor

Reason for Disposition: didn't work

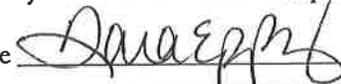
Location of Asset and Desired Date for Removal to Storage: JJC Shop

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 - JJC

Signature: 

To be Completed by: AUDITOR

Original Acquisition Date: N/A

G/L Account for Proceeds: 1190-3836 J

Original Acquisition Amount: _____

Original Funding Source: _____

Account Group: _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number: 129-2020

Date Approved: 3.17.2020

Signature: 

RECEIVED

MAR 05 2020

BOONE COUNTY
AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/4/2020

Fixed Asset Tag Number: _____

RECEIVED

Description of Asset: Windsor Sensor vacuum cleaner

MAR 05 2020

BOONE COUNTY
AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): T 59102315

Condition of Asset: works but no height adjustment and beater brush worn

Reason for Disposition: replaced

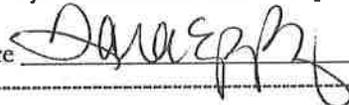
Location of Asset and Desired Date for Removal to Storage: JJC shop

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 - JJC

Signature: 

To be Completed by: AUDITOR

Original Acquisition Date: N/A

G/L Account for Proceeds: 1190-3836 J

Original Acquisition Amount: _____

Original Funding Source: ✓

Account Group: _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Scaled Bids

____ Other Explain _____

Commission Order Number: 129-2020

Date Approved: 3.17.2020

Signature: 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/4/2020

Fixed Asset Tag Number: N/A

Description of Asset: 1 gal pump up sprayer
and 2 gal " " "

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Poor

Reason for Disposition: will not pump up pressure on either one

Location of Asset and Desired Date for Removal to Storage: JJC Shop

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 - JJC

Signature: 

To be Completed by: AUDITOR

Original Acquisition Date: N/A

G/L Account for Proceeds: 1190-3836 J

Original Acquisition Amount: _____

Original Funding Source: _____

Account Group: _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

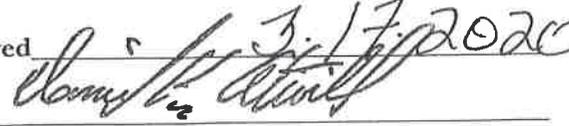
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number: 129-2020

Date Approved: 3/17/2020

Signature: 

RECEIVED

MAR 05 2020

BOONE COUNTY
AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/4/2020

Fixed Asset Tag Number: N/A

Description of Asset: Radiator type heater

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): Honeywell

Condition of Asset: Poor

Reason for Disposition: Leaks oil

Location of Asset and Desired Date for Removal to Storage: JJC Shop

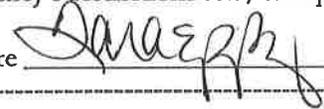
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242- JJC

Signature



To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

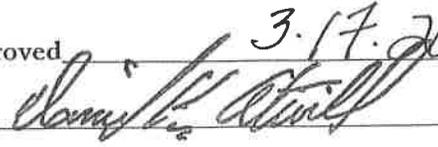
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature 

RECEIVED

MAR 05 2020

BOONE COUNTY
AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/4/2020

Fixed Asset Tag Number: N/A

Description of Asset: ^{worktel} Phone - Louroe audio base, wii stuff, blood pressure tester, Sever thermometer, camera, basketball, Ann lid, food tray

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: nothing is useable

Reason for Disposition: trash

Location of Asset and Desired Date for Removal to Storage: JJC Shop

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 JJC

Signature: [Signature]

To be Completed by: AUDITOR

Original Acquisition Date: N/A

G/L Account for Proceeds: 1190-3836 J

Original Acquisition Amount: _____

Original Funding Source: [checkmark]

Account Group: _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number: 129-2020

Date Approved: 3-17-2020

Signature: [Signature]

RECEIVED

MAR 05 2020

BOONE COUNTY
AUDITOR

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 03/02/20

FIXED ASSET TAG NUMBER: 09093

DESCRIPTION: .6 cu ft GE microwave

REQUESTED MEANS OF DISPOSAL: electronic waste disposal or recycling

OTHER INFORMATION:

CONDITION OF ASSET: Poor

REASON FOR DISPOSITION: No longer works well due to age

DESIRED DATE FOR ASSET REMOVAL TO STORAGE AND CURRENT LOCATION OF ASSET: asap

DEPARTMENT: 1121

SIGNATURE



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MAR 02 2020

BOONE COUNTY
AUDITOR

AUDITOR

ORIGINAL PURCHASE DATE 3/27/95
ORIGINAL COST 142.05
ORIGINAL FUNDING SOURCE 2782

G/L Account 1190-3836 J

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME _____ NUMBER _____
LOCATION WITHIN DEPARTMENT _____
INDIVIDUAL _____
 TRADE AUCTION SEALED BIDS
 OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 129-2020

DATE APPROVED

3-17-2020

SIGNATURE



BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/18/20

Fixed Asset Tag Number: NO ASSET TAG

Description of Asset: MINIFRIDGE FROM BCSD INFOCENTER

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

RECEIVED

Other Information (Serial number, etc.):
FRIGIDAIRE SERIAL RA 71640280

FEB 19 2020

Condition of Asset:
FAIR BUT NOT FUNCTIONAL

BOONE COUNTY
AUDITOR

Reason for Disposition:
BROKEN + REPLACED

Location of Asset and Desired Date for Removal to Storage: BCSD - PHILLIP KOONS OFFICE

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: PHILLIP KOONS

Signature: *[Handwritten Signature]*

To be Completed by: AUDITOR

Original Acquisition Date: N/A

G/L Account for Proceeds: 1190-3836 J

Original Acquisition Amount: _____

Original Funding Source: _____

Account Group: _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3-17-2020

Signature: *[Handwritten Signature]*

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-22-20

Fixed Asset Tag Number:

OLD Columbia Joint Comm
Furniture No County
Asset tag

Description of Asset: Blue/Gray Large rolling office chair

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): 012 on old Columbia tag

Condition of Asset: Poor - Back broken

Reason for Disposition: Unusable

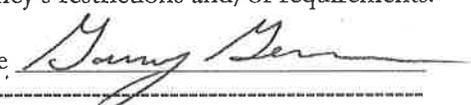
Location of Asset and Desired Date for Removal to Storage: Sheriff Annex loading dock

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1251 Sheriff Operations

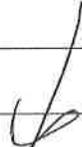
Signature: 

To be Completed by: AUDITOR

Original Acquisition Date: N/A

G/L Account for Proceeds: 1190-3836 F

Original Acquisition Amount: _____

Original Funding Source: 

Account Group: _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number: 129-2020

Date Approved: 3-17-2020

Signature: 

RECEIVED

FEB 24 2020

BOONE COUNTY
AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office



Date: 2-22-20

Fixed Asset Tag Number: 12889

Description of Asset: Red rolling chair

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Poor

Reason for Disposition: No longer needed & not usable

Location of Asset and Desired Date for Removal to Storage: Sheriff Annex loading dock

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1251 Sheriff Operations

Signature:

RECEIVED
FEB 25 2020
BOONE COUNTY
AUDITOR

To be Completed by: AUDITOR

Original Acquisition Date: 2/23/01

G/L Account for Proceeds: 1190-3836 J

Original Acquisition Amount: 150.00

Original Funding Source: 2731

Account Group: 1255

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name Number

Location within Department

Individual

Trade Auction Sealed Bids

Other Explain

Commission Order Number: 129-2020

Date Approved: 3.17.2020

Signature:

~~SECRET~~

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-22-20

Fixed Asset Tag Number: 11666

Description of Asset: *Blue rolling chair*
Cramer

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: *poor back does not stay up*

Reason for Disposition: *poor condition*

Location of Asset and Desired Date for Removal to Storage: Sheriff Annex loading dock

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: *1251 Sheriff Operations*

Signature *[Handwritten Signature]*

To be Completed by: AUDITOR

Original Acquisition Date *7/25/98*

G/L Account for Proceeds *1190-3886 J*

Original Acquisition Amount *425.74*

Original Funding Source *2731*

Account Group *1602*

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number *129-2020*

Date Approved *3-17-2020*

Signature *[Handwritten Signature]*

RECEIVED

FEB 25 2020

BOONE COUNTY AUDITOR

original

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3-5-20

Fixed Asset Tag Number: 09702 — Double check

Description of Asset: burgandy rolling chair w/ armrests

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Poor and dirty

Reason for Disposition: Unusable

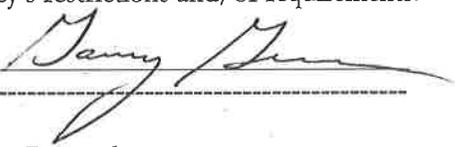
Location of Asset and Desired Date for Removal to Storage: Sheriff's Dept.

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1251 Sheriff Ops

Signature 

To be Completed by: AUDITOR

Original Acquisition Date _____

G/L Account for Proceeds _____

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

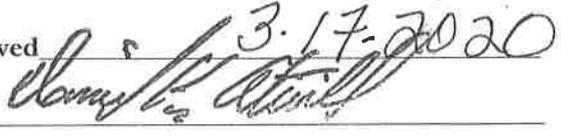
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 129-2020

Date Approved 3.17.2020

Signature 

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

March Session of the January Adjourned

Term. 20 20

County of Boone

In the County Commission of said county, on the

17th

day of

March

20 20

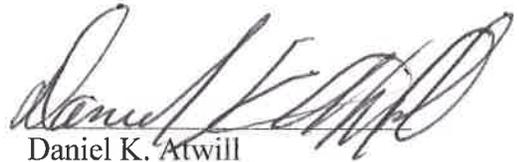
the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the request by the Resource Management Department to apply for additional funding and time expansion of the original grant application for a Chapter 319 Subgrant for the Bonne Femme Watershed Project that was approved in Commission Order 364-2018.

Done this 17th day of March 2020.

ATTEST:

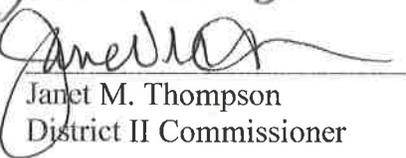

Brianna L. Lennon *BKB*
Clerk of the County Commission



Daniel K. Atwill
Presiding Commissioner



Fred J. Parry
District I Commissioner



Janet M. Thompson
District II Commissioner

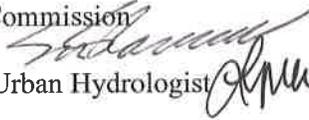


Boone County Resource Management

ROGER B. WILSON BOONE COUNTY GOVERNMENT CENTER
801 E. WALNUT ROOM 315 COLUMBIA, MO 65201-7730
(573) 886-4330 FAX (573) 886-4340

STAN SHAWVER, DIRECTOR

PLANNING – INSPECTIONS – ENGINEERING

To: Boone County Commission
From: Stan Shawver 
Lynne Hooper, Urban Hydrologist 
Date: March 9, 2020
Regarding: Request for additional funds and extension of time on Chapter 319 Subgrant from Missouri Department of Natural Resources / Bonne Femme Watershed Project

Dear Commissioners,

We have attached a breakdown of additional funds that we would like to request from the Missouri Department of Natural Resources in order to complete the requirements of the Chapter 319 Subgrant for drafting a 9-element watershed-based plan in the Greater Bonne Femme Watershed. This is an expansion on the original Application for a Chapter 319 Subgrant approved with Order 364-2018, and Award approved with Order 403-2018.

This request will be for an additional \$60,000.00 and an extension of time for an additional year so that the project would be completed at the end of June, 2021.

We will be happy to answer any questions that you might have.

BMP demonstration project

plants (actual)	5,967.10
plants (to cover expected 10% loss)	592.71
maintenance contract estimate (@ prevailing wage (\$93/hour) - see sheet 2)	27,063.00
signage (bid 2/27/2020 \$864.99)	950.00

Contractor

remaining balance not covered (phase II)	38,788.00
--	-----------

Public meetings x2

printing 1,500 postcards / mailing for 1st public meeting (\$440 for 700 late 2019)	1125.00
advertising in newspaper (current \$163.90 each / Tribune)	360.00
snacks (\$100/meeting - expect larger turnout)	200.00

Land Management Workshops

current snacks	40.00
Fall 2020 food (spent \$179.32 fall 2019, adj to \$250.00 for inflation, doubled participation, then taking 2/3 of that amount for GBFW participation)	335.00
Fall 2020 space rental (\$150.00 x 2/3 for GBFW participation)	100.00
Spring 2021 snacks	50.00
flyers Fall 2020	20.00
flyers Spring 2021	20.00
spekaer gifts for Spring 2020 workshop	120.00
speaker gifts for Fall 2020 workshop	150.00
speaker gifts for Spring 2021 workshop	120.00

E. coli monitoring

2019 monitoring repayment	1,009.49
2020 (4 quarters)	3,700.00
2021 (2 quarters)	1,850.00

Proficiency testing (was \$502.81 last time - adding buffer for higher cost of freight, etc.)

550.00

Monitoring blitzes

Spring 2020 food	140.00
Fall 2020 food	140.00

Spring 2021 food	140.00
Written plan	
printing cost (30 copies, 200 pages, bound) (bid 2/27/2020 \$798.50 / Direct Impact)	825.00
Copies (estimate, random copies)	25.00
Less 2/27/2020 balance on initial subgrant (this is reduced by \$34,242 for contractor Phase I) (also reduced by costs since 1/31/2020)	(26,564.72)
Total Estimated Cost	57,815.58
Amended Budget Request for MoDNR	60,000.00

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

March Session of the January Adjourned

Term. 20 20

County of Boone

In the County Commission of said county, on the

17th

day of

March

20 20

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

Now on this day, the County Commission of the County of Boone does hereby acknowledge receipt of the attached Chapter 100 Compliance Report from American Outdoor Brands for the period ending October 31, 2019.

Done this 17th day of March 2020.

ATTEST:


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

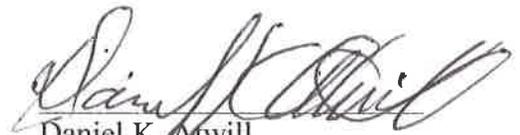
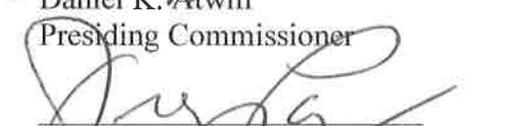
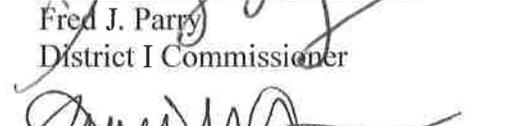

Daniel K. Atwill
Presiding Commissioner

Fred J. Parry
District I Commissioner

Janet M. Thompson
District II Commissioner

EXHIBIT B

ANNUAL COMPLIANCE REPORT

Date: November 8, 2019

A. COMPANY INFORMATION.

Name: American Outdoor Brands
Address: 1800 N. Route 2
City: Columbia State: MO Zip Code: 65202
Contact: Kellie Heitmeyer Telephone: 573-607-2406
Title: Sr. manager, Human Resources Fax: _____

B. EMPLOYMENT INFORMATION.

The highest actual number of "Qualifying Jobs" during each of the immediately preceding 12 months ending on October 31, 2019 (the October 31st prior to this Report) is set forth below in the column labeled "Total Qualifying Jobs."

The highest average annual wage of the "Qualifying Jobs" at the Project Site for the immediately preceding 12 months ending on October 31, 2019 (i.e. the sum of the annual wage of each "Qualifying Job" divided by the number of "Qualifying Jobs") is set forth below in the row labeled "Average Wage."

The 12-month average of the highest actual number of "Qualifying Jobs" during each month for the immediately preceding 12 months ending on October 31, 2019 is set forth below under the row labeled "12-Month Average."

	Total Jobs	Average Wage
November	118	87,812
December	120	87,403
January	126	85,596
February	130	84,896
March	133	85,910
April	136	85,790
May	136	84,234
June	138	84,450
July	141	84,422
August	140	84,739
September	145	84,616
October	140	83,533
12-Month Average	134	85,283

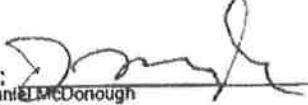
Attached is a copy of a report verifying the above calculation containing at a minimum the following information for each Qualifying Job:

1. Employee Identification Number or other agreed upon designation.
2. Hire Date.
3. Separation Date.
4. Annual Wage (however, for privacy purposes, all annual wages may be listed in a manner that does not match a specific wage with a particular employee).

C. CERTIFICATION.

The undersigned hereby represents and certifies that, to the best knowledge and belief of the undersigned, this Annual Compliance Report contains no information or data, contained herein or in the exhibits or attachments, that is false or incorrect in any material respect.

Dated this 8th day of November, 2019 .

Signature: 
Name: Daniel McDonough
Title: Vice President, Human Resources

132-2020

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ca.

March Session of the January Adjourned

Term. 20 20

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

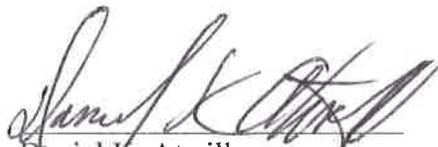
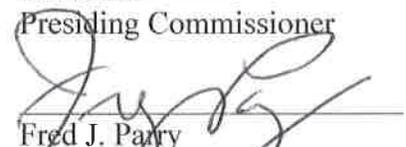
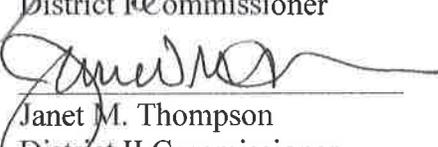
the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby confirm and restate its appointment of Chad Martin to the position of Emergency Communications Center Director, effective December 16, 2019. The Emergency Communications Center Director position merges the two former leadership positions – Directors of Emergency Management and Joint Communications. In all instances where the Director of Emergency Management position or the Director of Joint Communications position is referenced those titles shall be read to refer to the newly created position of Emergency Communications Center Director.

Done this 17th day of March 2020.

ATTEST:


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


Daniel K. Atwill
Presiding Commissioner

Fred J. Parry
District I Commissioner

Janet M. Thompson
District II Commissioner