

460 -2009

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

October Session of the July Adjourned

Term. 20 09

In the County Commission of said county, on the 5<sup>th</sup> day of October 20 09

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

Now on this day the County Commission of the County of Boone does hereby award bid 44-03Aug09 Law Enforcement Equipment to Alamar Uniforms. It is further ordered the Presiding Commissioner is hereby authorized to sign said contract.

Done this 5<sup>th</sup> day of October, 2009.

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Kenneth M. Pearson  
Kenneth M. Pearson  
Presiding Commissioner

Karen M. Miller  
Karen M. Miller  
District I Commissioner

Skip Elkin  
Skip Elkin  
District II Commissioner

# Boone County Purchasing

**Tyson Boldan**  
Office Specialist



601 E. Walnut, Room 208  
Columbia, MO 65201  
Phone: (573) 886-4392  
Fax: (573) 886-4390

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## MEMORANDUM

TO: Boone County Commission  
FROM: Tyson Boldan  
DATE: September 14, 2009  
RE: 44-03AUG09 – Law Enforcement Equipment

The Bid for Law Enforcement Equipment Term and Supply closed on August 12, 2009. Seven bids were received. Purchasing and the Sheriff's Department recommend award to Alamar Uniforms, for offering the best bid to the County.

This is a term and supply contract. Contract will be paid from departments 1251 – Sheriff, 2901 – Sheriff Operations LE Sales Tax, 1255 - Corrections, 2902 – Corrections LE Sales Tax, Accounts 2300 - Uniforms, 23050 – Other Supplies, 23850 – Minor Equipment and Tools, and 23350 – Reserve Office Supplies.

Attached is the Bid Tabulation and a department Memo for your review.

ATT: Bid Tabulation

cc: Chad Martin  
Bid File

# Boone County Purchasing

Tyson Boldan  
Buyer



601 E. Walnut, Rm. 209  
Columbia, MO 65201  
(573) 886-4392  
(573) 886-4390

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TO: Chad Martin  
Sheriffs Department

FROM: Tyson Boldan  
Buyer

DATE: September 9, 2009

RE: Bid Award Recommendation – 44-03AUG09 – Law Enforcement Equipment

Attached is the bid tabulation for the seven responses received for the above referenced bid. Please return this cover sheet with your recommendation by **fax to 886-4390** after you have completed the evaluation of this bid. If you have any questions, please call or e-mail me.

**DEPARTMENT REPLY:**

**Please complete the following:**

Department Number: 1251, 2901, 1255, 2902

Account Number: 23300, 23050, 23850, 23350

Budgeted: \$ \_\_\_\_\_

Award Amount: \_\_\_\_\_

Award Bid ~~to~~ to Alamar Uniforms.

Recommend accepting the following bid(s) for reasons detailed on attached page. (Attach department recommendation).

Recommend rejecting bid for reasons detailed on attached page. (Attach department recommendation)

Administrative Authority Signature: \_\_\_\_\_

Date: 9/9/09

After review of bid number 44-03AUG09, it is apparent only one company bid on almost everything offered for bid, therefore, we would like to award the bid as a whole to Alamar Uniforms with the exception of line 4.7.2.1, 4.8.16, 4.8.17, 4.11.1, and 4.11.2, which we do not want to award.

The bid clearly states it is our intent to award this bid as a whole to one vendor; it is our hope that the hours saved in man power will clearly cover the items for which they were not low bid. After the first year we will re-evaluate this choice to see if it truly is in the best interest of the county.

**CERTIFIED COPY OF ORDER**

STATE OF MISSOURI }  
 County of Boone } ea.

October Session of the July Adjourned

Term. 20 09

In the County Commission of said county, on the 5<sup>th</sup> day of October 2009

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

Now on this day the County Commission of the County of Boone does hereby approve the following budget revision for the Sheriff's Department to cover an overage created by several unforeseen things in addition to the installation expenses scheduled for 2009:

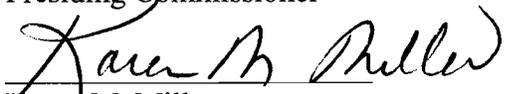
Department	Account	Department Name	Account Name	Decrease	Increase \$
2901	91302	LE Sales Tax/OPR	Computer software	7,050.00	
2901	91302	LE Sales Tax/OPR	Repl mach & equip	9,650.00	
2901	91302	LE Sales Tax/OPR	Repl comp hardware	2,700.00	
2901	91302	LE Sales Tax/OPR	Repl vehicles	1,900.00	
2901	91302	LE Sales Tax/OPR	Equip installation		21,300.00

Done this 5<sup>th</sup> day of October, 2009.

ATTEST:

Wendy S. Noren *WS*  
 Wendy S. Noren  
 Clerk of the County Commission

  
 Kenneth M. Pearson  
 Presiding Commissioner

  
 Karen M. Miller  
 District I Commissioner

  
 Skip Elkin  
 District II Commissioner



# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

October Session of the July Adjourned

Term. 20 09

In the County Commission of said county, on the 5<sup>th</sup> day of October 20 09

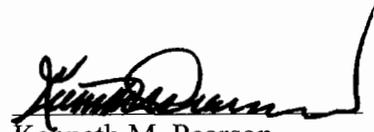
the following, among other proceedings, were had, viz:

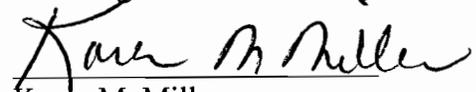
Now on this day the County Commission of the County of Boone does hereby authorize the acceptance and signing of contract number 2008-title2-02 13<sup>th</sup> Circuit JDAI Program and special conditions for the period starting in 10/1/2009 to 9/30/2010 in the amount of \$ 37,317.00. It is further ordered the Presiding Commissioner is hereby authorized to sign said contract.

Done this 5<sup>th</sup> day of October, 2009.

ATTEST:

Wendy S. Noren KS  
Wendy S. Noren  
Clerk of the County Commission

  
Kenneth M. Pearson  
Presiding Commissioner

  
Karen M. Miller  
District I Commissioner

  
Skip Elkin  
District II Commissioner

RECEIVED SEP 23 2009

462-2009

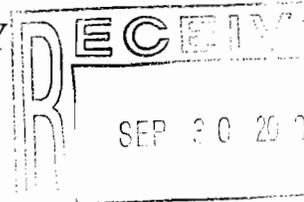
JEREMIAH W. (JAY) NIXON  
Governor



Truman Building, Room 870  
Mailing Address: P.O. Box 749  
Jefferson City, MO 65102-0749  
Telephone: 573-751-4905  
FAX: 573-751-5399  
Internet Address:  
<http://www.dps.mo.gov>

JOHN M. BRITT  
Director

STATE OF MISSOURI  
DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF THE DIRECTOR



September 24, 2009

Mr. Kenneth M. Pearson  
Boone County Commission  
801 East Walnut, Room 245  
Columbia, MO 65201

RE: Title II Formula Grant Program – Notice of Award  
Contract No. 2008-TITLE2-02

Dear Mr. Pearson:

Enclosed please find two sets of the award document and special conditions for the award of funding made through the Title II Formula Grant Program administered by the Department of Public Safety. In order to accept this award, it will be necessary for you and the Project Director to sign and return both sets of these documents to my attention at the address noted above by no later than **October 8, 2009**.

In addition, the enclosed Title II Data Collection Form and Performance Measures Form must be completed. Electronic versions of the forms are also being e-mailed to the Project Director and Contact Person to facilitate the completion of same. These forms are also due by **October 8, 2009**, and may be returned with the award documents or e-mailed to my attention at [nancy.capps@dps.mo.gov](mailto:nancy.capps@dps.mo.gov).

The director of the Department of Public Safety will then sign both of the award documents, and one set will be returned to you for your records.

Please let me know if you have any questions regarding this award.

Sincerely,

Nancy Capps  
Program Representative

Enclosures

cc: Ms. Marcia Hazelhorst  
Ms. Kathy Lloyd



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
 OFFICE OF THE DIRECTOR  
 AWARD OF CONTRACT

P.O. Box 749  
 Jefferson City, Missouri 65102  
 Phone: 573/751-4905

Contractor Name

**Boone County**

Project Title

**13<sup>th</sup> Circuit JDAI Program**

Contract Period

FROM: 10/1/2009 TO: 9/30/2010

State Funds Awarded

\$37,317.00

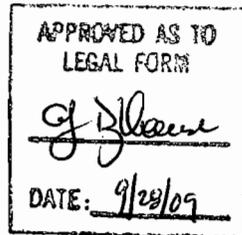
Contract Number

2008-TITLE2-02

Award is hereby made in the amount and for the period shown above to the above mentioned Contractor. This award is subject to compliance with the general conditions governing grants and contracts, as well as, the attached Special Conditions. This award is also subject to compliance with all current applicable federal and state laws, regulations and guidelines.

This award is subject to Special Conditions (attached).

The undersigned hereby certify acceptance of the above described contract on the terms and conditions specified or incorporated by reference above and herein, including those stated in the contract application.



[Signature] 10/5/09  
 Authorized Official Date

Marcia Hargelst 10-1-09  
 Project Director Date

This contract shall be in effect for the duration of the contract period stated herein, and funds shall become available on the award date with the signed return of this form to the Missouri Department of Public Safety and the signature of the director of the Department of Public Safety.

\_\_\_\_\_  
 Director, Department of Public Safety

\_\_\_\_\_  
 Award Date



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF THE DIRECTOR  
AWARD OF CONTRACT

P.O. Box 749  
Jefferson City, Missouri 65102  
Phone: 573/751-4905

Contractor Name  
**Boone County**

Project Title  
**13<sup>th</sup> Circuit JDAI Program**

Contract Period  
FROM: **10/1/2009** TO: **9/30/2010**

State Funds Awarded  
**\$37,317.00**

Contract Number  
**2008-TITLE2-02**

Award is hereby made in the amount and for the period shown above to the above mentioned Contractor. This award is subject to compliance with the general conditions governing grants and contracts, as well as, the attached Special Conditions. This award is also subject to compliance with all current applicable federal and state laws, regulations and guidelines.

This award is subject to Special Conditions (attached).

The undersigned hereby certify acceptance of the above described contract on the terms and conditions specified or incorporated by reference above and herein, including those stated in the contract application.

APPROVED AS TO  
LEGAL FORM  
*[Signature]*  
DATE: 9/29/09

*[Signature]* 10/5/09  
Authorized Official Date

*[Signature]* 10-1-09  
Project Director Date

This contract shall be in effect for the duration of the contract period stated herein, and funds shall become available on the award date with the signed return of this form to the Missouri Department of Public Safety and the signature of the director of the Department of Public Safety.

\_\_\_\_\_  
Director, Department of Public Safety

\_\_\_\_\_  
Award Date

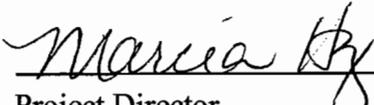
**SPECIAL CONDITIONS OF AWARD** (Award of Contract – continuation sheet)Contractor Name: **Boone County**Project Title: **13<sup>th</sup> Circuit JDAI Program**Contract Period: **10/1/2009 to 9/30/2010**Funds Awarded:  
**\$37,317.00**Contract Number: **2008-TITLE2-02**

1. The applicant agrees to comply with the terms and conditions of this award as mandated by U.S. Department of Justice and the Missouri Department of Public Safety.
2. The applicant agrees to comply with the financial and administrative requirements set forth in the current edition of the Office of Justice Programs (OJP) Financial Guide and the Missouri Department of Public Safety Financial and Administrative Guidelines.
3. The applicant assures compliance with the certified assurances and financial guidelines as set forth in the Title II Formula Grant Application Packet.
4. The applicant understands that in order to receive Title II Formula Grant funding, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) requires Missouri to achieve compliance with the four core requirements of the Juvenile Justice and Delinquency Prevention Act: Deinstitutionalization of Status Offenders, Jail Removal, Sight and Sound Separation, and Disproportionate Minority Contact. In addition, the applicant agrees to support the Missouri Department of Public Safety in its efforts to achieve and maintain compliance with the four core requirements.
5. In accordance with section 210.025, RSMo, the applicant assures that current criminal history and child abuse and neglect background checks will be conducted on all program personnel who provide direct services to youth under this contract. If the results of such background checks indicate a conviction for a crime against a person or a finding of child abuse or neglect by probable cause, the individual is ineligible for employment or volunteer work under this contract. Background checks shall be completed and on file within 15 days of an individual beginning any work described in the contract. Failure to comply with these guidelines could result in the immediate suspension or termination of this contract.
6. The applicant assures that only actual costs for budget line items will be submitted on the Monthly Expenditure Reports.
7. The applicant agrees to submit the **Monthly Operational Performance Report, Monthly Report of Expenditures, and Monthly Detail of Expenditures** by no later than the **10<sup>th</sup> day of each month**, unless the 10<sup>th</sup> falls on a weekend or holiday. Then the reports must be received by the first working day after the weekend or holiday. **NO FAXES WILL BE ACCEPTED!!** The Monthly Report of Expenditures is due each month whether or not your agency has expended any grant or local match funds. Failure to submit these reports by the 10<sup>th</sup> of each month could result in the termination of your contract with the Department of Public Safety. *Failure to submit these reports by the 10<sup>th</sup> of each month could result in the termination of your contract with the Department of Public Safety.*
  - a. You **must** use the Monthly Report of Expenditures, Monthly Detail of Expenditures sheet, and monthly progress (performance) report designed by the Department of Public Safety for reporting purposes. The Monthly Report of Expenditures is mailed to you each month. The Monthly Detail of Expenditures sheet and monthly progress (performance) report for each grant program may be found on our website at [www.dps.mo.gov](http://www.dps.mo.gov). These forms must be completed and returned with original signatures **even if there are no expenditures or activities to report**.

**ACCEPTANCE OF SPECIAL CONDITIONS:**

APPROVED AS TO LEGAL FORM

DATE: <u>9/28/09</u>

	<u>10/5/09</u>
Authorized Official	Date
	<u>10/1/09</u>
Project Director	Date

**SPECIAL CONDITIONS OF AWARD** (Award of Contract – continuation sheet)

Contractor Name: **Boone County**

Project Title: **13<sup>th</sup> Circuit JDAI Program**

Contract Period: **10/1/2009 to 9/30/2010**

Funds Awarded:  
**\$37,317.00**

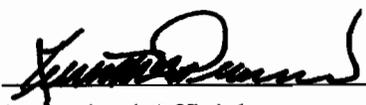
Contract Number: **2008-TITLE2-02**

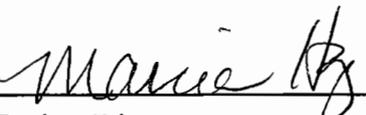
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2. The applicant agrees to comply with the financial and administrative requirements set forth in the current edition of the Office of Justice Programs (OJP) Financial Guide and the Missouri Department of Public Safety Financial and Administrative Guidelines.
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5. In accordance with section 210.025, RSMo, the applicant assures that current criminal history and child abuse and neglect background checks will be conducted on all program personnel who provide direct services to youth under this contract. If the results of such background checks indicate a conviction for a crime against a person or a finding of child abuse or neglect by probable cause, the individual is ineligible for employment or volunteer work under this contract. Background checks shall be completed and on file within 15 days of an individual beginning any work described in the contract. Failure to comply with these guidelines could result in the immediate suspension or termination of this contract.
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7. The applicant agrees to submit the **Monthly Operational Performance Report, Monthly Report of Expenditures, and Monthly Detail of Expenditures** by no later than the **10<sup>th</sup> day of each month**, unless the 10<sup>th</sup> falls on a weekend or holiday. Then the reports must be received by the first working day after the weekend or holiday. **NO FAXES WILL BE ACCEPTED!!** The Monthly Report of Expenditures is due each month whether or not your agency has expended any grant or local match funds. Failure to submit these reports by the 10<sup>th</sup> of each month could result in the termination of your contract with the Department of Public Safety. *Failure to submit these reports by the 10<sup>th</sup> of each month could result in the termination of your contract with the Department of Public Safety.*
  - a. You **must** use the Monthly Report of Expenditures, Monthly Detail of Expenditures sheet, and monthly progress (performance) report designed by the Department of Public Safety for reporting purposes. The Monthly Report of Expenditures is mailed to you each month. The Monthly Detail of Expenditures sheet and monthly progress (performance) report for each grant program may be found on our website at [www.dps.mo.gov](http://www.dps.mo.gov). These forms must be completed and returned with original signatures **even if there are no expenditures or activities to report.**

**ACCEPTANCE OF SPECIAL CONDITIONS:**

APPROVED AS TO LEGAL FORM

DATE: <u>9/28/09</u>

  
Authorized Official 10/5/09  
Date

  
Project Director 10-1-09  
Date

**OJJDP Title II Formula Grant Program  
DCTAT Data Collection form**

Please complete this form so that the information may be entered into the JJDP DCTAT Data Collection System for Title II Formula Grant Program. Complete the data by using your tab key to move through the grey data fields.

**Award Information**

**State Subgrantee Number:**

**Subgrant Project Title:**

**Organization:**

**Award Start Date:**

**Award End Date:**

**Total amount of subgrant (Federal Funds Only): \$**

**Implementing Organization (if different from grant recipient):**

**Implementing Organization Type:**

- Coalition  Faith-based Organization  Juvenile Justice  Non-profit community-based organization
- Other community-based organization  Other government agency  Police/other law enforcement  School/Other Education
- Unit of local government

**Federal Congressional District:**

**Is the implementing organization a faith-based program?**      Yes                      No

**Does the subgrant implement an evidence-based program?**      Yes                      No

**If yes, select one source from which the program model was cited:**

- a. Blueprints for Violence Prevention
- b. CASEL (Collaborative for Academic, Social, and Emotional learning)
- c. Centers for Disease Control and Prevention
- d. Community Guide to Helping America's Youth
- e. Department of Education Safe, Disciplined, and Drug-free Schools
- f. Drug Strategies, Inc.
- g. Making the Grade
- h. Hamilton Fish Institute
- i. Institute for Medicine
- j. NIDA Preventing Drug Abuse
- k. National Institute of Justice What Works Report
- l. OJJDP Model Programs Guide
- m. Promising Practices Network
- n. SAMSHA Model Programs

- o. Surgeon General's Youth Violence Report
- p. Other (e.g., State model program resources)

If "Other", please indicate the name of the evidence-based program implemented:

### Target Population for this Subgrant

- Please check the appropriate boxes to indicate for this subgrant:
- The population actually served during the reporting period; and
  - The populations, if any, to which the program offers targeted services.

Targeted services include any services or approaches specifically designed to meet the needs of the population (e.g., gender specific, culturally based, developmentally appropriate services).

**Table 1: Target Population Information**

	Population	1. Did you serve this group during the reporting period?	2. Did this Subgrant provide targeted services for any of the following groups?
<b>RACE/ ETHNICITY</b>	American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
	Asian	<input type="checkbox"/>	<input type="checkbox"/>
	Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
	Hispanic or Latino (of any race)	<input type="checkbox"/>	<input type="checkbox"/>
	Native Hawaiian and Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
	Other Race	<input type="checkbox"/>	<input type="checkbox"/>
	White/Caucasian	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served		
<b>J U S T I C E</b>	At-Risk Population (no prior offense)	<input type="checkbox"/>	<input type="checkbox"/>
	First Time Offenders	<input type="checkbox"/>	<input type="checkbox"/>
	Repeat Offenders	<input type="checkbox"/>	<input type="checkbox"/>
	Sex Offenders	<input type="checkbox"/>	<input type="checkbox"/>
	Status Offenders	<input type="checkbox"/>	<input type="checkbox"/>
	Violent Offenders	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served		
<b>G E N D E R</b>	Male	<input type="checkbox"/>	<input type="checkbox"/>
	Female	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
<b>A G E</b>	Under 11	<input type="checkbox"/>	<input type="checkbox"/>
	12 – 13	<input type="checkbox"/>	<input type="checkbox"/>
	14 – 15	<input type="checkbox"/>	<input type="checkbox"/>
	16 – 17	<input type="checkbox"/>	<input type="checkbox"/>
	18 and over	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served		

	Population	1. Did you serve this group during the reporting period?	2. Did this Subgrant provide targeted services for any of the following groups?
<b>G E O</b>	Rural	<input type="checkbox"/>	<input type="checkbox"/>
	Suburban	<input type="checkbox"/>	<input type="checkbox"/>
	Tribal	<input type="checkbox"/>	<input type="checkbox"/>
	Urban	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
<b>O T H E R</b>	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
	Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
	Truant/Dropout	<input type="checkbox"/>	<input type="checkbox"/>

### Specify Program Category

Select the program category applicable to your award and indicate the amount of funds budgeted for that activity.

**Table 2: Specify Program Category**

	Program Category	Allocated Amount
	1 – Aftercare/Reentry	\$
<input type="checkbox"/>	<b>2 – Alternatives to Detention</b>	\$
	3 – Child Abuse and Neglect	\$
	4 – Children of Incarcerated Parents	\$
	5 – Community Assessment Centers (CAC)	\$
	7 – Court Services	\$
	8 – Deinstitutionalization of Status Offenders	\$
<input type="checkbox"/>	<b>9 – Delinquency Prevention</b>	\$
	10 – Disproportionate Minority Contact	\$
	11 – Diversion	\$
	12 – Gangs	\$
<input type="checkbox"/>	<b>13 – Gender-Specific Services</b>	\$
	14 – Graduated Sanctions	\$
	15 – Gun Programs	\$
	16 – Hate Crimes	\$
	17 – Jail Removal	\$
	18 – Job Training	\$
	19 – Juvenile Justice System Improvement	\$
	20 – Mental Health Services	\$

	21 – Mentoring	\$
	22 – Native American Programs	\$
	24 – Probation	\$
	25 – Restitution/Community Services	\$
	26 – Rural Area Juvenile Programs	\$
	27 – School Programs	\$
	28 – Separation of Juveniles from Adult Inmates	\$
	29 – Serious Crime	\$
	30 – Sex Offender Programs	\$
	32 – Substance Abuse	\$
	33 – Youth Advocacy	\$
	34 – Youth Courts	\$
	35 – Strategic Community Action Planning (SCAP)	\$

**Select Performance Measures for the corresponding Purpose Category on the Performance Measures Form.**

## Title II Formula Grant Program PERFORMANCE MEASURES

### PA 2: Alternatives to Detention

### OUTPUT PERFORMANCE MEASURES

**Table 6: PA 2 Output**

<input type="checkbox"/>	1	Number of MOUs developed	The number of Memoranda of Understanding or interagency agreements developed during reporting period of the program. Include all formal partnership or coordination agreements. Program records are the preferred data source.	A. Number of Memoranda of Understanding developed
<input type="checkbox"/>	2	Number of program slots available	The number of client service slots available during the reporting period of the program. If slots were lost over the reporting period, please report a negative number. Program records are the preferred data source.	A. Number of client service slots available during the reporting period
<input type="checkbox"/>	3	Number of FTEs funded by FG \$	The number of staff, as measured through the number of Full-Time Equivalents, working for the program during the reporting period. To calculate FTE, divide the number of staff hours used by the program by 2080.	A. Number of Full-Time Equivalents funded by FG \$
<input type="checkbox"/>	4	Number of program materials developed	The number of program materials that were developed during the reporting period. Include only substantive materials such as program overviews, client workbooks, lists of local service providers. Do not include program advertisements or administrative forms such as sign-in sheets or client tracking forms. Count the number of pieces developed. Program records are the preferred data source.	A. Number of program materials developed
<input type="checkbox"/>	5	Number and percent of program staff trained	The number and percent of program staff that are trained during reporting period. Program staff include full and part-time employees and/or volunteers. The number is the raw number of staff to receive any formal training relevant to the program or their position as program staff. Include any training from any source or medium received during the reporting period as long as receipt can be verified. Training does not have to have been completed during the reporting period. To get the percent divide the raw number by the total number of program staff. Program records are the preferred data source.	A. Number of staff who participated in training B. Total number of program staff C. Percent (A/B)
<input type="checkbox"/>	6	Number of hours of program staff training provided	The number of training hours that program staff are provided during the reporting period. Training includes in-house and external trainings.	A. Number of hours of training provided to program staff
<input type="checkbox"/>	7	Number of detention alternative program options available	The number of detention alternative programs created during the reporting period. If programs were lost over the reporting period, please report a negative number. Program records are the preferred data source.	A. Number of detention alternative program options
<input type="checkbox"/>	8	Number of planning activities conducted	The number of planning activities undertaken during the reporting period. Planning activities include meetings held, needs assessments undertaken.	A. Number of planning activities undertaken
<input type="checkbox"/>	9	Number of risk assessment instruments (RAI) developed	Report how many risk assessment instruments (RAI) were developed during the reporting period. RAI's are used to determine the supervision needs of the youth.	A. Number of risk assessment instruments developed
<input type="checkbox"/>	10	Number of program/agency policies or procedures created, amended, or rescinded	The number of program/agency policies or procedures created, amended, or rescinded during the reporting period. A policy is a plan or specific course of action that guides the general goals and directives of the program or agency. Include policies that are either relevant to the topic area of the program or policies that affect program operations.	A. Number of policies created, amended, or rescinded

<input type="checkbox"/>	11	<b>Number of program youth served</b>	An unduplicated count of the number of youth served by the program during the reporting period. Definition of the number of youth served for a reporting period is the number of program youth carried over from previous reporting period, plus new admissions during the reporting period. In calculating the 3-year summary, the total number of youth served is the number of participants carried over from the year previous to the first fiscal year, plus all new admissions during the 3 reporting fiscal years. Program records are the preferred data source.	A. Number of program youth carried over from the previous reporting period, plus new admissions during the reporting period
<input type="checkbox"/>	12	Number and percent of program youth receiving RAI	The number and percent of program youth receiving risk assessments during the reporting period to determine the level of supervision. Include all youth who received at least one program service and met the program's minimum criteria for participation. Program records are the preferred data source.	A. Number and percent of program youth receiving risk assessments
<input type="checkbox"/>	13	Number of service hours completed	The number of hours of service completed by program youth during the reporting period. Service is any explicit activity (such as program contact, counseling sessions, course curriculum, community service, etc.) delivered by program staff or other professionals dedicated to completing the program requirements. Program records are the preferred data source.	A. Total number of program youth service hours
<input type="checkbox"/>	14	Average length of stay in program	The average length of time (in days) that clients remain in the program. Include data for clients who both complete program requirements prior to program exit and those who do not. Program records are the preferred data source.	A. Total number of days between intake and program exit across all program youth exiting program B. Number of cases closed C. Average (A/B)

## Title II Formula Grant Program PERFORMANCE MEASURES

### PA 2: Alternatives to Detention

#### OUTCOME PERFORMANCE MEASURES

**Table 7: PA 2 Outcome**

<input type="checkbox"/>	1	<b>Number and percent of program youth who offend or reoffend</b>	The number and percent of program youth who were rearrested or seen at juvenile court for a new delinquent offense. Appropriate for any youth-serving program. Official records (police, juvenile court) are the preferred data source.	A. Number of program youth with a new offense B. Number of youth in program C. Percent (A/B)	Short
<input type="checkbox"/>	1	<b>Number and percent of program youth who offend or reoffend</b>	The number and percent of program youth who were rearrested or seen at juvenile court for a new delinquent offense. Appropriate for any youth-serving program. Official records (police, juvenile court) are the preferred data source.	A. Number of program youth with a new offense B. Number of youth in program C. Percent (A/B)	Long
<input type="checkbox"/>	2	Number and percent of program youth returning to court for scheduled hearing	The number and percent of program youth who were placed in a detention alternative and return to court for all scheduled hearings. Appropriate for any detention alternative program. Official records are the preferred data source.	A. Number of program youth who return to all scheduled hearings B. Number of youth in detention alternative program C. Percent (A/B)	Short
<input type="checkbox"/>	3	Percent change in the ADP in secure detention	The percent change in the number of preadjudicated and postadjudicated juveniles in secure detention. Official records are the preferred data source.	A. ADP of juveniles in detention in the current year B. ADP of juveniles in detention in previous year C. Percent Change (A-B/B)	Short
<input type="checkbox"/>	3	Percent change in the ADP in secure detention	The percent change in the number of preadjudicated and postadjudicated juveniles in secure detention. Official records are the preferred data source.	A. ADP of juveniles in detention in the current year B. ADP of juveniles in detention in previous year C. Percent Change (A-B/B)	Long
<input type="checkbox"/>	4	Percent change of ALOS in secure detention	The percent change in the average length of stay (ALOS) in days that juveniles reside in a secure juvenile detention facility. Official records are the preferred data source.	A. Average length of stay in detention in the current year B. Average length of stay in the previous year C. Percent Change (A-B/B)	Short
<input type="checkbox"/>	4	Percent change of ALOS in secure detention	The percent change in the average length of stay (ALOS) in days that juveniles reside in a secure juvenile detention facility. Official records are the preferred data source.	A. Average length of stay in detention in the current year B. Average length of stay in the previous year C. Percent Change (A-B/B)	Long

<input type="checkbox"/>	5	Percent change in utilization of detention alternatives	Detention alternatives are services provided to offenders in the community to avoid placement in a detention facility. The percent change in the utilization rate of applicable detention alternative programs, such as shelter care. The utilization rate is used to examine the usage of facilities relative to its stated capacity (see the glossary for calculation of utilization). If the facility is overcrowded, the utilization rate will be over 100 percent. Program records are the preferred data source.	A. Utilization rate of detention alternative in the current year B. Utilization rate of detention alternative in previous year C. Percent Change (A-B/B)	Long
<input type="checkbox"/>	6	<b>Number and percent of program youth completing program requirements</b>	The number and percent of program youth who have successfully fulfilled all program obligations and requirements. Program obligations will vary by program, but should be a predefined list of requirements or obligations that clients must meet prior to program completion. Program records are the preferred data source. The total number of youth include those who exited successfully or unsuccessfully.	A. Number of program youth who exited the program having completed program requirements B. Total number of youth who exited the program during the reporting period (both successfully and unsuccessfully) C. Percent (A/B)	Short
<input type="checkbox"/>	7	Number and percent of program youth satisfied with program	The number and percent of program youth satisfied with the program in areas such as staff relations and expertise, general program operations, facilities, materials, and service. Self-report data collected using program evaluation or assessment forms are the expected data source.	A. Number of program youth satisfied with the program during the reporting period B. Total number of program youth served by the program during the reporting period C. Percent (A/B)	Short
<input type="checkbox"/>	8	Number and percent of program families satisfied with program	The number and percent of program families satisfied with the program in areas such as staff relations and expertise, general program operations, facilities, materials, and service. Self-report data collected using program evaluation or assessment forms are the expected data source.	A. Number of program families satisfied with the program during the reporting period B. Total number of program families served by the program during the reporting period C. Percent (A/B)	Short
<input type="checkbox"/>	9	Number and percent of program staff with increased knowledge of program area	The number and percent of program staff who gained a greater knowledge of the program area through trainings or other formal learning opportunities. Appropriate for any program whose staff received program-related training. Training does not need to have been given by the program. Self-report data collected using training evaluation or assessment forms are the expected data source.	A. Number of program staff trained during the reporting period who report increased knowledge B. Number of program staff trained during the reporting period C. Percent (A/B)	Short

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

October Session of the July Adjourned

Term. 20 09

In the County Commission of said county, on the 5<sup>th</sup> day of October 2009

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 Commission Minutes for all meetings during the III Quarter beginning on 07/06/2009 through 10/01/2009.

Done this 5<sup>th</sup> day of October, 2009.

ATTEST:

Wendy S. Noren KS  
Wendy S. Noren  
Clerk of the County Commission

Kenneth M. Pearson  
Kenneth M. Pearson  
Presiding Commissioner

Karen M. Miller  
Karen M. Miller  
District I Commissioner

Skip Elkin  
Skip Elkin  
District II Commissioner