

419-2021

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

October Session of the October Adjourned

Term. 20 21

County of Boone

} ea.

In the County Commission of said county, on the

5th

day of October

20 21

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

Now on this day the Boone County Commission takes up the disposition of the **2018** tax sale surplus relating to **Parcel 16-313-00-02-055.00**:

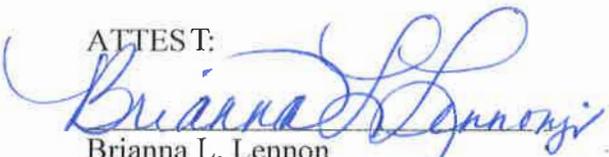
Pursuant to RSMo §140.230 the Commission is authorized to approve claims for any tax sale surplus being held by the County Treasurer associated with the County Collector's annual tax sale as part of a redemption or after the expiration of the applicable redemption period. In this instance, the owners of record at the time the subject property went to tax sale were **John L. Snipes and Joyce M. Snipes**, per the vesting deed Book 280, Page 274, Boone County Records. **John L. Snipes and his wife, Joyce M. Snipes**, recorded a beneficiary deed on the subject property recorded at Book 1447, Page 638, Boone County Records, and their death certificates were recorded (Joyce's before the tax sale; John's after the tax sale) at Book 1499, Page 95 and Book 5508, Page 86 Boone County Records. The beneficiary deed named John David Snipes as the grantee beneficiary. Per the beneficiary deed, John David Snipes gained ownership of the property upon the death of John L. Snipes. John David Snipes, acting under authority gained through the death of John L. Snipes, has made application for the tax sale surplus to the Boone County Treasurer. The other documentation which supports this claim is made a part of this record. The application to the County Treasurer for the surplus funds is timely.

The County Treasurer, based upon the documents presented to his office and made a part of this record, is satisfied that **John David Snipes**, on behalf of the owners of record at the time of the sale, is entitled to the surplus of **\$15,726.55** and recommends the Commission approve the same.

NOW, THEREFORE, upon the recommendation of the County Treasurer and the evidence made a part of this record, the County Commission hereby approves the disposition of the surplus via check payable to John David Snipes in the amount of **\$15,726.55** to: John David Snipes, c/o Money Finder Service Organization, Attorney in Fact, 21430 Timberlake Road #247, Lynchburg VA 24502.

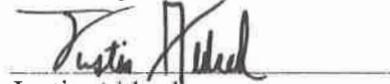
Done this 5th day of October 2021.

ATTEST:

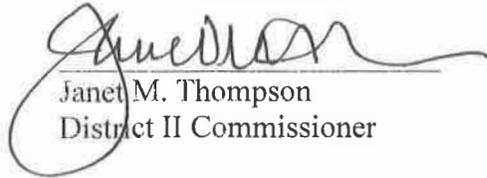

Brianna L. Lennon
Clerk of the County Commission



Daniel K. Atwill
Presiding Commissioner



Justin Aldred
District I Commissioner


Janet M. Thompson
District II Commissioner

3-24-21

<DATE GOES HERE>

Boone County Treasurer
801 East Walnut Street, Room 205
Columbia, MO 65201

Re: Application to Claim Funds due Mr. John D. Snipes, heir to Mr. J. L. Snipes

Dear Sir/Madam:

I have contracted with **Money Finder Service Organization** to make application for and/or claim the excess funds (surplus funds, excess proceeds, overage, overbid, remainder, etc.) held by your office and due me as a result of the tax sale.

Please work directly with them on my behalf to process my claim.

Please make out the check to Money Finder Service Organization. If it is the policy of your office to make said check(s) payable to the claimant only, then please make the check to my Trust (Trust is being created-name and date will be provided later). If for any reason that cannot be done, then make the check to me. In any case, **send to me in care of Money Finder Service Organization** at the following address:

**Mr. John D. Snipes
Money Finder Service Organization
21430 Timberlake Road # 247
Lynchburg, VA 24502**

If you have any questions or concerns about my application and/or claim, please do not hesitate to contact Phil Prasse at Money Finder Service Organization at the above address or by telephone at (434) 509-7540 or (405) 285-2215.

These are my explicit instructions. Please follow them as I have directed. Thank you.

Sincerely,



John D. Snipes

RECEIVED:

AUG 27 2021

TREASURER'S OFFICE

Notarization

State of Missouri)
County of Randolph) ; ss.

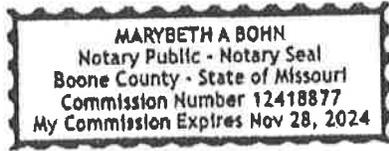
I, the undersigned Notary Public In and for the State of Missouri hereby certify that on the 24th day of August 2021, personally appeared before me John D. Snipes to me known to be the individual(s) described in and who executed the within Instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Signed Marybeth A Bohn

Notary Public In and for the State of Missouri

With an Address of 1900 S. Fairview Rd, Columbia, MO 65203

My commission expires 11/28/2024



RECEIVED:

AUG 27 2021

TREASURER'S OFFICE

p. 2 of 2

Re: Application to Claim Funds due to
Mr. John D. Snipes, heir to
Mr. J.L. Snipes
(Letter to Boone County Treasurer)



Tom Darrough
Boone County Treasurer

either I or JL Snipes

SURPLUS CLAIM

NOTE: FORM MUST BE SIGNED BY ALL PARTIES AND NOTARIZED

I, John D. Snipes, heir (son) of JL Snipes,
shown in the Boone County Collector's tax records as owner of the property listed below, hereby claim the surplus \$15,726.55 resulting from the tax certificate sale conducted by the Boone County Collector on 8/27/2018. I affirm that I am/was the legal owner of the below described property at the time the property was sold at the tax delinquency sale and further affirm I am entitled to the surplus amount. By signing below, I acknowledge the following:

- Claiming surplus does not waive legal right of property redemption within statutory limits
- The Boone County Treasurer processes surplus claims without charge
- Claimants may be called to testify directly to the Boone County Commission before surplus claim is approved
- The claim may not be approved as submitted, and additional information might be requested

Parcel: 16-313-00-02-055.00
Section: 11 T48 R13
Land Description: L47 Alamo Place SD as shown in Plat Book/Page 4/6

Current mailing address: Mr John D Snipes
In care of Monox Finder Service Organization
21430 Timberlake Road #247

Lynchburg VA 24502
City State Zip

Current mailing address (if second different than first party): Not Applicable

Street

City State Zip

Social Security Number: [REDACTED] Social Security Number: N/A
Driver's License/State ID Number: [REDACTED] Driver's License/State ID Number: N/A
Daytime Telephone Number(s): [REDACTED] Daytime Telephone Number(s): N/A

John D Snipes
MFSO Attn: Phil (434) 509-7540

All parties must sign and notarize on following page.

BOONE COUNTY GOVERNMENT CENTER
801 EAST WALNUT STREET, ROOM 205
COLUMBIA, MISSOURI 65201
(573) 886-4365
FAX (573) 886-4369
TREASURER@BOONECOUNTYMO.ORG
WWW.SHOWMEBOONE.COM/TREASURER

RECEIVED:
AUG 27 2021
TREASURER'S OFFICE



Tom Darrough
Boone County Treasurer

Tom Darrough

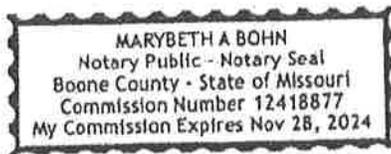
8-24-21

Signature

Date

State of Missouri
County of Randolph

On this 24th day of August in the year 2021, before me, the undersigned notary public, personally appeared John D. Snipes, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the named for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.



Marybeth A. Bohn
Marybeth A. Bohn

My Commission Expires: 11/28/2024

Notary Public

Signature

Date

State of _____
County of _____

On this ____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the named for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Notary Public

Return form to Boone County Treasurer's Office, 801 E. Walnut Rm. 205, Columbia, MO 65201.

YOU MUST INCLUDE A PHOTOCOPY OF DRIVER'S LICENSE(S) OR STATE ID(S).

Once paperwork is received and verified a check will be issued and mailed to address above.

BOONE COUNTY GOVERNMENT CENTER
801 EAST WALNUT STREET, ROOM 205
COLUMBIA, MISSOURI 65201
(573) 886-4365
FAX (573) 886-4369
TREASURER@BOONECOUNTYMO.ORG
WWW.SHOWMEBOONE.COM/TREASURER

LIMITED POWER OF ATTORNEY

I, John D Snipes (Grantor) hereby appoint Money Finder Service Organization ("Attorney In Fact") as my true and lawful attorney for me to claim funds on my behalf and claimable by me that are currently held by any government agency.

I give and grant unto my Attorney In Fact full authority and power to make inquiries about monies that may be claimable by me from any governmental or nongovernmental organization, fill in any applications, make inquiries, hire or get assistance from an attorney, to endorse any payment received from any government agency so my Attorney in Fact can deposit those funds into a bank account held by my Attorney in Fact. My Attorney in Fact is then authorized to deduct any fees due them under a separate fee agreement between myself and the Attorney In Fact, and to then forward the balance of funds to me.

It is my intent that my Attorney in Fact shall perform any and all other acts necessary or incident to the performance and execution of the powers herein expressly granted with power to do and perform all acts authorized hereby; as fully to all intents and purposes as the Grantor might or could do if personally present.

This Power of Attorney will cease twelve (12) months from date hereof.

Dated this 24th day of August, 2021.
John D Snipes

Signature of Grantor

Notarization

State of Missouri)
County of Randolph) : ss.

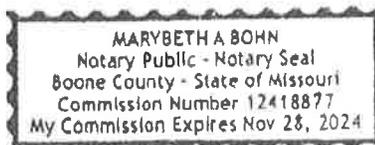
I, the undersigned Notary Public in and for the State of Missouri hereby certify that on the 24th day of August, 2021, personally appeared before me John D. Snipes to me known to be the individual(s) described in and who executed the within instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Signed Marybeth A Bohn

Notary Public in and for the State of Missouri

With an Address of 1900 S. Fairview Rd, Columbia MO 65203

My commission expires 11/28/2024



WITNESSES

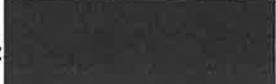
Witnessing the identity of John David Snipes

Having knowledge of his/her identity because staff work where he resides

Name: Deborah Payton

Address: 

Phone: 

Driver's License #:  Issued: 4/4/17 Expires: 4-10-23

Name: Deborah Bothell

Address: 

Phone: 

Driver's License #:  Issued: 6/25/21 Expires: 1-10-27

Purpose of witnessing documents:
Mr. Snipes does not have a valid ID. There are four forms to be notarized



Property Information

Property Location (Situs Address)	713 HUNT AVE
-----------------------------------	--------------

Legal Description	ALAMO PLACE LOT 47 BENEFICIARY DEED	RECEIVED JUN 19 2018 BOONE COUNTY COLLECTOR
<u>FB</u> Initial if legal description matches description on delinquent statements. If not, explain discrepancies in Additional Info.		

Vesting Deed

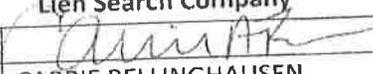
Name of Owner(s)	SNIPES J L
Address	713 HUNT AVE., COLUMBIA MO 65203-2058
Title Taken By	WARRANTY DEED
Date of Deed	10/11/1955
Date Recorded	10/11/1995 1:30 PM
Book/Page	280/274
Address Correction	

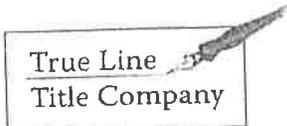
Open Deed(s) of Trust

First Deed of Trust	
Lender's Address	
Deed of Trust Date	
Date Recorded	
Book/ Page	
Loan Amount	
Assigned To	
Date Assigned	

Second Deed of Trust	
Lender's Address	
Deed of Trust Date	
Date Recorded	
Book/ Page	
Loan Amount	
Assigned To	
Date Assigned	

Lien Search Company

Signature of Searcher	
Searcher (print)	CARRIE BELLINGHAUSEN
Date Searched	06/11/2018



Additional Liens

Special Assessments	
Tax Bill #	
Address	

Federal Tax Liens	
Date	
Address	

State Tax Liens	
Date	
Address	

Mechanics Liens	
Date	
Address	

Judgments	
Date	
Address	
Case #	

Other (Lis Pendens, Bankruptcies, etc)	
Date	
Address	
Case #	

Additional Information

BENEFICIARY DEED RECORDED IN BOOK 1447 PAGE 638

DEATH CERTIFICATE RECORDED IN BOOK 1499 PAGE 95

THE ESTATE OF JOHN L SNIPES CASE NO. 02PR164162



True Line Title Company
110 E Ash Street
Columbia, MO 65203

This Deed, Made and entered into this 11th day of October A. D. One Thousand Nine Hundred and Fifty five by and between H. O. Swope and Emily Swope, husband and wife,

of Boone County, State of Missouri, part 1es of the first part, and John L. Snipes and Joyce M. Snipes, husband and wife, of Boone County, State of Missouri, part 1es of the second part,

WITNESSETH, That the said part 1es of the first part, for and in consideration of Ten (\$10.00) Dollars and other good and valuable considerations Dollars, to them paid by the said part 1es of the second part, the receipt of which is hereby acknowledged, do by these presents Grant, Bargain and Sell, Convey and Confirm, unto the said part 1es of the second part, the following described tract or parcel of land, situated in the County of Boone, in the State of Missouri, to-wit:

All of Lot Number Forty-seven (47) in "Alamo Place" a subdivision of the East part of the Northeast Quarter of Section Ten (10) and the West part of the Northwest Quarter of Section Eleven (11) in Township Forty-eight (48), North of Range Thirteen (13) West of the Fifth Principal Meridian, all in Boone County, Missouri.

(3.30 Revenue Stamps Affixed and Cancelled.)

TO HAVE AND TO HOLD THE SAME, Together with all the rights, immunities, privileges and appurtenances to the same belonging unto the said part 1es of the second part, and to their heirs and assigns, forever; the said Grantors they & their heirs, executors, and administrators, shall and will warrant and defend the title to the premises unto the said part 1es of the second part, and to their heirs and assigns, forever, against the lawful claims of all persons whomsoever. Except for taxes falling due and payable in 1955 and thereafter.

IN WITNESS WHEREOF, The said part 1es of the first part have hereunto set their hand and seal.

WITNESS:

H. O. Swope (SEAL)
Emily Swope (SEAL)

STATE OF MISSOURI, ss. On this 11th day of October, 1955, before me personally appeared H. O. Swope and Emily Swope his wife, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in said County the day and year first above written.

Thomas T. Strange, Notary Public

My term of office as a Notary Public will expire July 7, 1958. 195 (SEAL)

STATE OF MISSOURI, ss. THIS DEED From H. O. Swope and Emily Swope to John L. Snipes and Joyce M. Snipes was produced before me, Recorder of Deeds for Boone County, on the 11th day of October in the year of our Lord one thousand nine hundred and fifty five, and with the certificate thereon endorsed, is duly recorded in Book 280, page 274

GIVEN under my hand as Recorder aforesaid, with the seal of said office hereto affixed, at office in Columbia, on the day and year aforesaid.

Filed at 1:30 o'clock P. M. (SEAL).

Recorder

Unofficial Missouri Department of Health
 CERTIFICATE OF DEATH

STATE FILE NUMBER 95

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK.

REGISTRATION DISTRICT NO. 019 REGISTRAR'S NUMBER - 124

1. DECEDENT'S NAME (Print, Middle, Last) JOYCE M. SNIPES
 2. SEX Female
 3. DATE OF DEATH (Month, Day, Year) JANUARY 30, 1999

4. SOCIAL SECURITY NO. [blank] 5a. AGE - Last Birthday (Month, Day, Year) 65
 5b. UNDER 1 YEAR MONTHS DAYS 5c. UNDER 1 DAY HOURS MINUTES
 6. DATE OF BIRTH (Month, Day, Year) Oct 7, 1933
 7. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri

8. PLACE OF DEATH (Check only one; see instructions on other side)
 HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)

9a. FACILITY NAME (If not institution, give street and number) BOONE HOSPITAL CENTER
 9b. CITY, TOWN, OR LOCATION OF DEATH COLUMBIA
 9c. COUNTY OF DEATH BOONE

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) Married
 11. SURVIVING SPOUSE'S NAME (If male, give last children names) John L. Snipes
 12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker
 13. KIND OF BUSINESS OR INDUSTRY Own Home

13a. RESIDENCE - STATE Missouri
 13b. COUNTY Boone
 13c. CITY, TOWN, OR LOCATION Columbia
 13d. INSIDE CITY LIMITS Yes No
 13e. YEARS AT PRESENT ADDRESS 1. Under 5 2. 5-9 3. 10-19 4. 20 or more 4

14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes Specify:
 15. RACE - American Indian, Black, White, etc. White
 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 10 College (1-4 or 5+) -

17. FATHER'S NAME (First, Middle, Last) Everett Lee DeVore
 18. MOTHER'S NAME (First, Middle, Last) Cynthia Marie Daugherty

19a. INFORMANT'S NAME (Type/Print) John L. Snipes
 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 713 Hunt Ave. Columbia, Missouri 65203

20a. BURIAL, CREMATION, OTHER (Specify) Burial
 20b. DATE OF DISPOSITION (Month, Day, Year) Feb. 2, 1999
 20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oakland Cemetery
 20d. LOCATION - City or Town, State Columbia, Missouri

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]
 22. NAME AND ADDRESS OF FACILITY Nilson Funeral Home
 23. FUNERAL ESTABLISHMENT LICENSE NUMBER #2605

23. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (First disease or condition resulting in death)
 a. Bronchopneumonia
 b. Carcinoma of [blank]
 c. Severe Carcinoma - Pancreas
 d. [blank]

23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
 24. IF DECEDENT WAS FEMALE 10-40, WAS SHE PREGNANT IN THE LAST 90 DAYS? Yes No Unk.
 25a. WAS AN AUTOPSY PERFORMED? Yes No Unk.
 25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

26. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide
 27a. DATE OF INJURY (Month, Day, Year)
 27b. TIME OF INJURY M
 27c. WAS INJURY ALCOHOL-RELATED? (Indicate to decedent) Yes No Unk.
 27d. INJURY AT WORK? Yes No Unk.
 27e. DESCRIBE HOW INJURY OCCURRED
 27f. PLACE OF INJURY - At home, farm street, factory, office building, etc. (Specify)
 27g. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28a. (Specify) CERTIFYING PHYSICIAN MEDICAL EXAMINER/PROCTOR
 28b. To the best of my knowledge, death occurred at the time, place and due to the cause(s) stated. (Signature and Title) [Signature]
 28c. DATE SIGNED (Month, Day, Year) 2/1/99
 28d. TIME OF DEATH 11:30 P M

29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Jeffery P. Frey, MD, 203 W. Bd'wy Col, MO
 29b. M.D. LICENSE NUMBER R 2198
 29c. WAS CASE REFERRED TO MEDICAL EXAMINER/PROCTOR? Yes No
 30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Signature]
 31. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) 2-1-99

DECEASED
 VE 300
 NO IDENTIFICATION
 YOU USE BY PHYSICIAN OR CERTIFIER
 SEE INSTRUCTIONS ON OTHER SIDE
 CERTIFIED

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.
 (Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.315, RSMo 1986)

STATE OF MISSOURI

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the official records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

[Signature] Acting Registrar

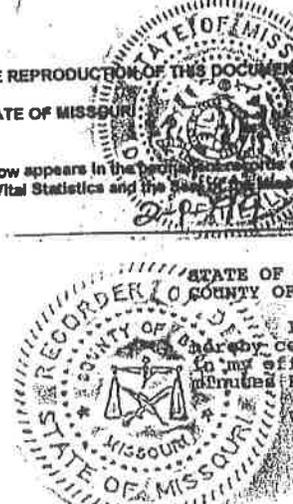
Document No. 3076

I, the undersigned Recorder of Deeds for said county and state do hereby certify that the foregoing instrument of writing was filed for record in my office on the 5th day of February, 1999 at 12 o'clock and 02:24 minutes PM and is truly recorded in Book 1499 Page 95.

Witness my hand and official seal on the day and year aforesaid.

BETTIE JOHNSON, RECORDER OF DEEDS
 by [Signature] deputy
 Vikki Gripin

Nora Dietzel, Recorder of Deeds



Boone County, Missouri



Unofficial Document

Recorded in Boone County, Missouri

Date and Time: 09/24/2021 at 09:13:15 AM

Instrument #: 2021027596 Book: 5508 Page: 86

Instrument Type: DC

Recording Fee: \$27.00 E

No. of Pages: 3

Nora Dietzel
Nora Dietzel, Recorder of Deeds



RECORDER OF DEEDS CERTIFICATE BOONE COUNTY, MISSOURI EXEMPT DOCUMENT

This document has been recorded under exempt status pursuant to RSMo 59.310.4 and this certificate has been added to your document in compliance with the laws of the State of Missouri.



Nora Dietzel
Recorder of Deeds
801 E. Walnut, Room 132
Columbia, Missouri 65201
573-886-4345

THIS PAGE HAS BEEN RECORDED AS THE FIRST PAGE OF YOUR DOCUMENT - DO NOT REMOVE THIS PAGE

Nora Dietzel, Recorder of Deeds

LOCAL REGISTRAR
 COLUMBIA-BOONE COUNTY HEALTH DEPT
 1005 W WORLEY PO BOX 6015
 COLUMBIA, MO 65205

Boone County, Missouri



MISSOURI DEPARTMENT OF HEALTH
 AND SENIOR SERVICES
 FEE RECEIPT
 DEATH CERTIFICATION

Unofficial Document BOONE COUNTY MO SEP 24 2021

JOHN SNIPES JR
 4916 BROWN STATION RD
 COLUMBIA MO 65202

REGISTRAR(S)
 JOHN L SNIPES
 D9999-999999
 1 COPY

YOUR RECENT REQUEST HAS BEEN ACTED UPON AS INDICATED BELOW:				
DATE RECEIVED 08/26/2021	TOTAL AMOUNT 14.00	AMOUNT THIS REQUEST 14.00	PROCESSING FEE REQUIRED 0.00	REFUND 0.00

MO 580-0698 (6-19)

UNAPPLIED REMITTANCES ONLY VALID FOR ONE YEAR AFTER RECEIPT. When you inquire about your request, please return this receipt. If a refund is indicated, it will be mailed within 30 to 60 days.

MISSOURI

CERTIFICATION OF DEATH

DATE FILED: APRIL 3, 2002

STATE FILE NUMBER: 124-02-007000

DECEDENT NAME: JOHN L SNIPES

SEX: MALE

DATE OF DEATH: MARCH 15, 2002

COUNTY OF DEATH: BOONE

DATE OF BIRTH: JUNE 10, 1927

MARITAL STATUS: WIDOWED

EVER IN ARMED FORCES: YES

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE ADDRESS: 713 HUNT AVE
 COLUMBIA, MISSOURI

SURVIVING SPOUSE:
 (IF WIFE, MAIDEN NAME):

UNDERLYING CAUSE (ICD CODE): (I251) MANNER: NATURAL
 CORONARY ARTERY DISEASE
 SIG COND: DIABETES MELLITUS; HYPERTENSION

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: BOONE

THIS IS A TRUE CERTIFICATION OF NAME AND DEATH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

DATE ISSUED: AUGUST 26, 2021

Kenneth J. Palermo
 Kenneth J. Palermo
 State Registrar



THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW.
 ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

Boone County, Missouri

Unofficial Document

BOONE COUNTY MO SEP 24 2021

01040896KP

Nora Dietzel, Recorder of Deeds

420-2021

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

October Session of the October Adjourned

Term. 20 21

County of Boone

In the County Commission of said county, on the

5th

day of October

20 21

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

Now on this day, the County Commission of the County of Boone does hereby approve a temporary, part-time, Helpdesk Tech II position in Department 1174, funded for 175 hours and does hereby authorize an appropriation of up to \$3,500 for this position.

The Commission further approves a temporary, part-time, Security Tech position in Department 1171, funded for 130 hours and authorizes an appropriation of up to \$3,100 for said position.

Both temporary positions are being created to allow coverage in vacant positions during the search for replacements.

Done this 5th day of October 2021.

ATTEST:

Brianna L. Lennon

Brianna L. Lennon
Clerk of the County Commission

Daniel K. Atwill

Daniel K. Atwill
Presiding Commissioner

Justin Aldred

Justin Aldred
District I Commissioner

Janet M. Thompson

Janet M. Thompson
District II Commissioner

421-2021

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

October Session of the October Adjourned

Term. 20 21

County of Boone

In the County Commission of said county, on the

5th

day of October

20 21

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

Now on this day, the County Commission of the County of Boone does hereby approve the Boone County PDMP Contract Renewal with St. Louis County.

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

Done this 5th day of October 2021.

ATTEST:

Brianna L. Lennon

Brianna L. Lennon
Clerk of the County Commission

Daniel K. Atwill

Daniel K. Atwill
Presiding Commissioner

Justin Aldred

Justin Aldred
District I Commissioner

Janet M. Thompson

Janet M. Thompson
District II Commissioner



AMENDMENT AND RENEWAL-PDMP USER AGREEMENT

This renewal agreement ("**Renewal**") is by and between **Boone County** ("**Subscriber**") and **St. Louis County, Missouri**, a charter county organized under the laws of the State of Missouri, on behalf of its Department of Public Health, with an address at 6121 North Hanley Road, Berkeley, MO 63134 ("**County**").

WHEREAS, **Subscriber** and **County** are parties to an agreement dated 5/11/2017, ("**Agreement**"); and

WHEREAS, the **County** has a contract with Appriss Inc. ("**Appriss**") for operation of an application for a Prescription Drug Monitoring Program ("**PDMP**"); and

WHEREAS, **County** has adopted Ordinance 26,528 (2017) as amended 27,656 (2019) authorizing the County Executive on behalf of St. Louis County to enter into contracts with the City of St. Louis and Missouri counties, municipalities, and local public health agencies for the purposes stated herein; and

WHEREAS, **County** and **Subscriber** desire to amend and renew the Agreement pursuant to Section 7 of the Agreement; and

WHEREAS, **Subscriber** is authorized to enter into this **Renewal** by Ordinance 26352; and

NOW, THEREFORE, in consideration of the premises and promises hereinafter, the parties agree as follows:

1. The term for this **Renewal** shall begin upon execution and continue through October 28, 2022.
2. Section 6 of the Agreement is hereby deleted and the following new Section 6 inserted in its place:

6. Notices: Unless otherwise indicated, all notices, waivers and consents required or permitted pursuant to this Agreement shall be in writing and shall be deemed to have been duly given, if personally delivered or sent by direct mail, electronic mail, telephone, or facsimile. Notices shall be sent to the addresses set forth as follows on or before the date such notice, waiver, or consent must be given:

If to **Subscriber**: Columbia-Boone County Department of Public Health and Human Services

1005 West Worley
P.O. Box 6015
Columbia, MO 65205
Attn: Stephanie Browning
Email: Stephanie.Browning@como.gov

If to County:

St. Louis County Dept. of Public Health
6121 North Hanley Rd.
Berkeley, MO 63134
Attn: Hailey Adler
Email: HAlder@stlouiscountymo.gov

3. All other terms and conditions of the agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Renewal as of the later of the dates set forth below.

[Signatures follow on next page.]

St. Louis County Ordinance No. 26,528 (2017) as amended 27,656 (2019)

Date Executed by St. Louis County: _____

ST. LOUIS COUNTY, MISSOURI

By: _____
County Executive

Attest:

Administrative Director

Approved:

Director, Department of Public Health

Approved as to legal form:

County Counselor

I hereby certify that unencumbered balances sufficient to pay the contract sum herein remain in the appropriation account against which this obligation is to be charged.

Accounting Officer

Legal Review: _____

Fiscal Review: _____

CE Office Review: _____

422-2021

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

October Session of the October Adjourned

Term. 20 21

County of Boone

In the County Commission of said county, on the

5th

day of October

20 21

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 K-9 Training Agreement between Boone County and the following:

- Miller County Sheriff Department

Terms of the agreement are stipulated in the attached Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said K-9 Training Agreement.

Done this 5th day of October 2021.

ATTEST:

Brianna L. Lennon
Clerk of the County Commission

Daniel K. Atwill
Presiding Commissioner

Justin Aldred
District I Commissioner

Janet M. Thompson
District II Commissioner

**COOPERATIVE AGREEMENT
FOR K-9 BASIC TRAINING SERVICES**

THIS AGREEMENT dated the 16 day of ~~September~~ 2021, is entered into by and between Boone County, Missouri (County), by and through the Boone County Sheriff's Office (BCSO), and Miller County Sheriff's Office (Agency):

WHEREAS, BCSO can provide K-9 basic training through its certified K-9 training staff; and

WHEREAS, BCSO can assist Agency in selecting a canine for purchase from an approved vendor to receive the training; and

WHEREAS, Agency desires to procure a canine to receive training from a vendor approved by County and train one of Agency's officers as that canine's handler through the BCSO's K-9 basic training program; and

WHEREAS, County and Agency have the authority to cooperate with each other for the purposes of this Agreement pursuant to RSMo §70.220;

NOW, THEREFORE, it is agreed by and between the parties as follows:

1. **ASSISTANCE WITH PROCUREMENT OF CANINE.** County's K-9 trainer will provide advice on the selection of an appropriate canine from a vendor approved by County. The approved vendor will provide a minimum of a 6-month trainability guarantee and a 1-year health guarantee on a purchased canine that will run to the benefit of Agency. County will provide Agency with information about approved vendors.
2. **TRAINING.** BCSO agrees to provide Agency's K-9 handler and canine basic training by and through BCSO's certified staff. Training areas will include obedience, tracking, area search, article search, building search, and narcotics detection with respect to cocaine, heroin, and methamphetamines. The training shall consist of not less than forty (40) sessions, with each session consisting of approximately one, 8-hour day. The training will be conducted over a period of eight (8) weeks, Monday – Friday, in regularly-scheduled sessions during that 8-week period. Agency will receive a certificate documenting successful completion of the BCSO's program if the K-9 team meets the standards and requirements of the Missouri Police Canine Association at the conclusion of the training contemplated herein.
3. **EMPLOYED STATUS OF K-9 HANDLER.** Agency agrees that the training contemplated herein is within the scope and course of its handler's employment and Agency will be responsible for all appropriate compensation and the provision of Worker's Compensation coverage to Agency's employee. Agency's handler will execute a Waiver & Release as set out in the attached Exhibit "A" prior to being permitted to participate in the training.
4. **CONTRACT PRICE AND PAYMENT.** Agency shall pay County a total sum of Three Thousand Six Hundred Dollars (\$3,600.00) for the training contemplated herein, calculated at a rate of \$90.00/session. Agency may pay the full amount upon execution of this contract or, at Agency's option, Agency shall pay one-half, or \$1,800.00, upon execution of this contract and the remaining one-half, or \$1,800.00, after twenty (20) sessions have been completed.
5. **TERM AND TERMINATION.** The Agreement contemplates training sessions to commence on or about the 18th day of October, 2021, and sessions will proceed consecutively, Monday – Friday, for a period of eight (8) weeks as scheduled by County. Either party may terminate this

Agreement at any time by providing the other written notice of their intent to terminate. Upon termination for convenience by either party, the parties will reconcile the payments paid and/or due based on the number of sessions attended at the rate of \$90.00 per session (with each session being approximately one, 8-hour day).

6. **MODIFICATION AND WAIVER.** No modification or waiver of any provision of this Agreement nor consent to any departure therefrom, shall in any event be effective, unless the same shall be in writing and signed by County and Agency and then such modification, waiver or consent shall be effective only in the specific instance and for the specific purpose for which mutually agreed.
7. **FUTURE COOPERATION.** The parties agree to fully cooperate with each other to give full force and effect to the terms and intent of this Agreement.
8. **ENTIRE AGREEMENT.** The parties state that this document contains the entire agreement between the parties, and there are no other oral, written, express or implied promises, agreements, representations or inducements not specified herein.
9. **AUTHORITY.** The signatories to this Agreement warrant and certify that they have obtained the necessary authority, by resolution or otherwise, to execute this Agreement on behalf of the named party for whom they are signing.

SO AGREED.

AGENCY: Miller County Sheriff's Office
By: _____

[Signature]
Printed Name: _____

Dated: 9-20-21

ATTEST: [Signature] 5393

BOONE COUNTY, MISSOURI
By: [Signature]

Daniel K. Atwill, Presiding Commissioner

Dated: 10.5.2021

ATTEST: [Signature]
Brianna L. Lennon, County Clerk

APPROVED - BCSO: [Signature]
Dwayne Carey, Sheriff

APPROVED AS TO FORM: [Signature]
C.J. Dykhouse, Boone County Counselor

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

[Signature] 09/28/2021
Auditor Date
Revenue 2570-3569

Exhibit "A"

INFORMED CONSENT WAIVER AND RELEASE

ASSUMPTION OF RISKS: I acknowledge that participation in the BCSO Basic Dual Purpose K-9 Training Class [hereinafter the "Program"] involves physical activities which, by their very nature, carry certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. These physical activities involve strenuous exertions of strength using various muscle groups and also involve quick movements using speed and change of direction, all of which could result in injury. These risks range from minor bruises and scratches to more severe injuries, including the risk of heart attacks or other catastrophic injuries. I understand and appreciate that these physical activities carry certain inherent risks and I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

WAIVER AND RELEASE: In consideration of accepting my entry into this Program, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Boone County Sheriff's Office, Boone County, Missouri, and/or its employees and agents engaged by them for any purpose relating to the Program that I have been permitted to participate in. This release and waiver extends to all claims of every kind of nature, whatsoever, foreseen or unforeseen, known or unknown.

INDEMNIFICATION AND HOLD HARMLESS: I also agree to indemnify and hold harmless the Boone County Sheriff's Department, Boone County, Missouri, and/or its employees and agents all from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, that result from my participation in or involvement with the Program.

Waivers and Releases for minors are accepted only with a parent/guardian signature.

Signature of Participant/Date

Weston Browner 5374 9-6-2021

Printed Name of Participant

Weston Browner

423-2021

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

October Session of the October Adjourned

Term. 20 21

County of Boone

In the County Commission of said county, on the

5th

day of October

20 21

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

Now on this day, the County Commission of the County of Boone does hereby approve the Purchasing Departments request to dispose of the attached list of surplus equipment by auction on GovDeals or by destruction for whatever is not suitable for auction.

Done this 5th day of October 2021.

ATTEST:

Brianna L. Lennon

Brianna L. Lennon
Clerk of the County Commission

Daniel K. Atwill

Daniel K. Atwill
Presiding Commissioner

Justin Aldred

Justin Aldred
District I Commissioner

Janet M. Thompson

Janet M. Thompson
District II Commissioner

Boone County Purchasing
David Eagle
Purchasing Assistant



613 E. Ash Street
Columbia, MO 65201
Phone: (573) 886-4394

MEMORANDUM

TO: Boone County Commission
FROM: David Eagle
RE: Surplus Disposal
DATE: September 8, 2021

The Purchasing Departments requests permission to dispose of the following list of surplus equipment by auction on GovDeals or by destruction for whatever is not suitable for auction.

	Asset #	Description	Make & Model	Department	Condition of Asset	
1	20940	GENERATOR	MEP-7 100KW	JOINT COMMUNICATIONS RADIO NETWORK	UNKNOWN	
2	NO TAG	EIGHT WOODEN ARMCHAIRS		COUNTY CLERK ELECTIONS	FAIR	
3	NO TAG	TWO BOXEDS OF USED MOUSE PADS		COUNTY CLERK ELECTIONS	GOOD	
4	NO TAG	FIVE CASES OF GEL PENS		COUNTY CLERK ELECTIONS	GOOD	Transfer to other departments at the County
5	NO TAG	FOUR USED TRACTOR WHEELS – FIVE FUEL TAKS – FABRICATED SCREEN – RUBBER/METAL TRACKS FOR SKID STEER		ROAD & BRIDGE	UNKNOWN	SOLD AT MO AUTO AUCTION

cc: Heather Acton, Jacob Flowers, Auditor’s office
Surplus File

Capital

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 8/20/21 Fixed Asset Tag Number: 20940

Description of Asset: MEP-7 100kw generator

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

Other Information (Serial number, etc.): sn RZ00823

Condition of Asset: needs repairs

Reason for Disposition: no longer needed & repairs too costly to justify repurposing

Location of Asset and Desired Date for Removal to Storage: Next to Sheriff's annex

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: 2704 Radio network

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 8/9/16

G/L Account for Proceeds 2704-3835 J

Original Acquisition Amount 16000.00

Original Funding Source 2751

Account Group 1604

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

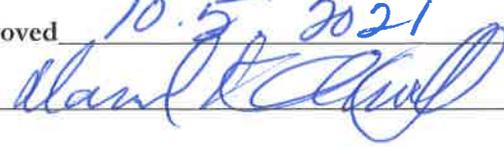
Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 423-2021

Date Approved 10.5.2021

Signature 

RECEIVED
AUG 23 2021
BOONE COUNTY
AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 07/20/21

Fixed Asset Tag Number: none

Description of Asset: Eight Wooden Arm Chairs

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

Other Information (Serial number, etc.): No serial numbers or ID

Condition of Asset: fair

Reason for Disposition: No Longer needed

Location of Asset and Desired Date for Removal to Storage: Elections Warehouse 07/30/21

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: Couy Clerk Elections

Signature 

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 Ha

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 423-2021

Date Approved 10.5.2021

Signature 

RECEIVED
JUL 20 2021
BOONE COUNTY
AUDITOR

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 07/20/21

Fixed Asset Tag Number: none

Description of Asset: Two boxes of used mouse pads Total of 190

RECEIVED

JUL 20 2021

**BOONE COUNTY
AUDITOR**

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

Other Information (Serial number, etc.): No serial numbers or ID

Condition of Asset: Good

Reason for Disposition: No Longer needed

Location of Asset and Desired Date for Removal to Storage: Elections Warehouse 07/30/21

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: Couy Clerk Elections

Signature 

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 Ha

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 423-2021

Date Approved 10.5.2021

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 07/20/21

Fixed Asset Tag Number: none

Description of Asset: Five cases of Gel Pens

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

Other Information (Serial number, etc.): No serial numbers or ID

Condition of Asset: Good

Reason for Disposition: No Longer needed

Location of Asset and Desired Date for Removal to Storage: Elections Warehouse 07/30/21

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: Couty Clerk Elections

Signature 

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 HA

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 _____

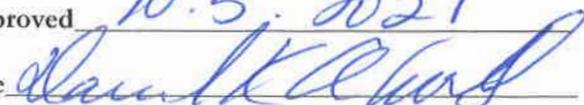
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 423-2021

Date Approved 10.5.2021

Signature 

RECEIVED
JUL 20 2021
BOONE COUNTY
AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 9/1/2021

Fixed Asset Tag Number: NA

Description of Asset: 4 used tractor wheels, 5 fuel tanks, fabricated screen, rubber/metal tracks for skid steer

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

- on no Auto Auction

Other Information (Serial number, etc.): NA

Condition of Asset: All items are not usable or safe to use.

Reason for Disposition: We were going to put in scrap metal bid but thought the items would bring more at an auction.

Location of Asset and Desired Date for Removal to Storage: NA

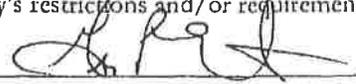
Was asset purchased with grant funding? YES NO

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: 2040 Road & Bridge

Signature



To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 2040-3836 NA

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 _____

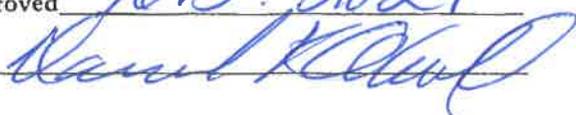
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

Other Explain sell on no Auto Auction

Commission Order Number 423-2021

Date Approved 10.5.2021

Signature 

RECEIVED
SEP 16 2021
BOONE COUNTY
AUDITOR

424-2021

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

October Session of the October Adjourned

Term. 20 21

County of Boone

In the County Commission of said county, on the

5th

day of October

20 21

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

Now on this day, the County Commission of the County of Boone does hereby approve the Contract Amendment #1 to 34-18JUL19 – Access to Healthy Food with Sustainable Farms & Communities, Inc. of Columbia, Missouri.

Invoices will be paid from Department 2162 – CSF Program Funding, Account 71106 - Contracted Services. \$1,398,352.44 remains in the budget for Sustainable Farms & Communities, Inc.

Done this 5th day of October 2021.

ATTEST:

Brianna L. Lennon
Clerk of the County Commission

Daniel K. Atwill
Presiding Commissioner

Justin Aldred
District I Commissioner

Janet M. Thompson
District II Commissioner

Boone County Purchasing

Melinda Bobbitt, CPPO
Director of Purchasing



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

MEMORANDUM

TO: Boone County Commission
FROM: Melinda Bobbitt, CPPO, CPPB
DATE: September 27, 2021
RE: Amendment #1 to: *34-18JUL19 – Access to Healthy Food with Sustainable Farms & Communities, Inc.*

Attached for signature is contract amendment #1 to *34-18JUL19 – Access to Healthy Food with Sustainable Farms & Communities, Inc.* of Columbia, Missouri.

This amendment adds a supplemental funding increase through December 31, 2021 for the following:

7,518 Units of SNAP/WIC Matching at \$1.25 per voucher for a total not to exceed amount of \$9,397.50.

Invoices will be paid from department 2162 – CSF Program Funding, account 71106 - Contracted Services. \$1,398,352.44 remains in the budget for Sustainable Farms & Communities, Inc.

cc: Contract File

AGREEMENT FOR PURCHASE OF SERVICES
Contract Amendment Number One
Access to Healthy Food

THIS AGREEMENT dated the 5th day of October, 2021, Purchase Agreement **34-18JUL19** for the Children' Services Fund dated December 31, 2019 made by and between Boone County, Missouri and Sustainable Farms & Communities, Inc., for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows:

1) ADD a supplemental funding increase for the following:

7,518 Units of SNAP/WIC Matching at \$1.25 per voucher for a total not to exceed amount of \$9,397.50

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.

Sustainable Farms & Communities, Inc.

By: DocuSigned by:
Luke Dietterle
644EFA38F2A410...
Signature

By: Luke Dietterle, Treasurer
Printed Name/Title

Boone County, Missouri

By: Boone County Commission
DocuSigned by:
Daniel K. Atwill
8A4B1040E88E1E8...
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board
DocuSigned by:
Les Wagner
C1245E742CC84CC...
Les Wagner, Board Chair

APPROVED AS TO FORM:

DocuSigned by:
CJ Dykhouse
7D71DEAEB0074DD...
CJ Dykhouse, County Counselor

ATTEST:

DocuSigned by:
Brianna L. Lennon
D287E2426F8548C...
Brianna L. Lennon, 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:
Dana Powell
447E426F10047B... 9/29/2021 2162 / 71106 / \$9,397.50
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

4/25 -2021

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

October Session of the October Adjourned

Term. 20 21

In the County Commission of said county, on the 5th day of October 20 21

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

Now on this day, the County Commission of the County of Boone does hereby approve the Victims of Crime Act (VOCA) Contract Amendment, Amendment #005, of Contract No. ER130200009, authorizing a 3-month extension of the contract.

1. The attached VOCA Budget Form and budget narrative and Contract Amendment, authorizing a 3-month extension of Contract No. ER130200009, are approved and shall amend Contract No. ER130200009.
2. All other terms and conditions of Contract No. ER130200009 shall remain unchanged.

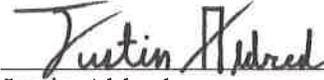
Done this 5th day of October 2021.

ATTEST:

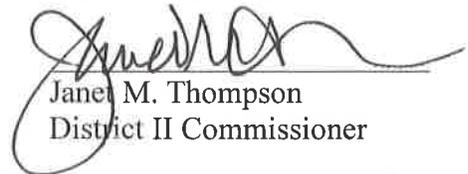

Brianna L. Lennon
Clerk of the County Commission



Daniel K. Atwill
Presiding Commissioner



Justin Aldred
District I Commissioner



Janet M. Thompson
District II Commissioner



Missouri Department of Social Services
 Division of Finance & Administrative Services
 P. O. Box 1643, Jefferson City, MO 65102-2320
 FSD.VOCAUNIT@DSS.MO.GOV
 VOCA Budget Form

Agency: Boone County Prosecuting Attorney Contract Number: ER130200009

3 Month Extension October 1, 2021 to December 31st, 2021

Budget

Allocation Base (Contract Amount) \$ 39,038.00

Program Costs

Personnel	\$	29,383.86
Benefits	\$	3,557.95
PRN	\$	-
Volunteers	\$	-
On Call Volunteers	\$	-
Travel Training	\$	800.00
Equipment	\$	-
Supplies & Operations	\$	5,296.19
Contractual	\$	-
Indirect Cost	\$	-
Total Participant Costs:	\$	39,038.00

TOTAL BUDGET \$ 39,038.00

Types of Victims Served

Child Abuse	\$	1,269.00
Domestic Violence	\$	17,079.00
Sexual Assault	\$	4,197.00
Underserved	\$	16,493.00
Total	\$	39,038.00

I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.

 Boone County, MO
 Presiding Commissioner
 Signature of Authorized Representative of [Insert Agency Name] Date

 Boone County, MO
 Prosecuting Attorney's Office
 Signature of Authorized Representative of [Insert Agency Name] Date 9-29-2021

AGENCY: BOONE COUNTY PROSECUTING ATTORNEY

CONTRACT NUMBER: ER130200009

Allocation Base (Contract Amount): \$39,038.00

Personnel: \$29,383.86

Benefits: \$3,557.95

See attached "Personnel & Benefits 2021 & 2022" for specific amounts requested for personnel and benefits for October 1, 2021 thru December 31, 2021, for Amanda Douglas, Cara Jones, and William "Bill" Haws.

Amanda Douglas and Cara Jones are our **victim specialists** and are employed full-time. They assist victims of domestic and sexual violence, victims of robbery and burglary, and underserved victims of felony crimes. They provide services to victims and their families by offering basic and comprehensive services to victims that aid in the healing and restoration of those affected by crime in Boone County.

William "Bill" Haws is our **case specialist** and is employed part-time. His position focuses on victims of felony cases and underserved victims. Felony cases can be complicated, and victims may require additional time and emotional support. The case specialist anticipates the victim's needs, provides for their safety and security while minimizing the traumatic impact of participation in the criminal justice system.

Travel Training: \$800.00

This funding is for our assistant prosecutor, Fumi Owoso and her victim specialist, Cara Jones, to virtually attend (i.e., online) a Crimes Against Children Conference in Dallas, Texas, in December 2021, with registration costing \$400 per person. This conference is presented annually by the Dallas Children's Advocacy Center and provides practical and interactive instruction to those fighting crimes against children and helping children heal.

Supplies & Operation: \$5,296.19

This funding would allow the office to purchase **four (4) I-Pad Pro devices, with a cost not to exceed \$1,324.04 for each device.** This office has 4 assistant prosecutors that are part of the DOVE team and they specifically handle cases involving female victims of domestic violence and sexual assault. The prosecutors would utilize the I-Pad devices to meet with victims virtually through Skype or Zoom (and the frequency of meetings held in this fashion has increased tremendously since COVID) and to attend court appearances virtually through Zoom or WebEx. In addition, the prosecutors would use the devices to aid in the presentation of evidence in court hearings and jury trials, which will dramatically improve the prosecutors' ability to aid victims by ensuring that courts and juries are fully apprised of all aspects of the criminal case. The devices would be procured using Boone County's IT procurement process in the same fashion as other purchases of similar products.

VOCA 3 Month Extension Budget Narrative October 1st, 2021 to December 31st, 2021

Timeframe: Applicant must develop the project budget for no more than 3 months of operations from October 1, 2021 through December 31, 2021. Only costs for this project can be allocated to this project. All costs included below must include the cost allocation methodology, and costs should clearly show how they will support/provide services to victims.

The Department of Social Services will contact agencies who do not clearly state their costs and justification. This process could affect service delivery, so agencies should send complete and accurate information in their budget and budget narrative.

All costs must be necessary, reasonable, allowable, and cost allocated. Each line item listed in the budget worksheet must have a corresponding narrative detailing how each expense was calculated. All narratives must address the following:

- Justification of the line item as to why the costs are necessary to the project and how the costs will benefit the project
- Basis for the calculation including cost allocation

Program Costs

❖ Personnel:

- Salaries cannot exceed those normally paid for comparable positions in the community and/or the unit of government.
 - For each position listed, indicate the percent of the time to be allocated/devoted to the project. VOCA funding can only support the percentage of personnel time that is allocated/devoted to the VOCA project.
 - Outline the job duties/responsibilities for each position and indicate their relevance to the project to include the percentage of time on that duty (or group of duties) requested for the grant.
 - Raises must be indicated and provide justification for the pay increases to include any agency-wide cost of living increases.
- ❖ **\$29,383.86**

❖ Benefits:

- All fringe benefits are to be based on the employer's share only. Fringe benefits can only be requested for the personnel positions that are also requesting funding for wages at the percent allocated to VOCA.
 - Only basic fringe benefits of insurance offered by the agency (health, life, professional liability, etc.), FICA, unemployment insurance, workers compensation, costs of leave and pension/retirement can be included.
- ❖ **\$3,557.95**

❖ Travel Training:

- Narrative must explain the purpose, the position traveling, and how this travel relates and is necessary to the project. If more than one person is expected to travel, the reason that multiple staff must attend must be clearly stated.
 - The Missouri Department of Social Services VOCA Travel Guidelines for Subrecipient Agencies must be followed.
 - Training must be exclusively for developing the skills of direct service providers, including paid staff and volunteers (both VOCA-funded and not), so that they are better able to offer quality direct services, including, but not limited to, manuals, books, videoconferencing, electronic training resources, and other materials and resources relating to such training.
- ❖ **\$800.00**

❖ **Equipment:**

- Purchases of equipment must adhere to established procurement processes and equipment purchased must be managed in accordance with Federal Property and Equipment guidelines. For capitalized expenses, recipients must follow the policy developed by the agency. If the recipient agency does not have a written capitalization policy, it will be required to follow the state's capitalization policy. It is strongly recommended that agencies adopt a policy in-line with the federal (and state) policy, which allows items under \$5,000 to be included in supplies. Items requiring bids will not be funded without the required bids were obtained as required by law, rules or regulations.
- Costs of leasing or purchasing vehicles must be essential to the provision of direct services.
- Narrative must address the following:
 - i. Describe all equipment expenses. Explain why the requested expenses are necessary to support the project and will be utilized to directly serve victims of crime.
 - ii. Indicate what the Capitalization Policy Threshold is for the agency, if there is not one indicated then the policy of the State of Missouri will be followed.
- The Missouri Department of Social Services VOCA Financial and Administrative Guide for Subrecipient Agencies must be followed as it pertains to equipment purchases.



❖ **Supplies & Operations:**

- Organizational expenses that are necessary and essential to providing direct services and other allowable victim services, including, but not limited to, the prorated costs of rent; utilities; and required minor building adaptations necessary to meet the Department of Justice standards implementing the Americans with Disabilities Act and/or modifications that would improve the program's ability to provide services to victims. Supplies include office supplies, forms, operating supplies, books, subscriptions, repair or maintenance supplies, prorate share of audit costs and other items utilized.
 - i. Lists supply items by type (e.g., postage, office supplies, training materials), quantity, unit costs and total costs. Note that daily costs, such as office supplies, do not have to be itemized separately in the budget but must be described in the narrative to verify reasonableness of the costs. (i.e., office supplies can be budgeted together in one category and do not need to be broken into individual budget line items such as pens, paper, folders, etc.)
 - ii. Costs of maintenance, repair, and replacement of items that contribute to maintenance of a healthy or safe environment for crime victims.
 - iii. Higher cost items should be listed separately and identified (e.g. items such as computers, printer, copiers, etc.) and a procurement process should be developed to justify the selection of the budget item upon purchase.
 - iv. An agency's capitalization policy will determine whether equipment items are listed in this category or under equipment. If an agency has no written policy then they will be required to follow the state's policy. Should an agency base a written policy on the federal or state policy then equipment in this category will have a useful life of more than one year with a fair market value of under \$5,000 per item.

❖ **\$5,296.19**

❖ **Contractual:**

- For each contractual/consultant agreement the narrative for each subaward must address:
 - i. Expected deliverables: the services and/or product the consultant or contractor will provide.

- ii. How the services, product, or positions relate and will affect the project.
 - iii. For consultant and contracts, provide a description of the selection process to verify that the procurement procedure was fair, equitable, and free from conflicts of interest and/or personal gain by any entity or representative within the organization.
 - iv. Breakdown of how the consultant fees were calculated (e.g., 500 hours x \$75 per hour = \$37,500).
 - v. Description of the specific duties for each position funded including primary responsibilities.
 - vi. Narratives of subawards must explain costs and breakdown expenses.
- Applicants are required to ensure that DOJ Consultant Rates of \$81.25/hr. or \$650/day (8-hour day) are not exceeded without prior approval. This does not mean that above rate can or should apply to all consultants. The rate must be established based on the skills, qualifications and similar services in the marketplace.
- ❖

❖ **Indirect Costs:**

- Agencies that request indirect cost must be able to report their indirect cost rate as it applies to the agency. Indirect costs are those costs that are general or centralized expenses necessary for the overall administration of an organization. They are costs of an organization that are not readily assignable to a particular project cost but are necessary to the operation of the organization and the performance of the project. The cost of operating and maintaining facilities, depreciation, rent, supplies, telephone expenses, and administrative salaries are examples of the types of costs that are usually treated as indirect costs. Agencies must assure that these expenses are not included elsewhere in the budget. For organizations that have an established federally or state approved indirect cost rate for Federal awards, indirect costs means those costs that are included in the organization's established indirect cost rate. Such costs are generally identified with the organization's overall operations and are further described in the Office of Management and Budget Circulars 2 CFR 200.

For the purposes of this grant program, indirect costs rates are determined using one of the following options:

- **Federally Approved Indirect Cost Rates:** Agencies who have an established federally approved indirect cost rate agreement in place may include the allocation for indirect costs. These agencies must provide a copy of their current federally approved indirect cost rate agreement with the budget request for funding. No modifications to the agencies established indirect cost rate will be allowed. OR;
- **Approved State Agency Indirect Cost Rate Agreement:** Agencies who have an established approved indirect cost rate agreement in place with another State agency (and no federal agreement) may include the allocation for indirect costs. These agencies must provide a copy of their current state approved indirect cost rate agreement with the budget request for funding: OR;
- **De Minimis Rate:** Agencies who have NEVER had a federally approved indirect cost rate agreement can elect to charge a de minimis rate of ten percent (10%) of the modified total direct costs (MTDC) which may be used indefinitely. Costs must be consistently charged as either indirect or direct (not both).
- Narrative must address the following:
 - i. Explain how the indirect cost rate was determined (Federally or State approved or 10% "de minimis").
 - ii. If using a Federal approved indirect cost rate, indicate if which rate is being used; provisional, fixed or final.
 - iii. If using a de minimis rate a detailed list of the expenses that are included in the modified indirect cost rate and the amounts must be provided in addition to an assurance that these expenses are not included elsewhere in the budget.

*The Department of Social Services has an established policy that provides uniform procedures for allowance of contractor administrative rates. Administrative costs are those associated with the management and oversight of an organization's activities and are a result of all activities of the contractor, such as utilities, rent, administrative salaries, financial staff salaries, and building maintenance, etc. Agencies with Federally Negotiated Indirect Cost Rates (FNICR) will use these rates in determining the Indirect Administrative Cost. Agencies without FNICR may use the De Minimis rate of 10% of the Modified Total Direct Administrative Cost. Modified Total Direct Cost is equal to the Total Direct Cost less equipment, rent and the amount of each subcontract over \$25,000.



Expressly Unallowable Costs (28 CFR §94.122): Notwithstanding any other provision of this subpart, VOCA funds shall not be used to fund or support the following:

- Lobbying: Lobbying or advocacy activities with respect to legislation or to administrative changes to regulations or administrative policy (cf. 18 U.S.C. 1913), whether conducted directly or indirectly;
- Research and Studies: Research and studies, except for project evaluation under § 94.121(j);
- Active Investigation and Prosecution of Criminal Activities: The active investigation and prosecution of criminal activity, except for the provision of victim assistance services (e.g., emotional support, advocacy, and legal services) to crime victims, under § 94.119, during such investigation and prosecution;
- Fundraising: Any activities related to fundraising, except for fee-based, or similar, program income authorized by the SAA under this subpart.
- Capital Expenses: Capital improvements; property losses and expenses; real estate purchases; mortgage payments; and construction (except as specifically allowed elsewhere in this subpart).
- Compensation for Victims of Crime: Reimbursement of crime victims for expenses incurred as a result of a crime, except as otherwise allowed by other provisions of this subpart;
- Medical Care: Medical care, except as otherwise allowed by other provisions of this subpart; and
- Salaries and Expenses of Management: Salaries, benefits, fees, furniture, equipment, and other expenses of executive directors, board members, and other administrators (except as specifically allowed elsewhere in this subpart).

1. SUBGRANTEE AGENCY NAME:

- A. Agency Name : Boone County Prosecuting Attorney's Office
- B. Agency Address : 705 E. Walnut St., 4th Floor
- C. City : 3,75
- D. State : MO
- E. Zip Code : 65201

2. SUBGRANTEE AGENCY POINT OF CONTACT :

- A. POC Name : Nicholas Komoroski
- B. Phone Number : 573-886-4100
- C. E-mail : nkomoroski@boonecountymmo.org

3. SUBGRANTEE ORGANIZATION TYPE :

Government Agency Only

4. OVC CRIME VICTIM ASSISTANCE FUNDS AWARDED : \$

- A. Project start date: 10/1/2021
- B. Project end date: 12/31/2021
- C. State-assigned Subaward Number: ER130200009

5. PURPOSE OF THE VOCA SUBAWARD : (CHECK ALL):

- A. Continue a VOCA-funded victim project funded in a previous year
- B. Expand or enhance an existing project not funded by VOCA in the previous year
- C. Start up a new victim services project
- D. Start up a new Native American victim services project
- E. Expand or enhance an existing Native American project

6. PRIORITY AND UNDERSERVED REQUIREMENTS: Indicate percentage of VOCA Award ONLY (Note: A1-D9 Must equal 100%)

A. Child abuse:

A1. Child physical abuse/neglect: 3.25

A2. Child sexual abuse:

B. Domestic and Family Violence: 43.75

C. Sexual assault: 10.75

C1. Child sexual assault: 3.75

C2. Adult sexual assault: 7.00

D. Underserved: 42.25

D1. Underserved (DUI/DWI crashes) 5.00

2. Underserved (assault): 8.75

3. Underserved (adults molested as children): 0.25

4. Underserved (elder abuse): 0.25

D5. Underserved (robbery): 3.75

D5. Underserved (survivors of homicide victims): 1.50

D7. Other Underserved (other violent crimes): 8.50

D8. Please briefly describe "Other Underserved (other violent crimes)" : Armed Criminal Action/ Weapons Offenses

D9. Other Underserved (non-violent crimes): 14.25

D10. Please briefly describe Other Underserved (non-violent crimes): Burglary/Stealing/Peace Dist/Property Dmg

D11. Please briefly explain how your state or territory defines "underserved" if other than what is listed above:

You may report in A2 or C1 do NOT report in both categories

7. SERVICE AREA (S): Boone County, Missouri

8. SUBGRANT MATCH (FINANCIAL SUPPORT FROM OTHER SOURCES)

A. Value of In-kind match:

B. Cash match: 74,823.50

C. Total match: 74,823.50

("Value of In-kind match" + "Cash Match" = "Total Match")

D. Match waiver: No

8. USE OF VOCA AND MATCH FUNDS:

A. INFORMATION & REFERRAL

- Information about the criminal justice process
- Information about victim rights, how to obtain notifications, etc.
- Referral to other victim service programs
- Referral to other services, supports, and resources (Includes legal, medical, faith-based organizations, address confidentiality programs, etc.)

B. PERSONAL ADVOCACY/ACCOMPANIMENT

- Victim advocacy/accompaniment to emergency medical care
- Victim advocacy/accompaniment to medical forensic exam
- Law enforcement interview advocacy/accompaniment
- Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)
- Performance of medical or nonmedical forensic exam or interview or medical evidence collection
- Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- Intervention with employer, creditor, landlord, or academic institution
- Child and/or dependent care assistance (includes coordination of services)
- Transportation assistance (includes coordination of services)
- Interpreter services

C. EMOTIONAL SUPPORT OR SAFETY SERVICES

- Crisis intervention (in-person, includes safety planning, etc.)
- Hotline/crisis line counseling
- On-scene crisis response (e.g., community crisis response)
- Individual counseling
- Support groups (facilitated or peer)
- Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy; etc.)
- Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic meds, durable/medical equipment, etc.)

D. SHELTER/HOUSING SERVICES

- Transitional housing
- Emergency shelter or safe house
- Relocation assistance (includes assistance with obtaining housing)

E. CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE

- Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)
- Victim Impact statement assistance
- Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
- Civil legal assistance in obtaining protection or restraining order
- Civil legal assistance with family law issues (e.g., custody, visitation, or support)
- Other emergency justice related assistance
- Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)
- Law enforcement interview advocacy/accompaniment
- Criminal advocacy/accompaniment
- Other legal advice and/or counsel

F. ASSISTANCE IN FILING COMPENSATION CLAIMS

- Assists potential recipients in seeking crime victim compensation benefits

10. TYPES OF VICTIMIZATIONS

Types of Victimizallons

- Adult Physical Assault (includes Aggravated and Simple Assault)
- Adult Sexual Assault
- Adults Sexually Abused/Assaulted as Children
- Arson
- Bullying (Verbal, Cybor or Physical)
- Burglary
- Child Physical Abuse or Neglect
- Child Pornography
- Child Sexual Abuse/Assault
- Domestic and/or Family Violence
- DUI/DWI Incidents
- Elder Abuse or Neglect
- Hate Crime: Racial/Religious/Gender/ Sexual Orientation/Other (Explanation Required)
- Human Trafficking: Labor
- Human Trafficking: Sex
- Identity Theft/Fraud/Financial Crime
- Kidnapping (non-custodial)
- Kidnapping (custodial)
- Mass Violence (Domestic/International)
- Other Vehicular Victimization (e.g., Hit and Run)
- Robbery
- Stalking/Harassment
- Survivors of Homicide Victims
- Teen Dating Victimization
- Terrorism (Domestic/International)
- Other

If other, please explain:

11. BUDGET AND STAFFING:

A. Total budget for all victimization programs / services for this agency: \$ 507,679.40

B. Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year:

B1. Subaward Amount:	\$ 299,294.00
B2. OTHER STATE/TERRITORY:	\$
B3. Other Local:	\$ 356,224.00
B4. Other Federal:	\$ 151,455.40
B5. Other non-federal:	\$

C. Total number of paid staff for all subgrantee victimization program and/or services: 3.50

D. Number of staff hours funded through this VOCA award (plus match) for subgrantee's victimization programs and/or services: 14,560.00

E. Number of volunteer staff supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services (Count each volunteer once. Do not prorate based on FTE.): 5.00

F. Number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services: 1,500.00



MICHAEL L. PARSON, GOVERNOR • JENNIFER TIDBALL, ACTING DIRECTOR

PATRICK LUEBBERING, CHIEF FINANCIAL OFFICER
DIVISION OF FINANCE AND ADMINISTRATIVE SERVICES
P.O. BOX 1082 • JEFFERSON CITY, MO 65102-1082
WWW.DSS.MO.GOV • 573-751-2542 • 573-751-7598 FAX

VOCA Providers:

The Department of Social Services (DSS) is extending VOCA contracts for the period that ends on September 30, 2021. The extensions will begin on October 1, 2021 and end on December 31, 2021.

Why is the DSS extending contracts?

- The nearly 200 responses received through August 6, 2021 was more than the 130 responses received in 2019, so the review process will take longer. Each of the 2021 bids are currently being thoroughly reviewed.
- Providers that submitted bids for next agreements will need time to plan, and submit budgets and budget narratives. The extension will also allow DSS and the providers time to make any necessary adjustments to financial or other required forms.

How is the funding calculated for the 3 month extension?

- The contract period of November 1, 2019 through September 30, 2021 was for 23 months. The calculation for the extension divides the overall contract amount by 23 months which equals a monthly amount. The monthly amount is then multiple by the 3 months for the extension.
 - Example: Provider A received a contract for \$2,300,000 for November 1, 2019 through September 30, 2021. \$2,300,000 divided by 23 months = \$100,000 a month. The new agreement is \$100,000 multiplied by 3 months, or \$300,000
- Providers **cannot** carry forward any unspent funds from November 1, 2019 through September 30, 2021 to the extended timeframe of October 1, 2021 – December 2021. These funds will be allocated for future contracts.

What do you need to do?

- Sign and return the attached contract amendment.
- Submit a budget and budget narrative with the new funding in the categories shown on the VOCA Budget Form.

Please also join the DSS conference regarding the funding on Tuesday, September 14, 2021 from 2:00 PM to 3:00 PM, Central time. Providers can access the conference at <https://stateofmo.webex.com/stateofmo/j.php?MTID=mf43dce7b10065d43dc2f7cfffbc56316>. A recording of the conference will be available at <https://dss.mo.gov/dfas/victims-of-crime-act/>.

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

TDD / TTY: 800-735-2966

RELAY MISSOURI: 711

Missouri Department of Social Services is an Equal Opportunity Employer Program.



**State of Missouri
Department of Social Services
Contract Amendment**

Contract Description:
Victims of Crime Act (VOCA)
Amendment Description:
Extension and Funding Award Revision

Contract #: **ER130200009**

Amendment # **005**

Effective Date: **October 1, 2021**

Subrecipient Information:

Subrecipient Name: **Boone County Prosecuting Attorney**
Mailing Address: **705 E. Walnut Street**
City, State Zip: **Columbia, MO 65201**

The above referenced contract between Boone County Prosecuting Attorney and the Department of Social Services is hereby amended as follows:

1. The contract is extended for the period of October 1, 2021 through December 31, 2021.
2. Within ten (10) calendar days of signing and returning this amendment, the subrecipient must complete the VOCA Budget Form and provide a Budget Narrative to the Department via email to FSD.VOCAUnit@dss.mo.gov for review and approval.
3. Funds allocated must be incurred by December 31, 2021 and invoiced to the Department by January 15, 2022. Unspent funds from November 1, 2019 through September 30, 2021 do not carry forward for the extension period.
4. The federal cash or in-kind match contribution requirements in paragraph 4.18.11 are removed for extension period. Subrecipients are encouraged to obtain and report as much match as possible.
5. All other terms and conditions shall remain unchanged.

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

Authorized Signature for the Subrecipient

*Project Manager*

Title

*9-29-2021*

Date