



**Boone County  
Children's Services Fund**



# School-Based Services - RFP

## *Proposal Submission Instructions*

### **Boone County**

Children's Services Funding – School-Based Services  
(RFP #29-27JUL20)

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### **Contact Information**

For questions or to report technical difficulties, please contact:

<b>Boone County</b>	Boone County Community Services 573.886.4298 communityservices@boonecountymo.org www.showmeboone.com/communityservices
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**\*Apricot by Social Solutions will not be able to answer questions relating to this RFP.**

# Introduction

The Boone County Community Services Department utilizes a web-based funding management system, **Apricot by Social Solutions**, through which proposals for community-based funding must be submitted. These instructions are intended to assist organizations in submitting proposals in response to Requests for Proposals (RFPs) issued by Boone County.

## Section 1: Accessing the System

To access the system:

1. Copy and paste the following link to their internet web browser (preferably Google Chrome): <https://ctk.apricot.info/auth>

### PLEASE NOTE

Users **MUST** access the system using either Google Chrome (recommended) or Mozilla Firefox as the internet browser.

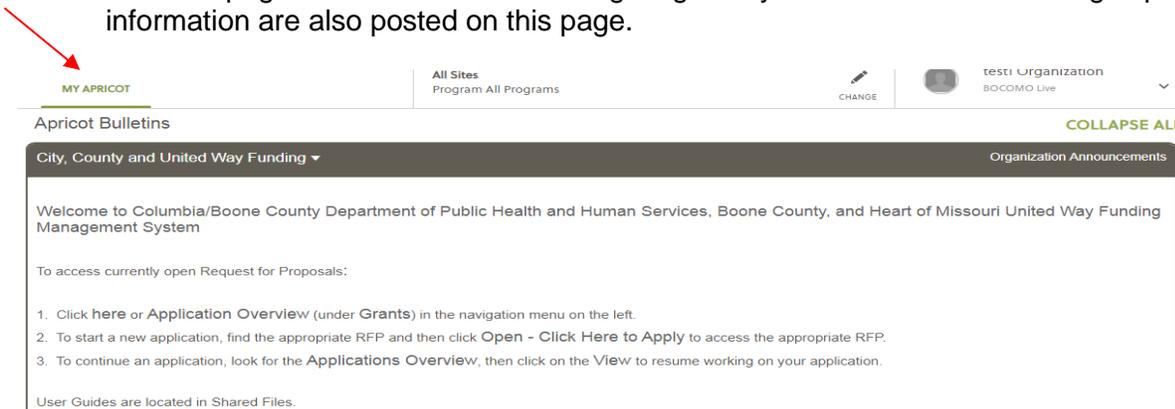
2. Enter Username and Password.



### PLEASE NOTE

If your organization does not currently have an Apricot account, please contact the administrator of the RFP to which you are responding. Only one login is granted per organization and logins are valid for all sources of funding. (Boone County, City/County Department of Health and Human Services, and the Heart of Missouri United Way.)

3. Once you are logged in, you will be navigated to your **MY APRICOT** page. This is one of the main pages users will utilize in navigating the system. Bulletins containing important information are also posted on this page.



MY APRICOT

All Sites  
Program All Programs

CHANGE

test1 Organization  
BOCOMO Live

COLLAPSE ALL

City, County and United Way Funding

Organization Announcements

Welcome to Columbia/Boone County Department of Public Health and Human Services, Boone County, and Heart of Missouri United Way Funding Management System

To access currently open Request for Proposals:

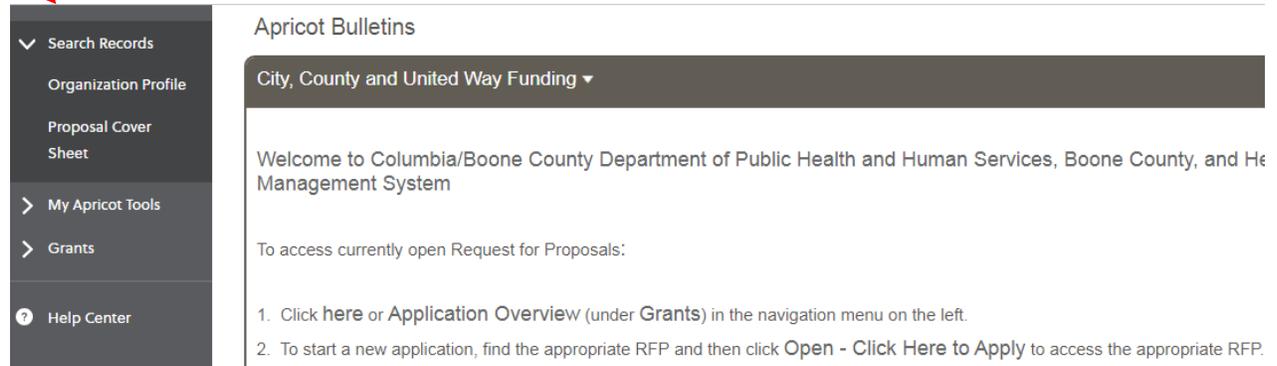
1. Click [here](#) or [Application Overview](#) (under [Grants](#)) in the navigation menu on the left.
2. To start a new application, find the appropriate RFP and then click [Open - Click Here to Apply](#) to access the appropriate RFP.
3. To continue an application, look for the [Applications Overview](#), then click on the [View](#) to resume working on your application.

User Guides are located in [Shared Files](#).

## Section 2: Organization Profile

To access and update your **Organization Profile**:

1. In the navigation menu on the left side of the screen, click on the arrow by **Search Record** and then click on the **Organization Profile**.



Apricot Bulletins

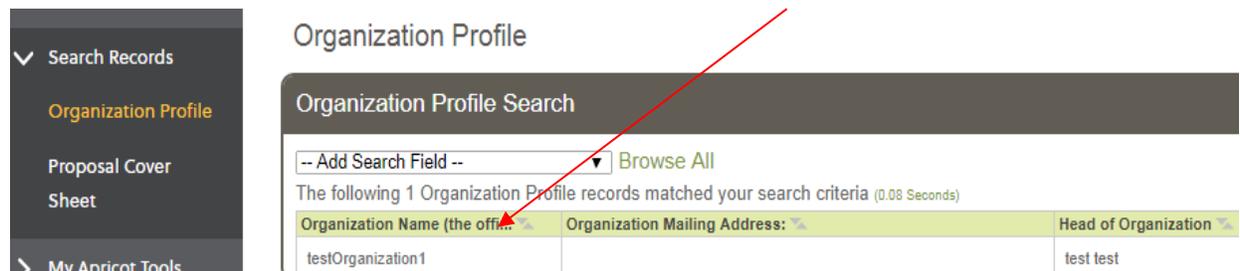
City, County and United Way Funding ▾

Welcome to Columbia/Boone County Department of Public Health and Human Services, Boone County, and He Management System

To access currently open Request for Proposals:

1. Click [here](#) or [Application Overview](#) (under Grants) in the navigation menu on the left.
2. To start a new application, find the appropriate RFP and then click **Open - Click Here to Apply** to access the appropriate RFP.

2. This will navigate you to your **Organization Profile** which contains an **Organization Profile Search** section in which your organization name is listed. Click on your organization's name.



Organization Profile

Organization Profile Search

-- Add Search Field -- ▾ Browse All

The following 1 Organization Profile records matched your search criteria (0.08 Seconds)

Organization Name (the offi...	Organization Mailing Address:	Head of Organization
testOrganization1		test test

3. This will navigate you to your **Organization Profile Document Folder**. Click on **Edit Organization** in the **Folder Actions** box to access your **Organization Profile**.



Organization Profile Document Folder

EXPAND

test test

Quick View Information ▾

Organization Name (the offi...	testOrganization1
Organization Mailing Address:	
Head of Organization	test test
Record ID	14984

Folder Actions ▾

- Edit Organization
- Return to Search
- Print Records
- Record History

- The **Organization Profile** contains fields in which you will enter information and upload documents pertaining to your organization.

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.

- The **Governing Board, Advisory Board, and Employee Compensation** sections each have sub-sections that will need to either be completed or updated. Click on the **New** tab when adding information.

Governing Board ▾

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

Organization Governing Board:  
Include information for all board members. Click +New to add board member information.

Governing Board Member

Hide Deactivated Links

- Click on the individual's **Name** when updating any information.

Governing Board Member

Hide Deactivated Links

Governing Board Member						Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date	
Jane T. Doe	Board President	03/01/2016	03/01/2016	123 Main Street Columbia, MO 65203	<input checked="" type="checkbox"/>	Added on 04/27/2016	

- Once the information is updated make sure to click on the **Save Linked Record** tab in the **Record Options** box.

Main ▾

\*Name

Board Position:

**Record Options** ▾

**Record Save Checklist**  
▾

- c. Click on the **Active** check mark when a Board member or an employee is no longer associated with the organization. There is no delete button.

Governing Board Member



Hide Deactivated Links New

Governing Board Member						Link Info	
Name	Board Position	Current Board Term Begin Date	Current Board Term End Date	Address	Active	Date	
Jane T. Doe	Board President	03/01/2016	03/01/2016	123 Main Street Columbia, MO 65203	<input checked="" type="checkbox"/>	Added on 04/27/2016	

6. To save the information you have entered in your Organization profile, click **Save Record** under **Record Options** as you work on completing these fields and when it is complete.

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.

**COLLAPS**

**Record Options ▾**

- 
- 
- 
- 

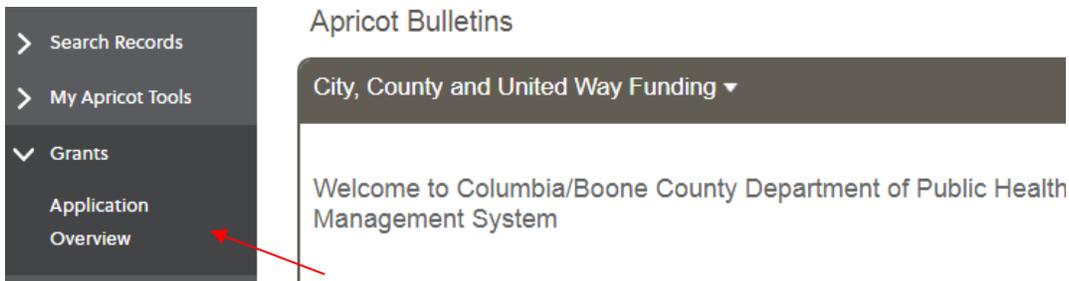
### IMPORTANT REMINDER

All sections and sub-sections of the **Organization Profile** **MUST** be completed or updated before submitting a proposal. Due to the requirements in the funding management system, there are some sections and sub-sections that are not marked required but **MUST** be completed. Please do not utilize the green check marks, in the Record Save Checklist box, as a guide to completeness. Proposals will be considered unresponsive if any applicable fields are incomplete. Do not hesitate to contact the funder if there are questions.

## Section 3: Accessing RFPs

This section provides instructions for viewing and accessing any open RFPs or previously written RFP proposals.

1. In the navigation menu on the left side of the screen, click on the arrow by **Grants** and then click on the **Application Overview**.



Apricot Bulletins

City, County and United Way Funding ▾

Welcome to Columbia/Boone County Department of Public Health Management System

- This will navigate you to the **Application Overview** page which will list any available (open) RFPs. Click on the **Apply** hyperlink for the applicable RFP to access a **Proposal Cover Sheet**. Your organization may submit more than one proposal.

**Children's Services Fund - School-Based Services ▾**

<b>Description</b>	This RFP opens on 6/16/20.
<b>Enrollment End Date</b>	07/27/2020 5:00 AM CDT
<b>Status</b>	Open - <a href="#">Click Here to Apply</a>

**Proposal Cover Sheet Applications**

No applications have been created for this grant.

## Section 4: Proposal Forms

This section provides step-by-step instructions to access and complete proposal forms.

### 4.1 Proposal Cover Sheet

- Clicking on the **Apply** hyperlink will navigate you to a **Proposal Cover Sheet**. Under the **Proposal Request Information** section complete the **Fund Source** (make sure that this matches the RFP for which you clicked apply on the **Application Overview** page), **Name of Program or Program**, and the **Amount of the Request**. The **Organization Name**, **Funder**, and **Funding Cycle** will all auto-populate. Then click **Save Record** in the **Record Options** box.

**Proposal Request Information ▾**

**Grant**  
Children's Services Fund - POS 2019 (Application in Progress)

\*Organization Name (will auto-populate)

**Fund Source**

-- Please Select --

**Funder**

\*Funding Cycle

\*Name of Program or Project

\*Amount of Request

**Record Options ▾**

[Save Record](#)

**Record Save Checklist**

Required Field Checks ✗

- \*Funding Cycle
- \*Name of Program or Project
- \*Amount of Request
- \*Program Administrator Name

Field Validation Checks ✓

**Form Logic Rules ▾**

Show Access to Service Section

#### IMPORTANT FUND SOURCE REMINDER

You **MUST** click on the **Fund Source** that says *Children's Services Fund – School-Based Services*. This will ensure that the correct RFP is utilized.

- Once the **Fund Source** is chosen, depending on the RFP, other fields will appear that require completion. Complete all other information in the **Program Request Information** sub-section.

\_\_\_\_\_

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



- 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

**This field is required.**

- Scroll down and complete all the fields in the **Program Information** section.

**Program Information** ▾

Program Website (will default to Organization website)

Program Address (will default to Organization Physical Address)

<p>Address  <input type="text" value="9442 North Capital of Texas"/></p> <p>Line 2  <input type="text"/></p> <p>City  <input type="text" value="Austin"/></p> <p>State  <input type="text" value="Texas"/></p> <p>County  <input type="text" value="Travis County"/></p> <p>Zip  <input type="text" value="78759"/></p>	<p>Program Mailing Address (will default to Organization Mailing Address)  <input type="button" value="Clear"/></p> <p>Address  <input type="text" value="Line 1"/></p> <p>Line 2  <input type="text"/></p> <p>City  <input type="text"/></p> <p>State  <input type="text" value="--Please Select--"/></p> <p>County  <input type="text"/></p> <p>Zip  <input type="text"/></p>
---	---

\*Program Administrator Name

Phone Number  
   ext.

Program Administrator Title

Email

3. Some RFPs require additional **Attachments** or **Addendums** (all Addendums must be signed before uploaded) which must be uploaded in the fields provided in the include **Required Attachments** section. As applicable, these fields must be completed before submitting the proposal.

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

**Attachment A 2020 Organization Assurance Sheet**  
 No file chosen  
 Up to 25 MB

**Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion**  
 No file chosen  
 Up to 25 MB

**Attachment C Work Authorization Certification**  
 No file chosen  
 Up to 25 MB

**Signed Addendums**  
 No file chosen  
 Up to 25 MB

4. To save the information you have entered in the **Proposal Cover Sheet**, click **Save Record** under **Record Options**.

Proposal Cover Sheet

Proposal Request Information

Grant  
 Children's Services Fund - School-Based Services (Application in Progress)

\*Organization Name (will auto-populate)  
 testOrganization1

Record Options

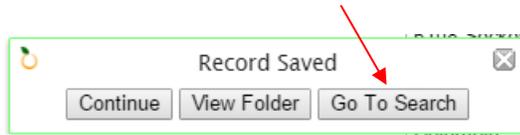
Assigned Programs  
 (New) Organizations

After clicking **Save Record**, a pop-up window will appear. This same pop-up will appear every time **Save Record** is clicked. You will then choose the applicable action.

- a. If you would like to continue to work on the **Cover Sheet** (or any other form you are working on), click on **Continue**.

Record Saved

- b. If you click **Go To Search**, you will be navigated back to the **Proposal Cover Sheet** that lists all the cover sheets for proposals that the organization has started or completed.



For example, the **Proposal Cover Sheet** for this organization indicates the organization has two **Proposal Cover Sheets**. Any one of these may be clicked to access the cover sheet.

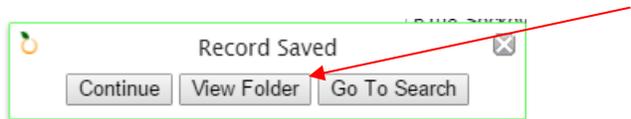
**Proposal Cover Sheet Search**

-- Add Search Field -- | Browse All

The following 4 Proposal Cover Sheet records matched your search criteria (0.07 Seconds)

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of
City of Columbia- RFP FY2017 Social Services (Proposal in Progress ends 08/09/2017 12:01 PM CDT)	testOrganization1	Social Services	City of Columbia	FY2017	Shelter
HMUW - Financial Stability RFP: JUL2019 Cycle (Year End Report)	testOrganization1	HMUW 2019 Financial Stability	Heart of Missouri United Way	JUL2019 - JUN2022	Test
HMUW - Health and Basic Needs RFP: JUL2020 Cycle (Phase I - No Actions Required ends 08/31/2023 11:59 AM CDT)	testOrganization1	HMUW - Health and Basic Needs 2020 Cycle	Heart of Missouri United Way	July 1, 2020 - June 30, 2023	Test
Children's Services Fund - School-Based Services (Application in Progress ends 07/27/2020 5:00 AM CDT)	testOrganization1	Children's Services Fund - School-Based Services	Boone County	RFP #29-27JUL20	

- c. If **View Folder** is clicked, you will be navigated to the **Proposal Cover Sheet Document Folder** which will allow you to begin completing the proposal forms, per Section 4.2 below.



**PLEASE NOTE**

While not a requirement, it is highly recommended that you complete all the information in the **Organization Profile** and the **Program Cover Sheet** sections before beginning a proposal as information from these forms are auto-populated in the proposal forms. The **Name of the Program or Project** and the **Amount Requested** can be changed or saved at any time in the **Proposal Cover Sheet**.

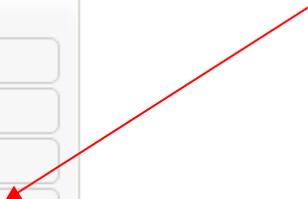
## 4.2 Proposal Cover Sheet Document Folder

1. Once you have completed the **Proposal Cover Sheet** (per section 4.1), you will navigate to the **Proposal Cover Sheet Document Folder** by clicking on the **View Folder** link in the **Record Options** box on the right side of the screen.

## COLLAPSE ALL

**Record Options** ▼

- Print Mode
- Unlock Record
- View History
- View Folder



- The **Proposal Cover Sheet Document Folder** contains all the information and forms for each proposal.

**Proposal Cover Sheet Document Folder**

**testOrganization1**

Quick View Information ▼

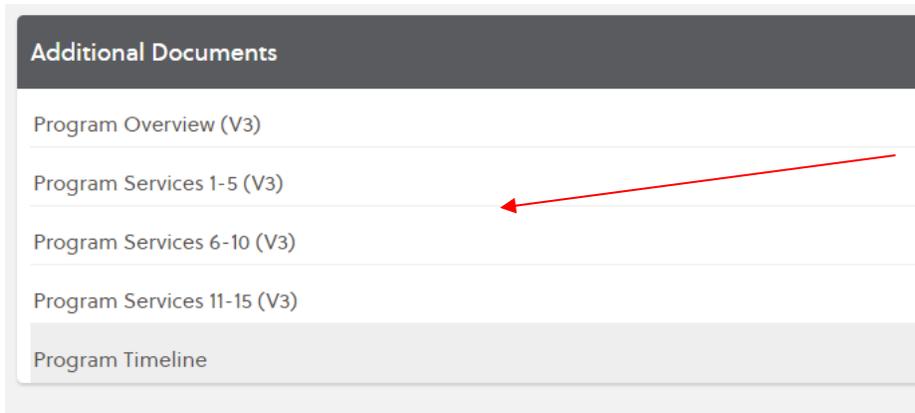
Grant	Children's Services Fund - School-Based Services (Application in Progress ends 07/27/2020 5:00 AM CDT)
Organization Name (will aut...	testOrganization1
Fund Source	Children's Services Fund - School-Based Services
Funder	Boone County
Funding Cycle	RFP #29-27JUL20
Name of Program or Project	
Amount of Request	\$0.00
Record Lock	

**Additional Documents**

- Program Overview (V3)
- Program Services 1-5 (V3)
- Program Services 6-10 (V3)
- Program Services 11-15 (V3)
- Program Timeline



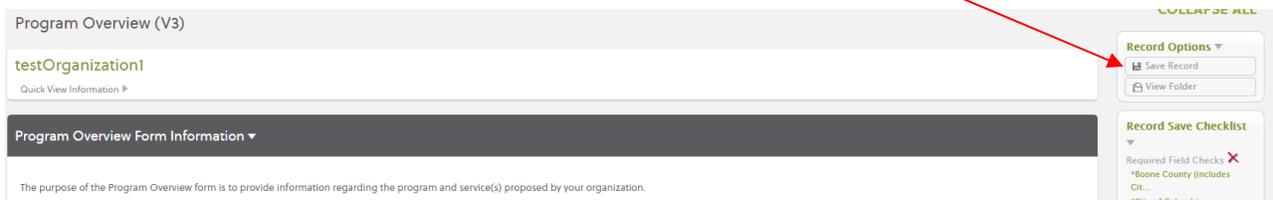
- The next step is to complete each of the forms in the **Additional Documents** section.



4. To open a form, click on the **Actions** link arrow on the right-hand side of the box. When you hover over the word **Actions**, **Create New** will appear. Click on **Create New** to create a new form.



5. To save a form you have created and/or the information you have entered in a form, click on **Save Record**, in the **Record Options** menu.



- a. After clicking **Save Record**, a pop-up window will appear on the screen. This same pop up will appear every time **Save Record** is clicked. Choose the applicable action, as detailed in Section 4.1.
  - b. If **View Folder** is clicked, you will be navigated back to the **Proposal Cover Sheet Document Folder** where the proposal forms are located (under **Additional Documents**).
6. There are some sections in the proposal that are marked with asterisks. These asterisks indicate that this is a required item that must be completed. **REMINDER:** There some sections and sub-sections that are not marked required (\*) but **MUST** be completed. For example, the information for Program Service #1 is all marked required. The information for Program Service #2 is not marked required because some organizations only have one service. If you did have a second service, you would be required to complete all the information.

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**\*a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://>**

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- When completing the different forms make sure to watch the green checked symbol and the red x located on the right-hand of screen in the box labeled **Record Save Checklist**.



- The red "X" means that there is a portion missing. The green words below indicate what is missing.
- The green check indicates that all information is validated.



- Proposal forms can be changed at any time, prior to submitting the proposal, by clicking on any of the fields in the form summary in the **Additional Documents** section. This takes you back to the folder where changes can be made.

Additional Documents		
Program Overview (V3) (1 records) ▾		
Boone County (includes City of Columbia residents) ▾	TOTAL REVENUE ▾	2. ▾
100 ←	100000	\$50,000.00

### 4.3 Program Overview Form

- Create and complete the **Program Overview** form on the **Proposal Cover Sheet Document Folder** page by clicking on **Program Overview - Actions** and then click **Create New** in the drop down. This will open a new **Program Overview** form.

**IMPORTANT**  
Only create one **Program Overview** form. If more than one is created, please contact the Community Services Department at 573-886-4298.

- Make sure to read all the instructions prior to completing each section in the **Program Overview**.
- Start entering information and remember to click **Save Record** frequently so information is not lost.
- Complete the following sections in the **Program Overview**:

- a. **Statement of Issue Being Addressed:** This section requires you to describe and document the community-level issue and population that this program will address. Documentation of the issue will need to support your request. A variety of resources may be used for documentation. The resources must be objective and relevant and include, but is not limited to, information taken from the Boone Indicators Dashboard: <http://booneindicators.org/>.
- b. **Program Goal:** Describe the goal of the program. It should correspond to your organization’s mission and goals.
- c. **Program Overview:** Provide a brief overview of how this program will be offered to the community.
- d. **Program Consumers:** Provide a narrative describing the consumers and any impediments or challenges you will face with serving these individuals. This section will also require the total number of unduplicated individuals to be served by the program from **all** funding sources.
- e. **Consumer Demographics:**
  - i. Read the **Consumer Demographics Instructions** which provides information on how the **Consumer Demographics** section should be completed.

**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.

- ii. Complete all the applicable consumer demographics fields. Each section will automatically calculate the total.

**Residence** ▾

*Boone County (includes City of Columbia residents) ②	*City of Columbia ②
<input type="text" value="100"/>	<input type="text" value="100"/>
Cooper County ②	
<input type="text" value="0"/>	
Howard County ②	
<input type="text" value="0"/>	
Other Counties ②	
<input type="text" value="0"/>	
Residence Total ②	
<input type="text" value="100"/>	

Record Lock 🔒

**PLEASE NOTE**

- All counts are for unduplicated individuals to be served by the entire proposed program.
- The **Totals** in each section should match.
- **Be sure to save the information you have entered.**

- f. **Individuals Trained:** Only complete this section if you are offering training to providers. No individual's demographic information will need to be collected. Do **NOT** include them in the **Consumer Demographics** sections.
- g. **Program Access:** Provide specific information on the details of the delivery of the program and eligibility criteria. Make sure to mark yes or no on the question regarding consumer fees and provide rationale for each response.
- h. **Program Quality:** This section includes a group of questions regarding external requirements for program, accreditation, efficacy of services, unique or innovation aspects of the program, quality improvement process, and consumer feedback mechanisms.
- i. **Collaboration:** Provide a brief narrative about partnerships and collaborations that will help with this program. If possible, upload a copy of the signed MOUs. No letters of support will be accepted as an MOU.
- j. **Program Personnel/Program Personnel Narrative:**
  - i. Read the **Program Personnel Instructions** which provides information on how the **Program Personnel Information** section should be completed.

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)

- ii. Complete all the sections for any staff funded with the proposal.

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 xx	*MQ1 xx	*FTE1 1.00	*SR1 FROM \$20,000.00	*SR1 TO \$40,000.00

- k. **Program Personnel Narrative:** Providing narrative describing the rational for salaries and qualifications for the individuals listed in the Program Personnel chart.

I. Program Budget:

- i. Read the **Program Budget Instructions** which provides information on how the **Program Budget** section should be completed.

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.

- ii. Complete all applicable **“Proposed”** revenue fields as outlined in the instructions. If a figure is entered in this column, the corresponding narrative field must be completed. The % of Proposed Total column will automatically calculate. **REMINDER: This should include funds from all funding sources for this program.**

Program Budget ▾

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
<input type="text" value="Narrative"/>	<input type="text" value="\$0.00"/>	<input type="text" value="0"/>

- iii. The **Total Revenue** box will automatically calculate as figures are entered in the **Program Revenue** section.

TOTAL PROGRAM REVENUE

TOTAL REVENUE

- iv. Complete the **Personnel** and the **Non-Personnel** in the **Program Expenses** section. These expenses are for the proposed program only.
- v. The **Total Expense** box will automatically calculate as figures are entered in the **Program Expense** section.

TOTAL PROGRAM REVENUE

TOTAL REVENUE

100000

PROGRAM EXPENSES

1. Personnel

\*1.

\$50,000.00

1. %

50

\*Personnel Narrative (300 character limit)

x

2. Non-Personnel

\*2.

\$50,000.00

2. %

50

\*Non-Personnel Narrative (300 character limit)

x

TOTAL PROGRAM EXPENSES

TOTAL EXPENSES

100000

#### PLEASE NOTE

- The time period of the proposed year(s) is indicated in each RFP.
- The amount proposed, as indicated on the **Proposal Cover Sheet**, must match the amount entered in the corresponding funding source (**A. Boone County – Children’s Services Funding**).
- **Be sure to save the information you have entered.**

- m. **Reference List:** Provide references for all in-text citations following the American Psychological Association (APA) Style guidelines. This list should contain current references.

## 4.4 Program Service Form

1. Create and complete the **Program Service 1-5 (V3)** form on the **Proposal Cover Sheet Document Folder** page by clicking on **Program Service - Actions** and then click **Create New** in the drop down. This will open a new **Program Service** form.

#### IMPORTANT

Only create one **Program Service** form. If more than one is created, please contact the Community Services Department at 573-886-4298.

2. Make sure to read the **Program Service Information and Instructions** section as a guide for the **Program Services 1-5 (V3)** form.
3. Start entering information and remember to click on **Save Record** frequently so information would not be lost.
4. Complete the following sections in the **Program Services 1-5 (V3)**:
  - a. **Program Service Definition:** The program activity or intervention being provided.
  - b. **Development/Start Up Service Funding:** This section may only be used for funding a service on a one-time basis. Make sure to include a thorough

description on how the funds would be used and justification for these services.

Development/Start Up Service Funding ▾

*Instructions for Boone County Children's Services Funding and Community Health/Medical Fund:* The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

*Instructions for Heart of Missouri United Way Funding:* The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

*NOTE:* Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

a. Amount Requested  
\$0.00

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

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

c. **Name, Definition, and Description:**

- i. The name of the service should be taken from the *Boone Impact Group Taxonomy of Services*: <http://www.booneimpact.org/wp-content/uploads/2017/12/BIG-Taxonomy-12-11-17.pdf>

Service #1 - Name, Definition, and Description ▾

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

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

\*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)  
x

- ii. The definition of the service will be the information included in the Taxonomy of Services.

**For example:**

**4.9 BEHAVIORAL HEALTH EVALUATION**

Evaluation by a qualified mental health professional to determine a mental health diagnosis.

Name of Service

Definition of Service

- iii. Provide a detailed description of the proposed delivery of this service.

d. **Outputs:**

- i. **Definition** - An output is expressed as the number of units of a service produced in measurable increments (Unit Measure), and the number of Unduplicated Individuals for whom the service is provided.

- ii. **Unit Measure** – Enter the numeric unit increment. Some examples include: one individual, one hour, 15 minutes, etc.
- iii. **Unit Rate** – Enter the amount charged for each unit measure. Provide a narrative response to the **Unit Rate** question.
- iv. Provide information on how the **Unit Rate** was established.

Service #1 - Outputs ▾

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

x

\*b. Unit Rate (#1) ←

\$100,000.00

*IMPORTANT REMINDER:* Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).( #1)

\*c. Is the proposed Unit Rate tied to an established public funding rate? (#1) ←

Yes

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)

Narrative

- v. **Total Number of Units to be Provided** - Enter the total number of services that will be offered from **ALL** funding sources including those to be funded by the Children’s Services Fund.
- vi. **Total Number of Unduplicated Individuals** – Enter the total number of unduplicated individuals who will receive this service from ALL funding sources including those to be funded by the Children’s Services Fund. Averages will automatically calculate in fields f. and g.

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

10

\*e. Total Number of Unduplicated Individuals (#1) ? ←

100

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

0.1

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

10000

Averages will automatically calculate in fields f. and g.

- e. **Service Fee:** Provide information on any fees that would be charged to consumers and third-party billing.

f. **Local Funding:**

- i. This section focuses on any local funding received for this service from Boone County (Children’s Services Funding or Community Health Funding), City of Columbia (Social Services or CDBG/Home/CHDO Funding), or Heart of Missouri United Way.
- ii. The response to the question in this section will determine if there is a need to complete the **Other Funders Chart**.

Service #1 - Local Funding ▾

\*Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

- Yes (complete the Other Funders Chart below)
- No

- iii. Complete the **Local Funding Chart** if you answered yes to the above question.

Service #1 - Local Funding Chart ▾

FUNDERS (#1)	UNIT RATE (#1)	CONTRACTED UNITS (#1)	TOTAL AMOUNT CONTRACTED (#1)
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

- g. **Funding Request:** Enter the amount requested for this service making sure it equals a whole number in the Proposed Number of Units of Service box. This amount is what you are requesting from ONLY the Children’s Services Fund. Make sure to provide a justification for the requested amount of funding from the Children’s Services Fund.

\*a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$17,000.00

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

100

This figure will calculate automatically. Make sure this number is a whole number.

\*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)

At this time, third party payors (insurers) are not covering joint visits and home visits. The only way that these services can be provided is through an external source.

h. **Performance Measures:**

i. **Definitions**

- 1. **Outcome** – Describes a beneficial change (knowledge, behavior, or condition) in the people being served.

2. **Indicator** – The specific item of information by which a service’s level of success in affecting the desired outcome is measured.
  3. **Method of Measurement** – The instrument of technique used to gather the information needed to measure the service’s success.
- ii. Enter at least one Outcome/Indicator/Method of Measurement for each service.
  - iii. If there are more than one outcome for a service, add information in the **Additional Outcome**, the corresponding **Additional Indicator**, and **Additional Method**.

- i. **Performance Measures Narrative:** Provide a narrative response to each of the items listed in this section.

**IMPORTANT**  
If the program is offering more than one service, the same steps must be taken for each service.

## 4.5 Additional Program Services

If more service sections are needed, click on the **Program Services 6-10 (V3) - Actions** arrow to create the additional form. This form will allow for additional services. The same procedure will be used if you need space for services 11-15, by clicking on the **Program Services 11-15 (V3) - Actions** arrow.

## 4.6 Program Timeline

1. Create and complete the **Program Timeline** form on the **Proposal Cover Sheet Document Folder** page by clicking on **Program Timeline- Actions** and then click **Create New** in the drop down. This will open a new **Program Timeline** form.

**IMPORTANT**  
Only create one **Program Timeline** form. If more than one is created, please contact the Community Services Department at 573-886-4298.

Proposal Cover Sheet Document Folder

testOrganization1  
Quick View Information ▶

**Additional Documents**

Program Overview (V3)	Actions ▶
Program Services 1-5 (V3)	Actions ▶
Program Services 6-10 (V3)	Actions ▶
Program Services 11-15 (V3)	Actions ▶
Program Timeline	Actions ▶

2. Make sure to read the **Program Timeline Attachment** section as a guide for the **Program Timeline Attachment** form.

## Section 5: Submitting Proposals

Before submitting a proposal(s) it is very important to review **Organization Profile**, **Proposal Cover Sheet**, **Proposal Cover Sheet Document Folder** which includes the **Program Overview (V3)**, **Program Services 1-5 (V3)**, **Program Timeline**, etc. to ensure all fields are completed.

1. **Reviewing the Organization Profile**
  - a. To access the **Organization Profile**, click on the **Organization Profile** in the upper left-hand corner under **Search Records**.

Search Records

Organization Profile

Proposal Cover Sheet

Proposal Cover Sheet Document Folder

testOrganization1  
Quick View Information ▶

- b. This will navigate you to the **Organization Profile/Organization Profile Search** page. Click on the **Organization Name**.

Organization Profile

Organization Profile Search

-- Add Search Field -- Browse All

The following 1 Organization Profile records matched your search criteria (0.34 Seconds)

Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Record ID
testOrganization1		test test	14984

c. This will navigate to your **Organization Profile**. Everything must be complete and up to date in the **Organization Profile** to submit a proposal.

2. **Reviewing the Proposal Cover Sheet/Proposal Cover Sheet Document Folder**

a. To access the **Proposal Cover Sheet**, click on the **Proposal Cover Sheet** in the upper left-hand corner under **Search Records**.

Proposal Cover Sheet Search

-- Add Search Field -- [Browse All](#)

The following 3 Proposal Cover Sheet records matched your search criteria (0.68 Seconds)

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle
City of Columbia- RFP FY2017 Social Services (Proposal in Progress ends 08/09/2017 12:01 PM CDT)	testOrganization1	Social Services	City of Columbia	FY2017

b. Click on the **Proposal Cover Sheet** that corresponds to this RFP. This will take you to the **Proposal Cover Sheet Document Folder**. Review the **Additional Documents** section to determine if all the fields are complete in the: **Program Overview, Program Services 1-5 (V3), Program Services 6-10 (V3)** (if needed), **Program Services 11-15 (V3)** (if needed), and the **Program Timeline**.

Proposal Cover Sheet Search

-- Add Search Field -- [Browse All](#)

The following 4 Proposal Cover Sheet records matched your search criteria (0.13 Seconds)

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program
City of Columbia- RFP FY2017 Social Services (Proposal in Progress ends 08/09/2017 12:01 PM CDT)	testOrganization1	Social Services	City of Columbia	FY2017	Shelter
HMUW - Financial Stability RFP: JUL2019 Cycle (Year End Report)	testOrganization1	HMUW 2019 Financial Stability	Heart of Missouri United Way	JUL2019 - JUN2022	Test
HMUW - Health and Basic Needs RFP: JUL2020 Cycle (Phase I. - No Actions Required ends 08/31/2023 11:59 AM CDT)	testOrganization1	HMUW - Health and Basic Needs 2020 Cycle	Heart of Missouri United Way	July 1, 2020 - June 30, 2023	Test
Children's Services Fund - School-Based Services (Application in Progress ends 07/27/2020 5:00 AM CDT)	testOrganization1	Children's Services Fund - School-Based Services	Boone County	RFP #29-27JUL20	

c. Review all the items in listed in the **Additional Documents** section.

## Additional Documents

### Program Overview (V3) (1 records) ▾

Boone County (includes City of Columbia residents) ▾

100

Page 1 of 1 | 20 records

### Program Services 1-5 (V3) (1 records) ▾

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

x

Page 1 of 1 | 20 records

- d. Click on **Edit Proposal Cover** on the right-hand side of the screen under **Folder Actions** to open the **Proposal Cover Sheet** to ensure that all fields are complete.

Proposal Cover Sheet Document Folder

testOrganization1

Quick View Information ▶

Additional Documents

Program Overview (V3)

Actions ▶

#### Folder Actions ▾

Edit Proposal Cover

Return to Search

Application Overview

Print Records

Copy Records

Record History

### IMPORTANT REMINDER

Review all the fields in the **Organization Profile**, the **Proposal Cover Sheet Document Folder**, and the **Proposal Cover Sheet** to ensure that **ALL** fields are complete. Due to the requirements of the funding management system, there are some sections and sub-sections that are not marked required but **MUST** be completed. Please do not utilize the green check marks in the **Record Save Checklist Box** as a guide to completeness.

Proposal Cover Sheet Document Folder

testOrganization1

Quick View Information ▶

Additional Documents

Program Overview (V3) (1 records) ▾

Actions ▶

Boone County (includes City of Columbia residents) ▾	TOTAL REVENUE ▾	2 ▾	Complete
100	200	\$0.00	

Page 1 of 1 | 20 records per page

#### Folder Actions ▾

Edit Proposal Cover

Return to Search

Application Overview

Print Records

Copy Records

Record History

#### Grant Actions ▾

Submit Application

Required Forms ✓

### PLEASE NOTE

Your proposal cannot be edited once it has been submitted.

## Section 6: Important Reminders and Helpful Tips

1. **Printing** – The ability to print is found under the **Folder Actions** box on the right-hand of the screen under **Print Mode or Print Records**. Follow instructions to print one or more forms.

Proposal Cover Sheet Document Folder

testOrganization1  
Quick View Information ▶

Additional Documents

Program Overview (V3) (1 records) ▼ Actions ▶

Boone County (includes City of Columbia residents)	TOTAL REVENUE	2	Complete
--	---------------	---	----------

Folder Actions ▼

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

2. **Submitting additional proposals** – If you wish to submit more than one proposal, click on **Application Overview** to access available RFPs. Scroll down to the proposal and click on the **Apply** button to start the proposal submission process again.

Children's Services Fund - School-Based Services ▼

Description	This RFP opens on 6/16/20.
Enrollment End Date	07/27/2020 5:00 AM CDT
Status	Open - <a href="#">Click Here to Apply</a>

Proposal Cover Sheet Applications

Access	Organization Name (will auto-populate)	Fund Source	Funder
View	testOrganization1	Children's Services Fund - School-Based Services	Boone County

3. **Applications in progress** – Click on **Application Overview**, scroll down to the RFP you want to access and then click on the “View” on the left-hand side of the RFP information box.

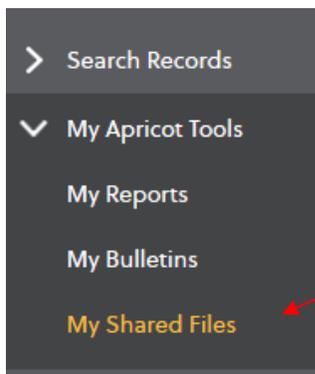
## Children's Services Fund - School-Based Services ▾

Description	This RFP opens on 6/16/20.
Enrollment End Date	07/27/2020 5:00 AM CDT
Status	Open - <a href="#">Click Here to Apply</a>

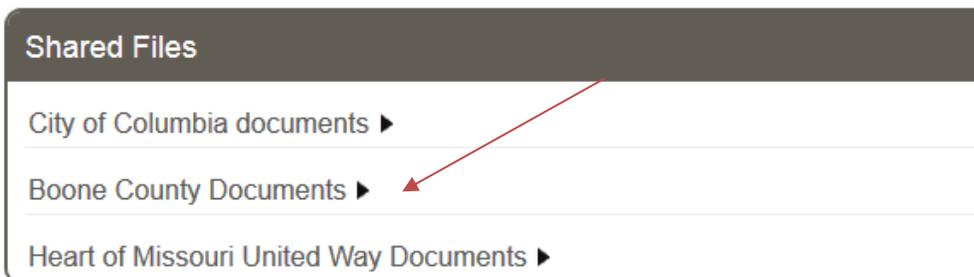
### Proposal Cover Sheet Applications

Access	Organization Name (will auto-populate)	Fund Source	Funder
<a href="#">View</a>	testOrganization1	Children's Services Fund - School-Based Services	Boone County

4. **My Shared Files-** This section has downloadable PDF forms that will be helpful when applying for an RFP. To access these documents, follow the directions below:
  - a. Click on **My Share Files** on the left-side of the screen under Search Records.



- b. This screen will appear. Click on the triangle after **Boone County Documents**.



- c. This will allow you access to the pdf forms and Word documents that will be helpful for writing this RFP.
5. **Symbols** – below are common symbols utilized in **Apricot by Social Solutions**.
  - a. \* = Required Field

- b.  = Open or close viewing of forms.
- c.  = Tool Tip: If the cursor hovers over this it will information about that specific request or requirement.
- d.  = This green check mark does not necessarily indicate that a form is complete. Due to the system requirements, some sections, and sub-sections may have information not marked as required but must be completed.
- e.  = Indicates that a form is incomplete.
- f.  = Enables users to see section values in the **Additional Documents** section.