

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

November Session of the October Adjourned

Term. 20 15

County of Boone

In the County Commission of said county, on the

12th

day of

November 20 15

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

Now on this day the County Commission of the County of Boone does hereby approve the partial recommendation of bid award 25-15JUN15 – Purchase of Service Contracts for Children’s Services Fund as follows:

Lutheran Family and Children’s Services of Missouri

Maternal Mental Health

Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$73,736

Phoenix Programs

APEX

Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$67,496.68

Boys and Girls Clubs of Columbia Area

Great Futures Start Here

Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$250,000

CHA Low Income Services, Inc. (CHALIS)

Youth Community Coalition (Communities that Care Project)

Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$80,000

Child Abuse and Neglect Emergency Shelter

Rainbow House Parenting Class Program

Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$10,771.20

The terms of the bid award are stipulated in the attached Agreements. It is further ordered the Presiding Commissioner is hereby authorized to sign said Agreements For Purchase of Services.

Done this 12th day of November, 2015.

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

Term. 20

In the County Commission of said county, on the

day of

20

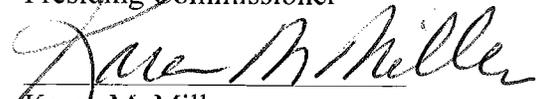
the following, among other proceedings, were had, viz:

ATTEST:


Wendy S. Noren
Clerk of the County Commission


Daniel K. Atwill

Presiding Commissioner



Karen M. Miller
District I Commissioner


Janet M. Thompson
District II Commissioner

Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing



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

MEMORANDUM

TO: Boone County Commission
FROM: Melinda Bobbitt, CPPO, CPPB
DATE: October 30, 2015
RE: RFP Award Recommendation: *25-15JUN15 – Purchase of Service Contracts for Children's Services Fund*

Request for Proposal *25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund* closed on June 15, 2015. 19 proposal responses were received.

The following is a partial recommendation of contract award. More contracts will follow at a later date. The contract file will become part of public record as soon as we have completed negotiations of contracts.

Lutheran Family and Children's Services of Missouri
Maternal Mental Health
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$73,736

Phoenix Programs
APEX
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$67,496.68

Boys and Girls Clubs of Columbia Area
Great Futures Start Here
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$250,000

CHA Low Income Services, Inc. (CHALIS)
Youth Community Coalition (Communities that Care Project)
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$80,000

Child Abuse and Neglect Emergency Shelter
Rainbow House Parenting Class Program

Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$10,771.20

Invoices will be paid from department 2161 – CCS Funding Opportunities, account 71106 –
Contracted Services. Eight million was budgeted in 2015.

cc: Proposal File
Kelly Wallis, Joanne Nelson, Children's Services

RFP Opening: 25-15JUN15 - Purchase of Service Contracts Boone County Children's Services Fund

Fun City Youth Academy

Child Abuse and Neglect Emergency Shelter, Inc (Rainbow House - Parenting Classes)

Great Circle

Mary Lee Johnston Community Learning Center

Missouri Child Care Resource and Referral Network

Harrisburg Early Learning Center

Central Missouri Foster Care and Adoption

The Curators of the UMC on behalf Office of Sponsored Programs

Missouri Girls Town

LFCS (Luthern Family and Children's Services)

Columbia Center for Urban Agriculture

First Chance for Children

Boys and Girls Club Central Missouri
CHALIS
Child Abuse and Neglect Emergency Shelter, Inc (Rainbow House - CAC)
Phoenix Programs, Inc.
Heart of Missouri, CASA
Nora Stewart Early Learning Center
Youth Empowerment Zone



AGREEMENT FOR PURCHASE OF SERVICES Maternal Mental Health

THIS AGREEMENT dated the 12th day of November 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Lutheran Family and Children Services of Missouri**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **LFCS**.

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

WHEREAS, the LFCS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to LFCS thereof; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY LFCS

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

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein. LFCS will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. LFCS agrees to,

and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #25-15JUN15 (Purchase of Services) and LFCS's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the LFCS's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the LFCS and LFCS agrees to furnish **Maternal Mental Health** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the LFCS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$73,736** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through December 31, 2016 subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of LFCS be renewed for an additional two (2) one-year periods. LFCS agrees and understands that the BCCSB may require supplemental information to be submitted by LFCS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit costs for services are the mutually agreed upon rates as follows:

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Outpatient Counseling (Individual/Family/Assessment)	1 hour	\$127.64	450	\$57,438.00
Case Coordination	1 hour	\$76.28	135	\$10,297.80
Medication Management/Medication	1 clinic visit or filled prescription	\$50.00	120	\$6,000.00

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty

days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the LFCS, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by LFCS to monitor service delivery and program expenditures. LFCS agrees to submit to the BCCSB an Interim Report by July 29, 2016 for the period beginning with the date of contract execution to June 30, 2016 and a Year End Final Report by January 31, 2017, for the period of the term of the contract. Variations on this date may be requested by LFCS and, if so stipulated, are noted on this contract document. Payments may be withheld from LFCS if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. LFCS agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

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

9. **Monitoring.** LFCS agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect LFCS's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, LFCS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and

personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

15. **Conflict of Interest.** LFCS agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and LFCS, and this shall include any transaction in which LFCS is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** LFCS may enter into subcontracts for components of the contracted service as LFCS deems necessary within the terms of the contract. All such subcontracts require

the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the LFCS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** LFCS agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. LFCS shall require each subcontractor to affirmatively state in its Agreement with the LFCS that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide LFCS a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

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

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

21. **Termination.** BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the LFCS. This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

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

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should the LFCS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, LFCS agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of LFCS, (meaning anyone, including but not limited to consultants having a contract with the LFCS or subcontractor for part of the services), or anyone directly or indirectly employed by LFCS, or of anyone for whose acts LFCS may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

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

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

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

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

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

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

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

Any written notice or communication to the LFCS shall be mailed or delivered to:

Lutheran Family & Children Services of Missouri
Heather Wall
401 West Boulevard North
Columbia, MO 65203

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

**Lutheran Family & Children
Services of Missouri**

Boone County, Missouri

By: Heather A. Wall
Signature

By: Boone County Commission
Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Heather A. Wall / Regional Director
Printed Name/ Title

By: Boone County Children's Services Board
Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

ATTEST:

[Signature] For CSA's Choice
County Counselor

Wendy S. Noren
Wendy S. Noren, 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.)

June Pitchford 11/02/2015 (2161/71106/\$73,736)
Signature Date Appropriation Account

BOONE COUNTY - MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

CLARIFICATION FORM #1

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

I. CLARIFICATION – please provide a response to the following requests.

- 1) Is there any data on how many mothers suffer from Post Partum Depression (PPD) in Boone County? If so, please elaborate. If not, please provide an explanation.
- 2) Clarify who will be providing the counseling, a Master's level social worker or a psychiatrist? Please provide justification for the answer.
- 3) Provide rationale on the number of individuals to be served and how that number was derived.
- 4) Provide explanation on why LFCS would provide PPD services to men.

Attached

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Lutheran Family & Children's Services
Address: 401 West Boulevard North
Columbia, MD, 2105203
Telephone: (573) 815-9955 Fax: (573) 449-4640
EIN#
Federal Tax ID (or Social Security #): 43-0652650
Print Name: Heather A. Wall Title: Regional Director
Signature: Heather A. Wall Date: 7/29/15
E-mail: heatherw@lfc.org

Lutheran Family & Children's Services - Maternal Mental Health proposal

I. CLARIFICATION

- 1) Is there any data on how many mothers suffer from Post Partum Depression (PPD) in Boone County? If so please elaborate. If not, please provide an explanation.

Specific data for Boone County was not available, but according to the Missouri Pregnancy Risk Assessment Monitoring System (PRAMS- 2011), an estimated 14 percent of Missouri Women reported PPD symptoms. These symptoms were more common among women who were, younger, less than high school educated, Non-Hispanic Black, unmarried and covered by Medicaid for delivery.

About 13 percent of Missouri women sought help for postpartum depression from a health care provider. Those seeking help for PPD were women who were 20+ years of age, less than high school educated, Non-Hispanic White, living in a rural area and covered by Medicaid for delivery.

We estimate that Boone County is similar to the findings across the state of Missouri and therefore shows a need for PPD services. This estimate is validated by conversations held with in-home visitation programs saying they see the need for PPD services every day.

We also estimate that of the clients we presently work with in our programs, 80% of them meet at least 3 of the 5 characteristics described above (younger, less than high school educated, Non-Hispanic Black, unmarried and covered by Medicaid for delivery)

- 2) Clarify who will be providing the counseling, a Master's level social worker or psychiatrist? Please provide justification for the answer.

A Master's level social worker or counselor will be providing the counseling services. They will either be provisionally licensed (and under clinical supervision) or licensed in the state of Missouri. Master's level social workers and counselors are trained in school to provide counseling services. The counselor will work closely with the psychiatrist to ensure that the client is getting the best treatment.

- 3) Provide rationale on the number of individual to be served and how that number was derived.

LFCS is proposing to work with 40 mothers and 10 children (individually). Additional younger children will be seen through the use of family therapy. LFCS recognizes these proposed numbers will not meet the need in the community but it will give us time to build the program and to show there is indeed a need in the community.

- 4) Provide explanation on why LFCS would provide PPD services to men.

LFCS will not be providing PPD services to men. The 5 males indicated in our proposal were estimated for male children we may serve individually. We estimate working with 40 mothers in the program and potentially 10 children individually. Other younger children will be served through family therapy with their mothers.

X  7/29/15

Organization Profile

Organization Profile Instructions

New Users:

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

Returning Users:

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

Organization User Information

Primary Information

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

Lutheran Family and Children's Services of Missouri

DBA:

Federal EIN Number:

43-0652650

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

9666 Olive Boulevard

Suite 400

City

Saint Louis

State

Missouri

County

St Louis County

Zip

63132



Address

9666 Olive Boulevard

Suite 400

City

Saint Louis

State

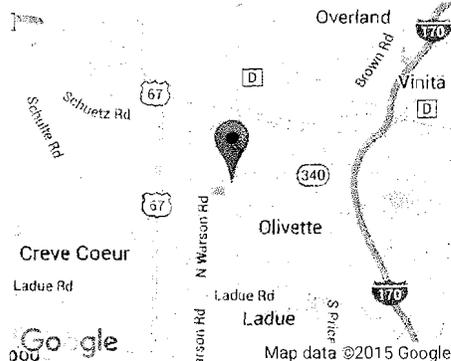
Missouri

County

St Louis County

Zip

63132



Organization Phone Number:

314-787-5100

Organization Fax Number:

314-292-8542

Email:

Website:

http://www.lfcsmo.org

Head of Organization

Rev. Alan M. Erdman

Head of Organization Phone:

314-754-2729

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

President/CEO

Head of Organization Email:

alane@LFCS.org

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

Lutheran Family and Children's Services Mid-Missouri Office

Address

401 West Boulevard North

City

Columbia

State

Missouri

County

Boone County

Zip

65203

**Local Contact Name:**

Heather A. Wall

Local Contact Email:

heatherw@lfcs.org

Local Organization Fax:

573-449-4640

Address

401 West Boulevard North

City

Columbia

State

Missouri

County

Boone County

Zip

65203

**Local Contact Title:**

Regional Director

Local Contact Phone:

573-815-9955

General Information**Organization****Mission****Statement****(Purpose):****Provide your organization's mission statement. (600 character limit)**

God's love in Jesus Christ empowers Lutheran Family and Children's Services of Missouri to help families, children and individuals experience greater hope and wholeness of life.

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

Lutheran Family and Children's Services of Missouri (LFCS) traces its history back to 1868, with the establishment of an "orphan's home" outside of St. Louis. Ninety-nine years later, the orphanage was sold, but the commitment to the welfare of children and families continued in the form of a non-residential agency. Today, LFCS offers an array of programs and social services for children and families across the state of Missouri.

Brief Statement**of Organization's****Major Goals:****Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**

LFCS programs specialize in crisis pregnancy assistance, foster care, adoption, child care, youth development and tutoring services, counseling, school counseling, and disaster recovery services. Goals include

- stabilizing families in crisis,
- placing and supporting children in nurturing families.
- preparing young children for a lifetime of learning,
- promoting healthy decision-making and life skills in youth,
- alleviating mental and emotional suffering,
- maintaining all accreditation standards as set by Council on Accreditation.

Articles of Incorporation (MUST BE IN PDF FORMAT)
 /document/download/filename/1431364813_30405_ArticlesofAgreement-CertificateofIncorporation1964.pdf

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

Organizational Chart (MUST BE IN PDF FORMAT)
 /document/download/filename/1431364813_30406_LFCSOrganizationalChartApril2015.pdf

Organizational Chart (must be for the entire organization):

Service Area: Briefly describe the geographic area in which your organization provides services. (600 character limit)
 Lutheran Family and Children's Services of Missouri has regional offices in St. Louis, St. Charles, Cape Girardeau, Columbia, and Springfield. From these offices, LFCS serves children and families throughout Missouri.

Population Served: Briefly describe the population(s) served by your organization. (600 character limit)
 LFCS specializes in serving women experiencing crisis pregnancy and families with young children across Missouri. LFCS also serves children and families through emergency assistance, foster care placement and case management, and a full range of adoption services.

Our St. Louis child care center serves children aged 2 to 5 years old. School-based after school and school counseling programs are available for youth ages 6-17 in the St. Louis area. Mental health counseling services are available for individuals of all ages in the St. Louis area.

Governing Board

Organization Governing Board:

Please include information for all board members. Click +New to add board member information.

Governing Board Member

Showing 1 - 30 of 35 Links

Governing Board Member			Link Info	
Name	Board Position:	Address:	Active	Date
MARK YAEGER	Member	729 Castle Ridge Drive Ballwin, MO 63021	✔	Added on 05/13/2015
TIFFANY WANG	Member	15623 Heathercroft Drive Chesterfield, MO 63017	✔	Added on 05/13/2015
DON VOGEL	Treasurer/Finance Chair	468 Hunters Hill Drive Chesterfield, MO 63017	✔	Added on 05/13/2015
TIMOTHY TRUDO	Member	5860 Black Walnut Road St. Charles, MO 63301	✔	Added on 05/13/2015
LESLIE STEINMEYER	Member	140 Meramec Ridge Drive Fenton, MO 63026	✔	Added on 05/13/2015
KEITH SPEARS	Member	2113 Alexandria Row O'Fallon, MO 63368	✔	Added on 05/13/2015
KAREN SMITT-LEWIS	Member	10146 Tanbridge Road St. Louis, MO 63128	✔	Added on 05/13/2015
JIM SCHLIE	Member	3 Hunters Hill Court Chesterfield, MO 63017	✔	Added on 05/13/2015
JASON RUST	Member	721 N. 17th Street, Unit 508 St. Louis, MO 63103	✔	Added on 05/13/2015
TERA ROBERTS	Member	2048 Coleridge Drive St. Louis, MO 63136	✔	Added on 05/13/2015
MARK REED	Member	8342 Delcrest Drive, #341 St. Louis, MO 63124	✔	Added on 05/13/2015

DAVID PENNINGTON	Member	19 Devon Road St. Louis, MO 63122	✓	Added on 05/13/2015
C. JERRY NELSON	Member	1606 Limerick Lane Columbia, MO 65203	✓	Added on 05/13/2015
GREG MILLER	Member	7332 Shaftesbury Avenue University City, MO 63130	✓	Added on 05/13/2015
KATHRYN MEHLHORN	Member	5088 E. Riverwalk Lane Springfield, MO 65809	✓	Added on 05/13/2015
AL LIESCHIEDT	Member	323 Baxter Road Ballwin, MO 63011	✓	Added on 05/13/2015
LARRY LEMKE		1562 Dietrich Chase Lane Ballwin, MO 63021	✓	Added on 05/13/2015
C. DENNIS KEMPER	Member	2800 Ridgeview Drive St. Louis, MO 63121	✓	Added on 05/13/2015
VERNON KASTEN, JR.	Member	1315 Broadridge Drive Jackson, MO 63755	✓	Added on 05/13/2015
RICK JOHNSON	Member	437 Webster Forest Webster Groves, MO 63119	✓	Added on 05/13/2015
ROBIN HOUSTON	Member	1029 Pleasant Meadow Drive Lake St. Louis, MO 63367	✓	Added on 05/13/2015
LAURA HOLLINGSWORTH	Secretary	230 McDonald Place Webster Groves, MO 63119	✓	Added on 05/13/2015
LEAH REYNOLDS HARRIS		67 Greendale Drive St. Louis, MO 63133	✓	Added on 05/13/2015
ERIC GUTBERLET	Member	185 Hickory Tree Court Ballwin, MO 63011	✓	Added on 05/13/2015
JOSE GOMEZ	Member	436 Mason Ridge Drive St. Charles, MO 63304	✓	Added on 05/13/2015
MATTHEW GOEBEL	Member	16 Conway Springs Drive Chesterfield, MO 63017	✓	Added on 05/13/2015
SURESH FERNANDO	Member	4754 Alma Avenue St. Louis, MO 63116	✓	Added on 05/13/2015
TOM DANKENBRING	Member	10 S. Moreland Avenue St. Louis, MO 63122	✓	Added on 05/13/2015
CHRISTINA DANCY	Member	5907 Etzel, Apt. B St. Louis, MO 63112	✓	Added on 05/13/2015
MATTHEW BRICKLER	Member	485 Flanders Drive St. Louis, MO 63122	✓	Added on 05/13/2015

Total Active Links:34, Total Deactivated Links:1, Current Active Links:30, Current Deactivated Links:0

| Next

Advisory Board (if applicable)

Organization Advisory Board (if applicable):

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

Advisory Board Member

Advisory Board Member Name	Board Position:	Address	Link Info	
			Active	Date
Jayne Young	Advisory	1601 Mills Drive, Columbia, MO 65203	✓	Added on 05/14/2015
Karla Rumpf	Advisory	4500 E. Deer Park Columbia 65201	✓	Added on 05/14/2015

Stacy Peters	Advisory	1001 Marcassin Drive Columbia, MO 65201	✓	Added on 05/14/2015
Paul Moessner	Advisory	914 West Blvd. South Columbia, MO 65203	✓	Added on 05/14/2015
Vicki Hartwig	Advisory	1802 Muirfield Drive Columbia, MO 65203	✓	Added on 05/14/2015
Sandy Dirks	Advisory	2595 South Winding Trail Drive Columbia, MO 65201	✓	Added on 05/14/2015
Melody Bezenek	Advisory	3906 Zambezi Drive Columbia, MO 65202	✓	Added on 05/14/2015
Emily Bange	Advisory	240 Morningside Lane Fayette, MO 65248	✓	Added on 05/14/2015

Total Active Links:8, Total Deactivated Links:0, Current Active Links:8, Current Deactivated Links:0

Financial Information

Organization Fiscal Year:

January 1 - December 31

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

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

/document/download/filename/1431364948_29953_2015LFCSAgencyIRSDeterminationLetter.PDF/

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

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1431370805_29954_2014LFCSMOAgencyAudit-FINAL.pdf/

IRS 990 or 990 EZ:

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

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1431365025_29955_2013AGENCY990.pdf/

Financial Policies and Procedures:

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

Financial audits and budgets are reviewed by the finance committee of the board and approved by the board. Monthly financial statements are given to the finance committee of the board. The finance committee of the board meets at least four times a year and sets and reviews financial policies of the agency.

Employees Compensation

Top Five Compensated Employees:

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

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.) FTE = number of direct program service hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

If more than one employee is employed in the same position and the level of compensation is not identical, please list each of those employees separately.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Link Info	
					Active	Date
Information Systems Manager	Bachelor's degree in Information Systems or equivalent training in systems, networks and hardware.	1.00	\$96,073.00	\$4,842.92	✓	Added on 07/15/2015
Vice President of Development	BA/BS. Fundraising licensure/accreditation. seven to ten years experience.	1.00	\$122,788.61	\$12,075.69	✓	Added on 07/15/2015
Vice President of Finance	CPA License with ten years not-profit experience or equivalent	1.00	\$126,991.00	\$20,069.24	✓	Added on 07/15/2015
Vice President of Programs	MSW or equivalent. Ten years management experience. Professional Licensure.	1.00	\$126,991.00	\$23,527.28	✓	Added on 07/15/2015
President/CEO	Master's degree in Social Service Administration or Business Management or a graduate of a Theological school with additional education in one or all of these fields	1.00	\$194,833.25	\$111,046.17	✓	Added on 07/15/2015
Vice President of Development	BA/BS. Fundraising licensure/accreditation. seven to ten years experience.	1.00	\$122,788.61	\$12,075.69	✓	Added on 05/14/2015
President/CEO	Master's degree in Social Service Administration or Business Management or a graduate of a Theological school with additional education in one or all of these fields	1.00	\$194,833.25	\$111,046.17	✓	Added on 05/14/2015
Vice President of Finance	CPA License with ten years not-profit experience or equivalent	1.00	\$126,991.00	\$20,069.24	✓	Added on 05/14/2015
Vice President of Programs	MSW or equivalent. Ten years management experience. Professional Licensure.	1.00	\$126,991.00	\$23,527.28	✓	Added on 05/14/2015
Information Systems Manager	Bachelor's degree in Information Systems or equivalent training in systems, networks and hardware.	1.00	\$96,073.00	\$4,842.92	✓	Added on 05/14/2015

Total Active Links:10. Total Deactivated Links:0. Current Active Links:10. Current Deactivated Links:0

Accreditation:

Accreditation:

If your organization is currently accredited by one or more recognized accrediting body, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation, most recent dates of accreditation (including expiration date)

Description 1 (600 character limit):

Council on Accreditation, through December 31, 2015; The COA standards process was applied to 14 different service domains and programs of LFCS. It involves an in-depth self-review of an organization or program against currently accepted best practice standards, an onsite visit by an evaluation team comprised of experts, and a subsequent review and decision by the accrediting body.

Description 2 (600 character limit):

Description 3 (600 character limit):

Description 4 (600 character limit):

Description 5 (600 character limit):

Certifications:

Certifications:

Please indicate that the above named organization:

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

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

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

yes

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet

Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Link Info	
					Active	Date
Lutheran Family and Children Services of Missouri	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Maternal Mental Health - RG 1	<input checked="" type="checkbox"/>	Added on 05/11/2015

(1 hidden)

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

System Fields

Record ID

15297

Modification Date

07/15/2015 12:23 pm CDT

Modified By

Lutheran Family Children Services ORG

Creation Date

05/08/2015 09:45 am CDT

Created By

Organization AutoLogin

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

Lutheran Family and Children Services of Missouri

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

Maternal Mental Health - RG 1

Amount of Request

\$73,736.00

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

Home-based and community-based family intervention programs
Individual, group, or family professional counseling and therapy services
Mental health screenings

Program Information

Program Website (will default to Organization website)

<http://www.lfcsmo.org>

Address

401 West Boulevard North

City

Columbia

State

Missouri

County

Boone County

Zip

65203

Program Administrator Name

Heather A Wall

Phone Number
Address

401 West Boulevard North

City

Columbia

State

Missouri

County

Boone County

Zip

65203

Program Administrator Title

Regional Director

Email

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1432822772_30421_AttachmentA-LFCS.pdf/

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

/document/download/filename/1432822772_30420_AttachmentB-LFCS.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1432822796_30419_AttachmentCwE-VerifyMOU-LFCS.pdf/

Addendums

/document/download/filename/1434383924_30418_Addendums.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Link Info

Active Date

Lutheran Family and Children's Services of Missouri

9666 Olive Boulevard

Rev. Alan M. Erdman

Added on
05/11/2015

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

Federal EIN Number (will auto-populate)

43-0652650

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Budget

Program Budget Instructions

For each item for which figures are entered, please complete the corresponding narrative field.
*Indicates Required Field.

Program Budget

PROGRAM REVENUE	PROPOSED YEAR	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A \$0.00	1A % 0
B. Other United Ways (300 character limit)	1B \$0.00	1B % 0
C. Capital Campaigns (300 character limit)	1C \$0.00	1C % 0
D. Grants (non-governmental) (300 character limit)	1D \$0.00	1D % 0
E. Fund Raising & Other Direct Support (300 character limit)	1E \$0.00	1E % 0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A \$73,736.00	2A % 79
B. Boone County - Community Health Funding (300 character limit)	2B \$0.00	2B % 0
C. Boone County- Other Funding (300 character limit)	2C \$0.00	2C % 0
D. Funding from Other Counties (300 character limit)	2D \$0.00	2D % 0
E. City of Columbia - Social Service Funding (300 character limit)	2E \$0.00	2E % 0
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F \$0.00	2F % 0
G. City of Columbia - CHDO Funding (300 character limit)	2G \$0.00	2G % 0
H. City of Columbia - Other Funding (300 character limit)	2H \$0.00	2H % 0
I. Funding from Other Cities (300 character limit)	2I \$0.00	2I % 0
J. Federal (Medicaid, Title III, etc.) (300 character limit) Insurance will be billed when possible	2J \$5,000.00	2J % 5
K. State (Purchase of Service, Grants, etc.) (300 character limit) State of Mo.contract funding	2K \$2,491.00	2K % 3
L. Other (Schools, Courts, etc.) (300 character limit)	2L \$0.00	2L % 0
3. Program Service Fees (300 character limit)		

	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Funding from Children's Trust Fund	\$12,300.00	13
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	93527	
PROGRAM EXPENSES		
1. Personnel	1.	1. %
	\$71,868.00	77
2. Non-Personnel	2.	2. %
	\$21,659.00	23
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	93527	

System Fields

Linked 'Program Overview' Records

Link Instructions

Program Overview				Link Info	
Record Lock	a. Will program consumers b...	b. Will the program utilize...	Total Number of Unduplicate...	Active	Date
	No		50	✓	Added on 06/14/2015

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

Linked 'Final POS Report' Records

Linked 'Final Pilot Report' Records

Program Overview

Program Overview Instructions

The purpose of this section is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Each narrative response should be clear and succinct.

Respond as if the reviewers have no prior knowledge of the program and service(s).

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

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this section. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

PLEASE NOTE: In order to complete the Program Service Levels sub-section, you must first complete and link to Program Budget Section.

Information provided in the Program Overview Section should correspond with the information provided in the:

Program Budget

Program Service (POS Only)

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Statement of Issue Being Addressed

Instructions: Include information pertaining to the overall, community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.) The issue(s) should be tied to the organization's major goal(s), as stated in the Organization Information form, as well as the program goal(s), as stated in the Program Goal(s) sub-section below.

a. Describe and document the issue(s) to be addressed by the proposed program. (1500 character limit)

Both mothers and children suffer when depression is unaddressed. Maternal depression threatens two core parental functions: fostering healthy relationships and carrying out the management functions of parenting. Most interventions for depression address only the adult: they do not address the adult as a parent, and they do not actively include strategies to prevent or repair damage to the parent-child relationship.²

Maternal depression may have lifelong consequences for the child's relationships with his or her parents and others in their lives. If not addressed, children of depressed parents are more likely to fall behind their peers across an array of developmental areas, including cognition, social, emotional, physical and mental health. They are at higher risk for needing special education in school, being involved in juvenile justice in adolescence and developing mental health and health problems in adulthood.⁴

Evidence suggests that intensive therapies that focus on both mothers and their young children together can improve child outcomes. Because healthy brain architecture is built by positive interactions with responsive caregivers over time, short-term therapies of low intensity that focus solely on mothers may be effective at reducing their depressive symptoms, but they are unlikely to improve child outcomes.¹

LFCS will utilize methods that focus on both the mother and young children. Child-Parent Psychotherapy (CPP) is just one of the methods to be used.

b. Describe and document the population affected by the issue(s) to be addressed by the proposed program including demographics and characteristics. (1500 character limit)

Maternal depression does not discriminate based on one's age, race, income, marital status or area of residence. It does have a higher prevalence in those dealing with financial hardship or social isolation for various traumatic exposures such as sexual abuse but even with the various characteristics it again does not differentiate one over the other. Anyone can experience maternal depression or strained parent-child relationships.

The early childhood home visiting resource providers in Boone County serve over 2200 families each year with approximately 450 of them score within a significant range on their Edinburgh Postnatal Depression Scale (EPDS) and are in need of mental health services because of their risk of depression.

c. Describe how the City of Columbia or Boone County community is affected by the issue(s) to be addressed by the proposed program. (1500 character limit)

Untreated mental health issues can have long term financial costs as well as social impacts on the community connected to risks of additional mental health needs, increases in suicide rate, substance use susceptibility, court involvement, need for state assistance, homelessness, school difficulties and increased risks of child abuse and neglect.

Program Consumers

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

The target population for this mental health project is mothers living with depression and their children, aged 0-10 years, who are residents of Boone County. Those most in need of counseling services are young families with low income, single parents, broken family relationships and other risk factors such as being uninsured or under insured and unstable housing.

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

"Serious depression in mothers/caregivers can affect far more than the adults who are ill. It also influences the well-being of the children in their care. When mothers are unable to be sensitive and responsive to a young child's signals, the child's brain may not form as it should which can lead to learning, behavior and health difficulties."¹

"According to the National Center for Children in Poverty (NCCP), maternal depression, alone, or in combination with others risks can pose serious, but typically unrecognized barriers to healthy early development and school readiness, particularly for low-income young children. Maternal depression can interfere with the early bonding and attachment process and has been linked with negative relationships in early childhood, and with reduced language ability, which is needed for early school success."²

LFCS has a long history of providing services to pregnant women and parents of young children, so serving this population is a natural fit given our experience. We recognize that concentrating additional resources on these consumers that maternal depression is a need because of the impact it has on the entire family.

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

Families consistently experience social and logistical barriers to accessing care and to receiving care in a timely manner. When there is a delay in accessing services, such as having no reliable means of transportation, the likelihood that our clients will follow through with needed services is lowered.

Another challenge faced is often families are uninsured or under insured. Boone County Children Service's Fund is crucial to ensure that LFCS and the community are able to provide these needed mental health services to mothers and their children.

Program Goal

Instructions: The program goal(s) should correspond to the organization's major goal(s) (as stated in the Organization Information section), the issue(s) the proposed program is intended to address (as stated in the Statement of the Issue Being Addressed sub-section above), and the consumers of the proposed program (as indicated in the Program Consumers sub-section above).

State the goal(s) of the proposed program. (300 character limit)

Our goal is to increase the number of mothers (and young children, when applicable) who receive timely treatment for depression and its effects. Early and effective therapy can mitigate depression's effects on the parent, the child, and the parent-child relationship.

Program Description

Instructions: The information provided in this section should include information for each program service indicated in the Program Service section.

a. Provide a detailed description of the proposed program. (3000 character limit)

LFCS counselors will utilize a culturally-competent, multi-faceted treatment approach that includes assessment, treatment planning, therapy, psychiatric consultation, crisis intervention, discharge planning and aftercare. The therapies used emphasize trauma-focused care. Childhood mental health therapies to be used include but are not limited to, Child Parent Psychotherapy (CPP) and Play therapy, while for older children and adults, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Therapy (CBT) will be used. All therapies are evidence-based practices. Services will take place in the office, client's home or in a confidential community space.

Intake: Inquiry calls/referrals are processed by staff to identify the presenting issue(s) and determine eligibility. An Intake Form will be completed for the counselor's review and an initial appointment will be scheduled.

Assessment: During the initial session, the counselor will complete an assessment of the client's presenting problems, family & strengths. Also assessed are developmental, school, medical & psychiatric history and concerns. The Edinburgh Postnatal Depression Scale (EPDS) will be administered or reviewed from referral. Children will complete a Trauma Symptom Checklist for Children (TSCC) or the Trauma symptom Checklist for young Children (TSCYS).

A Crowell assessment will be completed to structurally capture the interaction between child and mother. It assesses the mother's capacity to set limits, display of affect toward the child and how the mother gives emotional and behavioral support to the child. It also looks at the children's compliance with their mother's commands, the display of affect towards their mother, aggression towards their mother and task-oriented behaviors.

Treatment planning: A treatment plan is developed with the client within the first two sessions. The client's strengths, needs and goals are included in the process. The treatment plan assists the client and counselor to address and resolve client concerns in concrete, practical and measurable ways.

Referral: When indicated, counselors will refer clients to psychiatric, medical, community, vocational, recreational or other specialty resources to best meet their needs. LFCS will contract with the Family Health Center so clients can meet with clinic staff for consultation (medication management).

Discharge: When the counselor and client agree that treatment goals have been achieved, treatment may be terminated. A discharge plan is developed in collaboration with the client and will include information regarding aftercare, referrals for additional services and follow-up services

A two therapist approach will be utilized. One therapist will provide individual therapy and family therapy (this will be necessary for the younger children) to the mother while another therapist will provide therapy to the children who are old enough to participate in individual therapy.

b. For each location in which the proposed program service(s) will be provided, indicate the street address and the days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.). If the proposed program service(s) are to be delivered off-site, describe the environment in which they will be provided (e.g. in homes, street outreach, etc.) (600 character limit)

Counseling services will be held either in the office (401 West Boulevard North, Columbia, MO. 65203) or in the client's home or in a confidential community space. Services will be provided Monday – Friday, 8:30 AM – 5 PM and Saturday's and evening hours per request.

By encouraging mobility and flexibility among our counselors, LFCS will meet the needs of families in Boone County by providing services where it is most practical for the clients--in the home, at the office or a confidential community location.

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

Clients will be residents of Boone County, mothers living with depressive symptoms and their children. Children will be between the ages of 0-10. Depressive symptoms will be assessed at time of intake. There are no income requirements though the majority of our clients will be below the threshold of poverty.

d. Describe any external requirements of the proposed program such as licensing, minimum standards, etc. (600 character limit)

Master's degree or higher in counseling, social work or a mental health related field with license or be license eligible from the State of Missouri in Professional Counseling (LPC) or LCSW.

e. Is the proposed program currently accredited by one or more recognized accrediting body?

Yes

If yes, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation:

The Council on Accreditation (COA)

Current accreditation period:

December 2011 - December 2015

Description: (600 character limit)

The Council on Accreditation (COA) mission is to partner with human service organizations worldwide to improve service delivery outcomes. The formal evaluation of an organization or program involves an in-depth self-review against currently accepted best practice standards, an onsite visit by an evaluation team comprised of experts, and a subsequent review and decision by the accrediting body. Accreditation signifies that an organization or program is effectively managing its resources and providing the best possible services to all of its stakeholders.

f. Are there best practices for the proposed program service(s)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed program. (600 character limit)

LFCS counselors will utilize a culturally-competent, multi-faceted treatment approach. The therapies used emphasize trauma-focused care, as many served have been exposed to trauma and/or violence. Childhood mental health therapies used in the program include but are not limited to Child Parent Psychotherapy (CPP) and Play therapy, while for older children and adults, the program will provide Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Therapy (CBT). All therapies are evidence-based practices.

g. Is there evidence to support the efficacy of the proposed program and/or program service(s)?

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit)

"Just as it is essential to treat children's emotional and behavioral problems within the context of their families, it is equally essential for treatment and programs aimed at improving maternal depression and depressive symptoms to consider, treat, and measure their impact on the children." 1

"Cognitive-Behavioral Therapy (CBT) is an empirically supported treatment that focuses on patterns of thinking that are maladaptive and the beliefs that underlie such thinking. Studies of CBT have demonstrated its usefulness for a wide variety of problems, including mood disorders, anxiety disorders, personality disorders, eating disorders, substance abuse disorders, and psychotic disorders." 5

"Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents. Developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences." 6

Child-Parent Psychotherapy (CPP) is an intervention model for children 0-5 who have experienced traumatic events and/or are experiencing mental health, attachment and or behavioral problems. Treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning and cognitive behavioral theories.

If No - Provide rationale for utilizing the proposed program services(s). (1500 character limit)

h. Describe any unique or innovative aspects of the proposed program that will enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

"Maternal depression may have lifelong consequences for the child's relationships with his or her parents and others in their lives. If not addressed, children of depressed parents are more likely to fall behind their peers across an array of developmental areas, including cognition, social, emotional, physical and mental health. They are at higher risk for needing special education in school, being involved in juvenile justice in adolescence and developing mental health and health problems in adulthood." 4

LFCS recognizes the need to work with both the mother and the children, as maternal depression does not only affect the mother. Our two therapist

approach will insure that not only the mother is getting the help she needs but that the children's trauma response is also being addressed. Besides working with each individually, LFCS will focus on the parent-child relationship in family therapy which is proven to expedite the healing process for both.

Also by encouraging mobility and flexibility among our counselors to provide services in the client's home, in the office or a confidential community location, LFCS believes this will decrease any delays to receiving help.

i. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

LFCS will subcontract with the Family Health Center for medication management which will include consultation with one of their primary care physicians and then for medication if needed.

LFCS has received a letter of support from Parents As Teachers in Columbia for referrals and collaboration on shared cases. They are seeing a significant need in the community.

LFCS has received a letter of support from First Chance for Children in Columbia for referrals and collaboration on shared cases. They are seeing a significant need in the community.

LFCS has received a letter of support from Parents As Teachers in Centralia for referrals and collaboration on shared cases. They are seeing a significant need in their small Boone County community.

We will also network with the Health Department and other medical providers to identify clients in need.

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

/document/download/filename/1434383382_29425_MOU-LFCS-FHC6-12-15.pdf/

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

/document/download/filename/1434383382_29426_3LettersofSupport.pdf/

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

Program Personnel 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 program. 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)

Program Personnel

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	SALARY RANGE FROM: (wages, social security and Medicare)	SALARY RANGE TO:
P1 Social Worker II / Case Manager II	MQ1 Licensed or provisionally licensed	FTE1 1.00	SR1 FROM 33.00	SR1 TO
P2 Administrative Assistant	MQ2	FTE2 1.00	SR2 FROM 29.00	SR2 TO
P3 Director	MQ3 Licensed	FTE3 1.00	SR3 FROM 59.00	SR3 TO
P4	MQ4	FTE4 0.00	SR4 FROM 0.00	SR4 TO
P5	MQ5	FTE5 0.00	SR5 FROM 0.00	SR5 TO
P6	MQ6	FTE6 0.00	SR6 FROM 0.00	SR6 TO
P7	MQ7	FTE7 0.00	SR7 FROM 0.00	SR7 TO
P8	MQ8	FTE8 0.00	SR8 FROM 0.00	SR8 TO
P9	MQ9	FTE9 0.00	SR9 FROM 0.00	SR9 TO
P10	MQ10	FTE10 0.00	SR10 FROM 0.00	SR10 TO

Program Personnel Narrative

Provide a rationale for the minimum qualifications and salary range for each position indicated above. (600 character limit)

Regarding salary range LFCS paid an outside consultant last year to review all positions and wages against the market for the entire agency. LFCS made changes based on this market study so that we can remain competitive.

LFCS regularly review existing positions as well as newly created positions to ensure that the minimum qualifications reflect the minimum qualifications needed to both perform the specific duties and also to be in compliance with licensing authorities.

Program Service Fee

a. Will program consumers be charged a fee for the proposed program service(s)?

No

If No - Provide a rationale for why no fees will be charged for the program service(s). (600 character limit)

The majority of our clients are either uninsured or under insured which keeps them from accessing the services they need. Under insured clients often do not have the resources to pay their co-pays or full payment of the service until their deductible is met for insurance to cover any cost of the service. If they do have resources we will bill them first however this may only be 20% of our clients and typically it is only on a temporary basis. Medicaid is discontinued for pregnant women at 6 weeks post-partum.

If Yes - Provide a description of and rationale for the program service fee. (600 character limit)

Program Service Levels

Click Add to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

Link to Program Budget

Program Budget			Record Lock	Link Info
TOTAL REVENUE	2.	TOTAL EXPENSES		Active Date
93527	\$21,659.00	93527		Added on 05/14/2015

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

Total Number of Unduplicated Individuals to be served by the Proposed Program

50

Average Cost per Individual

1870.54

Program Service Need

a. Are other organizations/businesses in the City of Columbia or Boone County currently providing the proposed program service(s)?

Yes

Indicate the organizations/businesses currently providing the proposed program service(s). (600 character limit)

While there are providers of mental health services in Boone County (such as Family Counseling Center and Burrell), there are not enough providers to meet the specific demand of maternal depression and the effects it has on their children. In addition, LFCS will provide services (including early childhood services) in the home, the office or a confidential community location to make services accessible to the families.

b. State the reason why the proposed program is needed in the City of Columbia or Boone County. (1500 character limit)

"Depression is debilitating, making it difficult for mothers to effectively carry out requisite caregiving tasks and responsibilities and to build and maintain nurturing relationships with their children. This may explain why, when raised by a chronically depressed mother, children perform lower, on average, on cognitive, emotional, and behavioral assessments than children of non-depressed caregivers, and they are at risk for later mental health problems, social adjustments difficulties and difficulties in school." 1

The early childhood home visiting resource providers serve over 2200 families each year with approximately 450 of them score within a significant range on their Edinburgh Postnatal Depression Scale (EPDS) and are in need of mental health services because of their risk of depression.

"Studies indicate that postpartum depression impacts approximately 10% to 20% of mothers within the first year of giving birth. In Missouri, 14% of women surveyed in the Missouri Pregnancy Risk Assessment Monitoring System reported symptoms of postpartum depression."6

Funding Request Justification

a. Provide a justification for the requested level of funding from the City of Columbia or Boone County. (600 character limit)

While there are home visiting and case management resources for the targeted population, therapy and medication management services are very scarce, particularly for uninsured and/or under-insured women. In addition, in-home or community therapy services are virtually nonexistent.

By encouraging mobility and flexibility among our counselors to provide services in the client's home, in the office or a confidential community location, LFCS believes this will decrease any delays to receiving help.

b. Describe how funding from the City of Columbia or Boone County for the proposed program will expand program service capacity, fill a gap in or loss of funding from other funding sources, and/or enable the organization to access funding from other funding sources. (600 character limit)

By supporting the Maternal Mental Health program, the Boone County Children Service's Fund is making a difference for the youngest and most vulnerable residents of Boone County, who may suffer the adverse effects of maternal depression, perhaps resulting in a lifetime of mental health issues and or consequences.

By filling the unmet need of treating mothers with depression and their children, they will not only get access to care but it will show that there is a need in the community, inspiring other funding sources or foundations to support this need.

Reference List

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

Reference List: (5000 character limit)

1 Center on the Developing Child at Harvard University (2009). Maternal Depression Can Undermine the Development of Young Children: Working Paper No.8. Retrieved from <http://developingchild.harvard.edu>

2 Knitzer, J., Theberge, S., & Johnson, K. (January 2008). Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework. Retrieved from www.nccp.org

3 Missouri Pregnancy Risk Assessment Monitoring System (2011) . PRAMS MOonitor: Postpartum Depression. Retrieved from <http://health.mo.gov/data/prams/pdf/postpartumdepression.pdf>

4 Children's Defense Fund – Minnesota (April 2011). Zero to three research to policy project: Maternal Depression and Early Childhood Full Report. Retrieved from www.cdf-mn.org

5 Warman, Ph. D., D., & Beck, MD, A. (June 2003) National Alliance on Mental Illness, Cognitive Behavioral Therapy Fact Sheet

6 Substance Abuse and Mental Health Services Administration. National Registry of Evidence-based Programs and Practices. Retrieved from <http://www.nrepp.samhsa.gov/index.asp>.

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records

Linked 'Interim POS Report' Records

Link Instructions (2)

Linked 'Final Pilot Report' Records

Program Service

Program Service Instructions

The purpose of this section is to provide detailed information about the proposed program service(s). Services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in the proposed program. This includes services for which you are not requesting City of Columbia or Boone County funding.

Information provided in the Program Service Section should correlate with the information provided in the:

Program Overview

Program Budget

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Program Service 1

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (1) (1000 character limit)

Outpatient Counseling (Individual/Family/Assessment)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (1) (100 character limit)

Per hour but can be broken down into 15 minute increments.

Unit Rate (1)

\$127.64

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, etc.) Is the proposed rate tied to an established public funding unit rate? (1)

Yes

If yes, source of publicly available rate (1) (600 character limit)

This rate is the same rate utilized by the St. Louis County Children Service's Fund.

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

Number of Units of Service to be Provided (1)

500

Number of Unduplicated Individuals to be Served (1)

50

Average Number of Units of Service per Unduplicated Individual (1)

10

Average Cost of Service per individual (1)

1276.4

Are you proposing the City of Columbia or Boone County purchase this service? (1)

Yes

Amount Requested (1)

\$57,438.00

Proposed Number of Units of Service (1)

450

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (100 character limit)

Case Coordination

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (2) (100 character limit)

Per hour but can be broken down into 15 minute increments

Unit Rate (2)

\$76.28

Is the proposed rate tied to an established public funding unit rate? (2)

Yes

If yes, source of publicly available rate (2) (600 character limit)

This rate is the same rate utilized by the St. Louis County Children Service'S Fund

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)

Number of Units of Service to be Provided (2)

135

Number of Unduplicated Individuals to be Served (2)

45

Average Number of Units of Service per Unduplicated Individual (2)

3

Average Cost of Service per Individual (2)

228.84

Are you proposing the City of Columbia or Boone County purchase this service? (2)

Yes

Amount Requested (2)

\$10,298.00

Proposed Number of Units of Service (2)

135

Program Service 3

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (100 character limit)

Medication Management / Medicaiton

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (3) (100 character limit)

Per clinic visit or filled prescription

Unit Rate (3)

\$50.00

Is the proposed rate tied to an established public funding unit rate? (3)

No

If yes, source of publicly available rate (3) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (3) (600 character limit)

Though there is an Assistance Fund option for the St. Louis County Children Service's fund it is not broken down into a rate therefore this option could not be used for this proposal. LFCS is subcontracting with the Family Health Clinic to provide medication management and medications for our uninsured or under-insured clients in need. The unit rate reflects and average cost for the client's co-pay and prescription.

Number of Units of Service to be Provided (3)

120

Number of Unduplicated Individuals to be Served (3)

10

Average Number of Units of Service per Unduplicated Individual (3)

12

Average Cost of Service per Individual (3)

600

Are you proposing the City of Columbia or Boone County purchase this service? (3)

Yes

Amount Requested (3)

\$6,000.00

Proposed Number of Units of Service (3)

120

Program Service 4

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (100 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (4) (100 character limit)

Unit Rate (4)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (4)

If yes, source of publicly available rate (4) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (4)(600 character limit)

Number of Units of Service to be Provided (4)

0

Number of Unduplicated Individuals to be Served (4)

0

Average Number of Units of Service per Unduplicated Individual (4)

0

Average Cost of Service per Individual (4)

0

Are you proposing the City of Columbia or Boone County purchase this service? (4)

Amount Requested (4)

\$0.00

Proposed Number of Units of Service (4)

0

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (100 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (5) (100 character limit)

Unit Rate (5)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (5)

If yes, source of publicly available rate (5) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (5) (600 character limit)

Number of Units of Service to be Provided (5)

0

Number of Unduplicated Individuals to be Served (5)

0

Average Number of Units of Service per Unduplicated Individual (5)

0

Average Cost of Service per Individual (5)

0

Are you proposing the City of Columbia or Boone County purchase this service? (5)

Amount Requested (5)

\$0.00

Proposed Number of Units of Service (5)

0

Totals

Total Amount of City of Columbia or Boone County Funding Requested for the Proposed Program Service(s):

73736

Linked 'Program Performance Measures' Records

System Fields

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Consumer Demographics

Consumer Demographics Instructions

Instructions:

The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program services. All counts are for Unduplicated Individuals. The totals for all sub-sections should be identical.

Information provided in the Consumer Demographic Information Section should correlate with the information provided in the:

- Program Overview Section
- Program Budget Section
- Program Service Section (POS Only)
- Program Performance Measures Section

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

50

City of Columbia

30

Other Counties

0

Residence Total

50

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

17

Black or African American (alone)

29

Native American Indian or Alaskan Native (alone)

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

0

Some Other Race

3

Subtotal - Non-Hispanic

49

HISPANIC

Of all races

1

Race/Ethnicity Total

50

Gender**Female**

45

Male

5

Other Gender

0

Gender Total

50

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

50

Over 200% of Federal Poverty Level

0

Income Total

50

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

0

5-18 years

0

19-59 years

0

60 years and over

0

Age Total (1)

0

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

10

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

5

Parent/Guardian (age 20 and over)

35

Age Total (2)

50

System Fields

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Performance Measures

Program Performance Instructions

Instructions:

The purpose of this section is to provide performance measurement information for each proposed program service. For each program service included in the Program Service Section, a performance measurement logic model will appear below. Each logic model has been partially auto-populated with program service and output information based on information provided in the Program Service Section.

PLEASE NOTE: The Program Service Section **MUST** be completed before completing this Program Performance Measures Section.

In the fields provided, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement for each proposed program service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

[Click here to access helpful information about performance measures.](#)

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

*Indicates Required Field

Link to Program Service Records

Click Add to link to the Program Service record for this program application to auto-populate the Service, Units and Unduplicated Individuals for each Program Service.

Link to Program Service

Program Service

Indicate Proposed Service (...)

Record Lock

Link Info

Active Date

Outpatient Counseling (Individual/Family/Assessment)

Added on 06/15/2015

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

Program Service 1

Service (1)

Outpatient Counseling (Individual/Family/Assessment)

Program Service 1 - Outputs

Units (1)

500

Unit Measure (1)

Per hour but can be broken down into 15 minute increments.

Unduplicated Individuals (1)

50

Program Service 1 - Outcomes

Outcome (1-1)

Clients (mothers & children) will demonstrate coping skills to manage mental health symptoms and stressors

Indicator (1-1)

75% of mothers will have a reduction in depressive symptoms

Method of Measurement (1-1)

Edinburgh Postnatal Depression Scale (EPDS)
-Pre/Post tests

Additional Outcome (1-2)

Same as 1.1

Additional Indicator (1-2)

75% of children will have reduced trauma symptoms

Additional Method (1-2)

Trauma Symptom Checklist for Children (TSCC; ages 8-16) – Pre/Post tests

Trauma Symptom Checklist for Young Children (TSCYS; ages 3-12) – Pre/Post tests

Additional Outcome (1-3)

Clients (mothers & children) will demonstrate parenting & life skills to promote self-sufficiency.

Additional Indicator (1-3)

75% of families (mothers & children) will demonstrate an increased parent-child relationship (attachment/bonding)

Additional Method (1-3)Crowell Assessment
-Pre/Post tests**Additional Outcome (1-4)****Additional Outcome (1-5)****Additional Indicator (1-4)****Additional Indicator (1-5)****Additional Method (1-4)****Additional Method (1-5)****Program Service 1 - Narrative****Describe how each outcome is attributable to the program goal(s), as stated in the Program Overview section (1) (600 character limit)**

Through mental health intervention and counseling received, LFCS clients will see a reduction of symptoms that impede them from functioning at their capacity. Clients will improve their quality of life, demonstrate reduced trauma symptoms and improved coping skills. Addressing depression in mothers helps restore parent-child caring relationships and helps children learn wellness-promoting skills needed for proper emotional development and educational success. This increases the likelihood that children of depressed mothers will grow into healthy, capable members of society.

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

Families consistently experience social and logistical barriers to accessing care and to receiving care in a timely manner. A delay in receiving help lowers the likelihood that services will be accessed. By encouraging mobility and flexibility among our counselors to provide services in the client's home or in the office LFCS believes this will decrease any delays to receiving help.

Often families are uninsured or under insured. Boone County Children Service's Fund is will ensure that LFCS and the community are able to provide these needed mental health services at a reduced or free rate.

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

A 75% improvement demonstrates that the methods utilized are making an impact on the mother's depression and on her children's well-being. As this will be the initial year of the program, a goal of 75% allows for adjustments to be made as needed so maternal depression and the affects it has on their children can continue showing a reduction.

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

The Edinburgh Postnatal Depression Scale is a valuable and efficient way of identifying those at risk for "perinatal" depression. It is easy to administer and has proven to be an effective screening tool.

The TSCC measures posttraumatic stress and related psychological symptomatology in children ages 8-16 who have experienced traumatic events.

The TSCYC evaluates acute and chronic posttraumatic symptomatology and other psychological sequelae of traumatic events in children ages 3-12.

A Crowell assessment is completed to structurally capture the interaction between child and mother.

Program Service 2**Service (2)**

Case Coordination

Program Service 2 - Outputs**Units (2)**

135

New Unit Measure Auto Populate2

Per hour but can be broken down into 15 minute increments

Unduplicated Individuals (2)

45

Program Service 2 - Outcomes**Outcome (2-1)**

Increase care coordination on behalf of the client's needs (treatment plan).

Indicator (2-1)

75% of mothers will have a reduction in depressive symptoms

Method of Measurement (2-1)Edinburgh Postnatal Depression Scale (EPDS)
-Pre/Post tests**Additional Outcome (2-2)****Additional Indicator (2-2)****Additional Method (2-2)**

Additional Outcome (2-3)**Additional Indicator (2-3)****Additional Method (2-3)****Additional Outcome (2-4)****Additional Indicator (2-4)****Additional Method (2-4)****Additional Outcome (2-5)****Additional Indicator (2-5)****Additional Method (2-5)**

Program Service 2 - Narrative

Describe how each outcome is attributable to the program goal(s), as stated in the Program Overview section (2) (600 character limit)

Through case coordination, clients will actively work towards the goals identified on their treatment plan and in turn improve their outcomes in their other programs such as in-home visitation. By coordinating with other agencies, LFCS clients will see a reduction of depressive symptoms that impede them from functioning at their capacity.

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

Families consistently experience social and logistical barriers to accessing care and to receiving care in a timely manner. By encouraging mobility and flexibility among our counselors to provide services in the client's home or in the office LFCS believes this will decrease any delays to receiving help.

Often families are uninsured or under insured. Boone County Children Service's Fund is will ensure that LFCS and the community are able to provide these needed mental health services at a reduced or free rate.

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

A 75% improvement demonstrates that the methods utilized are making an impact on the mother's depression and on her children's well-being. As this will be the initial year of the program, a goal of 75% allows for adjustments to be made as needed so maternal depression and the affects it has on their children can continue showing a reduction.

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

The Edinburgh Postnatal Depression Scale is a valuable and efficient way of identifying those at risk for "perinatal" depression. It is easy to administer and has proven to be an effective screening tool.

Program Service 3

Service (3)

Medication Management / Medicaiton

Program Service 3 - Outputs

Units (3)

120

New Unit Measure Auto Populate3

Per clinic visit or filled prescription

Unduplicated Individuals (3)

10

Program Service 3 - Outcomes

Outcome (3-1)

Increase clients access to medication management and medication if traditional mental health interventions are not helping decrease symptoms of depression

Indicator (3-1)

75% of mothers will have a reduction in depressive symptoms

Method of Measurement (3-1)

Edinburgh Postnatal Depression Scale (EPDS)
-Pre/Post tests

Additional Outcome (3-2)**Additional Indicator (3-2)****Additional Method (3-2)****Additional Outcome (3-3)****Additional Indicator (3-3)****Additional Method (3-3)****Additional Outcome (3-4)****Additional Indicator (3-4)****Additional Method (3-4)****Additional Outcome (3-5)****Additional Indicator (3-5)****Additional Method (3-5)**

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goal(s), as stated in the Program Overview section (3) (600 character limit)

Clients not experiencing a reduction in symptoms of depression with the use of traditional therapy may need more intervention such as medication management. By referring to the Family Health Clinic, their assessment and possible prescription of medication may assist in the reduction of depressive symptoms so mothers are able to function at their capacity which will positively affect the well-being of their children.

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

Families consistently experience social and logistical barriers to accessing care and to receiving care in a timely manner. By encouraging mobility and flexibility among our counselors to provide services in the client's home or in the office LFCS believes this will decrease any delays to receiving help.

Often families are uninsured or under insured. Boone County Children Service's Fund is will ensure that LFCS and the community are able to provide these needed mental health services at a reduced or free rate.

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

A 75% improvement demonstrates that the methods utilized are making an impact on the mother's depression and on her children's well-being. As this will be the initial year of the program, a goal of 75% allows for adjustments to be made as needed so maternal depression and the affects it has on their children can continue showing a reduction.

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

The Edinburgh Postnatal Depression Scale is a valuable and efficient way of identifying those at risk for "perinatal" depression. It is easy to administer and has proven to be an effective screening tool.

Program Service 4

Service (4)

Program Service 4 - Outputs

Units (4)	New Unit Measure Auto Populate4	Unduplicated Individuals(4)
0		0

Program Service 4 - Outcomes

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

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (4) (600 character limit)

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

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

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

Program Service 5

Service (5)

Program Service 5 - Outputs

Units (5)	New Unit Measure Auto Populate5	Unduplicated Individuals (5)
0		0

Program Service 5 - Outcomes

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

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (5) (600 character limit)

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

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

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

System Fields**Linked 'Interim POS Report' Records**

Link Instructions

Linked 'Final POS Report' Records

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

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

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

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

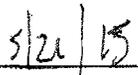
Alan Erdman, President/CEO

Printed Name - Agency Executive Director/President/CEO

Date



Signature - Agency Executive Director/President/CEO



Date

Jon Eickmann, Board Chair

Printed Name - Agency Board Chair

Date



Signature - Agency Board Chair



Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

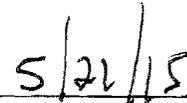
- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Alan Erdman, President/CEO

Name and Title of Authorized Representative



Signature



Date

ATTACHMENT C

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

County of ST Louis)
)ss
State of Missouri)

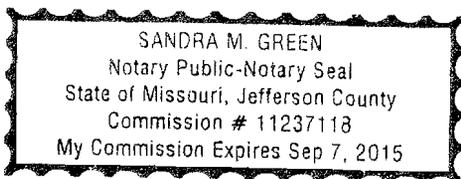
My name is Alan Erdman. I am an authorized agent of Lutheran Family and Children's Services (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

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

Alan Erdman 5/21/15
Affiant Date

Alan Erdman
Printed Name

Subscribed and sworn to before me this 21st day of May, 2015.



Sandra M Green
Notary Public

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

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and Lutheran Family and Childrens Services of Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.
5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment

Company ID Number: 139986

eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
 - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
 - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any

Company ID Number: 139986

action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of

Company ID Number: 139986

employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The

Company ID Number: 139986

Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

Company ID Number: 139986

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

Company ID Number: 139986

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer Lutheran Family and Childrens Services of Missouri

Rayna Ewell

Name (Please type or print)

Title

Electronically Signed

07/29/2008

Signature

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

07/29/2008

Signature

Date

Company ID Number: 139986

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

Information relating to your Company:

Company Name: Lutheran Family and Childrens Services of Missouri

Company Facility Address: 8631 Delmar Blvd.
Saint Louis, MO 63124

Company Alternate Address: _____

County or Parish: SAINT LOUIS

Employer Identification Number: 430652650

North American Industry
Classification Systems Code: 624

Parent Company: _____

Number of Employees: 100 to 499 Number of Sites Verified for: 7

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

- ALABAMA 1 site(s)
- MISSOURI 6 site(s)

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

Name:	Rayna Ewell	Fax Number:
Telephone Number:	(314) 787 - 5100 .ext 2734	
E-mail Address:	raynae@LFCS.ORG	
Name:	Rebecca S Turnage	Fax Number: (314) 754 - 2794
Telephone Number:	(314) 787 - 5100 .ext 27322732	
E-mail Address:	rebeccat@LFCS.org	
Name:	Emma L Hurley	Fax Number:
Telephone Number:	(314) 787 - 5100 .ext 27962796	
E-mail Address:	emmah@LFCS.org	

OFFEROR has examined Addendum #1 to Request for Proposal# 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Luthern Family and Children's Services (LFCS)

Address: 401 West Boulevard North
Columbia, MO, 65203

Phone Number: (573) 815-9955 Fax Number: (573) 449-4040

E-mail: heatherw@lfc.org

Authorized Representative Signature: Heather A. Wall Date: 5/28/15

Authorized Representative Printed Name: Heather A. Wall



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Lutheran Family Children's Services

Address: 401 West Boulevard North
Columbia, MO, 65203

Phone Number: (573) 815 9955 Fax Number: (573) 449 - 4640

E-mail: heatherw@lfcas.org

Authorized Representative Signature: Heather A. Wall Date: 6/1/15

Authorized Representative Printed Name: Heather A. Wall



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.

- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# **25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m., June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Organizations currently contracted to receive Children's Services Funds should not submit an application for the currently funded program under this RFP.
- IV. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- V. The County received the following questions and is providing a response:

- a. We are not required to file a form 990. We have both internal and external audits of our organization. Is this 990 exemption ok?

Response: Each organization's exemption request will be evaluated individually. Please contact the Community Services Department to discuss your request.

- b. Section 5 mentions that the contractor should be "...be certified, accredited or licensed in the services for which funds are requested." We are not required by State nor Federal law to have any of those credentials. Is this ok for the application?

Response: Yes.

- c. Our facility serves homeless children under the age of 18 when accompanied by parent/guardian. Is this lower age (18 versus 19) ok?

Response: Yes.

- d. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at:

- e. Narrative, Page Limitation 1.1.: What is the page limitation for the proposals? Will this change due to on-line submission requirement?

Response: There is not a page limitation as proposals must be submitted via the online system. Each required field of the forms in the on-line system has a character limitation.

- f. Organization 2.1.2.: Are all sections 1-14 uploaded as attachments or will there be form fields on line content will be typed into or copy and pasted?

Response: Sections 1-4 are part of the RFP document, sections 5-11 are forms that will be filled out on-line, and sections 12-14 will be uploaded as attachments in the on-line system.

- g. Program Services 3.7.2.: Are contracts and budgets based on fee per service?

Response: Organizations receiving contracts will be reimbursed for services based upon the agreed upon contractual unit rate for the service. The program budget should reflect total program revenues and expenses.

- h. Program Budget Worksheet 3.7.3.: Is there a percentage preferred for indirect, administrative or personnel costs?

Response: Purchase of Service proposals will be evaluated by the unit rate taking into account the reasonableness of personnel and non-personnel costs.

- i. Narrative 4.1: Can organizations submit more than one proposal? Is there a maximum number of application submissions allowed?

Response: Yes, organizations may submit more than one proposal but may not submit more than one proposal for the same program. Organizations are not limited to the number of proposals they may submit.

- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

- k. For acknowledgement of organizational accreditation, should organizations include any staff certifications or organizational certifications?

Response: No.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **25-15JUN15 – Purchase of Service Contracts for the Children’s Services Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	315-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Branning	Cel/Bone Public Health Home Services	874-7343
6.	M. W. [unclear]	Malbone Mills	874-2331
7.	Mary Beth [unclear]	Peace Junction Community Center	449-2600
8.	Kim Harvey	Interfaith Community Center	815-5759
9.	Gene [unclear]	[unclear]	[unclear]
10.	Patricia [unclear]	Presbyterian Community Services	874-85-1727
11.	Shirley [unclear]	[unclear]	874-254-2331
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN'S SERVICES FUND,
2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Putnam Community Health	573-480-4781
3.	Consecki Johnson	First City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHTS	573-874-7224
5.	Andrea Warner	Columbia Boone PHTS	573-874-7632
6.	Wendy Ell	Univ. of MO - Dept. of Psychology	573 673-4251
7.	Yvonne Bostick	Univ. of MO Dept of Psychology	573- 673-4251 230- 34129
8.	Josephine Williams	The Salvation Army	573 442-3229 X222
9.	Shelly Lock	Child Care Assoc of MO	573 4455431
10.	Nicole Atan	RUCC	573 624-1699
11.	Nicole Elliott	Central Missouri Foster Care Adoptions/ASL	573 874- 6851
12.	Dan Rolly	MO Williams Assoc. Ct	573 884-7534
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Weller	Espresso by Miller & Co. ^{Espresso}	514-918-3361
3.	Alexander	Adams & Co. Inc. ^{Adams & Co. Inc.}	573-556-1572
4.	Kathy Becka	Missouri Arts Council	513-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEAHE	PREFERRED FAMILY HC	573-680-1708
7.	Debra Lane	Lane Lane	202-414-6666
8.	Niede Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Carolyn Moxley	Beep & Child	573-337-8339
11.	KEVIN DEUNING	EPICOR 14	314-718-3308
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jous	Youth Empowerment Zone	(607) 697 3215
3.			
4.			
5.	Betsy Mark	Child Care Income Services	573 443 2586
6.	Cathy Richards	Boone County Public Health	573 886 1170
7.	Clare Blama	Rainbow House	573-474 6000
8.	Jannie Bakutee	Rainbow House	573 474 6600
9.	Scott Clardy	Wanda Home Care, PA, LLC	573 441 5566
10.	Robert Kersant	Boone County Public Health	573 443 1115, 7
11.	Carole Sauer	M.A. Bridge	573-268-4129
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 25-15JUN15

Purchase of Service Contracts

Boone County Children's Services Fund

2015 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

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

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 5, 2015
Written Questions Due By	mbobbitt@boonecountymo.org	May 13, 2015 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 18, 2015 1:00 p.m. Central Time
Response Submission Deadline	Apricot by CTK® on-line system	June 15, 2015 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 16, 2015 9:30 a.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 25-15JUN15

A pre-proposal conference has been scheduled for **Monday, May 18, 2015, at 1:00 p.m.** central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. central time on Monday, June 15, 2015** via the on-line application system, Apricot by CTK[®].

The Request for Proposal is scheduled to be **opened shortly after 9:30 a.m. on Tuesday, June 16, 2015** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 25-15JUN15

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by CTK[®] until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP.
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals: The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 16, 2015 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2015 Bid Tabulations".
- c) Proposal responses are due by Monday, June 15, 2015 at 5:00 p.m. No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Project Information and Requirements
 - 4) Application Information
 - 5) Organization Information – on-line
 - 6) Organization Financial Information and Budget Narrative – on-line
 - 7) Program Overview – on-line
 - 8) Program Services – on-line
 - 9) Program Budget Worksheet and Narrative – on-line
 - 10) Program Consumer Demographics – on-line
 - 11) Program Performance Measures Information Section – on-line
 - 12) Attachment A - Agency Assurance Sheet
 - 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 13, 2015. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 18, 2015 at 1:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

2.4. Term; Termination of Contract Agreement:

- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

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

3.2. Purpose Statement:

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

3.3. Background:

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

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

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

3.4. Funding Goals:

The Board believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified by the Institute of Public Policy, Harry S. Truman School of Public Affairs, University of Missouri Community Input Report, and the policy brief, "Are the Children Well? A model and recommendations for Promoting the Mental

Awareness of the Nation's Young People". The Community Input Report and the Policy Brief may be found at: www.showmeboone.com/communityservices/information.asp

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

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

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

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service** program as outlined in the information provided in the following online section of the RFP:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel
- 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service to be purchased.
- 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.

- 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
- 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.
- 3.8. Contractor Agency Requirements:**
- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The Application Narrative must be completed on the on-line system Apricot by CTK® and can be accessed by clicking on the following link: https://ctk.apricot.info/document/edit/id/new/form_id/23 to create an Organizational Profile and submit RFP responses. If you do not already have a username and password for the system, complete the following:

- a) Copy and paste the following link into your internet browser, preferably Google Chrome:
https://ctk.apricot.info/auth/autologin/org_id/1975/hash/365efb9c0edf7ddf3652ecd2de1868058db6b53
- b) Fill in the required information and select save.
- c) You will be redirected to a login screen where you will be able to complete the Organizational Profile and Proposal Forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

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

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

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

Name and Title of Authorized Representative

Signature

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/4/2014

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

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

PRODUCER Lutheran Trust, Inc. 1500 Wall St. Saint Charles, MO 63303	CONTACT NAME: PHONE (A/C, No, Ext): (800) 200-7257 FAX (A/C, No): (866) 608-0600 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : GuideOne Mutual Insurance Company 15032 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED Lutheran Family & Childrens Services of MO 9666 Blvd. Saint Louis, MO 63132		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

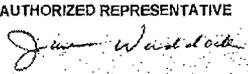
THIS IS TO CERTIFY, THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD / WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		1260-502	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		3873-690	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 2,500		9619-951	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	1281-787	08/01/2014	08/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property		1260-502	01/01/2015	01/01/2016	Blanket Limit 7,665,300

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The County of Boone-Missouri and its directors, and employees are listed as additional insureds for General Liability and Social Workers & Counselors Liability with respects to our Insured's operation. A Waiver of Subrogation has been added in favor of The County of Boone-Missouri and its directors, and employees. See Attached Form CA0444/0310

The General Liability provides liability for all employed social workers & counselors employed by the insured for \$1,000,000 per occ./ \$3,000,000 aggregate limit Form PCG7550/0409

Cancellation Clause re: GIL4205/0409-90 days notice for any reason other than non payment. 10 days notice for non payment of premium

CERTIFICATE HOLDER County of Boone-Missouri Attn: Boone County Purchasing 613 E. Ash Columbia, MO 65201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



AGREEMENT FOR PURCHASE OF SERVICES Apex

THIS AGREEMENT dated the 12th day of November, 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Phoenix Programs, Inc.**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **PP**.

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

WHEREAS, the PP has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to PP thereof; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY PP

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

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein. PP will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. PP agrees to, and

understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #25-15JUN15 (Purchase of Services) and PP's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the PP's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the PP and PP agrees to furnish **Boone Apex** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the PP's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$67,496.68** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through December 31, 2016 subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of PP be renewed for an additional two (2) one-year periods. PP agrees and understands that the BCCSB may require supplemental information to be submitted by PP prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit costs for services are the mutually agreed upon rates as follows:

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Individual outpatient counseling for mental health and/or substance abuse treatment	1 hour	\$54.92	1229	\$67,496.68

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the

event the billing dispute is resolved in favor of the PP, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by PP to monitor service delivery and program expenditures. PP agrees to submit to the BCCSB an Interim Report by July 29, 2016 for the period beginning with the date of contract execution to June 30, 2016 and a Year End Final Report by January 31, 2017, for the period of the term of the contract. Variations on this date may be requested by PP and, if so stipulated, are noted on this contract document. Payments may be withheld from PP if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. PP agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

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

9. **Monitoring.** PP agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect PP's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, PP hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

15. **Conflict of Interest.** PP agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and PP, and this shall include any transaction in which PP is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

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

17. **Employment of Unauthorized Aliens Prohibited.** PP agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. PP shall require each subcontractor to affirmatively state in its Agreement with the PP that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide PP a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

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

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

21. **Termination.** BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the PP. This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. BCCSB may terminate this agreement should the PP fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, PP agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of PP, (meaning anyone, including but not limited to consultants having a contract with the PP or subcontractor for part of the services), or anyone directly or indirectly employed by PP, or of anyone for whose acts PP may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

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

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

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

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

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

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

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

Any written notice or communication to the PP shall be mailed or delivered to:

535-2015

Phoenix Programs, Inc.
Michael Trapp
90 E. Leslie Lane
Columbia, MO 65202

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

Phoenix Programs, Inc.

Boone County, Missouri

By: Uma Jurek
Signature

By: Boone County Commission
Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Michael Trapp, Executive Director
Printed Name/ Title

By: Boone County Children's Services Board
Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

ATTEST:

[Signature]
County Counselor

Wendy S. Noyen
Wendy S. Noyen, 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.)

June Pittsford by jj 11/02/2015 (2161/71106/\$67,496.68)
Signature Date Appropriation Account

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

CLARIFICATION FORM #1

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

I. CLARIFICATION – please provide a response to the following requests.

- 1) Are the employees listed under the Program Personnel section existing or new FTEs? Please explain.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Phoenix Programs, Inc.

Address: 90 E. Leslie Ln. Columbia, MO 65202

Telephone: 573-875-8880 Fax: 573-442-3830

Federal Tax ID (or Social Security #): 43-1047634

Print Name: Michael Trapp Title: Executive Director

Signature:  Date: 7/28/15

E-mail: mtrapp@phoenixhealthprograms.com

Response: All program personnel are existing employees with the exception of the Outcomes Manager who will be hired. Sarah Smith was identified in the proposal for this position but will not be working on this program. All personnel on the program are partial FTE's and the remainder of their time is dedicated to other programs within the agency.

Organization Profile

Organization Profile Instructions

New Users:

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

Returning Users:

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

Organization User Information

Primary Information

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

Phoenix Programs, Inc.

DBA:

Phoenix Health Programs

Federal EIN Number:

431047634

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Phone Number:

573-875-8880

Website:

www.phoenixprogramsinc.org

Head of Organization

Michael Trapp

Head of Organization Phone:

573-875-8880

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Fax Number:

573-442-3880

Email:

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

Executive Director

Head of Organization Email:

mtrapp@phoenixhealthprograms.com

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

Local Organization Name:

Local Organization Fax:

Address

City

State

County

Zip

Local Contact Name:

Local Contact Email:

Address

City

State

County

Zip

Local Contact Title:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose): **Provide your organization's mission statement. (600 character limit)**
 The mission of our agency is to improve the health and quality of life of those impacted by drug and alcohol abuse.

Organization History: **Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**
 Phoenix Programs is a non-profit social service agency that has successfully provided education and treatment for persons in mid-Missouri with alcohol and drug addictions and mental health issues for 41 years. Our agency is a leader in the recovery movement and our treatment programs are rooted in evidence based practices.

Brief Statement of Organization's Major Goals: **Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**
 Our goal is to restore dignity and respect to persons who have experienced significant losses due to the result of alcohol and/or drug problems in order to help our clients become fully functioning members of society.

Articles of Incorporation: **Articles of Incorporation (MUST BE IN PDF FORMAT)**
 /document/download/filename/1433183892_30405_ArticlesofIncorporation.pdf/
 Provide a copy of the organization's Articles of Incorporation.

Organizational Chart (must be for the entire organization): **Organizational Chart (MUST BE IN PDF FORMAT)**
 /document/download/filename/1440157816_30406_StaffOrganizationalChart.pdf/

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
 Phoenix Programs provides services mainly to mid-Missouri counties, but we also provide services to the entire state of Missouri for clients who are seeking treatment or services that our agency offers.

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
 The population served by our agency is diverse. We serve adolescents ages 12-19 years of age, adult males and females of all ages and all ethnic races.

Governing Board

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

Governing Board Member

Governing Board Member Name	Board Position:	Address:	Link Info	
			Active	Date
Dan Hanneken	Member	3104 Fox Trot Columbia, MO 65202	✓	Added on 06/01/2015
Larry Colgin	Memeber	303 E. Brianwood Ln. Columbia, MO 65203	✓	Added on 06/01/2015
Kellie Wingate-Campbell	Memeber	1207 W. Broadway, Suite B Columbia, MO 65203	✓	Added on

Name	Role	Address	Status	Date Added
David Roebuck	Member	8101 Highway 40 Columbia, MO 65202	✓	Added on 06/01/2015
Michael Campbell	Member	129 E. Broadway, Ashland, MO 65010	✓	Added on 06/01/2015
Brock Bukowsky	Treasurer	1400 Veterans United Dr., Columbia, MO 65203	✓	Added on 06/01/2015
Randy Minchew	Vice President		✓	Added on 06/01/2015
Nelly Roach	President	1902 Corona Rd. Suite 201 Columbia, MO 65203	✓	Added on 06/01/2015

Total Active Links:8, Total Deactivated Links:0, Current Active Links:8, Current Deactivated Links:0

Advisory Board (if applicable)

Organization Advisory Board (if applicable):

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

Advisory Board Member

Financial Information

Organization Fiscal

Year:

July-June

IRS Tax Exempt Status Determination Letter:

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

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

/document/download/filename/1433183965_29953_501%28c%29statusfromtheIRS.pdf/

Financial Statement:

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

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1433183965_29954_2013-2014AuditReportFinal.PDF/

IRS 990 or 990 EZ:

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

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1433275492_29955_2013-2014TaxReturn.pdf/

Financial Policies

and Procedures:

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

The board of directors has a meeting each month and the CFO presents information at each meeting in regard to the finances of the agency. The agency also conducts a yearly external fiscal audit in order to ensure fiscal compliance and

oversight.

Employees Compensation

Top Five Compensated Employees:

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

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.) FTE = number of direct program service hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

If more than one employee is employed in the same position and the level of compensation is not identical, please list each of those employees separately.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Link Info	
					Active	Date
Director of Operation	Bachelors Degree	1.00	\$46,000.00	\$12,300.00	✓	Added on 08/04/2015
Executive Director	Masters with 4 years experience	1.00	\$59,384.00	\$14,846.00	✓	Added on 06/08/2015
Chief Financial Officer	Masters with 3 years experience	1.00	\$59,384.00	\$14,045.00	✓	Added on 06/08/2015
Licensed Clinical Social Worker	LPC or LCSW with Masters degree	1.00	\$48,838.00	\$12,209.00	✓	Added on 06/08/2015
Prevention and Engagement Specialist	Bachelors with 3 years experience	1.00	\$47,964.00	\$11,991.00	✓	Added on 06/08/2015

Total Active Links:5. Total Deactivated Links:1. Current Active Links:5. Current Deactivated Links:1

Accreditation:

Accreditation:

If your organization is currently accredited by one or more recognized accrediting body, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation, most recent dates of accreditation (including expiration date)

Description 1 (600 character limit):

Commission on Accreditation of Rehabilitation Facilities (CARF) May 2013 to May 2016 (3 year accreditation) for 4 programs: Adolescent outpatient treatment, Adult outpatient treatment, Adult inpatient treatment and Case management/services coordination. The agency is currently preparing for site visit in May 2016 for re-accreditation for another 3 years.

Description 2 (600 character limit):

Certified substance abuse treatment facility with the Missouri Department of Mental Health since 1978.

Description 3 (600 character limit):

Description 4 (600 character limit):

Description 5 (600 character limit):

Certifications:

Certifications:

Please indicate that the above named organization:

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

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

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

yes

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Active	Date
Phoenix Programs, Inc.	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Apex - RG 1		Added on 06/01/2015
Phoenix Programs, Inc.	Community Health/Medical Fund - POS	Boone County	RFP #26-15JUN15	Substance Abuse Treatment		Added on 06/01/2015

(3 hidden)

Total Active Links:2, Total Deactivated Links:0, Current Active Links:2, Current Deactivated Links:0

System Fields

Record ID

12711

Modification Date

08/21/2015 06:50 am CDT

Modified By

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

Phoenix Programs, Inc.

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

Apex - RG 1

Amount of Request

\$67,496.68

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

Outpatient chemical dependency and psychiatric treatment programs

Program Information

Program Website (will default to Organization website)

www.phoenixprogramsinc.org

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Name

Kara Harris

Phone Number

573-875-8880 x2115

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Title

Adolescent Counselor

Email

kharris@phoenixhealthprograms.com

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1433854398_30421_AttachmentA.pdf/

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

/document/download/filename/1433427991_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1433427991_30419_AttachmentC.pdf/

Addendums

/document/download/filename/1433427991_30418_Addendums.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Active Date

Phoenix Programs, Inc.

90 E. Leslie Lane

Michael Trapp

Added on
06/01/2015

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

Federal EIN Number (will auto-populate)

431047634

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Budget

Program Budget Instructions

For each item for which figures are entered, please complete the corresponding narrative field.
*Indicates Required Field.

Program Budget

PROGRAM REVENUE	PROPOSED YEAR	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A \$53,350.00	1A % 24
B. Other United Ways (300 character limit)	1B \$0.00	1B % 0
C. Capital Campaigns (300 character limit)	1C \$0.00	1C % 0
D. Grants (non-governmental) (300 character limit)	1D \$0.00	1D % 0
E. Fund Raising & Other Direct Support (300 character limit)	1E \$0.00	1E % 0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit) Request for 1 year.	2A \$67,496.68	2A % 30
B. Boone County - Community Health Funding (300 character limit)	2B \$0.00	2B % 0
C. Boone County- Other Funding (300 character limit)	2C \$0.00	2C % 0
D. Funding from Other Counties (300 character limit)	2D \$0.00	2D % 0
E. City of Columbia - Social Service Funding (300 character limit)	2E \$53,304.00	2E % 24
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F \$0.00	2F % 0
G. City of Columbia - CHDO Funding (300 character limit)	2G \$0.00	2G % 0
H. City of Columbia - Other Funding (300 character limit)	2H \$0.00	2H % 0
I. Funding from Other Cities (300 character limit)	2I \$0.00	2I % 0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J \$19,847.00	2J % 9
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K \$0.00	2K % 0
L. Other (Schools, Courts, etc.) (300 character limit)	2L \$0.00	2L % 0
3. Program Service Fees (300 character limit)		

	3.	3 %
	\$28,262.00	13
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	222259.68	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$170,416.00	77
2. Non-Personnel	2.	2. %
	\$51,843.68	23
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	222259.68	

System Fields

Record ID
15979

Modification Date
06/15/2015 10:55 am CDT

Modified By
Apricot Subsystem

Creation Date
06/08/2015 02:57 pm CDT

Linked 'Program Overview' Records

Link Instructions

Program Overview

Record Lock	a. Will program consumers b...	b. Will the program utilize...	Total Number of Unduplicate...	Link Info
				Active Date
	Yes	Yes	143	✓ Added on 06/10/2015

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

Linked 'Final POS Report' Records

Linked 'Final Pilot Report' Records

Program Overview

Program Overview Instructions

The purpose of this section is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Each narrative response should be clear and succinct.

Respond as if the reviewers have no prior knowledge of the program and service(s).

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

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this section. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

PLEASE NOTE: In order to complete the Program Service Levels sub-section, you must first complete and link to Program Budget Section.

Information provided in the Program Overview Section should correspond with the information provided in the:

Program Budget

Program Service (POS Only)

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Statement of Issue Being Addressed

Instructions: Include information pertaining to the overall, community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.) The issue(s) should be tied to the organization's major goal(s), as stated in the Organization Information form, as well as the program goal(s), as stated in the Program Goal(s) sub-section below.

a. Describe and document the issue(s) to be addressed by the proposed program. (1500 character limit)

According to the 2011 Boone County Adolescent Health Needs Assessment, area professionals identify mental health and alcohol/drug use as top health risk for area adolescents: 73.3% see mental health services as the primary gap in health service for youth and 47.2% see substance abuse services as gap in area health services for youth. In addition, the conclusion of the needs assessment indicated that it is apparent that mental health is a growing concern among adolescents and often linked to other health behavior, particularly drug/alcohol use. According to the Boone County Children's Service Board community input session on 3/17/14, lack of mental health and lack of health coverage continue to be systemic obstacles. The 2011 Putting Kids First in Boone County: Children's Mental Health Services Assessment saw that the greatest need for social service growth for youth was in the areas of mental health and substance abuse treatment services. According to a report released by the National Institute of Mental Health, half of all lifetime cases of mental disorders begin by age 14. An untreated mental disorder can lead to more severe, more difficult to treat illness and to the development of co-occurring mental illnesses. Mental health problems may lead to poor academics, dropout, strained relationships, substance use and risky behaviors. Approximately 20% of adolescents have a diagnosable mental health disorder (Schwarz S, 2009).

b. Describe and document the population affected by the issue(s) to be addressed by the proposed program including demographics and characteristics. (1500 character limit)

The population affected by the issues to be addressed by Apex are high risk youth ages 12-19, both males and females with mental health issues or with mental health issues co-occurring with substance abuse issues who live in Boone County. We anticipate the demographics to be 42% female and 58% male. Race: White at 60%, African Americans at 28%. Hispanic at 5%. Asians at 2% and other races at 5%. Living situation: about 20% will be living with both parents, 27% with single parents, 10% with a parent and step parent, 5% living alone, 6% living with an unrelated person, 9% in transitional living, 6% living with a sibling and 17% living with other family members. Economic status: 25% will be at median or high income levels and 75% will be at low or very low income levels. These youth will have poor academic skills, at risk of dropping out of school, a history of discipline and family problems, encounters with law enforcement and engagement in risky sexual behaviors. These youth will have either a mental health issue or a mental health issue co-occurring with a substance abuse issue. The youth affected use alcohol, smoke cigarettes, use marijuana or other illicit drugs, use synthetic drugs and abuse prescription drugs. The population affected is also those who are falling between the cracks and are without Medicaid or other health insurance or underinsured, and those who have low or very low incomes and may have a parent who may be using or has used alcohol or drugs.

c. Describe how the City of Columbia or Boone County community is affected by the issue(s) to be addressed by the proposed program. (1500 character limit)

When looking at the top health concerns in Columbia/Boone County, alcohol and drug use appear to be the dominant health risk for adolescents. Out of the 10 health risk options, 45.1% listed alcohol and drug use as the number one priority (Gebhart L, Coy M, 2010). Locally, within the past year, more than 70% of Phoenix Programs' existing adolescent program clients seeking substance abuse treatment had a co-occurring mental health diagnosis or mental health symptoms. Adolescence is a key time to identify and improve mental health and substance abuse because if undiagnosed or untreated, it can lead to more problems in adulthood. The results of the Putting Kids First Assessment identified mental health services for youth the area that is most underfunded and there are long wait times in getting appointments scheduled for youth. In Boone County, a community based system of care to serve

adolescents with co-occurring substance use and mental health disorders is virtually non-existent since services are stacked in the intensive levels of treatment. It is important to find a cost effective and evidence based treatment program for those adolescents with mental health and substance abuse issues. Looking at the monetary measures of burden, mental illness and substance abuse together account for the highest burden of any disease category for people younger than 25 years old (Murphey, et al, 2014).

Program Consumers

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

The consumers which will be served for Project Apex are at-risk youth, ages 12-19 years of age, male or female with symptoms of substance use or both substance use and mental health issues (co-occurring disorder) who live in Boone County. More than half of youth who abuse substance, such as alcohol or illicit drugs, also have a mental health diagnosis (Storr C.L., Packer L.R., Martin S.S., 2012) These youth have poor academic skills, a history of discipline and family problems, encounters with law enforcement and engagement in risky sexual behaviors. The population affected may also include homeless youth, youth who have dropped out of school or are at risk of dropping out of school. The consumer population will include those who are without Medicaid or other health insurance or underinsured. The population served will also be those with low incomes, youth living with a single parent and youth who have a parent who may be using or has past experience of using and abusing alcohol and drugs. These youth use alcohol, smoke cigarettes and/or marijuana, use other illicit drugs, synthetic drugs and abuse prescription drugs without a doctor's prescription. Around 75% of the youth will have symptoms of substance use co-occurring with depression or other mood disorders such as bipolar, anxiety, attention deficit disorder or other mental health disorders. The demographical composition of the consumers can be found on the demographic section of the application.

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

This population will be served due to the severe need to provide more resources and services to youth in our community in order to address substance use and mental health issues. Students are taking more risks than ever before with drug experimentation (Boone Hospital Community Health Needs Assessment, 2013). According to the 2011 Boone County Adolescent Health Needs Assessment (BCAHNA), "Through a review of literature, focus group summaries and the online survey, it became apparent that mental health is a growing concern among adolescents and often linked to other health behaviors, particularly alcohol and drug use." These consumers will also be served and targeted because the BCAHNA indicates that there is a service gap in our area for mental health and substance abuse services for adolescents. Project Apex will help bridge the gap in our community by providing these services to youth, while also helping to understand and better target and communicate with youth about their co-occurring disorders and their relationships with family and friends. The youth in our area at risk and the lack of access to appropriate services can lead to life-long problems and even suicide ideations. These at risk youth are a difficult population to treat due to families breaking up, economic issues, peer pressure and lack of support and a lack of communication and understanding.

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

One challenge in serving the targeted youth is working with the juvenile justice center. In the past we have received referrals from the local juvenile justice center, but over the past year they have contracted with another counseling agency for referrals. So now our Apex counselor interacts with juvenile officers who have worked with our clients in the past. Another challenge in the past with serving these consumers has been transportation for those living in rural Boone County in order to access services. However, we have secured an MOU with a partner agency to help with that barrier.

Program Goal

Instructions: The program goal(s) should correspond to the organization's major goal(s) (as stated in the Organization Information section), the issue(s) the proposed program is intended to address (as stated in the Statement of the Issue Being Addressed sub-section above), and the consumers of the proposed program (as indicated in the Program Consumers sub-section above).

State the goal(s) of the proposed program. (300 character limit)

The goals of Apex are to reduce mental health symptoms, substance use and promote abstinence from alcohol/drugs by increasing positive social activity, positive peer support and improved relationships with family while increasing psychological stability and decreasing psychological distress.

Program Description

Instructions: The information provided in this section should include information for each program service indicated in the Program Service section.

a. Provide a detailed description of the proposed program. (3000 character limit)

We are proposing to serve 143 high risk youth with mental health symptoms or mental health symptoms co-occurring with substance use issues by providing counseling and treatment services. Project Apex uses the evidence based Assertive Community Reinforcement Approach (A-CRA) coupled with the Assertive Continuing Care (ACC) model to increase access to mental health and integrated mental health and substance abuse treatment for adolescents ages 12-19. The project will increase psychological stability and reduce suicide ideation among adolescents with mental health symptoms and/or co-occurring substance use and mental health disorders and will also reduce substance use. Apex is a family centered outpatient treatment program that will target at-risk, low and very low income adolescents with mental health issues. The project will include home visits, rapport building activities, problem solving skills, communication training and linking youth services. The program is 6 months in length and most of our youth complete the program because we have support and buy in from parents and other involved adults. For the first 3 months participants complete 2-5 hours of home-based and community based therapy, which is supplemented by ongoing communication by phone, texting and emails. Participants don't "drop out" unless they leave the area, because the therapist continues to initiate the relationship and build rapport. Because the contacts with the youth occur at home and in several places in the community, the relationship is durable and preset. Many of these contacts involve the parents and all interactions focus on improved communication. Youth in the program regularly comment that they would like to spend more time with a parent and parents are often surprised to hear this. Transportation is coordinated by the therapist for the adolescents. For the last 3 months of the program there is less focus on the treatment process and sessions and more focus on practicing new skills to change and modify behaviors. All of this takes place in the community and the youth chooses where it takes place; the goal is to encourage relationships and behaviors which are positive and foster a lasting change. Throughout the entire 6 months, both youth and parents are given "happiness scale" reviews to see how the relationship is progressing and to see how the youth

perceives the progress they have made on their stated goals. Sampling of the review includes: use of drugs/alcohol, relationships with girl/boyfriend, school, recreational activities, money, emotional well-being and personal habits. Research shows that clients who complete the 6 month program have been more likely to: improve psychological stability and decrease stress, reduce substance use, improve educational level and employment, increase health and decrease legal involvement. The program will be marketed to school guidance counselors and local youth organizations.

b. For each location in which the proposed program service(s) will be provided, indicate the street address and the days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.). If the proposed program service(s) are to be delivered off-site, describe the environment in which they will be provided (e.g. in homes, street outreach, etc.) (600 character limit)

Main services of intake, counseling and treatment will be provided at our facility located at 90 East Leslie Lane in Columbia, Missouri. Hours of operation are Monday-Friday 8:00AM-5:00PM. At times there may be youth who want to meet with the counselor either in a home setting or in a public place to talk or receive services. Weekends may be available to youth as well in order to meet with adolescent counselor.

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

Participant eligibility criteria will consist of the following: 1) youth ages 12-19, both male and female; 2) presence of mental health symptoms or mental health symptoms co-occurring with substance abuse; 3) live and reside in Boone County; 4) a family member or primary caregiver agrees to be involved in the program; 5) target low or very low income families, but will provide services to all income levels and those in need of substance abuse and mental health services, especially those who are most severe and at most risk.

d. Describe any external requirements of the proposed program such as licensing, minimum standards, etc. (600 character limit)

External requirements of the program include staff maintaining licensing for youth substance abuse counseling, the agency maintaining certification with the Missouri Department of Mental Health and maintaining accreditation with the Commission of Accreditation of Rehabilitation Facilities (CARF) for our adolescent outpatient treatment program.

e. Is the proposed program currently accredited by one or more recognized accrediting body?

Yes

If yes, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation:

Commission on Accreditation of Rehabilitation Facilities (CARF)

Current accreditation period:

May 2013 to May 2016

Description: (600 character limit)

Phoenix Programs obtained a 3 year accreditation in May 2013 for our adolescent outpatient treatment program with the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is an international accreditor in several areas of health and human services. Phoenix Programs is currently gearing up for another site visit in 2016 in order to renew the 3 year accreditation for our adolescent outpatient treatment program and three other programs. Also, Phoenix Programs has been certified by the Missouri Department of Mental Health since 1978.

f. Are there best practices for the proposed program service(s)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed program. (600 character limit)

The Assertive Community Reinforcement Approach (A-CRA) coupled with Assertive Continuing Care (ACC) are the evidence based practices that will be used. The evidence based A-CRA and ACC models have proven more effective and less expensive than inpatient treatment programs. The models strive to improve the youths' current community. A-CRA provides an individualized approach instead of group therapy, because groups can delay or increase cost of treatment (Dennis M, 2004). The youth chooses the goals with support of the counselor while focusing on improving areas of their life.

g. Is there evidence to support the efficacy of the proposed program and/or program service(s)?

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit)

We have been providing Apex since 2007 when it was first implemented with grant funding from SAMHSA. The program has been able to be sustained since 2007 with a variety of funders due to the experienced and dedicated Apex staff administers the program coupled with the evidence based practices of A-CRA and ACC make the program successful and has a positive impact on youth and program outcomes. A-CRA was designed as a modification of the community reinforcement approach procedures that had proven effective with adults, specifically to address the problems of adolescents with substance abuse and mental health disorders (Dennis M, 2004). The problems associated with substance abuse are not easily separated from the issue of mental illness. The two commonly co-occur and share many risk factors. Also, there is some evidence that drugs and alcohol may be used as coping strategies by those with under-treatment mental illness (Bolton JM, et al; 2009). So finding an effective evidence based practice is crucial to addressing the co-occurring population. A-CRA is coupled with ACC because of problems linking adolescents to continuing care services, especially within rural areas, as these locations have fewer options for outpatient substance abuse treatment (Godley, 2009). ACC is a case management model specifically designed to address these needs and to add services for adolescents who have a co-occurring disorder.

If No - Provide rationale for utilizing the proposed program services(s). (1500 character limit)

N/A

h. Describe any unique or innovative aspects of the proposed program that will enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

The approach of Apex differs from treatment as usual because no group therapy is used. The A-CRA/ACC models strive to improve adolescents' current community; family, school and community relationships instead of giving youth a new community who may teach them worse behaviors. Our staff members tailor treatment to individual youth to help them increase their psychological stability. The intervention has been proven to be more effective than traditional treatment therapies. In many traditional adolescent therapies, the counselor chooses the goals of treatment and contact with clients are limited to scheduled sessions, clients feel punished, treatment goes on indefinitely, clients can only receive help in an office setting and only the adolescent can receive help and excludes caregiver interaction. In Apex the adolescent chooses the goals of treatment with support of the counselor, counselors check in with clients between sessions and avoid direct confrontation while focusing on areas of life the adolescent wants to improve. Treatment encompasses the strengths and interests of the youth as a whole person and treatment is a 6 month intervention and the parents/caregivers

receive their own sessions with the counselor and youth separately. The 6 month program consists of 3 months of intervention coupled with 3 months of continuing care. Home based interventions, pro-social events, peer role models, activities and flexibility all enhance the effectiveness of the program.

i. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

We have successfully used the evidence based A-CRA/ACC models locally since 2007 and the agency continues to have a good reputation in the community for collaborations in order to enhance the effectiveness and quality of Apex. The partnership with the Columbia Public Schools provides Apex staff the ability to collaborate with school counselors and receive referrals for those students in need of mental health and substance abuse treatment services the Columbia Public Schools provides meeting space with youth. The partnership with Pathways Adolescent Residential Program allows for Apex staff to receive referrals and with the client's permission share treatment information in order to provide more efficient services and utilize MO DMH funds and Medicaid funds to assist youth in paying for inpatient residential treatment if needed. Collaboration with the Columbia Youth Community Coalition (YC2) allows Apex staff to receive referrals and information that provides the opportunity for Apex clients to suggest, plan and participate in positive, drug free activities in a supportive community. The agency is also partnering with the Fun City Youth Academy for referrals and in order to coordinate services with one another. Partnership with Services for Independent Living will assist with providing transportation services for youth in the program.

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

/document/download/filename/1434119050_29425_ServicesforIndep.LivingMOU.pdf/

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

/document/download/filename/1434134217_29426_FunCity-PhoenixMOU.pdf/

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

/document/download/filename/1434380726_29427_YC2-PhoenixMOU.pdf/

Program Personnel 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 program. 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)

Program Personnel

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	SALARY RANGE FROM: (wages, social security and Medicare)	SALARY RANGE TO:
P1 Executive Director	MQ1 Masters with 4 years experience	FTE1 0.15	SR1 FROM 59384.00	SR1 TO
P2 Director of Development	MQ2 Bachelors with 2 years experience	FTE2 0.10	SR2 FROM 78000.00	SR2 TO
P3 Chief Financial Officer	MQ3 Masters with 3 years experience	FTE3 0.15	SR3 FROM 59384.00	SR3 TO
P4 Director of Operations	MQ4 Bachelors with 3 years experience	FTE4 0.15	SR4 FROM 46987.00	SR4 TO
P5 Grants Manager	MQ5 Bachelors with 3 years experience	FTE5 0.20	SR5 FROM 43451.00	SR5 TO
P6 Network Administrator	MQ6 Bachelors with 2 years experience	FTE6 0.10	SR6 FROM 35360.00	SR6 TO
P7 Outcomes Manager	MQ7 Bachelors with 2 years experience	FTE7 0.05	SR7 FROM 44512.00	SR7 TO
P8 Substance Abuse Counselors	MQ8 LPC or LCSW with Masters degree	FTE8 2.25	SR8 FROM 44512.00	SR8 TO
P9 Case Managers	MQ9 Bachelors degree in social work, psychology or counseling	FTE9 0.00	SR9 FROM 40560.00	SR9 TO
P10 Peer Specialists	MQ10 Experience with adults suffering from co-occurring disorders	FTE10 0.00	SR10 FROM 31200.00	SR10 TO

Program Personnel Narrative

Provide a rationale for the minimum qualifications and salary range for each position indicated above. (600 character limit)

Staff members will have to pass a legal background check in order to work with youth. Staff providing the services are trained and certified in the A-CRA/ACC models. In order to achieve the certification, intensive training and supervision are required; the agency already has two staff members who are certified. Staff will be required to have either a Bachelors or Graduate degree in psychology, social work or counseling and maintain appropriate certification in the area of substance abuse treatment. The salary for staff is comparable to other non-profit agencies.

Program Service Fee

a. Will program consumers be charged a fee for the proposed program service(s)?

Yes

If No - Provide a rationale for why no fees will be charged for the program service(s). (600 character limit)

N/A

If Yes - Provide a description of and rationale for the program service fee. (600 character limit)

Treatment services offered at Phoenix Programs are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities, the underinsured and uninsured. The use and structure of the fee schedule has been recommended by MO DMH to insure access to treatment services by underserved populations. The fee schedule is also based upon current Federal Poverty Levels

b. Will the program utilize a sliding fee schedule?

Yes

If No - Provide a rationale for why a sliding fee schedule will not be utilized. (600 character limit)

N/A

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Treatment services offered at Phoenix Programs are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities, the underinsured and uninsured. The use and structure of the fee schedule has been recommended by MO DMH to insure access to treatment services by underserved populations. The fee schedule is also based upon current Federal Poverty Levels

c. Is the proposed program service(s) billable to a third party payer(s) (e.g. health insurance, state subsidy, etc.)?

Yes

If No - Explain why the program service(s) are not billable to a third party payer(s). (600 character limit)

N/A

If Yes - Indicate the program service(s) which will be billed, the third party payer(s) to be billed, and the consumer eligibility criteria for the third party source(s). (600 character limit)

If a consumer has commercial insurance, we would bill that payer (insurance company). The eligibility criteria is typically dictated through the employer or insurance company. For consumers in the Affordable Care Act plan, that is based on income level. We verify the consumer is active with insurance and obtain benefit information and we also determine if the treatment we will provide is a covered benefit or if prior authorization is required. We also accept private pay.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

For those that are underinsured we offer financing through two different companies; My Treatment Lender and M-Lend Financial. These are both independent lenders and we have no affiliation to the companies other than consumers can obtain small loans to fund treatment. For uninsured and sometimes underinsured we can also offer DMH funding.

Program Service Levels

Click Add to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

Link to Program Budget

Program Budget			Record Lock	Link Info
TOTAL REVENUE	2.	TOTAL EXPENSES		Active Date
222259.68	\$51,843.68	222259.68		Added on 06/10/2015

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

Total Number of Unduplicated Individuals to be served by the Proposed Program

143

Average Cost per Individual

1554.26

Program Service Need

a. Are other organizations/businesses in the City of Columbia or Boone County currently providing the proposed program service(s)?

Yes

Indicate the organizations/businesses currently providing the proposed program service(s). (600 character limit)

Other agencies may be providing adolescent outpatient treatment, but Phoenix Programs is still the only mid-Missouri agency offering the nationally recognized evidence based A-CRA/ACC models and is 1 of 150 agencies in the U.S.A who have implemented or are in the process of implementing the models. Apex focuses on adolescents and their families because there is a gap in family centered evidence based treatment programs in mid-Missouri.

b. State the reason why the proposed program is needed in the City of Columbia or Boone County. (1500 character limit)

Project Apex is a program that continues to be needed in the community due to the fact that mental health issues and substance use is a growing concern among adolescents and there is a gap in service providers for mental health services in our community (Gebhart et al. 2010). According to the 2013 Columbia Public School Base Mental Health Report, there is a lack of shared understanding and knowledge of appropriate emotional and mental health for teens, a need for promoting skills and building mental health awareness and a need for targeting prevention services for youth who are at risk. In addition, the 2011 Putting Kids First Mental Health Services Assessment indicated there is need for mental health and substance abuse treatment service for teens in Boone County. Locally, within the past year, more than 70% of Phoenix Programs' existing adolescent program clients seeking substance abuse treatment also had a co-occurring mental health diagnosis or mental health symptoms. The evidence based models used for Apex have been proven to be effective to address the services needed in Boone County. Phoenix Programs has provided Apex to the community since 2007 through funding support from SAMHSA, Missouri Foundation for Health, United Way and the City of Columbia and have successfully served over 500 youth and families. The intervention used for Apex continues to be more effective than traditional therapies and increases stability within the family.

Funding Request Justification

a. Provide a justification for the requested level of funding from the City of Columbia or Boone County. (600 character limit)

Phoenix Programs is requesting \$67,496.68 to serve 143 adolescents each year for Project Apex. Apex effectively reduces the risk of suicide and substance use in adolescents and saves lives. Delivering home-based outpatient treatment is costly and inpatient treatment is even more expensive. This program is well within the federal limits for the treatment services being offered and is rooted in evidence based practices.

b. Describe how funding from the City of Columbia or Boone County for the proposed program will expand program service capacity, fill a gap in or loss of funding from other funding sources, and/or enable the organization to access funding from other funding sources. (600 character limit)

Funding from the county for the Apex program will help us to expand services to more adolescents in need of treatment, especially hard to reach populations and those who are underserved, uninsured and underinsured. The funding will fill a gap in the loss of funding from United Way since they are re-prioritizing their funding areas. The funding will also allow the agency to pursue more federal grants with SAMHSA and other federal agencies since we can use county funds as matching funds.

Reference List

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

Reference List: (5000 character limit)

Storr C.L., Pacek L.R., Martins S.S. (2012) Substance use disorders and adolescent psychopathology. Public Health Reviews. 34:1-42.

Boone Hospital Center Community Health Needs Assessment Report and Implementation Plan (2013).

Schwarz S., (2009) Facts for Policymakers: Adolescent Mental Health in the United States.

Gebhart L., Coy M. (2010). Columbia/Boone County Department of Public Health and Human Services: Adolescent Health Needs Assessment.

Murphey D., Stratford B., Gooze R., Bringewatt E., Cooper P., Carney R., Rojas A., (2014). Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People.

Dennis, M.L. (2004). The Cannabis Youth Treatment (CYT) study: Main findings from two randomized trials. Journal of Substance Abuse Treatment, 27, 197-213.

Bolton J.M., Robinson J., Sareen J. (2009) Self-medication of mood disorders with alcohol and drugs in the National Epidemiologic Survey on Alcohol and Related Conditions. Journal of Affective Disorders. 115(3):367-375.

Godley S.H. (2009). Adolescent Community Reinforcement Approach (chapter) in book: Substance Abuse Treatment for Youth and Adults: Clinician's Guide to Evidence Based Practice.

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records

Linked 'Interim POS Report' Records

Link Instructions (2)

Linked 'Final Pilot Report' Records

Program Service

Program Service Instructions

The purpose of this section is to provide detailed information about the proposed program service(s). Services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in the proposed program. This includes services for which you are not requesting City of Columbia or Boone County funding.

Information provided in the Program Service Section should correlate with the information provided in the:

Program Overview

Program Budget

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Program Service 1

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (1) (1000 character limit)

Individual outpatient counseling for mental health and/or substance abuse treatment

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (1) (100 character limit)

1 hour of treatment

Unit Rate (1)

\$54.92

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, etc.) Is the proposed rate tied to an established public funding unit rate? (1)

Yes

If yes, source of publicly available rate (1) (600 character limit)

Treatment services offered at Phoenix Health Programs are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities, the underinsured and uninsured. The use and structure of the fee schedule has been recommended by MO DMH to insure access to treatment services by underserved populations. The fee schedule is also based upon current Federal Poverty Levels.

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

N/A

Number of Units of Service to be Provided (1)

4047

Number of Unduplicated Individuals to be Served (1)

143

Average Number of Units of Service per Unduplicated Individual (1)

28.3

Average Cost of Service per individual (1)

1554.27

Are you proposing the City of Columbia or Boone County purchase this service? (1)

Yes

Amount Requested (1)

\$67,496.68

Proposed Number of Units of Service (1)

1229

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (100 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (2) (100 character limit)

Unit Rate (2)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (2)

If yes, source of publicly available rate (2) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)

Number of Units of Service to be Provided (2)

0

Number of Unduplicated Individuals to be Served (2)

0

Average Number of Units of Service per Unduplicated Individual (2)

0

Average Cost of Service per Individual (2)

0

Are you proposing the City of Columbia or Boone County purchase this service? (2)

Amount Requested (2)

\$0.00

Proposed Number of Units of Service (2)

0

Program Service 3

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (100 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (3) (100 character limit)

Unit Rate (3)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (3)

If yes, source of publicly available rate (3) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (3) (600 character limit)

Number of Units of Service to be Provided (3)

0

Number of Unduplicated Individuals to be Served (3)

0

Average Number of Units of Service per Unduplicated Individual (3)

0

Average Cost of Service per Individual (3)

0

Are you proposing the City of Columbia or Boone County purchase this service? (3)

Amount Requested (3)

\$0.00

Proposed Number of Units of Service (3)

0

Program Service 4

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (100 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (4) (100 character limit)

Unit Rate (4)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (4)

If yes, source of publicly available rate (4) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (4)(600 character limit)

Number of Units of Service to be Provided (4)

0

Number of Unduplicated Individuals to be Served (4)

0

Average Number of Units of Service per Unduplicated Individual (4)

0

Average Cost of Service per Individual (4)

0

Are you proposing the City of Columbia or Boone County purchase this service? (4)

Amount Requested (4)

\$0.00

Proposed Number of Units of Service (4)

0

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (100 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (5) (100 character limit)

Unit Rate (5)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (5)

If yes, source of publicly available rate (5) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (5) (600 character limit)

Number of Units of Service to be Provided (5)

0

Number of Unduplicated Individuals to be Served (5)

0

Average Number of Units of Service per Unduplicated Individual (5)

0

Average Cost of Service per Individual (5)

0

Are you proposing the City of Columbia or Boone County purchase this service? (5)

Amount Requested (5)

\$0.00

Proposed Number of Units of Service (5)

0

Totals

Total Amount of City of Columbia or Boone County Funding Requested for the Proposed Program

Service(s):

67496.68

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures		Link Info
Record Lock	Outcome (1-1)	Active Date
	Adolescents will experience a decrease in mental health and substance abuse issues.	Added on 08/00/2015

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
	08/15/2015 10:55	CRF	08/08/2015 09:47	CRF

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Consumer Demographics

Consumer Demographics Instructions

Instructions:

The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program services. All counts are for Unduplicated Individuals. The totals for all sub-sections should be identical.

Information provided in the Consumer Demographic Information Section should correlate with the information provided in the:

- Program Overview Section
- Program Budget Section
- Program Service Section (POS Only)
- Program Performance Measures Section

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

143

City of Columbia

78

Other Counties

0

Residence Total

143

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

75

Black or African American (alone)

48

Native American Indian or Alaskan Native (alone)

3

Asian (alone)

4

Native Hawaiian or other Pacific Islander (alone)

3

Multiple Races

10

Some Other Race

0

Subtotal - Non-Hispanic

143

HISPANIC

Of all races

0

Race/Ethnicity Total

143

Gender

Female

61

Male

82

Other Gender

0

Gender Total

143

Income

At or below 200% of Federal Poverty Level

104

Over 200% of Federal Poverty Level

39

Income Total

143

Age (City-Social Services/County-Health Fund RFP)

Under 5 years

0

5-18 years

0

19-59 years

0

60 years and over

0

Age Total (1)

0

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

0

Middle School (12 years – 14 years)

35

High School (15 years – 19 years)

108

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total (2)

143

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
------------------	--------------------------	--------------------	----------------------	-------------------

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Performance Measures

Program Performance Instructions

Instructions:

The purpose of this section is to provide performance measurement information for each proposed program service. For each program service included in the Program Service Section, a performance measurement logic model will appear below. Each logic model has been partially auto-populated with program service and output information based on information provided in the Program Service Section.

PLEASE NOTE: The Program Service Section **MUST** be completed before completing this Program Performance Measures Section.

In the fields provided, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement for each proposed program service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

[Click here to access helpful information about performance measures.](#)

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

*Indicates Required Field

Link to Program Service Records

Click Add to link to the Program Service record for this program application to auto-populate the Service, Units and Unduplicated Individuals for each Program Service.

Link to Program Service

Program Service	Record Lock	Link Info
Indicate Proposed Service (...)	Active	Date
Individual outpatient counseling for mental health and/or substance abuse treatment		✓ Added on 06/09/2015

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

Program Service 1

Service (1)

Individual outpatient counseling for mental health and/or substance abuse treatment

Program Service 1 - Outputs

Units (1)	Unit Measure (1)	Unduplicated Individuals (1)
4047	1 hour of treatment	143

Program Service 1 - Outcomes

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Adolescents will experience a decrease in mental health and substance abuse issues.	62% of adolescents will report a reduction in mental health and substance abuse issues.	GPRA core client outcomes survey will be administered at intake and at 6 month follow up.
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Adolescents will establish supportive friends or	85% of adolescents will report that they have	GPRA core client outcomes survey will be

family interactions.

supportive interactions with family or friends.

administered at intake and at 6 month follow up.

Additional Outcome (1-3)

Additional Indicator (1-3)

Additional Method (1-3)

Additional Outcome (1-4)

Additional Indicator (1-4)

Additional Method (1-4)

Additional Outcome (1-5)

Additional Indicator (1-5)

Additional Method (1-5)

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit)

Each outcome is attributed to the program goals in order to see each adolescent succeed and progress in their outpatient treatment and establish strong support networks.

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

N/A

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

Measurement of the outcomes will be collected using the GPRA core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.

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

Government Performance and Results Act (GPRA) core outcomes data will be collected in order to measure outcomes for the evidence based program. These are the same measurements we have used for Apex since it was implemented in 2007 with SAMHSA funding and have proven effective for the evidence based program.

Program Service 2

Service (2)

Program Service 2 - Outputs

Units (2)

New Unit Measure Auto Populate2

Unduplicated Individuals (2)

0

0

Program Service 2 - Outcomes

Outcome (2-1)

Indicator (2-1)

Method of Measurement (2-1)

Additional Outcome (2-2)

Additional Indicator (2-2)

Additional Method (2-2)

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Program Service 2 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (2) (600 character limit)

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

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

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

Program Service 3

Service (3)

Program Service 3 - Outputs

Units (3)
0

New Unit Measure Auto Populate3

Unduplicated Individuals (3)
0

Program Service 3 - Outcomes

Outcome (3-1)

Indicator (3-1)

Method of Measurement (3-1)

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (3) (600 character limit)

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

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

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

Program Service 4

Service (4)

Program Service 4 - Outputs

Units (4)
0

New Unit Measure Auto Populate4

Unduplicated Individuals(4)
0

Program Service 4 - Outcomes

Outcome (4-1)

Indicator (4-1)

Method of Measurement (4-1)

Additional Outcome (4-2)

Additional Indicator (4-2)

Additional Method (4-2)

Additional Outcome (4-3)

Additional Indicator (4-3)

Additional Method (4-3)

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (4) (600 character limit)

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

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

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

Program Service 5

Service (5)

Program Service 5 - Outputs

Units (5)

New Unit Measure Auto Populate5

Unduplicated Individuals (5)

0

0

Program Service 5 - Outcomes

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (5) (600 character limit)

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

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

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

System Fields

Record ID

Modification Date

Modified By

Creation Date

Created By

06/15/2015 10:56 am CDT

Apricot Subsystem

06/08/2015 08:05 am CDT

Phoenix Programs Inc.ORG

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

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

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

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

Michael Trapp

~~Michael Trapp~~ *MT*

Printed Name - Agency Executive Director/President/CEO

6/4/15

Date

Nelly Roach

Signature - Agency Executive Director/President/CEO

6/4/15

Date

Nelly Roach

Printed Name - Agency Board Chair

6/4/15

Date

Nelly Roach

Signature - Agency Board Chair

6/4/15

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

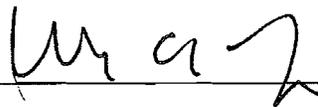
(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Michael Trapp, Interim Executive Director

Name and Title of Authorized Representative

Signature



6/4/15

Date



Employment Eligibility Verification



Welcome
Mindy Stuck

User ID
MSTU0856

Last Login
08:23 AM - 05/02/2014

Log Out

Click any for help

- Home
- My Cases
- New Case
- View Cases
- Search Cases
- My Profile
- Edit Profile
- Change Password
- Change Security Questions
- My Company
- Edit Company Profile
- Add New User
- View Existing Users
- Close Company Account
- My Reports
- View Reports
- My Resources
- View Essential Resources
- Take Tutorial
- View User Manual
- Share Ideas
- Contact Us

Company Information

Company Name: Phoenix Programs, Inc.

[View / Edit](#)

Company ID Number: 304583

Doing Business As (DBA) Name:

DUNS Number:

Physical Location:

Address 1: 90 E. Leslie Lane

Address 2:

City: Columbia

State: MO

Zip Code: 65202

County: BOONE

Mailing Address:

Address 1:

Address 2:

City:

State:

Zip Code:

Additional Information:

Employer Identification Number: 431047634

Total Number of Employees: 20 to 99

Parent Organization:

Administrator:

Organization Designation:

Employer Category: None of these categories apply

NAICS Code: 624 - SOCIAL ASSISTANCE

[View / Edit](#)

Total Hiring Sites: 1

[View / Edit](#)

Total Points of Contact: 1

[View / Edit](#)

[View MOU](#)



Employment Eligibility Verification

Welcome
MindyStuck

User ID
MSTU0856

Last Login
08:10 AM - 05/02/2014

Log Out



Click any for help

- Home
- My Cases
- New Case
- View Cases
- Search Cases
- My Profile
- Edit Profile
- Change Password
- Change Security Questions
- My Company
- Edit Company Profile
- Add New User
- View Existing Users
- Close Company Account
- My Reports
- View Reports
- My Resources
- View Essential Resources
- Take Tutorial
- View User Manual
- Share Ideas
- Contact Us

Points of Contact Summary List

Previous Next

First Name	Last Name	Middle Name	Phone Number	Fax Number	Email Address
Mindy	Stuck	S	(573) 875 - 8880 ext. 2143	(573) 442 - 8095	mstuck@phoenixpro

Previous Next



Company ID Number: 304583

**THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION
MEMORANDUM OF UNDERSTANDING**

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **Phoenix Programs, Inc.** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

Company ID Number: 304583

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative



Company ID Number: 304583

nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304583

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking

Company ID Number: 304583

adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as

Company ID Number: 304583

authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the

Company ID Number: 304583

contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

Company ID Number: 304583

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible

Company ID Number: 304583

after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take

Company ID Number: 304583

mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



Company ID Number: 304583

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Phoenix Programs, Inc.

Judy Prevo

Name (Please Type or Print)

Title

Electronically Signed

02/16/2010

Signature

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

02/16/2010

Signature

Date



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304583

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Phoenix Programs, Inc.

Company Facility Address: 90 E. Leslie Lane

Columbia, MO 65202

Company Alternate Address:

County or Parish: BOONE

Employer Identification

Number: 431047634

North American Industry Classification Systems

Code: 624

Parent Company:

Number of Employees: 20 to 99

Number of Sites Verified

for: 1

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

- MISSOURI 1 site(s)

Company ID Number: 304583

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

Name:	Judy A Prevo	
Telephone Number:	(573) 875 - 8880 ext. 2143	Fax Number: (573) 442 - 8095
E-mail Address:	jprevo@phoenixprogramsinc.org	



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) than \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

c. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

d. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

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

OFFEROR has examined Addendum #1 to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: Phoenix Programs, Inc.

Address: 90 E. Leslie Ln. Columbia, MO 65202

Phone Number: 573-875-8880 Fax Number: 573-442-3830

E-mail: mtrapp@phoenixhealthprograms.com

Authorized Representative Signature: Michael Trapp Date: 6-4-15

Authorized Representative Printed Name: Michael Trapp

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN'S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	816-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Browning	Col/Boone Public Health Human Services	874-7343
6.	MICHELLE WALKER	Boone PHTS	874-6331
7.	Meg Bartlett	Mary Jo Johnston Community Learning	449-5600
8.	Kim Harvey	Waverlyburg Early Learning Center	815-5959
9.	Alex Bellis	City/County PHTS	777-7409
10.	Robert Craigley	Presbyterian Children's Home, Inc.	314-587-1727
11.	Christina Coonan	Lutheran Family Children's Services	314-754-2231
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN’S SERVICES FUND,
2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Partners Community Health	573-480-4781
3.	Consuela Johnson	First City Youth Academy	573-756-1436
4.	Jason Wilcox	Columbia Boone PHHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHHS	573-874-7632
6.	Nancy Ell	Univ. of MO - Dept. of Psychiatry	573 673-4057
7.	Melody Bostick	Univ. of MO Dept of Psychiatry	573- 253-11
8.	JANIA C. HARMON	The Salvation Army	573-442-3229 X222
9.	Shelly Lock	Child Care Alliance of MO	573-4455437
10.	Nancy Ann	BCCC	573-874-1690
11.	Nicole Elliott	Central Missouri Foster Care Adoption Assoc.	575-894-0951
12.	Dan Reilly	MO Wellness Resource	573-884-7534
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN'S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nova Kelleher	Epworth Builders & Grading	314-918-3321
3.	Adam Saunders	Columbia Center for Living Agriculture	573-356-9372
4.	Kathy Becker	Missouri Ends Town	573-442-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEHKE	PREFERRED FAMILY HC	573 680 1905
7.	Vendy Lane	Larson House	573-474-6600
8.	Nicole Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Caro Lynn Miettinen	Boone County Girls Club	573-834-8339
11.	KEVIN DRUMMER	EPWORTH	314-918-3338
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jones	Youth Empowerment Zone	(607) 697-3215
3.			
4.			
5.	Becky Mark	Child Care Income Services	573-443-2586
6.	Cathy D Richards	Boone Co. Ct. Admin. Admin.	573-886-7190
7.	Claire Blaine	Rainbow House	573-474-6600
8.	JANIE BAKUTEC	Rainbow House	573-474-6600
9.	Scott Clardy	Blount Co. Boone Co. Pub. Hlth. Agency	573-441-5560
10.	Rebecca Korman	Blount Co. Boone Co. Pub. Hlth. Agency	573-441-5560
11.	Carole Sauer	mu Bridge	573-268-4029
12.			
13.			
14.			
15.			



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: Phoenix Programs, Inc.
Address: 90 E. Leslie Ln. Columbia, MO 65202
Phone Number: 573-875-8880 Fax Number: 573-442-3830
E-mail: mtrapp@phoenixhealthprograms.com
Authorized Representative Signature: Michael Trapp Date: 6-4-15
Authorized Representative Printed Name: Michael Trapp
RFB #: 26-15JUN15



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

ADDENDUM #2 - Issued May 28, 2015

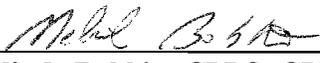
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – *Purchase of Service Contracts for the Children's Services Fund*

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m., June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Organizations currently contracted to receive Children's Services Funds should not submit an application for the currently funded program under this RFP.
- IV. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- V. The County received the following questions and is providing a response:
 - a. We are not required to file a form 990. We have both internal and external audits of our organization. Is this 990 exemption ok?

Response: Each organization's exemption request will be evaluated individually. Please contact the Community Services Department to discuss your request.

- b. Section 5 mentions that the contractor should be "...be certified, accredited or licensed in the services for which funds are requested." We are not required by State nor Federal law to have any of those credentials. Is this ok for the application?

Response: Yes.

- c. Our facility serves homeless children under the age of 18 when accompanied by parent/guardian. Is this lower age (18 versus 19) ok?

Response: Yes.

- d. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at:

- e. Narrative, Page Limitation 1.1.: What is the page limitation for the proposals? Will this change due to on-line submission requirement?

Response: There is not a page limitation as proposals must be submitted via the online system. Each required field of the forms in the on-line system has a character limitation.

- f. Organization 2.1.2.: Are all sections 1-14 uploaded as attachments or will there be form fields on line content will be typed into or copy and pasted?

Response: Sections 1-4 are part of the RFP document, sections 5-11 are forms that will be filled out on-line, and sections 12-14 will be uploaded as attachments in the on-line system.

- g. Program Services 3.7.2.: Are contracts and budgets based on fee per service?

Response: Organizations receiving contracts will be reimbursed for services based upon the agreed upon contractual unit rate for the service. The program budget should reflect total program revenues and expenses.

- h. Program Budget Worksheet 3.7.3.: Is there a percentage preferred for indirect, administrative or personnel costs?

Response: Purchase of Service proposals will be evaluated by the unit rate taking into account the reasonableness of personnel and non-personnel costs.

- i. Narrative 4.1: Can organizations submit more than one proposal? Is there a maximum number of application submissions allowed?

Response: Yes, organizations may submit more than one proposal but may not submit more than one proposal for the same program. Organizations are not limited to the number of proposals they may submit.

- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

- k. For acknowledgement of organizational accreditation, should organizations include any staff certifications or organizational certifications?

Response: No.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **25-15JUN15 – Purchase of Service Contracts for the Children’s Services Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J. Green	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Brunning	Cl/Deane Public Health	874-7343
6.	Wanda Smith	PARSONS PILLER	734-2331
7.	Meg Donnell	Parish Social Community Learning	449-6000
8.	Karen Harvey	Mississippi Family League	815-5959
9.	Lucy Bell	Mississippi Family League	815-5959
10.	Rita Gray	Parish Social Community Learning	449-6000
11.	Sharon Green	Mississippi Family League	815-5959
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN’S SERVICES FUND,
2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbit	Boone County Purchasing	886-4391
2.	Brian Martin	Partnership Community Health	573-430-4781
3.	Carolee Johnson	First City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHHS	573-874-7632
6.	Wendy Ell	Univ. of MO - Dept. of Psychology	573 673 4251
7.	Genevieve Exley	Univ. of MO Dept of Psychology	573 673 4251
8.	Wanda Harmon	The Salvation Army	573 442-3229 X222
9.	Shelley Lock	Child Care Alliance of MO	573-4455431
10.	Wendy Ell	PHHS	573 874 169
11.	Michelle Elbert	Central Missouri Foster Care Adoption/ASL	573 974 388
12.	Dan Bell	MO Wellness Resource Ctr	573 884-7534
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kelleher	Esperanza ^{LLC} & Co.	314-918-3321
3.	Alicia Sanchez	Children's Advocacy Center	573-356-7572
4.	Kathy Beck	Minn. Exp. Team	513-642-5345
5.	Nick Foster	University of Kansas Center	573-874-2272
6.	PAM LEAHE	PREFERRED FAMILY HC	573 680 1708
7.	Yvette Jones	Lawrence Jones	402-111-6601
8.	Nicole Thomas	Front Circle	573-442-9231
9.	Jack Jensen	First Chance for Children	513-771-1815
10.	Carolyn Mitchell	Deer Creek Child	573-234-8334
11.	KEVIN DRUNCE	EPICORPH	314-918-3308
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jans	Youth Empowerment Zone	(573) 697-5215
3.			
4.			
5.	Becky Markert	Children's Income Services	573-463-2536
6.	Cathy OR Shels	Home & Public Admin	573-886-1190
7.	Clare Sierra	Rainbow House	573-474-6600
8.	Janie Bakutec	Rainbow House	573-474-6600
9.	Scott Clardy	Mountain Home Co. Pub. Adm. Serv.	513-441-5567
10.	Barbara Kessler	Mountain Home Co. Pub. Adm. Serv.	513-441-5567
11.	Carolee Sauer	mu Bridge	573-268-4129
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 25-15JUN15

Purchase of Service Contracts

Boone County Children's Services Fund

2015 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

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

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 5, 2015
Written Questions Due By	mbobbitt@boonecountymo.org	May 13, 2015 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 18, 2015 1:00 p.m. Central Time
Response Submission Deadline	Apricot by CTK® on-line system	June 15, 2015 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 16, 2015 9:30 a.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 25-15JUN15

A pre-proposal conference has been scheduled for **Monday, May 18, 2015, at 1:00 p.m.** central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. central time on Monday, June 15, 2015** via the on-line application system, Apricot by CTK[®].

The Request for Proposal is scheduled to be **opened shortly after 9:30 a.m. on Tuesday, June 16, 2015** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 25-15JUN15

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by CTK[®] until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP.
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals: The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 16, 2015 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2015 Bid Tabulations".
- c) Proposal responses are due by Monday, June 15, 2015 at 5:00 p.m. No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Project Information and Requirements
 - 4) Application Information
 - 5) Organization Information – on-line
 - 6) Organization Financial Information and Budget Narrative – on-line
 - 7) Program Overview – on-line
 - 8) Program Services – on-line
 - 9) Program Budget Worksheet and Narrative – on-line
 - 10) Program Consumer Demographics – on-line
 - 11) Program Performance Measures Information Section – on-line
 - 12) Attachment A - Agency Assurance Sheet
 - 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 13, 2015. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 18, 2015 at 1:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

2.4. Term; Termination of Contract Agreement:

- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

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

3.2. Purpose Statement:

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

3.3. Background:

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

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

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

3.4. Funding Goals:

The Board believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified by the Institute of Public Policy, Harry S. Truman School of Public Affairs, University of Missouri Community Input Report, and the policy brief, "Are the Children Well? A model and recommendations for Promoting the Mental

Awareness of the Nation's Young People". The Community Input Report and the Policy Brief may be found at: www.showmeboone.com/communityservices/information.asp

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

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

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

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service** program as outlined in the information provided in the following online section of the RFP:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel
- 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service to be purchased.
- 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.

- 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
- 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.

3.8. Contractor Agency Requirements:

- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The Application Narrative must be completed on the on-line system Apricot by CTK® and can be accessed by clicking on the following link: https://ctk.apricot.info/document/edit/id/new/form_id/23 to create an Organizational Profile and submit RFP responses. If you do not already have a username and password for the system, complete the following:

- a) Copy and paste the following link into your internet browser, preferably Google Chrome:
https://ctk.apricot.info/auth/autologin/org_id/1975/hash/365efb9c0edf7fddf3652ecd2de1868058db6b53
- b) Fill in the required information and select save.
- c) You will be redirected to a login screen where you will be able to complete the Organizational Profile and Proposal Forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

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

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2015

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

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

PRODUCER Winter-Dent & Company Columbia Branch P.O. Box 1046 Jefferson City, MO 65102 Steve M Tade	CONTACT NAME: Susie Edwards Account Manager PHONE (A/C, No., Ext): 573-449-8100 E-MAIL: susie@winterdent.com ADDRESS:	FAX (A/C, No): 573-449-3430
	INSURER(S) AFFORDING COVERAGE	
INSURED Phoenix Programs Inc 90 E Leslie Lane Columbia, MO 65202	INSURER A : Philadelphia Insurance Company	NAIC # 23850
	INSURER B : MO Employers Mutual Ins. Co.	10191
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

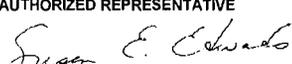
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		PHPK1320369	04/22/2015	04/22/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>			PHPK1320369	04/22/2015	04/22/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			PHUB497584	04/22/2015	04/22/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	MEM0004213	09/16/2014	09/16/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liab			PHPK1320369	04/22/2015	04/22/2016	Occurrenc 1,000,000 Aggregate 3,000,000

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

CERTIFICATE HOLDER **CANCELLATION**

COUNT18 County of Boone - Missouri 613 E Ash Street, Room 110 Columbia, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---



AGREEMENT FOR PURCHASE OF SERVICES Great Futures Start Here

THIS AGREEMENT dated the 12TH day of November, 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Boys and Girls Clubs of the Columbia Area**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **BGC**.

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

WHEREAS, the BGC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to BGC thereof; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY BGC

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

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein. BGC will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. BGC agrees to,

and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #25-15JUN15 (Purchase of Services) and BGC's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the BGC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the BGC and BGC agrees to furnish **Great Futures Start Here** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the BGC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$250,000** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and **extend through December 31, 2016** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of BGC be **renewed for an additional two (2) one-year periods**. BGC agrees and understands that the BCCSB may require supplemental information to be submitted by BGC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit costs for services are the mutually agreed upon rates as follows:

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Healthy Life Styles Programs for Youth 6 - 18	1 hour	\$4.53	16508	\$74,781.24
Character and Citizenship Development for Youth 6 - 18	1 hour	\$5.13	16507	\$84,680.91
Parent Engagement and Leadership	1 hour	\$5.92	2674	\$15,830.08

535-2015

Staff Development for Mental Health Intervention and Wellness Training	1 hour	\$51.21	396	\$20,279.16
Mental Health Resources Behavior Intervention Team on-site, Case-Management and Counseling	1 hour	\$6.17	8821	\$54,425.57

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

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by BGC to monitor service delivery and program expenditures. BGC agrees to submit to the BCCSB an Interim Report by July 29, 2016 for the period beginning with the date of contract execution to June 30, 2016 and a Year End Final Report by January 31, 2017, for the period of the term of the contract. Variations on this date may be requested by BGC and, if so stipulated, are noted on this contract document. Payments may be withheld from BGC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. BGC agrees to submit its reports through the Apricot by CTK[®] funding management system or another format if requested.

8. **Audits.** BGC also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of BGC's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with

generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from BGC, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** BGC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect BGC's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, BGC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

15. **Conflict of Interest.** BGC agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and BGC, and this shall include any transaction in which BGC is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

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

17. **Employment of Unauthorized Aliens Prohibited.** BGC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. BGC shall require each subcontractor to affirmatively state in its Agreement with the BGC that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide BGC a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

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

20. **Failure to Perform/Default.** In the event BGC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further

obligation to make payments to BGC as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the BGC. This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. BCCSB may terminate this agreement should the BGC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, BGC agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of BGC, (meaning anyone, including but not limited to consultants having a contract with the BGC or subcontractor for part of the services), or anyone directly or indirectly employed by BGC, or of anyone for whose acts BGC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

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

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

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

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

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

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

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

Any written notice or communication to the BGC shall be mailed or delivered to:

Boys and Girls Clubs of Columbia Area
Valorie Livingston
1200 N. 7th Street
Columbia, MO 65201

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

Boys and Girls Clubs of Columbia Area

Boone County, Missouri

By: Valorie Livingston
Signature

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

By: Valorie Livingston, Exec. Dir.
Printed Name/ Title

By: Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature] For CJ Bykrose
County Counselor

ATTEST:

Wendy S. Noren
Wendy S. Noren, 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.)

Gene Piskhod by jg 11/02/2015 (2161/71106/\$250,000)
Signature Date Appropriation Account

BOONE COUNTY - MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

CLARIFICATION FORM #1

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

I. CLARIFICATION – please provide a response to the following requests.

- 1) Clarify if the Healthy Lifestyles program, as stated in the Program Budget Narrative, the same as the Great Futures Start Here program. If so, please explain.
- 2) The Program Budget narrative is confusing. Provide more information on each one of the Revenue narratives. Specifically what amount will be utilized with the Great Futures Start Here program? Make sure to include what the other funding sources are paying for with this Healthy Lifestyles/Great Futures Start Here programs.
- 3) Update the salary range for all positions for which salaries for this program will be charged.
- 4) Update the FTE column with the position title and percentage of individual's salary utilizing this funding only.
- 5) Explain how Boys and Girls Club determined that they would serve 300 children.
- 6) Link the Program Budget to the Program Services Levels section in the Program Overview. This will show the average cost per person.
- 7) Add to the Program Service Need Narrative, in the Program Overview, justification on expanding into Battle Elementary. Also address if there has been any kind of needs assessment about the need for school age care in this school.
- 8) Explain how the Boys and Girls Club is working towards becoming licensed with the Missouri Department of Health and Senior Services at each of their current and proposed locations.
- 9) Explain why Boys and Girls Club is not receiving child care subsidy for the before and after school programs?
- 10) Provide more information about the relationship with Boys and Girls Club and the University Of Missouri Department Of Community Crisis.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Boys + Girls Clubs of the Columbia Area
Address: 1200 N 7th St
Columbia, MO 65201
Telephone: 573-874-1697 ext 206 Fax: 573-874-0681
Federal Tax ID (or Social Security #): 43-1762116
Print Name: Valorie Livingston Title: Executive Director
Signature: Valorie Livingston Date: 8/7/15
E-mail: valorie@bgs-columbia.org

Boone County-MO

P#25-15JUN15-Purchase of Service Contracts for the Children's Services Fund

Boys & Girls Clubs of Columbia

Clarification Form#1

- 1) Clarify if the Healthy Lifestyles program, as stated in the Program Budget Narrative, the same as the Great Futures Start Here Program. If so, please explain.**

The name of this Program or Project is Great Futures Start Here which is composed of 5 individual program services; 1) Healthy Lifestyles, 2) Character and Citizenship, 3) Parent Engagement and Leadership, 4) Staff Training and Wellness, and 5) Mental Health Intervention.

- 2) The Program Budget narrative is confusing. Provide more information on each one of the Revenue narratives. Specifically what amount will be utilized with the Great Futures Start Here program? Make sure to include what other funding sources are paying for with this Healthy Lifestyles/Great Futures Start Here programs.**

The Great Futures Start Here Program total Revenue Budget is \$376,657.00 of which we are requesting funding of \$250,000.00. We would be contributing the \$126,657 from various funding sources which include \$11,703 dollars from Heart of MO United Way to the Healthy Lifestyles program service, \$34,000 dollars from State funding to the Healthy Lifestyles program service, \$12,500 dollars from program fees to the Character and Citizenship program service, and \$68,454 dollars from various fundraising events and activities which includes (Chili Cookoff Event, Hoops For a Cause Event, and Annual Campaign contributions) to the Character and Citizenship and Staff Training program services. We do not currently have funding for the Parent Engagement or Mental Health Intervention program services.

- 3) Update the salary range for all positions for which salaries for this program will be charged.**

Executive Director	\$50-100,000
Program Director	\$40-75,000
Operations Director	\$40-75,000
Community Development Director	\$40-75,000
Site Directors	\$25-40,000
Healthy Lifestyles Coordinator	\$25-40,000
Character & Leadership Coordinator	\$25-40,000
Youth Development Program Staff	\$15-25,000
LCSW Coordinator	\$40-75,000
Graduate Students	\$2-5,000

4) Update the FTE column with the position title and percentage of individual's salary utilizing this funding only.

Executive Director	\$50-100,000	5%
Program Director	\$40-75,000	20%
Operations Director	\$40-75,000	20%
Community Development Director	\$40-75,000	10%
Site Directors	\$25-40,000	25%
Healthy Lifestyles Coordinator	\$25-40,000	100%
Character & Leadership Coordinator	\$25-40,000	100%
Youth Development Program Staff(Pt)	\$15-25,000	20%
LCSW Coordinator	\$40-75,000	100%
Graduate Students	\$2-5,000	100%

5) Explain how Boys & Girls Club determined that they would serve 300 children.

The Boys & Girls Club served over 300 unduplicated youth in 2015. Based on our projections of past members served, our previous retention rate and budget projections, we determined the amount of members this proposed funding stream would serve. The growth that the Boys & Girls Clubs has experienced over the past three years has been exponential. Within the strategic plan we are on target to open a site each year to accommodate the growth previously mentioned. In 2013 we served 450 members, 2014 we served more than 600, and this year we are on target to serve more than 750 youth. Within the time frame we have grown from 1 site in 2012 to 4 in 2015. This growth illustrates the need for quality, data driven afterschool care.

Based on our past years growth, we find that serving 300 children is conservative. We expect to touch each member of the Boys & Girls Clubs in at least one service component outlined above.

6) Link the Program Budget to the Program Services Levels section in the Program Overview. This will show the average cost per person.

Completed.

7) Add to the Program service need narrative, in the Program Overview, justification on expanding into Battle Elementary. Also address if there has been any kind of needs assessment about the need for school age care in this school.

We recognize that there is a need for after school care at Eliot Battle Elementary. If we reference the mission of the Boys & Girls Clubs in part that states "the kids that need us most". Battle Elementary, although data is not present as it has not been open for enrollment yet, will comprise of some student's in the 65201 zip code area. This area has the highest percentage of poverty and single households within the Columbia area. In addition, it is our goal to retain members that are transferring from Alpha Hart Lewis Elementary School. Alpha Hart elementary within the 2014-2015 school year had a Free and Reduced Lunch rate of 76.4%.

There are more than 200 students who will be transferring to Eliot Battle Elementary school from Alpha Hart Elementary School based on the new school boundaries. We are entering our third year of programming at Alpha Hart Lewis Elementary School. Of those students that are current BGC members we are tracking members through this transition in order to retain them and continue to provide services. The Free and Reduced Lunch rate within Columbia Public School's in 2014-2015 was 43% and is trending towards 50% district wide within the next two years. If we utilize this as an indicator of poverty and families who are in stress, the BGC has been on the forefront with providing afterschool care, with quality programs and continued parent engagement.

We have not implemented a needs assessment within Eliot Battle Elementary School we are confident that the need will be great based on the district wide Free and Reduced Lunch poverty rate.

- 8) **Explain how the Boys & Girls Club is working towards becoming licensed with the Missouri Dept. of Health and Senior Services at each of their current and proposed locations.**

We are continuing to be in discussion with our board of directors and the Department of Health and Human Services in order to determine next steps for licensing. We are on target to have a site licensed in 2016 and continue another site licensed each year thereafter.

- 9) **Explain why Boys & Girls Club is not receiving child care subsidy for the before and after school programs?**

In the past we have received child care subsidy for our summer program. In order to receive subsidy within our after school program we must become licensed. As our first site becomes licensed starting in 2016, we expect to begin the process of accepting child care subsidy.

- 10) **Provide more information about the relationship with Boys & Girls Club and the University of MO Dept. of Community Crisis.**

University of MO Dept. of Community Crisis: Picturing Resilience: A PhotoVoice Program

Picturing Resilience is a PhotoVoice project for youth and community resilience. PhotoVoice is a process that allows youth to gain experience with photography, to express their thoughts and feelings about the strengths and challenges of their community, to process their thoughts and feelings about the photos they and other group members take with group facilitators, to connect with other peers throughout the expressive project, and to present their voice via images and words to others (peers; program staff; parents, guardians, and family members; and others from the community) through an exhibit of their work.

Through the PhotoVoice process, youth are able to "voice" their opinions and perspectives about their community. The goal of PhotoVoice is to promote youth voice and to communicate this voice to policy makers and community stakeholders so that it can inform community action and decisions. The PhotoVoice project is intended to promote resilience among the participants (youth) and the community.

Evaluation Measures

Pre/post measures of participant (youth) reported a) hope, b) self-efficacy, and c) resilience.

Mental Health Staff Training

University of Missouri will provide and evaluate Boys & Girls Club staff mental health trainings on youth mental health topics such as: youth mental health interventions, trauma, emotional triggers, positive behavioral approaches, resilience, coping skills, communication strategies, and service referrals for supporting youth in crisis.

Evaluation Measures

Training participant knowledge of youth mental and behavioral health issues

Training participant knowledge of youth mental and behavioral health strategies and interventions

The Disaster and Community Crisis Center (DCC) (<http://dcc.missouri.edu>) at the University of Missouri is a partner in the U.S. Substance Abuse and Mental Health Services (SAMHSA) National Child Traumatic Stress Network (NCTSN) (<http://nctsn.org>). DCC focuses on enhancing mental and behavioral health preparedness, recovery, and resilience in children, families, and communities affected by disasters and community crises. The NCTSN, of which DCC is a currently funded member, is a national network of centers working to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events. NCTSN includes centers working on all aspects of child traumatic stress and in all child serving settings and systems.

Organization Profile

Organization Profile Instructions

New Users:

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

Returning Users:

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

Organization User Information

Primary Information

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

Boys & Girls Clubs of Columbia Area

DBA:

Federal EIN Number:

43-1762116

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1200 N. 7th Street

City

Columbia

State

Missouri

County

Boone

Zip

65201-4514

Organization Phone Number:

573-874-1697

Website:

<http://www.bgc-Columbia.org>

Head of Organization

Valorie Livingston

Head of Organization Phone:

573-874-1697

Address

1200 N. 7th Street

City

Columbia

State

Missouri

County

Boone

Zip

65201-4514

Organization Fax Number:

573-874-0681

Email:

valorie@bgc-Columbia.org

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

Executive Director

Head of Organization Email:

valorie@bgc-Columbia.org

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

Local Organization Name:

Local Organization Fax:

Address

Address

City
State
County
Zip

City
State
County
Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose):	<p>Provide your organization's mission statement. (600 character limit)</p> <p>The mission of the Boys & Girls Clubs of Columbia is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens of our community.</p> <p>We are part of a nationwide Movement of community-based, autonomous organizations of Boys & Girls Clubs of America (BGCA) which offers proven and nationally recognized after-school and summer programs that provide the knowledge, skills, and attributes young people need to become self-sufficient adults and pursue their dreams.</p>
Organization History:	<p>Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)</p> <p>The Boys & Girls Clubs of Columbia was chartered in 1997 in a core city location. It has grown from serving 150 youth in the club's initial cramped space to serving 600 youth in 2014, with a projected 700 in 2015. Much of the growth is due to building and equipping a 6,000 square foot Youth Development Center in 2012 and the opening of the Afterschool Club at Alpha Hart Lewis Elementary School, the first in a Columbia Public School (CPS). In Spring 2014, our third core city location was opened as a Teen Center. A second Afterschool Club will open in Battle Elementary School in Fall 2015</p>
Brief Statement of Organization's Major Goals:	<p>Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)</p> <p>The Boys & Girls Clubs Movement has adopted the Formula for Impact, a research-based theory of change that describes how individual Clubs and the Movement can increase our impact on the young people of America. Its long term goals are:</p> <p>Academic Success: Graduate from high school ready for college, trade school, military or employment</p> <p>Good Character and Citizenship: Be an engaged citizen involved in the community, register to vote, and model strong character</p> <p>Healthy Life Styles: Adopt a healthy diet, practice healthy lifestyle choices, and make a lifelong commitment to fitness</p>
Articles of Incorporation: Provide a copy of the organization's Articles of Incorporation.	<p>Articles of Incorporation (MUST BE IN PDF FORMAT)</p> <p>/document/download/filename/-62169962400_30405_C%3A%5Cfakepath%5CArticlesofIncorporations.pdf/</p>
Organizational Chart (must be for the entire organization):	<p>Organizational Chart (MUST BE IN PDF FORMAT)</p> <p>/document/download/filename/-62169962400_30406_C%3A%5Cfakepath%5COrganizationChart2015.doc/</p>
Service Area:	<p>Briefly describe the geographic area in which your organization provides services. (600 character limit)</p> <p>The Club serves members from various neighborhoods due to bus and van pick-up at 13 schools. The Club's main site and Ridgeway Teen Center are in the 1st Ward. It is the city's most mixed ward in ethnicity, income, and education due to its proximity to the University and the downtown area in contrast to its adjacent low income neighborhoods. 1st Ward data shows a high minority presence: with 27% African American, 7% Hispanic; low income levels: 56% are at or below \$25,000 a year vs. 32% for the city; and education: 6% lack a HS diploma and 37% have only a HS diploma vs. 16% for the city.</p>
Population Served:	<p>Briefly describe the population(s) served by your organization. (600 character limit)</p> <p>The Clubs seek to serve the children who need us most. The general profile is that they are African American or biracial, from families headed by single parents, with the majority being mothers. While many of the parents work, it is generally in low wage jobs and/or part-time work. The resulting stress and lack of resources experienced in the families is often reflected in the child's inability to learn at the expected levels, beginning in Kindergarten and carrying through unless appropriate interventions occur. This can lead to behavior challenges for the child, the families, and the school.</p>

Governing Board

Organization Governing Board:

Please include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member			Link Info	
Name	Board Position:	Address:	Active	Date
Matt Moore	President	1817 W. Broadway, Columbia 65218	✔	Added on 05/18/2015
Joe Miller	Past President	901 E. Broadway, Columbia MO 65201	✔	Added on 05/18/2015
Jennifer Bach	President Elect	1 Ray Young Dr., Columbia, MO 65201	✔	Added on 05/18/2015
Heidi Chick	Treasurer	2005 W. Broadway, Ste 100, Columbia, MO 65203	✔	Added on 05/18/2015
Jay Alexander	Secretary	P.O. Box 1867, Columbia, MO 65205	✔	Added on 05/18/2015
Carolyn Hawks		3212 Westcreek Circle, Columbia, MO 65203	✔	Added on 05/18/2015
Rebecca Knipp		2005 W. Broadway, Ste. 100, Columbia, MO 65203	✔	Added on 05/18/2015
Julie Middleton		109 E. Whitten Hall, Columbia, MO 65211	✔	Added on 05/18/2015
Melissa Anderson		1210 Shady Bank Lane, Columbia, MO 65203	✔	Added on 05/18/2015
Steve Kempker		300 Diego Dr., Columbia, MO 65203	✔	Added on 05/18/2015
Dana Patrick	206 Peach Way, Columbia, MO 65203		✔	Added on 05/18/2015
Mark Jones		1817 W. Broadway, Columbia, MO 65218	✔	Added on 05/18/2015
Bob Drainer		5351 Hayes Rd., Columbia, MO 65201	✔	Added on 05/18/2015
Ava Summers		1516 Chapel Hill Rd. Columbia, MO 65203	✔	Added on 05/18/2015
Wally Pfeffer		910 N. College, Suite 5, Columbia, MO 65201	✔	Added on 05/18/2015
Kevin Czaiki		625 Cherry St., Columbia, MO 65201	✔	Added on 05/18/2015
Jake Jolley		1800 Westfall Dr., Columbia, MO 65202	✔	Added on 05/18/2015
Annelle Whitt		3805 Keystone Court, Columbia, MO 65203	✔	Added on 05/18/2015
Dennis Palmer		3660 S. Scott Blvd., Columbia, MO 65203	✔	Added on 05/18/2015
Jolene Yoakum		1818 West Worley St, Columbia, MO 65203	✔	Added on 05/18/2015

Total Active Links:20, Total Deactivated Links:0, Current Active Links:20, Current Deactivated Links:0

Advisory Board (if applicable)**Organization Advisory Board (if applicable):**

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

Advisory Board Member

Financial Information

Organization Fiscal Year:

01/01/2015- 12/31/2015

IRS Tax Exempt Status Determination Letter:

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

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

/document/download/filename/1431943849_29953_BGC_501_C_3_Form-2.pdf/

Financial Statement:

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

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1431943791_29954_2013_BGC_Audit.pdf/

IRS 990 or 990 EZ:

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

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1434248480_29955_2013_Form_990.pdf/

Financial Policies and Procedures:

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

Financial Oversight: The Board's financial oversight is provided by the Financial Committee, in cooperation with the Treasurer. Their function is to assure that financial records are maintained according to generally accepted accounting methods, that reports are submitted to them monthly, which they review and then submit to the board at its monthly meeting. They oversee the choice of the firm that undertakes an annual audit and preparation of the 990 and they review the audit when submitted. They advise the Executive Director on financial matters.

Employees Compensation

Top Five Compensated Employees:

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

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.) FTE = number of direct program service hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

If more than one employee is employed in the same position and the level of compensation is not identical, please list each of those employees separately.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Link Info	
					Active	Date
Executive Director	B.A., 6 years relevant experience	1.00	\$89,800.00	\$4,200.00	✓	Added on 05/18/2015
Director of Programs	B.A., 4 years relevant experience	5.00	\$75,355.00	\$9,000.00	✓	Added on 05/18/2015
Director of Operations	B.A., 4 years relevant experience	1.00	\$56,800.00	\$4,200.00	✓	Added on 05/18/2015

Unit Director-Parent Liaiso	8 years relevant experience	1.00	\$35,000.00	\$4,200.00	✓	Added on 05/18/2015
Community Development Director	B.A., 4 years relevant experience	1.00	\$56,800.00	\$4,200.00	✓	Added on 05/18/2015

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

Accreditation:

Accreditation:

If your organization is currently accredited by one or more recognized accrediting body, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation, most recent dates of accreditation (including expiration date)

Description 1 (600 character limit):

Description 2 (600 character limit):

Description 3 (600 character limit):

Description 4 (600 character limit):

Description 5 (600 character limit):

Certifications:

Certifications:

Please indicate that the above named organization:

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

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

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

yes

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Active	Date
Boys & Girls Clubs of Columbia Area	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Great Futures Start Here - RG 2	✓	Added on 05/18/2015

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

System Fields

Record ID

15289

Modification Date

06/14/2015 12:38 pm CDT

Modified By

Carolyn Micklem

Creation Date

05/06/2015 02:01 pm CDT

Created By

Organization AutoLogin

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

Boys & Girls Clubs of Columbia Area

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

Great Futures Start Here - RG 2

Amount of Request

\$250,000.00

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

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)
<http://www.bgc-Columbia.org>
Address

1200 N. 7th Street

City

Columbia

State

Missouri

County

Boone

Zip

65201-4514

Program Administrator Name

Valorie Livingston

Phone Number

573-874-1697

Address

1200 N. 7th Street

City

Columbia

State

Missouri

County

Boone

Zip

65201-4514

Program Administrator Title

Executive Director

Email
valorie@bgc-Columbia.org

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet
/document/download/filename/1434209291_30421_AgencyAssuranceSheet.pdf/
Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
/document/download/filename/1434209291_30420_AttachmentBcertification.pdf/
Attachment C Work Authorization Certification
/document/download/filename/1434209291_30419_AttachmentCworkauthorization.pdf/
Addendums
/document/download/filename/1434252287_30418_Addendum1%262signed.pdf/

Link to Organization Profile Record

Link to Organization Records
[Organization Profile](https://ctk.apricot.info/document/printrecords/)
[Link Info](#)

Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Boys & Girls Clubs of Columbia Area	1200 N. 7th Street	Valorie Livingston	✕	Added on 05/18/2015
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0				
Federal EIN Number (will auto-populate)				
43-17762116				

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Budget

Program Budget Instructions

For each item for which figures are entered, please complete the corresponding narrative field.
*Indicates Required Field.

Program Budget

PROGRAM REVENUE	PROPOSED YEAR	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit) 11% of The Heart of Missouri United Way total \$106,392 provides 11,703.00 for the Healthy Lifestyles program	1A \$11,703.00	1A % 3
B. Other United Ways (300 character limit)	1B \$0.00	1B % 0
C. Capital Campaigns (300 character limit)	1C \$0.00	1C % 0
D. Grants (non-governmental) (300 character limit)	1D \$0.00	1D % 0
E. Fund Raising & Other Direct Support (300 character limit)	1E \$0.00	1E % 0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit) \$250,000 from the Boone County Children's Services Funding will provide 66% of the Healthy Lifestyles Program funding	2A \$250,000.00	2A % 66
B. Boone County - Community Health Funding (300 character limit)	2B \$0.00	2B % 0
C. Boone County- Other Funding (300 character limit)	2C \$0.00	2C % 0
D. Funding from Other Counties (300 character limit)	2D \$0.00	2D % 0
E. City of Columbia - Social Service Funding (300 character limit)	2E \$0.00	2E % 0
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F \$0.00	2F % 0
G. City of Columbia - CHDO Funding (300 character limit)	2G \$0.00	2G % 0
H. City of Columbia - Other Funding (300 character limit)	2H \$0.00	2H % 0
I. Funding from Other Cities (300 character limit)	2I \$0.00	2I % 0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J \$0.00	2J % 0
K. State (Purchase of Service, Grants, etc.) (300 character limit) 9% of Healthy Lifestyles funding will come from SMART Moves, Passage to Manhood, SMART Meth funding \$34,000.	2K \$34,000.00	2K % 9

L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
50 % Summer Program Fees (parents not receiving DSS Child Care Assistance) \$25,000; After School fees	\$12,500.00	3
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Fundraising efforts provide 18% of Healthy Lifestyles funding	\$68,454.00	18
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	376657	
PROGRAM EXPENSES		
1. Personnel	1.	1. %
	\$315,804.00	84
2. Non-Personnel	2.	2. %
	\$60,853.00	16
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	376657	

System Fields

Record ID
15475

Modification Date
06/14/2015 12:40 pm CDT

Modified By
Apricot Subsystem

Creation Date
05/18/2015 05:54 am CDT

Created By
Carolyn Micklem

Linked 'Program Overview' Records

Link Instructions

Program Overview				Link Info	
Record Lock	a. Will program consumers b...	b. Will the program utilize...	Total Number of Unduplicate...	Active	Date
	Yes	Yes	300	<input checked="" type="checkbox"/>	Added on 08/07/2015

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

Linked 'Final POS Report' Records

Linked 'Final Pilot Report' Records

Program Overview

Program Overview Instructions

The purpose of this section is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Each narrative response should be clear and succinct.

Respond as if the reviewers have no prior knowledge of the program and service(s).

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

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this section. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

PLEASE NOTE: In order to complete the Program Service Levels sub-section, you must first complete and link to Program Budget Section.

Information provided in the Program Overview Section should correspond with the information provided in the:

Program Budget

Program Service (POS Only)

Consumer Demographics

Program Performance Measures

*** Indicates Required Field**

Statement of Issue Being Addressed

Instructions: Include information pertaining to the overall, community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.) The issue(s) should be tied to the organization's major goal(s), as stated in the Organization Information form, as well as the program goal(s), as stated in the Program Goal(s) sub-section below.

a. Describe and document the issue(s) to be addressed by the proposed program. (1500 character limit)

The overall issue is to address poverty through prevention programs that promote healthy lifestyles among youth, strengthen families, and address recurring mental health behaviors that are detrimental to youth and their families. In addition, to promote wellness amongst staff and provide enhanced professional development.

The issue of poverty among African American families is documented in Columbia Public School District statistics that overall, while 50% of K-12th grade students qualify for Free/Reduced price lunch, 80% of those students are African American (DESE 2015).

The issue of risk factors for healthy life styles among youth are shown in the Missouri Youth Risk Behavior Survey (2013) giving statewide figures: 15% are obese, 79% did not get 5 servings of fruits and vegetables a day, 23% used tobacco at least 1 day during the 30 days before the survey, 32% had sexual intercourse with at least one person in the prior 3 months, and 43% reported having had sexual intercourse.

The risk of youth entering the juvenile justice system is shown in data from the Missouri State Highway Patrol Uniform Crime Reporting Program: juvenile arrests for violent crimes, property, and simple assaults, vandalism, and drug abuse violations in Boone County were a larger percentage of total arrests compared Missouri trends, with Columbia having the highest percentage of juvenile arrests in Boone County.

b. Describe and document the population affected by the issue(s) to be addressed by the proposed program including demographics and characteristics. (1500 character limit)

Columbia has high poverty rates with a child poverty rate of 22%, 24.5% of the families living below the poverty level (vs. the MO 15.5%). 39% of African Americans live below the poverty level and 33% of persons from 2 races. Of the poor families, 71% are headed by single women. The majority of poor individuals, single or married, have part-time employment. City-data

Lack of living wage jobs that would lift families out of poverty is a major problem here, as manufacturing jobs have decreased and the major employers in education and medical fields have high educational requirements. A high school diploma does not guarantee a job, as 39% of youth not in families who graduated high school are not employed vs. 36% who did not graduate. City-data This statistic illustrates the need for youth entering the workforce to have a high level of marketable technology skills.

The youth we serve come from backgrounds where they are exposed to a level of crime that shows the impact of the cycle of poverty that many experience. Overall, Columbia has a higher than the national rate in violent and property crimes and equal to the Missouri rate, which is one of the highest in the nation.

The programs of the Boys & Girls Clubs directly address the issues of poverty and attendant risks by providing opportunities for youth to develop and practice life skills and gain emotional support from caring adults.

c. Describe how the City of Columbia or Boone County community is affected by the issue(s) to be addressed by the proposed program. (1500 character limit)

Concerns about the mental and physical health of youth in Columbia and Boone County has been widely studied over the past 5 years:

The Columbia/ Boone County Adolescent Health Needs Assessment, March 2011. Among the findings: mental health is one of the top concerns in adolescent health; Students identify stress as a top concern. Furthermore, nutrition and physical activity, due to lack of time and money of adolescents. Professionals and teens both saw the need for more healthy lifestyles education.

Columbia Public Schools Report of the School-Based Mental Health Committee 2013. Findings included: Lack of shared understanding and knowledge of appropriate emotional development and mental health for children/ teens; lack of communication between parents and teachers; need for universal promotion of skills building and mental health awareness; Need for targeted prevention by way of services to students who are at risk; Intense, individualized support for students

Community Input Summary Report 2014: The three priorities identified were mental health services, home and family-based services, and case management. The barrier affecting them, besides the lack of adequate funding, were access to services, systems/structures (lack of services for underinsured or uninsured) and agencies working in "silos". Within education - for children (social skills), mental health providers, school staff (behavior management), and parents (coping skills).

Program Consumers

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

Consumers include children 6-18, their parents, and Boys & Girls Clubs of Columbia (BGCC) staff.

80% of the children are African American, 17% Caucasian, and 3% from other ethnic groups. The children vary widely in temperament and interests, in their academic abilities and in their social skills. A number have behavior issues, at the club and at school, reflecting stressful home environments and/or stress related to the school experience.

The parents are primarily low income, single parents with most employed in part-time or full-time jobs below 200% of the poverty level. While a majority have completed high school, few have completed college. Parents support their child's participation in the Club for a variety of reasons: some see it as a way for the child to get help with homework and assistance to succeed in school; some because they see their children engaged in activities they enjoy – and that the parent can't provide otherwise. For all it is a safe place providing quality after school care.

BGCC staff are racially, culturally, and economically diverse and some come from family backgrounds that are similar to Club members. They include college graduates, college students or former students, others with high school diplomas. A number have an extensive history with the Club, as former members or as staff with up to 10 years of service.

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

Our mission is to serve all youth, especially those who need us most.

The programs developed by the Boys & Girls Clubs of America (BGCA) embody the tasks required for mental health promotion outlined in the Are the Children Well?(July 2014) report: "It is important to identify and address the needs of children at risk, while also improving the mental wellness supports and services available to all children and youth."

The services in this proposal include programs developed by BGCA and others that directly address those tasks. They provide mental health supports as they improve physical health through fitness activities, mental health through life skills that build character, and emotional health through learning to say no to at-risk behaviors. The services are holistic, combining mind and body seamlessly; within the parameters of the programs. Choice is encouraged and both children and parents are involved in leadership-building efforts.

The addition of behavior intervention strategies will more directly address the mental health needs of youth whose behaviors show that they require more in depth services beyond health promoting programs. This is part of a BGCA trend to utilize the relationships built with families, combined with the cultural competence of our staff, to ensure that members who show mental health symptoms receive knowledgeable attention and are offered additional support through case management and counseling.

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

The struggle of fragile families who are living at or near the poverty level is a major challenge in serving the parents and children who are members. They have a high level of need and insufficient resources to meet them. The Community Health Status Assessment (2013) documented gaps in income, education, birth outcomes, sexually transmitted diseases, chronic diseases, and health outcomes due to disparity between racial and socioeconomic groups and added that the gap is markedly wide in some of those issues. Obesity, child obesity, drug abuse, and mental health issues were also cited.

Program Goal

Instructions: The program goal(s) should correspond to the organization's major goal(s) (as stated in the Organization Information section), the issue(s) the proposed program is intended to address (as stated in the Statement of the Issue Being Addressed sub-section above), and the consumers of the proposed program (as indicated in the Program Consumers sub-section above).

State the goal(s) of the proposed program. (300 character limit)

To address poverty by providing affordable, safe, and positive afterschool and summer quality programs led by highly trained staff in healthy lifestyles, character development, parent led family engagement and in depth case management and counseling.

Program Description

Instructions: The information provided in this section should include information for each program service indicated in the Program Service section.

a. Provide a detailed description of the proposed program. (3000 character limit)

The Boys & Girls Clubs of Columbia will provide youth development services for the benefit of youth, ages 6 to 18, and their families:

1. Healthy Lifestyles will help Club members learn how eating smart, keeping fit and forming positive relationships add up to a healthy lifestyle. The Triple Play program promotes health and wellness for members, ages 6-18, in three aspects, Mind, Body and Soul. The other program components are Healthy Habits (increasing knowledge of good nutrition), Smart Moves and Meth Smart, (avoiding negative choices) and increased regular physical activity.
2. Character and Citizenship programs will increase resilience amongst youth, provide a voice to their concerns in a healthy manner, encourage member's ability to avoid risky behaviors and provide opportunities for members to give back to the community. Programs include Smart Girls (prevention education and self esteem enhancement), Passport to Manhood (activities reinforce character, leadership and positive behavior) and the Triple Play Leadership segment (learning fair play concepts). PhotoVoice, in collaboration with the Community Crisis Center of the University of Missouri, builds resilience and empowers youth in trauma through photography. Million Hours of Service engages members within the community through volunteer activities.
3. Parent Engagement for Leadership: Parent leaders will implement workshops using the Parent Café model of parent education and support in collaboration with the Department of Health and Human Services. Club staff and a core group of parents will be trained in Parent Café methods which include monthly parent led round-table discussions. Staff members participate in support roles.
4. Staff Development/Behavior Intervention Training: Club staff will gain knowledge and skills in identifying mental health symptoms among Club members and identifying appropriate interventions for negative behaviors. Monthly training sessions will be led by University of Missouri Crisis Center.

Wellness Strategies for Staff: Club staff will become more skilled in self-care techniques to enhance their own healthy life styles and to serve as role models for Club members. They will learn and practice wellness techniques including stress reduction practices led by Tony Richards of Clear Vision Development.

5. Behavior Intervention Team: The Behavior Intervention Team composed of MSW students, a LCSW, parents and the Program Director will identify members who need further case management and counseling support. The Club will provide an increased level of support to members and their families when the negative behaviors that individual members present at the Club require a more in-depth approach. Graduate social work students supervised by a LCSW will work with staff during afterschool hours, observing and assisting in behavior management. They will also under supervision of the LCSW and Program Director serve as coaches to the program staff.

b. For each location in which the proposed program service(s) will be provided, indicate the street address and the days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.). If the proposed program service(s) are to be delivered off-site, describe the environment in which they will be provided (e.g. in homes, street outreach, etc.) (600 character limit)

Boys & Girls Club of Columbia 1200 N. 7th Street: Afterschool programming Monday through Friday 3 pm – 7 pm; Summer programming: Monday through Friday 8 am to 5:00 pm.

Ridgeway Teen Center, 7 E. Sexton Road: Afterschool Monday through Friday 3 pm – 7 pm; Summer Program: Monday through Friday 8 am – 5:00 pm

Alpha Hart Lewis Elementary School, 5801 Arbor Pointe Parkway. Afterschool Program: Monday through Friday 3 – 7 pm

Battle Elementary School, 2600 Battle Avenue: After school Program: Monday through Friday 3pm – 7 pm

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

The Boys & Girls Clubs of Columbia are open to all children ages 6-18. There is a fee for service for all programs, with parents paying according to a sliding fee scale. The fees are waived for parents who are eligible for assistance under the state's Child Care Assistance program.

d. Describe any external requirements of the proposed program such as licensing, minimum standards, etc. (600 character limit)

Requirements that all staff and volunteers working with youth go through an annual background check through the Family Care Safety Registry . Other safety requirements are Praesidium Child Abuse and Neglect Prevention and BGCA Leadership University Program Professional Development. In addition, E-Verify background check.

e. Is the proposed program currently accredited by one or more recognized accrediting body?

No

If yes, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation:

Current accreditation period:

Description: (600 character limit)

Narrative

f. Are there best practices for the proposed program service(s)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed program. (600 character limit)

BGCA has best practices that will be utilized within all programs.

g. Is there evidence to support the efficacy of the proposed program and/or program service(s)?

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit)

BGCA contracts for formal, third-party evaluation of some of its national programs to identify the essential components of high-quality implementation and ensure that program design and content achieve desired outcomes.

1. Healthy Lifestyles Evidence Based Successes- BGCA commissioned Youth Development Strategies, Inc. to conduct a 20-month longitudinal study of Triple Play. The study examines the degree to which Triple Play increases healthy behaviors. Play participants increased their physical activity to 90 % of the federally recommended guideline of 60 minutes each day, while their peers outside the program decreased their physical activity to only 78% of the recommended guideline.

2. Character and Citizenship programs evidence BGCA commissioned The Pennsylvania State University, Institute for Policy Research and Evaluation, Center for Health Policy Research, University Park, Pa.: Tena L. St. Pierre, D. Lynne Kaltreider, Melvin M. Mark and Kathryn J. Aikin, Researchers to evaluate the Smart Moves. Research dictated for changes in negative behavior, participants showed significantly more positive effects than the control group.

PhotoVoice has existed for many years, but much of the theoretical background of current programs comes from Caroline Wang and Mary Ann Burriss. They developed Photovoice based on a combination of Paulo Freire's notion of "critical consciousness" a deep understanding of the way the world works and having a voice to connect to it. (Wang 1999)

If No - Provide rationale for utilizing the proposed program services(s). (1500 character limit)

Narrative

h. Describe any unique or innovative aspects of the proposed program that will enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

The Parent Café model of parent empowerment will enrich the Club's parenting program by providing an opportunity for parent leadership and monthly discussions of family protective factors and behavioral strategies. It is unique because it is a parent led implementation with staff support.

Targeted trainings by the MU Department of Community Crisis will enhance Club investment in staff development: DCC focuses on enhancing mental and behavioral health preparedness among youth development personnel, recovery, and resilience in children, families, and communities affected by disasters and community crises.

Picturing Resilience is a PhotoVoice project for youth and community resilience. Through the PhotoVoice process, youth are able to "voice" their opinions and perspectives about their community. The goal of PhotoVoice is to promote youth voice, connect youth to their community and to communicate this voice to policy makers and community stakeholders so that they can influence community action and decisions.

Behavior Intervention Team: the introduction of mental health practices into Boys & Girls Club's programs is new to BGCC but it has been adopted in other clubs. Here it will provide several new levels of service: increased level of knowledge and skills in dealing with mental health issues on the part of program staff; increased resources for more appropriate outcomes for children with high behavior needs and additional resources for families.

i. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

Partnership with for training and implementation of the Parent Café model

Collaboration with the University of Missouri Department of Health and Senior Services to provide placements for MSW students to become part of the resources for the Mental Health Intervention efforts.

Collaboration with the Community Crisis Center of the University of Missouri to provide training in mental health identification and behavioral strategies to program staff. Additionally, they will provide the staff and curricula for the PhotoVoice character development program.

Partnership with Tony Richards, Senior Partner of Clear Vision Development Group for staff wellness and leadership training.

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

/document/download/filename/1434210549_29425_MOUMUCrisisCenter.pdf/

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

/document/download/filename/1434210549_29426_MUFieldPlacementAgreement.pdf/

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

/document/download/filename/1434210549_29427_Letter-of-SupportMUSWforBGC.doc/

Program Personnel 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 program. 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)

Program Personnel

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	SALARY RANGE FROM: (wages, social security and Medicare)	SALARY RANGE TO:
P1 Executive Director	MQ1 B.A. 6 years of applicable experience	FTE1 1.00	SR1 FROM 0.00	SR1 TO

P2 Program Director	MQ2 B.A. 18 years applicable experience	FTE2 1.00	SR2 FROM 0.00	SR2 TO
P3 Operations Director	MQ3 B.A. 10 years of applicable experience	FTE3 1.00	SR3 FROM 0.00	SR3 TO
P4 Community Development Director	MQ4 B.A. 3 years applicable experience	FTE4 1.00	SR4 FROM 0.00	SR4 TO
P5 CBGC Site Directors	MQ5 2 years applicable experience	FTE5 4.00	SR5 FROM 0.00	SR5 TO
P6 Healthy Life Styles Coordinator	MQ6 3 years applicable experience	FTE6 1.00	SR6 FROM 0.00	SR6 TO
P7 Character & Leadership Coordinator	MQ7 3 years applicable experience	FTE7 1.00	SR7 FROM 0.00	SR7 TO
P8 Program Staff	MQ8 2 years applicable experience	FTE8 15.63	SR8 FROM 0.00	SR8 TO
P9 MSW Graduate Students	MQ9 MSW - second year students	FTE9 1.00	SR9 FROM 0.00	SR9 TO
P10 L.C.S.W. Consultant	MQ10 L.C.S.W credential	FTE10 0.50	SR10 FROM 0.00	SR10 TO

Program Personnel Narrative

Provide a rationale for the minimum qualifications and salary range for each position indicated above. (600 character limit)

All staff qualifications and the salary range are in compliance with the standards set by the Boys & Girls Clubs of America.

Program Service Fee

a. Will program consumers be charged a fee for the proposed program service(s)?

Yes

If No - Provide a rationale for why no fees will be charged for the program service(s). (600 character limit)

Narrative

If Yes - Provide a description of and rationale for the program service fee. (600 character limit)

The program service fee is based on income to make it affordable for all families to participate. In this way we carry out our mission to particularly serve those who need us most.

b. Will the program utilize a sliding fee schedule?

Yes

If No - Provide a rationale for why a sliding fee schedule will not be utilized. (600 character limit)

Narrative

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

We utilize a sliding fee scale that is charged for youth to attend the Boys & Girls Clubs programs, making it possible for parents at the lowest income ranges to pay a minimal fee and those in the higher income ranges to pay a fee that reflects their income.

c. Is the proposed program service(s) billable to a third party payer(s) (e.g. health insurance, state subsidy, etc.)?

Yes

If No - Explain why the program service(s) are not billable to a third party payer(s). (600 character limit)

If Yes - Indicate the program service(s) which will be billed, the third party payer(s) to be billed, and the consumer eligibility criteria for the third party source(s). (600 character limit)

Parents whose children attend the Summer Program are eligible to receive Child Care assistance from the Missouri Department of Social Services

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Not applicable.

Program Service Levels

Click Add to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

Link to Program Budget

Program Budget

TOTAL REVENUE	2.	TOTAL EXPENSES	Record Lock	Link Info Active Date
376657	\$60,853.00	376657		Added on 08/07/2015

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

Total Number of Unduplicated Individuals to be served by the Proposed Program

300

Average Cost per Individual

1255.52

Program Service Need

a. Are other organizations/businesses in the City of Columbia or Boone County currently providing the proposed program service(s)?

Yes

Indicate the organizations/businesses currently providing the proposed program service(s). (600 character limit)

Although there are other youth serving organizations in Columbia that serve similar populations, there is no other program, to our knowledge, that provides the range of evidence based programming on healthy life styles, character development, and parent empowerment that the Boys & Girls Clubs of Columbia provides. Additionally, no other program serves the number of children that BGCC serves, which is projected to be more than 700 members in 2016. The addition of a Mental Health Intervention Team composed of families, BGCC personnel and clinical practitioners is unique.

b. State the reason why the proposed program is needed in the City of Columbia or Boone County. (1500 character limit)

The investments already made through the Boone County Children's Services Fund have significantly increased the accessibility of mental health services for children and youth in Columbia and Boone County. BGCC is proposing that the unique difference of extending the strong relationships in place with families and bringing clinical services within the afterschool program is guaranteed success as it removes barriers such as stigma and transportation.

Given the level of poverty among families and children in Columbia, adequate promotion and accessibility to preventive youth development services has not begun to reach the level of need. Funding for the Boys & Girls Clubs and its programs will reach hundreds of children from vulnerable populations: low income, diverse backgrounds, from predominantly single parent homes with attendant stressful environments.

The Clubs, while they provide services to all children, want to make sure that those who need their services most are given many opportunities for growth. We believe that the healthy lifestyle and character development programs with the addition of enhances professional development, Parent Café and the Mental Health Intervention Team, will change the life trajectories of many children at an even greater level than has been achieved in the past.

Funding Request Justification

a. Provide a justification for the requested level of funding from the City of Columbia or Boone County. (600 character limit)

The financial costs of failing to address service disparities to low income children mount as they become adults. For example: the costs for health systems are greatly increased when children become overweight or obese at an early age, as they have a 70% increased risk of being overweight or obese adults. The rate of obesity among low income preschool children in Columbia was 15.3% in 2012. Columbia/Boone County Department of Health and Human Services (2012). The cost of preventing obesity in children vs. treatment is small as they learn that eating well and staying fit feels good.

b. Describe how funding from the City of Columbia or Boone County for the proposed program will expand program service capacity, fill a gap in or loss of funding from other funding sources, and/or enable the organization to access funding from other funding sources. (600 character limit)

This grant will help expand the healthy lifestyle programs to a fourth site at the Battle Elementary School. It will expand parents' knowledge of the 5 protective factors.

It will expand the depth of preventive services in the Clubs' day to day functioning through the Mental Health Team, as graduate level students in their 2nd year practicum work in the four sites. It will deepen staff understanding of mental health issues and self-care practices. It will provide expertise for assessment and counseling and weekly case conferencing when on-site interventions have not succeeded.

Reference List

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

Reference List: (5000 character limit)

Citations from the Program Overview section

Program Consumers

b. Why will these consumers be served?

1 Murphy, David , Brandon Stratford, Rachel Gooze, Elizabeth Bringewatt, P. Mae Cooper, Rachel Carney, and Angela Rojas. Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People
Child Trends Policy Brief, July 2014
Retrieved from <http://www.nwjf.org/en/library/research/2014/07/are-the-children-well-.html>

Statement of Issues Being Addressed.

a. Describe and document the issues to be addressed

Free/reduced lunch

2.MO Department of Elementary & Secondary Education, retrieved from
<https://mcads.dese.mo.gov/guidedinquiry/School%20Report%20Card/District%20Report%20Card.aspx?rp:SchoolYear=2014&rp:SchoolYear=2013&rp:SchoolYear=2012&rp:SchoolYear=2011&rp:DistrictCode=048914>

Obesity factors

3.Missouri Youth Risk Factor Survey 2013
Retrieved from <https://dese.mo.gov/sites/default/files/2013-youth-risk-behavior-survey-results.pdf>

Juvenile Justice factors

4.Missouri State Highway Patrol Uniform Crime Reporting
Retrieved https://www.mshp.dps.missouri.gov/MSHPWeb/SAC/data_and_statistics_ucr.html

Statistics on poverty and number of high school graduates unemployed

5.City- Data.com
Retrieved from <http://www.city-data.com/poverty/poverty-Columbia-Missouri.html#ixzz3Yj03IoBo>

b. Describe how the City of Columbia or Boone County community is affected by the issues

6. The Columbia/ Boone County Adolescent Health Needs Assessment, March 2011
Retrieved from <https://www.gocolumbiamo.com/Health/Documents/AdolescentHealthNeedsAssessmentupdated1-1-11.pdf>

7.Columbia Public Schools Report on Mental Health

Cited in Schmacher, Jacqueline, Christine Arment, Erin Meyers. Community Input Report
Retrieved from http://www.uwheartmo.org/sites/uwheartmo.org/files/HMUW%20Community%20Impact%20Report%20-%20web_0.pdf

8.Community Impact Summary Report

Schmacher, Jacqueline, Christine Arment, Erin Meyers. Community Input Report
Retrieved from http://www.uwheartmo.org/sites/uwheartmo.org/files/HMUW%20Community%20Impact%20Report%20-%20web_0.pdf

Linked 'Final POS Report' Records**Linked 'Interim Pilot Report' Records****Linked 'Interim POS Report' Records****Link Instructions (2)****Linked 'Final Pilot Report' Records**

Program Service

Program Service Instructions

The purpose of this section is to provide detailed information about the proposed program service(s). Services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in the proposed program. This includes services for which you are not requesting City of Columbia or Boone County funding.

Information provided in the Program Service Section should correlate with the information provided in the:

Program Overview

Program Budget

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Program Service 1

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (1) (1000 character limit)

Healthy Life Styles Programs for Youth 6 to 18

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (1) (100 character limit)

One hour

Unit Rate (1)

\$4.53

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, etc.) Is the proposed rate tied to an established public funding unit rate? (1)

No

If yes, source of publicly available rate (1) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

Number of Units of Service to be Provided (1)

25000

Number of Unduplicated Individuals to be Served (1)

250

Average Number of Units of Service per Unduplicated Individual (1)

100

Average Cost of Service per individual (1)

453

Are you proposing the City of Columbia or Boone County purchase this service? (1)

Yes

Amount Requested (1)

\$74,781.00

Proposed Number of Units of Service (1)

16507.95

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (100 character limit)

Character and Citizenship Development for youth 6 to 18

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (2) (100 character limit)

1 hour

Unit Rate (2)

\$5.13

Is the proposed rate tied to an established public funding unit rate? (2)

No

If yes, source of publicly available rate (2) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)

Number of Units of Service to be Provided (2)

17500

Number of Unduplicated Individuals to be Served (2)

250

Average Number of Units of Service per Unduplicated Individual (2)

70

Average Cost of Service per Individual (2)

359.1

Are you proposing the City of Columbia or Boone County purchase this service? (2)

Yes

Amount Requested (2)

\$84,681.00

Proposed Number of Units of Service (2)

16507.02

Program Service 3

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (100 character limit)

Parent Engagement and Leadership

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (3) (100 character limit)

1 hour

Unit Rate (3)

\$5.92

Is the proposed rate tied to an established public funding unit rate? (3)

No

If yes, source of publicly available rate (3) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (3) (600 character limit)

Number of Units of Service to be Provided (3)

36

Number of Unduplicated Individuals to be Served (3)

50

Average Number of Units of Service per Unduplicated Individual (3)

0.72

Average Cost of Service per Individual (3)

4.26

Are you proposing the City of Columbia or Boone County purchase this service? (3)

Amount Requested (3)

\$15,833.00

Proposed Number of Units of Service (3)

2674.49

Program Service 4

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (100 character limit)

Staff Development for Mental Health Intervention and Wellness Training

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (4) (100 character limit)

1 hour

Unit Rate (4)

\$51.21

Is the proposed rate tied to an established public funding unit rate? (4)

No

If yes, source of publicly available rate (4) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (4)(600 character limit)

Number of Units of Service to be Provided (4)

600

Number of Unduplicated Individuals to be Served (4)

25

Average Number of Units of Service per Unduplicated Individual (4)

24

Average Cost of Service per Individual (4)

1229.04

Are you proposing the City of Columbia or Boone County purchase this service? (4)

Amount Requested (4)

\$20,281.00

Proposed Number of Units of Service (4)

396.04

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (100 character limit)

Mental Health Resources: Behavior Intervention Team on-site, Case Management and Counseling

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (5) (100 character limit)

one hour

Unit Rate (5)

\$6.17

Is the proposed rate tied to an established public funding unit rate? (5)

No

If yes, source of publicly available rate (5) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (5) (600 character limit)

Number of Units of Service to be Provided (5)

10400

Number of Unduplicated Individuals to be Served (5)

250

Average Number of Units of Service per Unduplicated Individual (5)

41.6

Average Cost of Service per Individual (5)

256.67

Are you proposing the City of Columbia or Boone County purchase this service? (5)

Yes

Amount Requested (5)

\$54,424.00

Proposed Number of Units of Service (5)

8820.75

Totals

Total Amount of City of Columbia or Boone County Funding Requested for the Proposed Program Service(s):

250000

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures

Record Lock Outcome (1-1)

1-1 Members will show increased knowledge of making healthy life style choices

Link Info

Active Date

Added on
06/11/2015

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

System Fields

Record ID

16166

Modification Date

06/14/2015 12:40 pm CDT

Modified By

Apricot Subsystem

Creation Date

06/11/2015 10:55 am CDT

Created By

Carolyn Micklem

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Consumer Demographics

Consumer Demographics Instructions

Instructions:

The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program services. All counts are for Unduplicated Individuals. The totals for all sub-sections should be identical.

Information provided in the Consumer Demographic Information Section should correlate with the information provided in the:

- Program Overview Section
- Program Budget Section
- Program Service Section (POS Only)
- Program Performance Measures Section

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

250

City of Columbia

250

Other Counties

0

Residence Total

250

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

50

Black or African American (alone)

157

Native American Indian or Alaskan Native (alone)

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

38

Some Other Race

0

Subtotal - Non-Hispanic

245

HISPANIC

Of all races

5

Race/Ethnicity Total

250

Gender**Female**

120

Male

130

Other Gender

0

Gender Total

250

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

78

Over 200% of Federal Poverty Level

22

Income Total

100

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

0

5-18 years

0

19-59 years

0

60 years and over

0

Age Total (1)

0

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

175

Middle School (12 years – 14 years)

50

High School (15 years – 19 years)

25

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

50

Age Total (2)

300

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
16167	06/14/2015 12:40 pm CDT	Apricot Subsystem	06/11/2015 11:13 am CDT	Carolyn Micklem

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Performance Measures

Program Performance Instructions

Instructions:

The purpose of this section is to provide performance measurement information for each proposed program service. For each program service included in the Program Service Section, a performance measurement logic model will appear below. Each logic model has been partially auto-populated with program service and output information based on information provided in the Program Service Section.

PLEASE NOTE: The Program Service Section MUST be completed before completing this Program Performance Measures Section.

In the fields provided, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement for each proposed program service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Click here to access helpful information about performance measures.

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

*Indicates Required Field

Link to Program Service Records

Click Add to link to the Program Service record for this program application to auto-populate the Service, Units and Unduplicated Individuals for each Program Service.

Link to Program Service

Program Service	Record Lock	Link Info
Indicate Proposed Service (...)		Active Date
Healthy Life Styles Programs for Youth 6 to 18		Added on 06/11/2015
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0		

Program Service 1

Service (1)

Healthy Life Styles Programs for Youth 6 to 18

Program Service 1 - Outputs

Units (1)	Unit Measure (1)	Unduplicated Individuals (1)
25000	One hour	250

Program Service 1 - Outcomes

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
1-1 Members will show increased knowledge of making healthy life style choices	1-1 75% of 250 members will increase their knowledge of healthy life style choices in 12 months	1-1 Healthy Habits, Smart Moves and Meth Smart are measured by Pre-Post assessments. the MU Community Crisis Center Assessment Tool (SDQ) will be used.
Additional Outcome (1-)	Additional Indicator (1-2)	Additional Method (1-2)

2) 1-2 Members will spend increased time participating in physical activity	1-2 75% of 250 members will increase their physical activity in 12 months	1-2 The number of hours spent in physical activity is tracked through attendance records that document activities per youth per day
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit)

The Healthy Lifestyles Programs are nationally accredited evidenced-based programs developed by Boys & Girls Clubs of America. Healthy Habits teaches members about food facts and good nutrition choices. Smart Moves teaches how to resist alcohol, tobacco and other drugs and premature sexual activity. Meth Smart informs members about the dangers of methamphetamine. The Triple Play program provides members with physical fitness activities daily. Physical exercise as a regular practice is a necessary part of a healthy lifestyle and helps to improve the overall mental health of club members.

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

Factors affecting healthy life choices include the fact that majority of members' families are led by single parents who are not able to lift their incomes above 200% of the poverty level. Parent's chronic stress from lack of time and money can result in fragile family structures. The absence of male role models is a factor, especially for youth as they experience peer pressure to make unhealthy life style choices. Access to drugs and alcohol in low income neighborhoods is a factor. Increased time watching TV or playing electronic games greatly reduces time spent in physical activity.

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

Based on previous Healthy Lifestyles data , we project that at least 75% of 250 members will engage in at least 30 hours of the Healthy Habits, Smart Moves and/or Meth Smart program curricula, each of which consists of 3 to 6 sessions.

Based on previous Healthy Lifestyles data, we project that at least 75% of 250 members will engage in at least 1 hour of fitness activities two days a week for 35 weeks to total 70 hours in the afterschool and summer programs.

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

The use of assessments to document changes in knowledge and attitudes is widely used and the Boys & Girls Clubs of America has developed surveys and other methods for each of the programs that it initiates. Additionally, the Boys & Girls Clubs of Columbia have a detailed data management system that correlates hours of attendance by the types of activities that members are engaged in each time they attend the various sites. A Strengths & Difficulties assessment tool from the Community Crisis Center at the University of Missouri will be administered.

Program Service 2

Service (2)

Character and Citizenship Development for youth 6 to 18

Program Service 2 - Outputs

Units (2)	New Unit Measure Auto Populate2	Unduplicated Individuals (2)
17500	1 hour	250

Program Service 2 - Outcomes

Outcome (2-1) 2-1 Members increase in resilience and ability to avoid risky behaviors	Indicator (2-1) 2-1 75% of 250 members will demonstrate their knowledge of avoiding negative life choices and an increase in resilience in 12 months	Method of Measurement (2-1) 2-1 Pre/post tests measure PhotoVoice, Passport to Manhood, Smart Girls & Triple Play Character segment
Additional Outcome (2-2) 2-2 Members increase in civic engagement	Additional Indicator (2-2) 2-2 75% of 250 members will attain 36 hours of community service in 12 months	Additional Method (2-2) 2-2 Attendance records show participation in community service activities which include Million Hours of Service. The Strengths & Difficulties assessment tool from the Community Crisis Center at the University of Missouri will also be administered.
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)

Additional Outcome (2-4)**Additional Indicator (2-4)****Additional Method (2-4)****Additional Outcome (2-5)****Additional Indicator (2-5)****Additional Method (2-5)**

Program Service 2 - Narrative

Describe how each outcome is attributable to the program goal(s), as stated in the Program Overview section (2) (600 character limit)

Character Development, the cornerstone of the Clubs' programs, is key to achieving the proposal's goal. To increase member's ability to avoid risky behavior, BGCA programs include Smart Girls (prevention education and self esteem enhancement), Passport to Manhood (reinforces character & leadership and positive behavior) and the Triple Play Character segment (learning fair play concepts). PhotoVoice, from the Crisis Control Center, builds resilience and empowers youth to voice community issues.

Through Million Hours of Service, members learn the satisfaction of giving back to the community.

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

There are large disparities when the external risk factors that program youth face are broken out by race. Example A. While the percent of Caucasian teen pregnancies in Boone County is lower than the state average, the percent of teen pregnancies among African American teens in Boone County is consistently higher than the state average.

Example B. Columbia has had over 120 confirmed shootings in the last 12 months. The data shows that African Americans make up 49% of the arrest population though they make up less than 10% of Boone County's population.

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

Based on prior data, the participation of 250 members in the character development classes is attainable and a 75% increase in resilience and knowledge of avoiding negative life choices as determined by pre-post tests is achievable. Data collected for the PhotoVoice program as it is implemented will serve as a baseline.

The Million Hours of Service program is geared to youth committing 3 hours a month of service. With strong support from staff and the sense of being a positive part of the community, 75% of the 250 youth will attain that level, based on prior data.

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

The Character & Leadership programs- Smart Girls, Passport to Manhood, and Triple Play Leadership are evidence based programs developed by Boys & Girls Clubs of America with measurement tools developed by BGCA. Pre/post tests measure Passport to Manhood, Smart Girls & the Triple Play Character segment. A Strengths & Difficulties assessment tool from the Community Crisis Center at the University of Missouri will be administered. Data tracking the Million Hours of Service is entered daily at all sites, compiled and reviewed monthly. T

Program Service 3

Service (3)

Parent Engagement and Leadership

Program Service 3 - Outputs

Units (3)

36

New Unit Measure Auto Populate3

1 hour

Unduplicated Individuals (3)

50

Program Service 3 - Outcomes

Outcome (3-1)

3-1 Parent leaders will gain skills and confidence in leadership roles and knowledge of the protective factors

Indicator (3-1)

3-1 75% of 3 Parent Leaders and 75% of 3 Staff will report increased knowledge of leadership skills and protective factors in 12 months

Method of Measurement (3-1)

3-1 Assessments of Parent Leaders & Staff

Additional Outcome (3-2)

3-2 Parents will increase their knowledge of protective factors through engagement in Parent Café meetings

Additional Indicator (3-2)

3-2 75% of 50 parents will report increased knowledge of protective factors after attending a minimum of 3 sessions

Additional Method (3-2)

3-2 Pre-post assessments of Parent Cafe participants A Strengths & Difficulties assessment tool from the Community Crisis Center at the University of Missouri will be administered.

Additional Outcome (3-3)**Additional Indicator (3-3)****Additional Method (3-3)****Additional Outcome (3-4)****Additional Indicator (3-4)****Additional Method (3-4)****Additional Outcome (3-5)****Additional Indicator (3-5)****Additional Method (3-5)**

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (3) (600 character limit)

Parent led and engaged parenting education is articulated in the goal statement. The Boys & Girls Clubs' focus and programming has always included parents and parent concerns in efforts to strengthen families. The Parent Café model provides a means to develop the potential for leadership by parents. While parent leadership of the Parent Café group is achieved by the leadership roles of three parents, the Parent Café curriculum provides parent participants with the vision and tools to take a leadership role in their own lives. Parents learn the 5 protective factors that strengthen families.

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

External factors include the busy lives that most Club parents lead. For the three parents selected to become Parent Leaders, setting aside time for the 21 hours of training, 24 hours of preparation and 36 hours to lead the Parent Café sessions will be a challenge.

Encouraging participation in parent education classes by low income parents is also a challenge because of time constraints, lack of resources, and, for some, resistance to the term parent education, which could be interpreted as meaning that they lack parenting skills.

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

The 75% increase in knowledge of the protective factors and leadership skills gained from the Parent Café training of the parent leaders and staff is a projected number, in order to establish a baseline for the achievement of this outcome.

The proposed 75% increase in knowledge of the protective factors from the curriculum and strategies to build strong relationships with their children will be assisted by the strong relationships that exist between Club staff and parents. The provision of child care, incentives, and food will be a motivation for attendance.

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

The Parent Café assessment tool for parent leaders and staff is a pre-post assessment of leadership knowledge and skills. The Parent Café measurement tool for parent participants is engagement and completion of program segments to assess increased knowledge and skills. A Strengths & Difficulties assessment tool from the Community Crisis Center at the University of Missouri will be administered.

Program Service 4

Service (4)

Staff Development for Mental Health Intervention and Wellness Training

Program Service 4 - Outputs

Units (4)	New Unit Measure Auto Populate4	Unduplicated Individuals(4)
600	1 hour	25

Program Service 4 - Outcomes

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
4-1 Staff will increase their knowledge of mental health issues in youth & behavior intervention skills	4-1 75% of 25 staff will demonstrate increased knowledge in identifying mental health issues and increased behavior management skills	4-1 Pre/post assessments will be administered to determine effectiveness of training & level of knowledge attainment. A Strengths & Difficulties assessment tool from the Community Crisis Center at the University of Missouri will be administered.
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
4-2 Staff will increase their knowledge of personal wellness & leadership capability	4-2 75% of 25 staff will demonstrate increased knowledge of personal wellness and leadership skills	4-2 Clear Vision Assessment tools will be used to determine gains through the Wellness/Leadership training
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (4) (600 character limit)

Mental Health Training will assist staff in identifying and understanding the range of mental health issues that youth experience. Knowledge of appropriate interventions will increase staff members' ability to deal more competently with the behavior incidents that occur daily in club settings.

Wellness training will assist staff in learning about and practicing wellness-promoting routines for their own benefit and to reduce stress as a means to improve relationships with members. Leadership training will increase promote professional growth and staff effectiveness.

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

Several factors may affect training effectiveness: one is the fast-paced environment of afterschool and summer school programs and having time to process the information. The second challenge is that the majority of program staff who deal with Club members daily are young, many are first generation college students, and some are former Club members. Most do not have experience as parents themselves. All bring their own life issues and values with them and many deal with varying levels of stress themselves.

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

75% is attainable in both training areas because it is an enrichment in the Clubs' investment of 4 hours a month to staff development. Training specifically to understand the causes of disruptive behavior and increase ability to deal more effectively with behavior outbursts is something that program and supervisory staff have requested.

Training for staff in wellness concepts and practices will be supported by the strong relationships that already exist between staff members and between staff and administrators who will remind staff to practice those concepts often.

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

Pre-post assessments of the Mental Health Training will be administered and scored by the Community Crisis Center at the University of Missouri, which is providing the Mental Health Training.

Assessments for training modules for Wellness and Leadership Training will be administered and scored by Clear Vision, which is providing the training. A Strengths & Difficulties assessment tool from the Community Crisis Center at the University of Missouri will be administered.

Program Service 5

Service (5)

Mental Health Resources: Behavior Intervention Team on-site, Case Management and Counseling

Program Service 5 - Outputs

Units (5)

10400

New Unit Measure Auto Populate5

one hour

Unduplicated Individuals (5)

250

Program Service 5 - Outcomes

Outcome (5-1)

5-1 the number of members will decrease mental health symptoms

Indicator (5-1)

5-1 75% of 250 members will show a decrease in mental health symptoms.

Method of Measurement (5-1)

5-1 . Decrease in mental health symptoms will be assessed with the PHQ9A, GLAD 7 and Becks Depression Scale

Additional Outcome (5-2)

5-2 Positive behavior will increase in the daily afterschool and summer programs

Additional Indicator (5-2)

5-2 . 75% of up to 25 members, their parents, and staff will report an increase in positive member behaviors

Additional Method (5-2)

5-2 Assessments will be provided to members, parents, and staff. The Behavior Intervention Team will review interventions effectiveness 2. a Strengths & Difficulties assessment tool from the Community Crisis Center at the University of Missouri will be administered.

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (5) (600 character limit)

BGCC holds an intrinsic belief that it is imperative to serve those that need us most. Often members exhibit negative behaviors that inevitably are attributed to youth in poverty and crisis. Program staff finds themselves ill equipped to provide appropriate interventions. Furthermore, members who display these behaviors have a tendency to take up an inordinate amount of time as staff attempt to deescalate them. The BIT's role is two fold; providing support to program staff within the sites, by coaching and modeling and providing in depth, case management and counseling.

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

Children's response to cyclical poverty is daunting to combat, especially for single parents who lack resources, setting the stage for chronic stress and trauma. Club programs provide protective factors with opportunities to build meaningful relationships with staff and peers but these often can't compensate for the other deprivations they face.

Stigma is a factor that cannot be ignored as parents are invited to be part of the problem solving around their child's behavior. As participants in team meetings, parents may be challenged by the suggestion of practices to be implemented in the home.

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

A 75% reduction in mental health symptoms is an anticipated level because of the extra onsite training and mentoring that staff will receive from the Mental Health Intervention Team. It will equip staff to deal more knowledgeably with negative behaviors which will reduce the number of disruptive incidents. Being armed with the necessary tools and the ability to case conference members with the greatest needs, will provide a reduction of mental health symptoms and more resources for families in trauma.

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

Although this is a new initiative for the club, past data indicates that we have had substantial success in parent engagement in the past and with this Mental Health Intervention Team we project an increase in this area. In addition, we recognize that these are assessments are standard assessments when providing clinical services.

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
16182	06/15/2015 04:18 pm CDT	James Tobey	06/11/2015 01:56 pm CDT	Carolyn Micklem

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

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

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

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

Valorie Livingston
Printed Name - Agency Executive Director/President/CEO

5/21/15
Date

Valorie Livingston
Signature - Agency Executive Director/President/CEO

5/21/15
Date

Matt Moore
Printed Name - Agency Board Chair

5/21/15
Date

[Signature]
Signature - Agency Board Chair

5/21/15
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

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

Valorie Livingston Executive Director
Name and Title of Authorized Representative

Valorie Livingston
Signature

5/21/15
Date

ATTACHMENT C

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

County of Boone)
)ss
State of Missouri)

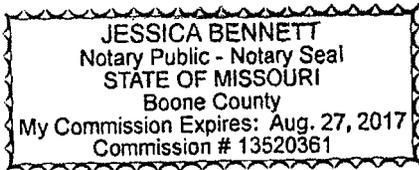
My name is Valorie Livingston. I am an authorized agent of Boys & Girls Clubs of the Columbia Area (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

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

Valorie Livingston 5-27-15
Affiant Date

Valorie Livingston
Printed Name

Subscribed and sworn to before me this 27th day of may, 2015.



Jessica Bennett
Notary Public

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

E-Verify Employment Eligibility Verification

[Online Resources](#) | [Tutorial](#) | [Home](#) | [Contact Us](#) | [Exit](#)



Case Administration	Company Information		
Initial Verification	Company Name:	Boys & Girls Clubs of the Columbia Area	View / Edit
View Cases	Company ID Number:	6525254	
User Administration	Physical Location:		Mailing Address:
Change Password	Address 1:	1002 Fay Street	Address 1:
Pwd Challenge Q&A	Address 2:		Address 2:
Change Profile	City:	Columbia	City:
Site Administration	State:	MO	State:
Add User	Zip Code:	65201	Zip Code:
View Users	County:	BOONE	
Maintain Company	Employer Identification Number:	1762116	
Terminate Company Participation	Total Number of Employees:	5 to 9	
Reports	Corporate / Parent Company:		
View Reports			

Organization Designation:		
Employer Category:	None of these categories apply	
NAICS Code:	624 - SOCIAL ASSISTANCE	View / Edit
Total Hiring Sites:	1	View / Edit
Total Points of Contact:	2	View / Edit



Company ID Number: 255552

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION
MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Boys & Girls Clubs of the Columbia Area (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

E-Verify



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4213.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

E-Verify



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5. above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo-screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D. i.e. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking

E-Verify



Company ID Number: 255552

adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III B, below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as

E-Verify



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the

E-Verify



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

~~contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.~~

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any ~~assigned~~ employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

Company ID Number: 255552

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible

E-Verify



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take

E-Verify



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4216.

Employer Boys & Girls Clubs of the Columbia Area

Livingston A Valorie

Name (Please Type or Print)

Title

Electronically Signed

09/22/2009

Signature

Date

Department of Homeland Security - Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

09/22/2009

Signature

Date

E-Verify



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Boys & Girls Clubs of the Columbia Area

Company Facility Address: 1002 Fay Street

Columbia, MO 65201

Company Alternate
Address:

County or Parish: BOONE

Employer Identification

Number: 1762116

North American Industry
Classification Systems

Code: 624

Parent Company:

Number of Employees: 5 to 9

Number of Sites Verified

for:

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

- MISSOURI 1 site(s)



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

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

Name: Livingston A Valorie

Telephone Number: (573) 874 - 1697

E-mail Address: valorie@bgc-columbia.org

Fax Number: (573) 874 - 0681

Name: Deronne Wilson

Telephone Number: (573) 874 - 1697

E-mail Address: deronne@bgc-columbia.org

Fax Number: (573) 874 - 0681



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

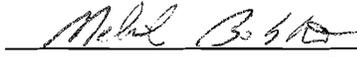
ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By: 
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# 25-15JUN15 – *Purchase of Service Contracts for the Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – *Purchase of Service Contracts for the Children's Services Fund*

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m., June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Organizations currently contracted to receive Children's Services Funds should not submit an application for the currently funded program under this RFP.
- IV. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- V. The County received the following questions and is providing a response:

- a. We are not required to file a form 990. We have both internal and external audits of our organization. Is this 990 exemption ok?

Response: Each organization's exemption request will be evaluated individually. Please contact the Community Services Department to discuss your request.

- b. Section 5 mentions that the contractor should be "...be certified, accredited or licensed in the services for which funds are requested." We are not required by State nor Federal law to have any of those credentials. Is this ok for the application?

Response: Yes.

- c. Our facility serves homeless children under the age of 18 when accompanied by parent/guardian. Is this lower age (18 versus 19) ok?

Response: Yes.

- d. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at:

- e. Narrative, Page Limitation 1.1.: What is the page limitation for the proposals? Will this change due to on-line submission requirement?

Response: There is not a page limitation as proposals must be submitted via the online system. Each required field of the forms in the on-line system has a character limitation.

- f. Organization 2.1.2.: Are all sections 1-14 uploaded as attachments or will there be form fields on line content will be typed into or copy and pasted?

Response: Sections 1-4 are part of the RFP document, sections 5-11 are forms that will be filled out on-line, and sections 12-14 will be uploaded as attachments in the on-line system.

- g. Program Services 3.7.2.: Are contracts and budgets based on fee per service?

Response: Organizations receiving contracts will be reimbursed for services based upon the agreed upon contractual unit rate for the service. The program budget should reflect total program revenues and expenses.

- h. Program Budget Worksheet 3.7.3.: Is there a percentage preferred for indirect, administrative or personnel costs?

Response: Purchase of Service proposals will be evaluated by the unit rate taking into account the reasonableness of personnel and non-personnel costs.

- i. Narrative 4.1: Can organizations submit more than one proposal? Is there a maximum number of application submissions allowed?

Response: Yes, organizations may submit more than one proposal but may not submit more than one proposal for the same program. Organizations are not limited to the number of proposals they may submit.

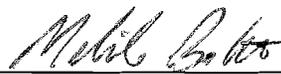
- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

- k. For acknowledgement of organizational accreditation, should organizations include any staff certifications or organizational certifications?

Response: No.

By:



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **25-15JUN15 – Purchase of Service Contracts for the Children’s Services Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family & Children's Services	818-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Branning	Cd/Dorne Public Health Services	874-7343
6.	M. W. D. Swain	Maternal Child Health	811-2331
7.	Meg Brantlett	Presbyterian Community Learning	449-5600
8.	Kim Harvey	Presbyterian Community Learning	815-5759
9.	Rene Bell	Wendy Bell	777-2400
10.	Kristen Cojocaru	Presbyterian Community Learning	54-87-1727
11.	Christina Grimes	Lutheran Family & Children's Services	314-254-2231
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN'S SERVICES FUND,
2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Partnership Community Health	573-480-4787
3.	Consuela Johnson	Fris City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHHS	573-874-7224
5.	Andrea Wuner	Columbia Boone PHHS	573-874-7632
6.	Ninly Ell	Univ. of MO - Dept. of Psychology	573 673 4257
7.	Melody Babin	Univ. of MO Dept of Psychiatry	573 673 4257
8.	William Christman	The Salvation Army	573 442-3229
9.	Shelley Lock	Child Care Agency of MO	573.4455431
10.	Nicole Ann	RECC	573 624 1699
11.	Michelle Ellich	Central Missouri Postlewaite Adoption Assoc	573 884 8888
12.	Dan Reilly	MO Wellness Program	573 884-7334
13.			
14.			
15.			

230-
~~314~~
 X222
 573 884 8888

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Neva Melcher	Epworth Lullaby & Cradle	514-915-3321
3.	Alexa Saunders	Columbia Center for Handicapped Children	573-456-1572
4.	Kathy Becker	Missouri Arts Fair	513-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEMKE	PREFERRED FAMILY HC	573 680 1708
7.	Nancy Lane	Linn County	502-411-6600
8.	Nirde Thomas	Great Circle	573 472-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Carolyn Mickley	Deepsouth Child	573-234-8334
11.	KEVIN DELLINGER	EPWORTH	314 918-3308
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jones	Youth Empowerment Zone	(603) 697-3215
3.			
4.			
5.	Betty Mark	Child Income Services	573-443-2586
6.	Cathy Richards	Boone County Public Health	573-886-7170
7.	Claire Slama	Rainbow House	573-474-6600
8.	JANIE BAKUTZ	Rainbow House	573-474-6600
9.	Jocelyn Clardy	Boone County Public Health	573-441-5566
10.	Rebecca Kersick	Boone County Public Health	573-441-4157
11.	Carole Sauer	mu. Bridge	573-268-4129
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 25-15JUN15

Purchase of Service Contracts Boone County Children's Services Fund 2015 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

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

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 5, 2015
Written Questions Due By	mbobbitt@boonecountymo.org	May 13, 2015 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 18, 2015 1:00 p.m. Central Time
Response Submission Deadline	Apricot by CTK® on-line system	June 15, 2015 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 16, 2015 9:30 a.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 25-15JUN15

A pre-proposal conference has been scheduled for **Monday, May 18, 2015, at 1:00 p.m.** central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. central time on Monday, June 15, 2015** via the on-line application system, Apricot by CTK[®].

The Request for Proposal is scheduled to be **opened shortly after 9:30 a.m. on Tuesday, June 16, 2015** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymmo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 25-15JUN15

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by CTK[®] until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP.
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals: The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 16, 2015 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2015 Bid Tabulations".
- c) Proposal responses are due by Monday, June 15, 2015 at 5:00 p.m. No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Organization Information – on-line
- 6) Organization Financial Information and Budget Narrative – on-line
- 7) Program Overview – on-line
- 8) Program Services – on-line
- 9) Program Budget Worksheet and Narrative – on-line
- 10) Program Consumer Demographics – on-line
- 11) Program Performance Measures Information Section – on-line
- 12) Attachment A - Agency Assurance Sheet
- 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 13, 2015. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1. To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 18, 2015 at 1:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

2.4. Term; Termination of Contract Agreement:

- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

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

3.2. Purpose Statement:

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

3.3. Background:

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

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

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

3.4. Funding Goals:

The Board believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified by the Institute of Public Policy, Harry S. Truman School of Public Affairs, University of Missouri Community Input Report, and the policy brief, "Are the Children Well? A model and recommendations for Promoting the Mental

Awareness of the Nation’s Young People”. The Community Input Report and the Policy Brief may be found at: www.showmeboone.com/communityservices/information.asp

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

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

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

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service** program as outlined in the information provided in the following online section of the RFP:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel
- 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service to be purchased.
- 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.

- 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
- 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.

3.8. Contractor Agency Requirements:

- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The Application Narrative must be completed on the on-line system Apricot by CTK® and can be accessed by clicking on the following link: https://ctk.apricot.info/document/edit/id/new/form_id/23 to create an Organizational Profile and submit RFP responses. If you do not already have a username and password for the system, complete the following:

- a) Copy and paste the following link into your internet browser, preferably Google Chrome:
https://ctk.apricot.info/auth/autologin/org_id/1975/hash/365efb9c0edf7fddf3652ecd2de1868058db6b53
- b) Fill in the required information and select save.
- c) You will be redirected to a login screen where you will be able to complete the Organizational Profile and Proposal Forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET
(Please complete and return with Proposal Response)

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

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

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

Printed Name - Agency Executive Director/President/CEO _____
Date

Signature - Agency Executive Director/President/CEO _____
Date

Printed Name - Agency Board Chair _____
Date

Signature - Agency Board Chair _____
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

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

Name and Title of Authorized Representative

Signature

Date



AGREEMENT FOR PURCHASE OF SERVICES Youth Community Coalition Communities that Care Project

THIS AGREEMENT dated the 12TH day of November 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **CHA Low-Income Services, Inc.**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **CHALIS**.

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

WHEREAS, the CHALIS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to CHALIS thereof; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY CHALIS

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

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein. CHALIS will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. CHALIS

agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #25-15JUN15 (Purchase of Services) and CHALIS's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the CHALIS's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the CHALIS and CHALIS agrees to furnish **Youth Community Coalition Communities that Care Project** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the CHALIS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$80,000** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through December 31, 2016 subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of CHALIS be renewed for an additional two (2) one-year periods. CHALIS agrees and understands that the BCCSB may require supplemental information to be submitted by CHALIS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit costs for services are the mutually agreed upon rates as follows:

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Supportive Services = Consulting/supporting local stakeholders to organize community for prevention	1 hour	\$38.25	1468	\$56,151.00
Training – Local and regional training for coalition members	1 hour	\$23.33	129	\$3,009.57

535-2015

Positive Youth Development Services – Activities designed to increase protective factors in youth	1 hour	\$30.20	193	\$5,828.60
Evaluation – Local data collection designed to facilitate planning and measuring effectiveness	1 evaluation service	\$625.00	24	\$15,000.00

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

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by CHALIS to monitor service delivery and program expenditures. CHALIS agrees to submit to the BCCSB an Interim Report by July 29, 2016 for the period beginning with the date of contract execution to June 30, 2016 and a Year End Final Report by January 31, 2017, for the period of the term of the contract. Variations on this date may be requested by CHALIS and, if so stipulated, are noted on this contract document. Payments may be withheld from CHALIS if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CHALIS agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

8. **Audits.** CHALIS also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of CHALIS's fiscal year. The audit must be performed by an

independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from CHALIS, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** CHALIS agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect CHALIS's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, CHALIS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

15. **Conflict of Interest.** CHALIS agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and CHALIS, and this shall include any transaction in which CHALIS is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

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

17. **Employment of Unauthorized Aliens Prohibited.** CHALIS agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. CHALIS shall require each subcontractor to affirmatively state in its Agreement with the CHALIS that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide CHALIS a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

19. **Board Ownership.** If CHALIS ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In

addition, if CHALIS no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, CHALIS will need BCCSB approval to re-direct the use of such.

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

21. **Termination.** BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the CHALIS. This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. BCCSB may terminate this agreement should the CHALIS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, CHALIS agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of CHALIS, (meaning anyone, including but not limited to consultants having a contract with the CHALIS or subcontractor for part of the services), or anyone directly or indirectly employed by CHALIS, or of anyone for whose acts CHALIS may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

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

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

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

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

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

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

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

Any written notice or communication to the CHALIS shall be mailed or delivered to:

CHA Low-Income Services, Inc.
Becky Markt
201 Switzler St.
Columbia, MO 65203

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

CHA Low-Income Services, Inc.

Boone County, Missouri

By: Phil Steinhaus
Signature

By: Boone County Commission
Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Phil Steinhaus, Executive Director
Printed Name/ Title

By: Boone County Children's Services Board
Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature] For CS Bykhouse
County Counselor

ATTEST:

[Signature]
Wendy S. Noren, 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.)

[Signature] by *[Signature]* 11/02/2015
Signature Date

(2161/71106/\$80,000)
Appropriation Account



Columbia Housing Authority
201 Switzler Street
Columbia, MO 65203

CHALIS

CHA Low-Income Services

Office: 573.443.2556 ♦ TTY Relay 800.735.2966 ♦ Fax: 573.443.0051 ♦ www.ColumbiaHA.com

BOARD OF DIRECTORS

Genie Rogers, Chair
Mary Anne McCollum, Vice-Chair
Bob Hutton
Max Lewis
Ed Robinson

EXECUTIVE DIRECTOR

Phil Steinhaus

August 3, 2015

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

RE: Request for Additional Information 25-15JUNI 5 -Purchase of Service Contracts for the Children 's Services Fund

Dear Ms. Bobbit:

Thank you for the opportunity to offer clarification on the proposal submitted by CHA Low-Income Services to provide prevention programs which promote healthy lifestyles among children and youth and strengthen families through the Youth Community Coalition Communities that Care Project.

We have reviewed the proposal in light of your questions and offer the attached documents in response.

Sincerely,

Becky Markt
Program Director

attachments

BOONE COUNTY - MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: 25-15JUNI 5 -Purchase of Service Contracts for the Children's Services Fund

CLARIFICATION FORM #1

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

I. CLARIFICATION - please provide a response to the following requests.

- 1) Update the Apricot for Funders Organization Profile with top five compensated staff in the organization. This includes the CEO, Executive Director, etc.

The Executive Director of CHA Low-Income Services, Inc. (CHALIS) has been added. Please note that the Executive Director is not paid by CHALIS. He is paid by the Columbia Housing Authority. The original five employees listed are paid through the CHALIS budget.

- 2) The budget states the request for funding from Children's Services Fund (CSF) is \$318,687 but the total amount request in the proposal is \$365, 937. Please clarify the amount requesting in the proposal.

The amount requested from Boone County Children Services is \$318,687. The \$365,937 reflects the total budget of the project. The cost per unit of service in the Program Service section was calculated using the total budget rather than the requested amount. I apologize for this error and appreciate the chance to submit a revised amount. Please see Items 8 – 11 for corrections to the Program Service proposed units of service funded by Boone County Children Services Fund in light of this change.

- 3) Need further explanation and detailed information on the services covered with the Federal funds (STOP Act Grant, CFDA 93.243 #SP019676).

The Columbia STOP Project is a collaborative effort of the Youth Community Coalition (YC2), the Columbia Police Department, the Boone County Sheriff's Department, the University of Missouri's Wellness Resource Center and other partners to reduce underage alcohol use and other problem drinking behaviors. Through fostering collaboration at all levels of the community, this project employs evidence based strategies to prevent underage drinking and works to achieve the goals of the National Drug Control Strategy (July 2015, <https://www.whitehouse.gov/ondcp/prevention-intro>).

The activities of the project seek to support three goals outlined in the 2007 Surgeon General's Call to Action: (1) Engaging Parents and other Caregivers, Schools Communities, All Levels of Government, All Social Systems that Interface with Youth, and Youth Themselves in a Coordinated Local Effort to Prevent and Reduce Underage Drinking and Its Consequences; (2) Fostering Changes in the Society that Facilitate Healthy Adolescent Development and that Help Prevent and Reduce Underage Drinking; and (3) Working to Ensure that Policies at All Levels are Consistent with the National Goal of Preventing and Reducing Underage Alcohol Consumption.

To be eligible for a STOP Act Grant, a coalition must be a current or past recipient of funding through the Drug Free Communities Support Program. YC2 was a Drug Free Communities recipient for the maximum amount for the maximum allowable period of time from 2004 – 2014. This prerequisite helps ensure that STOP Act recipients are trained, experienced, and have demonstrated success in the science of prevention and the use of evidence based strategies.

The STOP Act Budget includes funding for:
Staff wages & benefits
Compliance Checks (Underage Alcohol)
Prevention Materials (Reward & Remind, Social Hosting)
Peer Education Training & Presentation Materials
Town Hall Materials
Accounting Fees, Postage, Office Supplies

A copy of the STOP Act 2014 Action Plan is attached.

- 4) Need more information on the Youth Community Coalition (YC2). Please include what work the coalition is currently providing in the community.

The Youth Community Coalition (YC2) is a network of over 70 organizations and individuals whose goal is to help youth develop into productive and self-sufficient citizens by working together to decrease substance abuse and promote healthy behaviors among the youth in Boone County. YC2 promotes community collaboration around issues concerning healthy choices, positive activities, education, employment, service, and the prevention of substance abuse. Ultimately our coalition works to build the capacity of each of its members, to do their amazing work for youth in our community even better.

In 2014, the coalition helped to achieve some important outcomes for our community to protect youth from proposed policies that could have risked higher incidents of substance use by youth in our area. In particular, YC2 organized with other substance abuse prevention agencies to educate the public and our elected officials on proposed ordinances to decriminalize the cultivation of marijuana and to raise the legal age of purchase for tobacco and e-cigarettes. Our coordinated efforts were significant in defeating the proposed marijuana ordinances and in enacting laws to raise the legal age to purchase tobacco and e-cigarettes in Columbia.

In addition to our activism with respect to local laws, the coalition also organized or participated in numerous other initiatives to prevent substance use and abuse in our communities. Specifically, YC2 helped organized the county Rx drug take back for our county, continued support of compliance checks for area restaurants and bars, sponsored activities to educate parents about the risks of social hosting, participated in health fairs at the local high schools, and worked with MU Wellness Resource Center to organize two Alcohol Summits attended by local businesses, higher education, agencies and individuals alike which assessed the most pertinent issues our community faces regarding alcohol use by youth and young adults.

Another way YC2 seeks to positively impact the youth community is with the afterschool and youth leadership programs the coalition sponsors with partner organizations. As a 21st Century Community Learning Center grant recipient, YC2 works with four afterschool sites to provide quality after school programs that are helping to improve academic success for nearly 300 youth in Columbia. The Teen Outreach Program (TOP) is a leadership training program that works with at-risk high school teens providing education, leadership and community service training. Similarly, Helping Our Peers Everywhere (HOPE) is a peer leadership program working with high school teens on prevention of substance abuse, bullying and other teen issues with the intention of presenting the information learned to elementary, middle, and other high school students. Since the beginning of 2015, YC2 has also served in an advisory role for the newly formed Youth Advisory Council (YAC) of Columbia. This formally ordained city commission is composed of high school students and seeks to advise the Columbia City Council on matters that concern youth in our community. In July 2015, YC2 partnered with the YAC to host the Positive Youth Development Legislator Summit, an event that featured four of Boone County's state representative and was attended by over 100 members of our communities. Helping youth achieve greater success in school and in the community is an important pillar of the YC2 mission to ensure all our children develop into productive and self-sufficient citizens.

Please see the attached 2013 and 2014 Youth Community Coalition Annual Reports for additional details on coalition activities and successes.

- 5) Justify the cost of services in smaller communities at the same rate as Columbia.

The cost per unit of service does not vary per community as it is based on overall staff costs and/or contracted costs. Establishing a new coalition takes many man-hours, travel is involved, and the responsibility of the position requires a highly qualified, self-starting, experienced staff. Evaluation is based on an annual contract and though it now covers 5 new communities, has been negotiated at the rate previously paid for evaluation of Columbia alone.

- 6) Detail the "Support Services" outlined in the Program Description section of the Program Overview.

Developing individual coalitions in 5 rural communities and maintaining the activities of an established coalition is a complex, time-consuming, and on-going process. As such, it is hard to define as a "service", but is rather, a collection of services provided by staff, collaborating partners, and contractors. Though these "support services" will be delivered to a few individuals, the effort is designed to have community-wide impact.

The Youth Community Coalition Communities that Care Project will attempt to define "support services" as providing anything and everything needed to help local volunteers in these 6 communities mobilize, plan, and take action to create and sustain policies, practices, and procedures dedicated to increasing protective factors and reducing risk factors known to affect the likelihood of health and success for children and families in Boone County.

The Youth Community Coalition Communities that Care Project will seek to maintain the work of YC2 in Columbia, while leading five additional communities through a multi-phase change process using prevention science as its base and employing the Communities that Care evidence-based model.

On the most basic of levels, these "Support Services" will include staff time and materials to:

- 1 – Identify and activate 100 catalysts representing 5 new communities.
- 2 – Provide the man hours necessary to help these catalysts:
 - A) Identify and recruit key community leaders to champion the process,
 - B) Write a vision statement and other organizational documents,
 - C) Prepare promotional materials, web and print,
 - D) Organize local workgroups,
 - E) Work with an evaluator,
 - F) Create a community action plan that reduces widespread risks and strengthens protection with clear, measurable outcomes based on the evaluator's assessment data and utilizing evidence-based strategies and practices,
 - G) Implement selected strategies,
 - H) Monitor and evaluate results,,
 - I) Continue working to track progress and ensure improvements are achieved
 - J) Provide continuous communication to the community, key stakeholders and other partners,
 - K) Develop additional funding sources.

In addition, the Youth Community Coalition Communities that Care Project includes funding for some evidence based strategies already proven to increase protective factors and reduce risk factors for substance use and abuse. STOP Act will provide funding for Columbia Police Department and Boone County Sheriff's Department alcohol compliance checks known to reduce underage use of alcohol and tobacco. Big Brothers/Big Sisters Mentoring will work with each coalition to serve identified populations with school, site, and community-based mentoring proven to increase protective factors (Program Service 5) and lead to school

success and reduced risky behaviors.

- 7) Provide a detailed description of the program services to be offered in the rural part of Boone County.

Program Service 1 - Support Services: Includes staff support for all activities related to the establishment of a coalition and the day-to-day operations required to develop the capacity of the coalition and maintain coalition activities in Boone County. Please see our response to Question 6 for more details.

Program Service 2 – Training: Includes staff time, registration fees, travel, lodging, and materials for the following opportunities:

- Strengthening Families Program (Train the Trainer) for 10 individuals
- Strengthening Families Program - (Parent Training) for 30 individuals
- Strategic Prevention Framework (Best-practice Training) for 5 individuals
- Safe Places Training (Crisis Intervention Protocol) for 25 Local Drop-In Sites
- Participation and Training through the Community Anti-Drug Coalitions of America National Conference, Washington, DC for 7 individuals

Program Service 3 -- Positive Youth Development Services: Includes staff support, event costs, and supplies to help each coalition:

- Hold at least two annual events for youth designed to increase protective factors such as resistance skills, leadership, teambuilding, and problem solving.
- Create, produce, and implement a “social norming” campaign, usually around Prom or Graduation, designed to reduce risky behaviors or promote healthy alternative events for community youth.
- Provide training opportunities for youth to become peer educators on the subject of positive youth development or prevention of substance use and abuse and provide opportunities for them to use their skills in schools, churches, or other public settings.

Program Service 4 – Evaluation: Each community will have the benefit of working with the Institute for Public Policy to conduct four assessments each year. These may include but are not limited to: Community Readiness Assessment using the Tri-Ethnic Readiness Assessment Model; Community Resource Assessment; Community Issues Assessment; Annual Coalition Assessment; and Positive Youth Development Asset Mapping.

Program Service 5 – Mentoring: Each community will have the benefit of working with Big Brothers Big Sisters of Central Missouri (BBBSCMO), to identify and promote would provide mentoring services according to the BBBS national model. The type of mentoring provided may be school based, site based or community based depending upon the expressed needs of the community; however, we anticipate it being heavily weighted towards school based mentoring. Please see the answer to Question #12 for a detailed listing of all services provided by this partner.

- 8) Program Service #1 indicates that the average cost of service per individual is \$6,923.97. Please explain all the services included in the "Supportive Services" to justify this cost.

As noted in question #1, the amount listed in the submitted proposal as the Total Amount Requested was incorrect. It reflected the total budget rather than the total amount requested. Total Amount Requested is \$318,687.

This does not account for all of the errors in calculations for Program Service 1. The cost per individual should not be \$6,923.97, but should be \$1,730.99 per individual.

Program Service 1 should be as follows:

Unit of Measure: One Hour for One Individual
Unit Rate: \$46.37
Number of Units to Be Provided: 3733
Number of Unduplicated Individuals to be Served: 100
Average Number of Units of Service Per Unduplicated Individual: 373.3
Average Cost of Service Per Individual: \$1,730.99
Amount Requested: \$143,926
Proposed Number of Units of Service: 3103.86

The original proposal listed 14,932 units of service (which would have been 15 minute units). This error caused the cost of service per individual to be 4 times what it should have been. We seek funding from Boone County Children Services Fund for 3103.86 Units or 83% of the total units provided.

Please see our response to Question #6 for a detailed listing of the services provided to individuals through this program service.

- 9) Program Service #2 indicates that the average cost of service per individual is \$328.78. Please explain everything included in "Training" to justify this cost.

As noted in question #1, the amount listed in the submitted proposal as the Total Amount Requested was incorrect. It reflected the total budget rather than the total amount requested. Total Amount Requested is \$318,687.

After accounting for this error, Program Service 2 should look like this:

Unit of Measure: One Hour for One Individual
Unit Rate: \$90.83
Number of Units to Be Provided: 295
Number of Unduplicated Individuals to be Served: 70
Average Number of Units of Service Per Unduplicated Individual: 4.21
Average Cost of Service Per Individual: \$382.78
Amount Requested: \$18,027
Proposed Number of Units of Service: 198.47

We seek funding from Boone County Children Services Fund for 198.47 Units or 67% of the total units provided.

The following training opportunities will be provided:

- Strengthening Families Program (Train the Trainer) for 10 individuals
- Strengthening Families Program - (Parent Training) for 30 individuals
- Strategic Prevention Framework (Best-practice Training) for 5 individuals
- Safe Places Training (Crisis Intervention Protocol) for 25 Local Drop-In Sites
- Participation and Training through the Community Anti-Drug Coalitions of America National Conference, Washington, DC for 7 individuals

Training opportunities have been selected for their ability to enhance the work of the community coalition. The trained coalition members will have valuable tools and information to actually increase their community's capacity to address complex issues by applying evidence based strategies.

10) Program Service #3 indicates that the average cost of service per individual is \$65.84. Please explain all the services included in the "Positive Youth Development Supportive Services" to justify this cost. How is this different than Program Service #1?

As noted in question #1, the amount listed in the submitted proposal as the Total Amount Requested was incorrect. It reflected the total budget rather than the total amount requested. Total Amount Requested is \$318,687.

After accounting for this error, Program Service 3 should look like this:

Unit of Measure: One Hour for One Individual

Unit Rate: \$30.20

Number of Units to Be Provided: 654

Number of Unduplicated Individuals to be Served: 300

Average Number of Units of Service Per Unduplicated Individual: 2.18

Average Cost of Service Per Individual: \$65.84

Amount Requested: \$10,423

Proposed Number of Units of Service: 345.13

We seek funding from Boone County Children Services Fund for 345.13 Units or 52% of the total units provided.

The cost of \$65.84 per individual includes everything to make these events successful including: staff time, event supplies, venue costs, speaker fees. The investment also builds community recognition of the sponsoring coalitions, creates awareness of issues in the community, and helps to strengthen relationships between key stakeholders and coalition leadership.

Positive Youth Development Supportive Services differs from Program Service #1 in that these services target youth, rather than adults. With staff support each coalition will:

- Hold at least two annual events for youth designed to increase protective factors such as resistance skills, leadership, teambuilding, and problem solving.
- Work with youth to conduct a "social norming" campaign, usually around Prom or Graduation, designed to reduce risky behaviors or promote healthy alternative events for community youth.
- Provide training opportunities for youth to become peer educators on the subject of positive youth development or prevention of substance use and abuse and provide opportunities for them to use their skills in schools, churches, or other public settings.

11) Program Service #4 indicates that the average cost of service per individual is \$375.00. Please explain all the services included in the "Evaluation" to justify this cost.

Program Service #4 was not impacted by the error noted in Question #1. The costs for Program Service 4 remain as originally submitted. Costs are based on rates established through past contracts between the Youth Community Coalition and the Institute for Public Policy. The IPP has been evaluating the work of YC2 for the past 10 years, and as such, understands the positive youth development framework, strategic prevention framework and national prevention strategies which are important to the work of the Youth Community Coalition, to federal funders, and to the future of Boone County Citizens.

The cost should not be considered as a cost of service per individual, but a cost per community. The Unit of Service for this Program Service is 1 evaluation service for 1 community. Each community will receive 4 services through this contract. That is where the 24 units of service come in. Six communities, four evaluation services, twenty four units.

The 40 "unduplicated individuals" are actually coalition members who will be working with the support of the Evaluator to:

- A) Develop or select survey and assessment instruments
- B) Develop a plan to conduct the surveys and assessments
- C) Identify subjects and facilitate the survey process with the help of the evaluator and project staff
- D) Analyze the results of the surveys to:
 - 1. Identify community risk and protective factors that predict targeted health and behavior problems in children and youth
 - 2. Identify community resources that address these factors
 - 3. Identify gaps to be filled in with existing resources
 - 4. Identify opportunities to collaborate for new resources

The 40 "unduplicated individuals" will take the lessons learned back to their respective coalitions where the staff supplying "support services" will help the coalition's youth and adults plan and implement strategies to positively impact the identified issues.

It is likely that many more individuals will be served through this activity. Certainly more than 40 will be surveyed. We know that evaluation can be a communications tool as well as a measurement tool. In other words, simply asking individuals whether they are aware of an issue, increases awareness of that issue. Then, when the results are finally communicated back to the community, the awareness of the issue is again boosted.

- 12) Program Service #5 indicates that the average cost of service per individual is \$875.41. Please explain all the services included in the "Mentoring" to justify this cost.

Big Brothers Big Sisters of Central Missouri (BBBSCMO), one of our coalition partners, would provide the mentoring services. The type of mentoring provided may be school based, site based or community based depending upon the expressed needs of the community; however, we anticipate it being heavily weighted towards school based mentoring. This is based upon two factors: 1) School based mentoring is often the least intimidating way to initially engage volunteers and introduce mentoring to parents; and, 2) We want to assure the children served under this project are independent of services being provided through other contracts that are funded by the Boone County Children's Services' Commission.

The services provided would include:

1. An intake interview for the children. This interview is based upon questions asked from the Adverse Childhood Experiences Study and it is a good screening tool to identify if the child has any substance use/abuse, mental health concerns or adverse life experiences that might require more intervention than just mentoring. If necessary, referrals into local treatment services or school counseling services could be made.
2. Input sought from teachers, afterschool personnel and/or parents as to the concerns they have about the child, for school based and site based mentoring.
3. The family being interviewed to assess their concerns about the child for community based mentoring. This interview is also a way to identify any family dysfunction issues that may benefit from counseling. If such concerns are identified, appropriate referrals can be made.
4. Recruitment and training of mentors. Mentor training includes topics such as healthy child development, asset development, working with children from high risk families, working with children who have learning disabilities, working with adjudicated youth, etc.
5. Ongoing case management including in person meetings, phone calls, emails, text messages, etc. Individualized goals are set for each child during case management. Progress towards achieving these goals, along with screens for child safety and healthy youth development are all a part of case management.
6. Family support and resource referrals for families with a child in community based mentoring.

7. Group activities for the matches to attend.
8. Liability insurance for the matches.
9. Implementation of evaluations specifically, Big Brothers Big Sisters of America's Strength of Relationship Survey which measures the health and effectiveness of the match and the Youth Outcomes Survey which is a research based survey proven valid and reliable in two independent, randomized controlled studies which measures 9 academic, behavioral and socio-emotional outcomes.

The full cost of supporting a match for one year is slightly over \$1200 a year. BBSCMO will be leveraging funds from an AmeriCorps grant, private foundation money and organizational fundraising to offset the costs to support the matches funded through the YC2 CCP proposal.

- 13) The total number of Unduplicated Individuals to be served by the Proposed Program, as listed in the Program Service Levels in the Program Overview section is 1660. The total number of Unduplicated Individuals listed to be served in the Program Consumer Demographics section is 660. Please explain the difference in the total number of Unduplicated Individuals.

I can only speculate that this is a typographical error. I understand that reducing this number from 1660 to 660 makes our average cost per individual served much higher. After adjusting for the change in total amount requested from \$365,937 to \$318,687 and reducing the number served, the average cost per individual would become \$482.85 rather than \$220.44.

For your additional consideration, I would like to clarify that the 660 number includes only 100 Columbia individuals. YC2 served more than 4000 individuals in 2012, 2013, and again in 2014. Though YC2 will continue working in Columbia as part of this project, these 660 represent new unduplicated residents.

- 14) Is there a different plan if the Boone County schools do not administer the Missouri State Student Survey?

Boone County Schools are still administering the Missouri Stated Student Survey and any one of them, once a coalition is established, trained and organizationally developed, could apply for a federal grant requiring the National NOMS for their respective community.

However, it is desirable to obtain a picture of the entire county and that would require the Columbia Public Schools to administer the same survey. Since filing this proposal, talks have continued with the Columbia Public School District regarding the Missouri State Student Survey. There seems to be a willingness to do the survey, the issue is the timing. We have spoken to those who have the power to overcome these challenges. We await some action.

In the meantime, there are several other options being discussed in the community. Those include adding certain questions to some other survey being administered, or purchasing another survey instrument and working with the Institute for Public Policy to conduct a random survey of youth.

- 15) Provide more explanation on the Method of Measurement in the proposal.

Please see question 14 for information regarding the Missouri State Student Survey.

A pre- and post- test will be conducted every time training is provided. These tests will measure the knowledge gained during the training and will be developed specifically for each event, unless specified by an evidence-based curriculum being utilized.

The Institute for Public Policy will conduct an annual Coalition Assessment using a tool developed to assess the Youth Community Coalition. It measures satisfaction, understanding and agreement with goals, involvement, and other indicators of satisfaction with the coalition. The IPP will also conduct a community readiness assessment using the Tri-Ethnic Readiness Assessment Tool. A copy has been attached for your reference.

Some of the evidence based tools being utilized during the project include pre- and post-tests and informational surveys. The Strengthening Families 10 – 14 program is one of those. Samples of the Strengthening Families 10 – 14 surveys are attached for your reference.

Big Brothers Big Sisters has several surveys they are required by the National Big Brothers Big Sisters to conduct periodically during the duration of the match. Samples of the surveys have been attached for your reference.

Positive Youth Development events and trainings will also include a pre- and post-test developed to reflect the information that is delivered. These tests will be developed for each event and training.

- 16) Explain Big Brothers, Big Sisters role in this proposal. Provide an explanation of the funds they will receive from the proposal and how it will further the goal of the program .

The Robert Wood Johnson Foundation's report establishes that individual wellness is a product of what happens in families, schools, communities and the broader social context. We know that providing evidence based strategies is key to building strong families and successful youth. Residents from northern and southern Boone County indicated a lack of awareness about youth services and resources across their community.

Big Brothers Big Sisters of Central Missouri (BBBSCMO) is one of the Youth Community Coalition's current partners that is uniquely positioned to provide county-wide evidence based supportive services that help youth become successful. The type of mentoring offered by BBBSCMO is based upon the fundamentals of youth asset building which is a core component of the Strengthening Families Framework and the Strategic Prevention Framework both of which are fundamental to the design of this program.

BBBSCMO is not a location centered service, i.e. mentoring services can be done at a school, after school site or in the community. This allows greater flexibility for them to provide services outside of Columbia proper. Each of the community coalitions can also decide which type(s) of mentoring would mostly closely align with their needs and volunteer resources. As assigned by their national organization, BBBSCMO has a multi-county service area covering a significant portion of mid-Missouri. In addition to an active program in Columbia, they also have active programs in Randolph and Audrain counties indicating that they are already accustomed to providing supportive services in areas similar to the more rural communities of Boone County.

BBBSCMO will use the funds to provide screening for children (and families), recruitment and training of mentors, case management of Big/Little matches, activities and insurance for matches, and evaluation services as outlined under Question 12. The funds will be distributed to them by CHA Low-Income Services, Inc. based upon the number of mentor hours provided through the program.

In addition to the mentoring services they can provide, BBBSCMO also has training resources available they are willing to share to help with educating coalition members and other community members on building youth developmental assets.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: CHA Low-Income Services, Inc.

Address: 201 Switzler Street, Columbia, MO 65203

Telephone: 573-443-2556, X 1250 Fax: _____

Federal Tax ID (or Social Security #): 77601167

Print Name: Becky Markt Title: Program Administrator, Dir. Res. Svcs

Signature:  Date: 8/4/2015

E-mail: bmarkt@columbiaha.com

STOP Act Action Plan

Twelve Month Action Plan (September 30, 2013 – September 29, 2014)

Goal 1: Engage Parents and Other Caregivers, Schools, Communities, All Levels of Government, All Social Systems That Interface With Youth, and Youth Themselves in a Coordinated Local Effort to Prevent and Reduce Underage Drinking and Its Consequences.

Objective 1: Increase the number of youth who report their parental disapproval of alcohol use by 10%.

Strategy: Coalition Building

Activity	Responsible Parties	Target Date	Resources
Plan opportunities for training and recruitment of new underage drinking prevention stakeholders	YC2 staff and officers	1/21/2014	STOP Act Funding Volunteers
Recruit a diverse group of participants among schools, churches, government agencies, health institutions, & other organizations	YC2 members,	3/18/2014	STOP Act Funding Columbia Public School Outreach Counselors, School Communication Specialist, Chamber of Commerce Heart of Missouri United Way Missouri Youth Adult Alliance
Conduct Semi-Annual Town Hall Meetings	YC2 Staff and youth peer educators	4/30/2014	STOP Act Funding University of Missouri Wellness Resource Center
Analyze findings and suggestions from Town Hall meetings to inform new underage drinking prevention efforts	YC2 members	4/30/2014	STOP Act Funding
Report findings from town halls to the city council, state legislators, coalition members, and other stakeholders	YC2 Staff and officers	4/30/2014	STOP Act Funding
Conduct youth led parent education sessions	YC2 Staff and youth peer educators	5/27/2014	STOP Act Funding

Goal 2: Foster Changes in the Columbia Society That Facilitates Healthy Adolescent Development and That Help Prevent and Reduce Underage Drinking.

Objective 1: Increase the number of youth who report unfavorable peer attitudes towards alcohol by 10%.

Strategy: Providing Information

Activity	Responsible Parties	Target Date	Resources
Conduct research for the community norms campaign	YC2 staff	10/31/2013	STOP Act Funding
Develop & distribute community norms campaign materials (UMatter, Most of Us, LINAS)	YC2 staff and MU Wellness Resource Center	12/31/2014	STOP Act Funding University of Missouri Wellness Resource Center
Evaluate community norms campaign with target audience (youth and parents)	YC2 staff and evaluator	9/29/2014	STOP Act Funding
Monitor & report changes in youth perception through local surveys	YC2 members	6/30/2014	STOP Act Funding Columbia Public Schools

Objective 2: Increase the number of youth who report alcohol is harmful by 10%.

Strategy: Provide Support

Activity	Responsible Parties	Target Date	Resources
Develop plan to recruit and educate 15 peer educators	YC2 staff and executive board,	1/15/2014	STOP Act Funding University of Missouri Wellness Resource Center, Columbia/Boone County Health Department, Columbia Public Schools Outreach Counselors
Identify schools and community based opportunities for peer educators to present to youth and parents	YC2 staff	9/29/2014	STOP Act Funding Columbia Public Schools Drug Prevention Coordinator, University of Missouri Wellness Resource Center, Columbia/Boone County Health Department
Conduct Pre/Post Evaluation of peer and parent education sessions	YC2 Staff and peer educators	9/29/2014	STOP Act Funding University of Missouri Wellness Resource Center
Compile evaluation information and share with peer educators to improve process and performance	YC2 staff	9/29/2014	STOP Act Funding Evaluators Volunteers
Monitor & report changes in youth attitudes through local surveys	YC2 Staff	6/30/2014	STOP Act Funding Columbia Police Department

Objective 3: Decrease the number of youth who have used alcohol in the past 30 days by 10%.

Strategy: Provide Information

Conduct research on local and state social host laws	YC2 Staff	9/29/2014	STOP Act Funding Evaluators Volunteers
Conduct research on occurrence of social hosting at the state and local level	YC2 Staff	10/31/2014	
Develop social host campaign based on evidenced based models with state substance abuse departments	YC2 Staff and members	4/30/2014	STOP Act Funding
Distribute social host campaign materials through billboards, television spots, radio psa's, and print materials	YC2 Staff and members	4/30/2014	STOP Act Funding
Analyze police records for information regarding number citations issued for adults providing alcohol to minors before, during, and after campaign	YC2 Staff	9/29/2014	STOP Act Funding Boone County Sheriff's Dept. Columbia Police Dept.
Monitor & report changes in youth perception through local surveys	YC2 Staff	6/30/2014	STOP Act Funding Columbia Public Schools

Goal 3: Work to Ensure That Policies at All Levels Are Consistent With the National Goal of Preventing and Reducing Underage Alcohol Consumption.

Objective 1: Decrease the number of youth who say alcohol is “easy” or “sort of easy” to get by 10%.

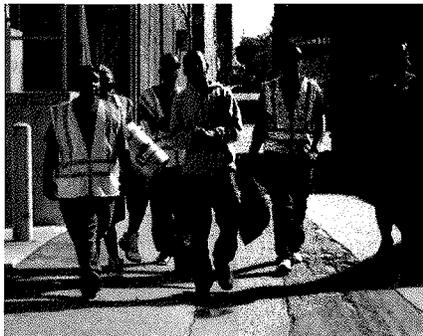
Strategy: Modifying/Changing Policy

Train Coalition members in advocacy and public education skills	YC2 staff and officers	5/20/2014	STOP Act Funding Southwest CAPT, Missouri Youth Adult Alliance, State Regional Support Center, Volunteers
Research local, state, and federal policies relevant to underage drinking (outlet density, social hosting, etc.)	YC2 Staff and members	12/30/2013	STOP Act Funding Missouri Youth Adult Alliance State Regional Support Center
Work with partners to educate local officials about effective underage drinking laws that are consistent with national underage drinking prevention goals	YC2 Staff	12/30/2013	STOP Act Funding State Regional Support Center
Monitor advocacy efforts and policy changes	YC2 staff	9/29/2014	STOP Act Funding State Regional Support Center, Missouri Youth Adult Alliance
Monitor & report changes in youth perception through local survey data	YC2 Staff	6/30/2014	STOP Act Funding Columbia Public Schools

Objective 2: Increase the number of retail stores who comply with underage alcohol laws by 15%.

Strategy: Modifying Access, Barriers, and Opportunities

Collaborate with Columbia Police Department and Boone County Sheriff's Department to build awareness through increased enforcement of underage drinking laws.	YC2 staff, Columbia Police Department, State Regional Prevention Support Center, Boone County Sheriff's Department	10/31/2013	STOP Act Funding Boone County Sheriff's Dept. Columbia Police Dept.
Deliver reward/remind materials to individuals and retail outlets who pass compliance checks	YC2 Staff	10/31/2013	STOP Act Funding
Gather data from compliance checks to monitor progress	YC2 Staff, Boone County Sheriff's Dept., Columbia Police Dept.	9/29/2014	STOP Act Funding Boone County Sheriff's Dept. Columbia Police Dept.
Develop educational and promotional materials for the Retail Beverage Server Training Program.	YC2 Staff Boone County Health Dept.	3/18/2014	STOP Act Funding Boone County Health Dept. Boone County Substance Abuse Advisory Commission
Conduct follow up and analysis of participation in the Retail Beverage Server Training Program	YC2 Staff	9/29/2014	STOP Act Funding Boone County Health Dept.



**Annual Report
2013**



**If it's good for the kids, it's good
for everybody!**

Our Mission:

The mission of YC2 is to help youth develop into productive and self-sufficient citizens by working together to decrease substance abuse and promote healthy behaviors. YC2 promotes community collaboration around issues concerning healthy choices, positive activities, education, employment, service, and the prevention of substance abuse.

A Special Thanks:

2013 Youth Community Coalition Board

Tiffany Bowman, Chair

Linda Frost, Treasurer

Elizabeth Pafford, Secretary

Youth Community Coalition

201 Switzler St.

Columbia, MO 65203

573-449-1993

www.yc2.org

Youth Community Coalition

The Youth Community Coalition (YC2) is a network of over 70 organizations and individuals working together to decrease substance abuse and promote healthy behaviors among youth in Boone County. In 2013, the Coalition updated the strategic plan to establish new goals for the coming years. These goals will be the focus of the collaborative work of the Coalition members and will be supported by the goals and objectives of individual programs and strategies managed by the Coalition.

Goal #1: Establish and Promote Positive Community Norms

Identify five positive community norms; communicate and monitor acceptance of community norms.

Goal #2: Advocate for Practices and Policies that Foster Positive Youth Development

Prioritize three positive youth development issues to advocate, communicate and monitor acceptance of. Establish strategic partnerships.

Every Child. Every Promise.

The Youth Community Coalition believes that there are basic things that a child needs in their life in order to help them succeed in school, in life, and in the community. These simple, but important things, are called *Promises*. The America's Promise Alliance identified 5 Promises that when present in a child's life help them navigate life's challenges and make positive choices. The Coalition monitors the condition of the *Promises* in the community by utilizing local data and listening to the voices of our youth and families. The following indicators were chosen to help track our progress as a community in keeping all 5 Promises to our youth.

- Percentage of youth who value helping others
- Percentage of youth who give time and money to make life better for others.

Opportunities to Make a Difference



- Perception of parental disapproval negative behaviors
- Child/Abuse Neglect Numbers

Caring Adults



- Percentage of youth who feel safe at school
- Youth suicide rates
- Number of discipline referrals

Safe Places



- Past 30 Day Substance Abuse Rates
- Perception of Risk of Substance Abuse
- Teen Pregnancy Rates
- Low Birth Weight

Healthy Start



- Kindergarten Readiness
- 3rd Grade Reading
- Successful Middle School Transition
- Graduation Rate
- Post-Secondary Enrollment

Effective Education



YC2 Successes in 2013

YC2 hosted, sponsored, implemented, or partnered with other agencies to implement multiple strategies in 2013. These strategies are based upon evidenced based best practices, 40 Developmental Assets, and the 5 Promises.

5th Annual Youth Service Day – 75 youth took part in community service activities including graffiti removal, stream clean, and picking up trash in local parks and downtown Columbia. This event gives the youth an opportunity to help others.

7th Annual Teen Fest – YC2, Rainbow House, Columbia Department of Parks and Recreation and other local sponsors hosted this event in recognition of Alcohol Awareness Month and Child Abuse and Neglect Awareness Month. An estimated 750 community members participated. This event included performances by local teen bands, giving those bands a venue to perform that is smoke free, alcohol free and safe.

Prescription Drug Take Back - More than 311,000 pills, 881.35 pounds of prescription drugs were collected at two events in 2013 in partnership with the Boone County Sheriff's Department, Columbia Public Schools, Elks, Columbia Daily Tribune, Harry S. Truman VA Hospital, and the Police Departments of Columbia, Ashland, Hallsville, Centralia, and Sturgeon. Additional medication was disposed of using the 24 Hour Drop Box located in the Columbia Police Department Lobby.

Youth Mental Health First Aid Training- YC2 hosted training for youth serving professionals throughout Boone County. Over 30 professionals completed the 9 hour training and became certified.

Speak Hard Youth Conference - 6 Students from Hickman High School traveled to Jefferson City to learn prevention leadership skills and how to advocate with state legislators.

Helping Our Peers Everywhere (HOPE) Club - YC2 supported Columbia Public Schools by sponsoring 5 different HOPE club events, programs, and trainings.



HOPE Club @ Youth Service Day, 2013

Compliance Checks - YC2 funded 121 compliance checks performed by the Columbia Police Department and Boone County Sheriff Department. 77% of retailers were found in compliance.



Prescription Drug Take Back April 2013

Reward and Remind Campaign - To reinforce compliance check effectiveness; YC2 awarded gifts to retailers who passed compliance checks.

Teen Outreach Program – Over 40 youth completed this evidenced based program with TOP Clubs in the Jefferson Junior High, Rockbridge, Battle and Hickman High School. Students completed a total of 145 hours of service learning.

YC2 Successes in 2013

5th Annual UMatter Conference – More than 4150 students heard about healthy choices during the 14 assemblies presented by YC2, Reach Communications, and the Columbia Public School District. Another 150 middle school students were selected to take part in a leadership workshop that day. The next UMatter Conference is planned for January 2014.

Substance Abuse Prevention Training – YC2, Columbia/Boone County Public Health and Social Services, and the University Of Missouri Wellness Resource Center, trained 30 youth advocates as peer trainers in substance abuse, bullying, and suicide prevention.

5 Promises Media Campaign – YC2, Mediacom and OnMedia Advertising partnered to create and aired 5 different television commercials promoting the 5 promises more than 18,000 times in 2013, broadening to include web advertising presence.

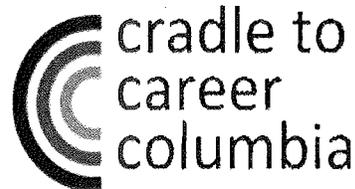
Go Skateboarding Day - 400 youth attended this event sponsored by Columbia Parks and Recreation, Parkside Skateboards, and YC2 to promote safe and healthy activities for youth.

Violence Task Force- The Coalition created and implemented a Youth Violence Survey, approved and to be utilized by the Mayor's Violence Task Force.

First Night Columbia – This annual event in partnership with First Night and the City of Columbia provided alternative New Year's Eve activities for 200 youth at First Night 2013.

Social Media Campaign – In 2013, YC2 Facebook page nearly tripled with likes, totaling 266 likes. YC2 received visits to the website and views on Facebook.

Prescription Drug Summit- YC2 hosted a summit for different professionals to discuss the issue of prescription drug usage. Just under 15 professionals from different sectors such as law enforcement, public health, media and other areas gathered around the table to discuss the issue of prescription drug usage among young people.



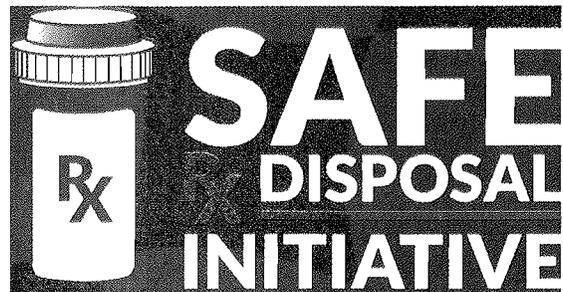
Cradle to Career Columbia

Since 2011, the Youth Community Coalition has joined with community partners to create a Cradle to Career framework for the City of Columbia. This effort seeks to address issues that relate to the achievement gap and ensure that every student is supported from Cradle to Career.

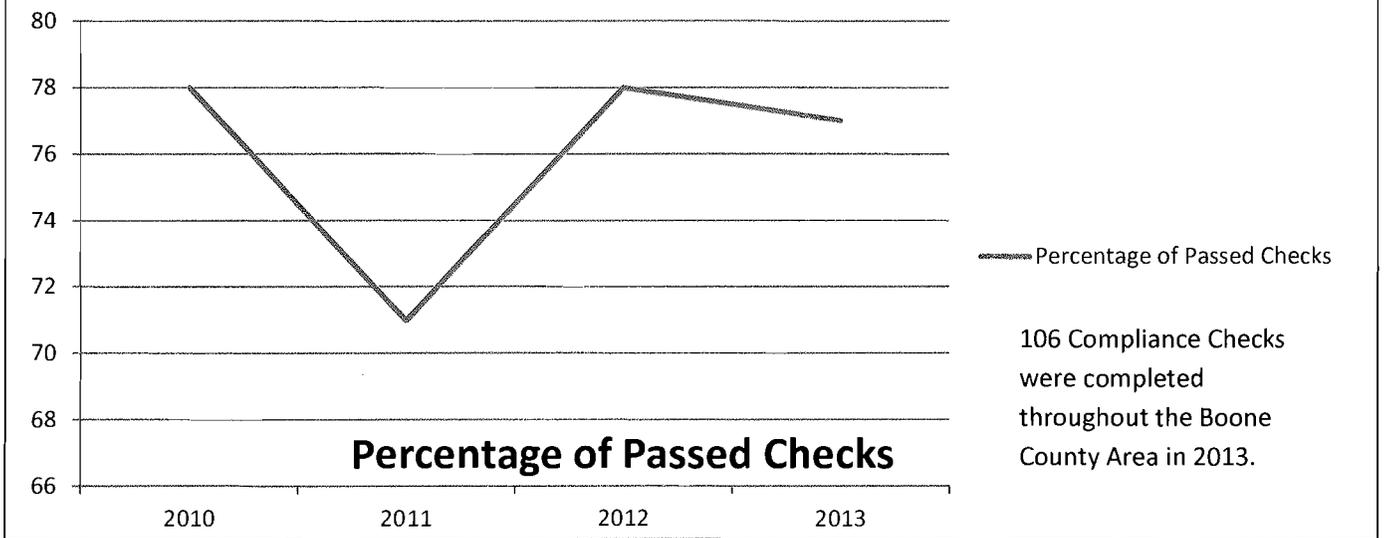
The staff of the Youth Community Coalition are serving as facilitators of the Cradle to Career work groups and providing support in gathering data to track progress towards the five identified outcome areas.

Five Core Outcome Areas

1. Kindergarten Readiness
2. Third Grade Reading
3. Middle School Transitions
4. Graduating Ready for College, Career Training or Certification
5. College and Career Training (Enrollment & Completion)



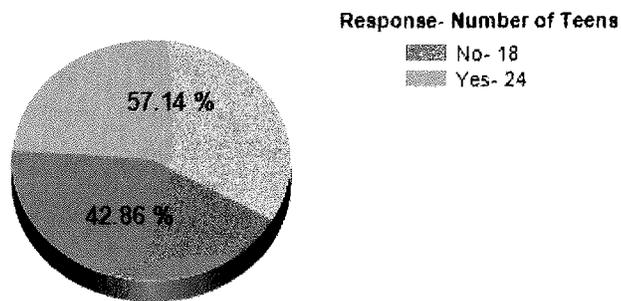
Coalition Spotlight



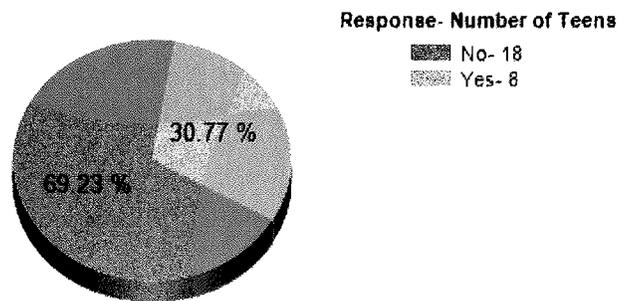
Teen Outreach Program

In 2013, the Youth Community Coalition partnered with the Boone County/City of Columbia Health Department to provide the Teen Outreach Program (TOP) in four schools. The four sites for 2013 were: Battle High School, Hickman High School, Jefferson Middle School, and Rock Bridge High School. TOP promotes Positive Youth Development through focusing on values clarification, relationships, communication, influence, goal-setting, human development, sexuality, and community service learning. Students participating in 2012-2013 TOP displayed a significant reduction in course failure, which is one of the primary outcomes of the TOP framework.

Pre Survey -Percent of Teens who have Received a Failing Grade on a Report Card:



Post Survey- Percent of Teens who have Received a Failing Grade on a Report Card:



Every TOP student completes 20 hours of community service learning. Each of the projects is student planned and led. Over the last year the students served at Coyote Hill Christian Home, Ronald McDonald House, Food Bank of Northeast and Central Missouri, and also helped clean up local city parks.

Coalition Spotlight

2013 Grants Received by YC2:

Partnership For Success Grant:

From MO Division of Behavioral Health & SAMSHA, \$113,333 for three years

For the prevention of underage drinking by reducing youth availability through retail and personal sources, as well as increasing perception of harm in collaboration with the MU Wellness Resource Center. YC2 and the WRC will work on creating an alcohol outlet density policy, place of last drink policy, and social hosting campaign to meet the grant's goals.

American Medical Association Grant:

\$8,000 for one year

For the funding of various prescription drug abuse prevention programs, including the prescription drug summit.

STOP ACT Grant:

From SAMSHA, \$50,000 for four years

For the prevention and reduction of underage drinking through the use of community norms campaign, town hall meetings, peer education, social hosting campaign, advocacy, and compliance checks.

Collaboration with the MU Wellness Resource Center.

ACT Mini Grant:

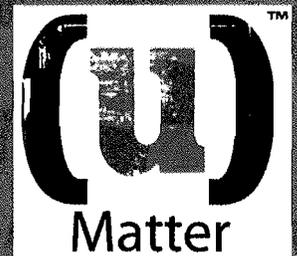
\$5,000 for one year

For the building of prevention networks rural Boone County communities.



U Matter Conference

The U Matter Conference is an annual event involving YC2, Columbia Public Schools, and REACH Communications. This conference aims to promote healthy choices and empower student leaders to be a force for positive change in their school and community. This two-day event reaches more than 4,150 students and culminates in a leadership development summit for 150 middle school students. At the Summit, students are equipped with leadership skills and given the opportunity to create action plans for themselves and their school. The U Matter Conference lives up to its name by reinforcing to all students that they do indeed matter and have the potential to do great things in the community.



Coalition Spotlight

The Youth Community Coalition tracks certain outcomes to show changes in behaviors and attitudes in the community. Over the last year the Coalition has started a pilot project to begin tracking the positive building blocks of a child's life, not just the negative behaviors. The graphs below show the initial survey outcomes of the Developmental Assets Profile taken by the Columbia Teen Outreach Programs. In the future these results will be used to help local youth programs not just prevent problems, but promote thriving!

Figure 1: Your Young People's Composite Assets Score

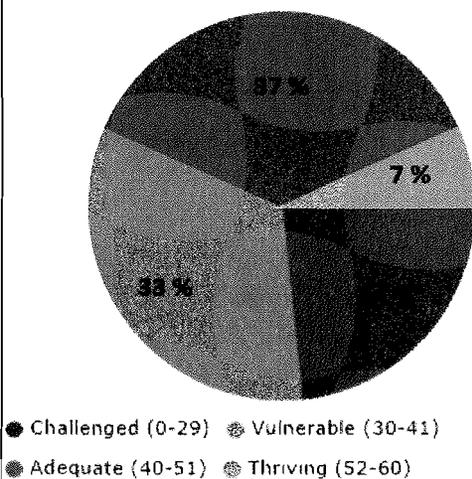
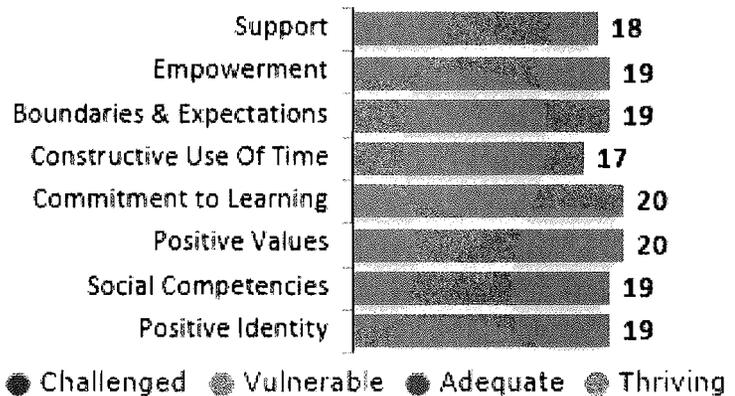


Figure 3: Asset Category Scores



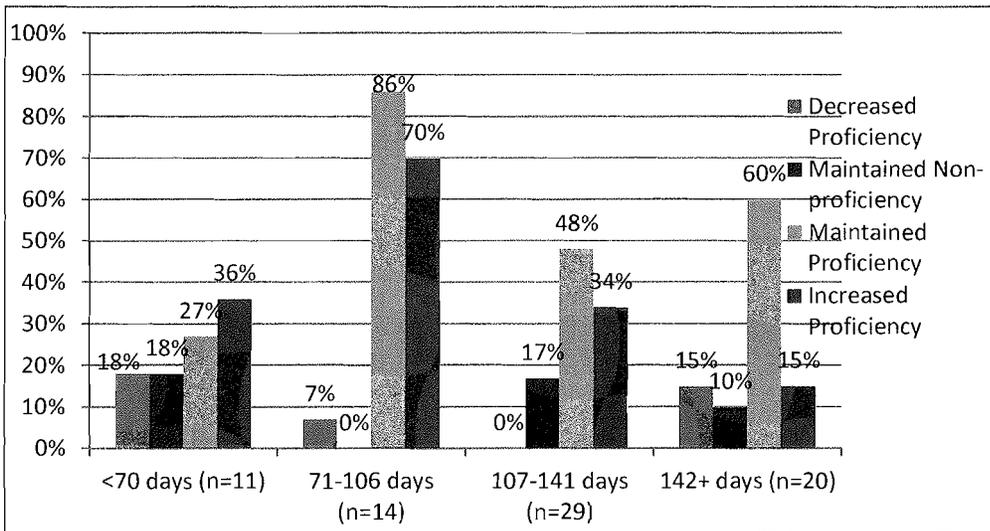
THE EIGHT CATEGORIES OF DEVELOPMENTAL ASSETS

External Assets	Internal Assets
 <p>SUPPORT Young people need to be surrounded by people who love, care for, appreciate, and accept them.</p>	 <p>COMMITMENT TO LEARNING Young people need a sense of the lasting importance of learning and a belief in their own abilities.</p>
 <p>EMPOWERMENT Young people need to feel valued and valuable. This happens when youth feel safe and respected.</p>	 <p>POSITIVE VALUES Young people need to develop strong guiding values or principles to help them make healthy life choices.</p>
 <p>BOUNDARIES AND EXPECTATIONS Young people need clear rules, consistent consequences for breaking rules, and encouragement to do their best.</p>	 <p>SOCIAL COMPETENCIES Young people need the skills to interact effectively with others, to make difficult decisions, and to cope with new situations.</p>
 <p>CONSTRUCTIVE USE OF TIME Young people need opportunities—outside of school—to learn and develop new skills and interests with other youth and adults.</p>	 <p>POSITIVE IDENTITY Young people need to believe in their own self-worth and to feel that they have control over the things that happen to them.</p>

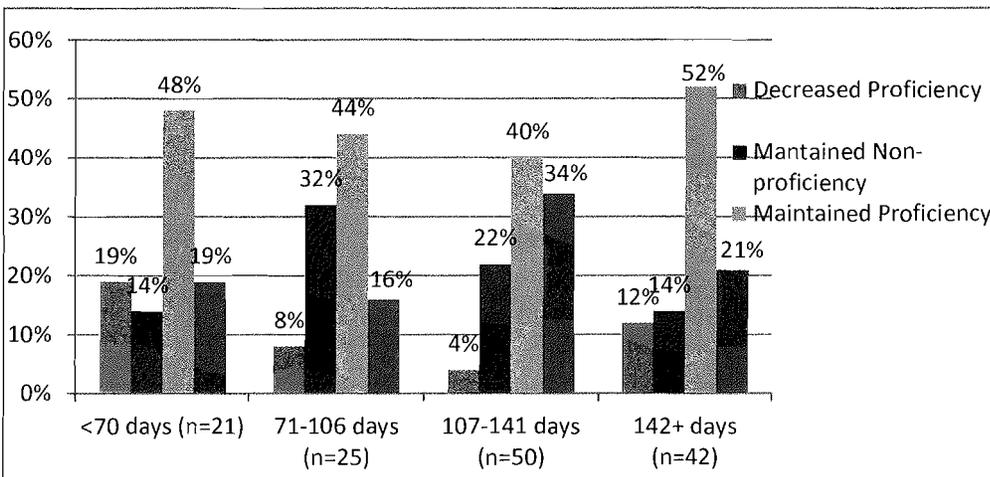
21st Century Community Learning Center Project

The Youth Community Coalition is proud to share the success of the second year of the 21st Century Community Learning Center program. With the help of community partners, this project has provided wraparound services to families in the Columbia Public School District. By working with high quality afterschool programs, this project has been able to foster collaboration on academic outcomes and provide much needed support in the areas of parent engagement and counseling.

Change in Math Proficiency by Attendance



Change in Reading Proficiency by Attendance



The 21st Century project includes 4 afterschool sites:

- Boys and Girls Club
- Moving Ahead Program
- Fun City Youth Academy
- Kindercamp Title I Preschool

Math- These findings imply that higher rates of attendance are associated with a greater percentage students demonstrating increased or maintained proficiency in math.

Reading- Over 27 percent of those students with greater attendance increased their proficiency, while 46 percent maintained their reading proficiency.

Focus Areas for 2014

- Continuous Improvement
- Program Quality
- Staff Development
- Communication
- Parent Engagement



Thanks to the 2013 YC2 Partners

ACT Missouri	McCambridge Center
Big Brothers/Big Sisters Central Missouri	Minority Men's Network
Boone County Juvenile Office	Missouri Department of Elementary & Secondary Ed.
Boone County Health Department	Missouri Department of Health and Senior Services
Boone County Sheriff's Department	Missouri Department of Natural Resources
Boys & Girls Club	Missouri Division of Youth Services
Burrell Behavior Health	Missouri Foundation for Health
CARE Program	Missouri National Guard Counterdrug Task Force
Heart of Missouri CASA	Moving Ahead Program
Central Missouri Community Action	MYAA
CHA Low Income Services	OnMedia
Columbia Chamber of Commerce	Pathways
Columbia Daily Tribune	PEDNET
Columbia Housing Authority	Phoenix Programs Inc.
Columbia Fire Department	Prevention Resource Center
Columbia Office of Neighborhood Services	Project Launch
Columbia Parks & Recreation	Rainbow House
Columbia Police Department	Substance Abuse & Mental Health Services Admin.
Columbia Public Schools	State Farm Insurance
Daniel Boone Regional Library	Teen Relationship Education and Empowerment
Elks Lodge #594	True North
Family Counseling Center	University Extension Center
Fun City Youth Academy	University of Missouri- Office of Service Learning
Girl Scouts Heart of Missouri	University of Missouri- Institute of Public Policy
Great Circle	University of Missouri Police Department
Great Rivers Boy Scouts	University of Missouri- Wellness Resource Center
Harry S Truman VA Hospital	University of Missouri YMCA
Heart of Missouri United Way	Voluntary Action Center
HOPE Club	Youth Empowerment Zone
Intersection	
Karis Community Church	
Lutheran Family Children's Services	
Love Inc.	

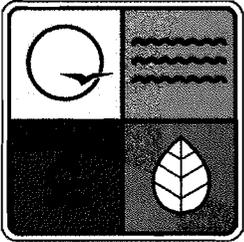
Thank you to our members and partners who have made these successes happen. Without your continued support and dedication to youth, YC2 would not have been able to accomplish all of the successes

Youth Community Coalition
201 Switzler St.
Columbia, MO 65203
573-449-1993
www.yc2.org

Special Thanks to YC2 Funding Partners



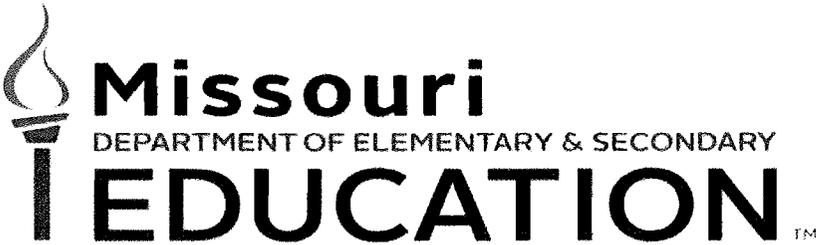
Substance Abuse and Mental
Health Services Administration

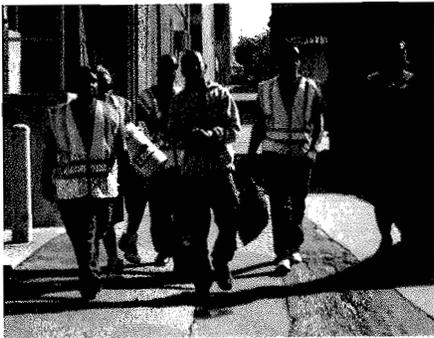


MISSOURI
DEPARTMENT OF
NATURAL RESOURCES



www.actmissouri.org





**Annual Report
2014**



**If it's good for the kids, it's good
for everybody!**

Our Mission:

The mission of YC2 is to help youth develop into productive and self-sufficient citizens by working together to decrease substance abuse and promote healthy behaviors. YC2 promotes community collaboration around issues concerning healthy choices, positive activities, education, employment, service, and the prevention of substance abuse.

A Special Thanks:

2014 Youth Community Coalition Board

Georgalu Swoboda, Chair

Claire Slama, Vice Chair

Linda Frost, Treasurer

Sarah Klaassen, Secretary

Youth Community Coalition

201 Switzler St.

Columbia, MO 65203

573-449-1993

www.yc2.org

Youth Community Coalition

The Youth Community Coalition (YC2) is a network of over 70 organizations and individuals working together to decrease substance abuse and promote healthy behaviors among youth in Boone County. In 2013, the Coalition updated the strategic plan to establish new goals for the coming years. These goals have been the focus of the collaborative work of the Coalition members in 2014 and will continue to be supported by the goals and objectives of individual programs and strategies managed by the Coalition.

Goal #1: Establish and Promote Positive Community Norms

Identify five positive community norms; communicate and monitor acceptance of community norms.

Goal #2: Advocate for Practices and Policies that Foster Positive Youth Development

Prioritize three positive youth development issues to advocate, communicate and monitor acceptance of. Establish strategic partnerships.

Every Child. Every Promise.

The Youth Community Coalition believes that there are basic things that a child needs in their life in order to help them succeed in school, in life, and in the community. These simple, but important things, are called *Promises*. The America's Promise Alliance identified 5 Promises that when present in a child's life help them navigate life's challenges and make positive choices. The Coalition monitors the condition of the *Promises* in the community by utilizing local data and listening to the voices of our youth and families. The following indicators were chosen to help track our progress as a community in keeping all 5 Promises to our youth.

- Percentage of youth who value helping others
- Percentage of youth who give time and money to make life better for others.

Opportunities
to Make a
Difference



- Perception of parental disapproval negative behaviors
- Child/Abuse Neglect Numbers

Caring Adults



- Percentage of youth who feel safe at school
- Youth suicide rates
- Number of discipline referrals

Safe Places



- Past 30 Day Substance Abuse Rates
- Perception of Risk of Substance Abuse
- Teen Pregnancy Rates
- Low Birth Weight

Healthy Start



- Kindergarten Readiness
- 3rd Grade Reading
- Successful Middle School Transition
- Graduation Rate
- Post-Secondary Enrollment

Effective
Education



YC² Successes in 2014

YC2 hosted, sponsored, implemented, or partnered with other agencies to implement multiple strategies in 2014. These strategies are based upon evidenced based best practices, 40 Developmental Assets, and the 5 Promises.

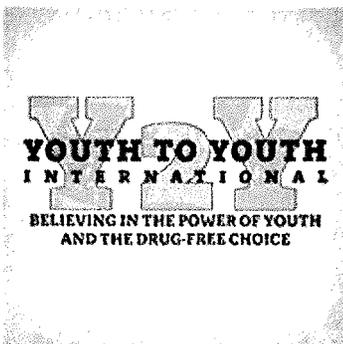


Parent UP Campaign

Youth Community Coalition introduced the Parent UP Campaign to help adults talk to youth about the harms of underage drinking.

The coalition created a media campaign centered around Parent UP, including a website, billboard, radio advertising, commercials, flyers, shopping bags, and pens. Staff passed out promotional items at more than 15 events around the community.

Youth Community Coalition joined other coalitions in the state of Missouri to form Think Again, a campaign against Marijuana legalization. Youth Community Coalition hosted Dr. Thurstone, in May 2014, to speak on the harms of adolescent Marijuana use.



Youth Community Coalition and Boone County/City of Columbia Public Health and Human Services took 18 youth to the Youth to Youth International Conference in Oklahoma in July 2014. At this conference the youth got to learn leadership skills with peers from all over the country. This was an amazing learning and engaging opportunity for the youth and staff.

YC² Successes in 2014

YC2 hosted, sponsored, implemented, or partnered with other agencies to implement multiple strategies in 2014. These strategies are based upon evidenced based best practices, 40 Developmental Assets, and the 5 Promises.

Prescription Drug Take Back - More than 991 pounds of prescription drugs were collected at two events in 2014 in partnership with the Boone County Sheriff's Department, Columbia Public Schools, Columbia Daily Tribune, Harry S. Truman VA Hospital, and the Police Departments of Columbia, Ashland, Hallsville, Centralia, and Sturgeon. Additional medication was disposed of using in the 24 Hour Drop Box located in the Columbia Police Department Lobby.

Youth Mental Health First Aid Training- YC2 hosted training for youth serving professionals throughout Boone County. Over 30 professionals completed the 9 hour training and became certified.

Speak Hard Youth Conference - 8 Students from Hickman High School traveled to Jefferson City to learn prevention leadership skills and how to advocate with state legislators.

Helping Our Peers Everywhere (HOPE) Club - YC2 supported Columbia Public Schools by sponsoring 5 different HOPE club events, programs, and trainings.

Compliance Checks - YC2 funded 82 compliance checks performed by the Columbia Police Department and Boone County Sheriff Department. 70% of retailers were found in compliance.

Reward and Remind Campaign - To reinforce compliance check effectiveness; YC2 awarded gifts to retailers who passed compliance checks.

5 Promises Media Campaign – YC2, Mediacom and OnMedia Advertising partnered to create and aired 5 different television commercials promoting the 5 promises more than 18,000 times in 2014, broadening to include web advertising presence.

Go Skateboarding Day - 400 youth attended this event sponsored by Columbia Parks and Recreation, Parkside Skateboards, and YC2 to promote safe and healthy activities for youth.

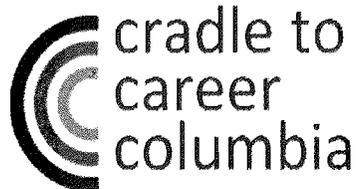
Teen Outreach Program – Over 70 youth completed this evidenced based program with TOP Clubs in the Jefferson Junior High, Rockbridge, Battle and Hickman High School. Students completed a total of 145 hours of service learning.

5th Annual UMatter Conference – More than 4500 students heard about healthy choices during the 14 assemblies presented by YC2, Reach Communications, and the Columbia Public School District. Two assemblies were held in Harrisburg School District as well. Another 150 middle school students were selected to take part in a leadership workshop that day. The next UMatter Conference is planned for January 2015.

Making Our Mark Training – YC2 and Columbia/Boone County Public Health, trained youth advocates as peer trainers in tobacco prevention.

Youth Advisory Council- YC2, City Council and CPS Future Problem Solvers worked on creating a Youth Summit to help recruit for the upcoming Youth Advisory Council. This council will serve as a commission to the City Council and assist with decisions that affect youth. The Youth Advisory Council will be the voice of the youth of Columbia.

Coalition Collaboration in 2014



Cradle to Career Columbia

Since 2011, the Youth Community Coalition has joined with community partners to create a Cradle to Career framework for the City of Columbia. This effort seeks to address issues that relate to the achievement gap and ensure that every student is supported from Cradle to Career.

The staff of the Youth Community Coalition are serving as facilitators of the Cradle to Career work groups and providing support in gathering data to track progress towards the five identified outcome areas.

Five Core Outcome Areas

1. Kindergarten Readiness
2. Third Grade Reading
3. Middle School Transitions
4. Graduating Ready for College, Career Training or Certification
5. College and Career Training (Enrollment & Completion)

ALCOHOL SUMMIT

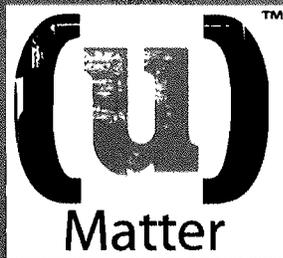
THINK TANK

Youth Community Coalition collaborated with MU Wellness Resource Center to host two alcohol summits and a dinner reception for County Leaders. There were over 100 in attendance at the first Summit in April 2014. Community Stakeholders discussed issues that our community needed to address. Those issues were presented to local leaders at a dinner reception. Among these leaders were the Mayor, MU Chancellor, local Police Department representation and other community leaders. The coalition helped host a second Alcohol summit in September 2014 to help finalize the strategic plan and steps to take towards this Campus-Community Effort to reduce and prevent Underage and High Risk Drinking.

Coalition Spotlight

U Matter Conference

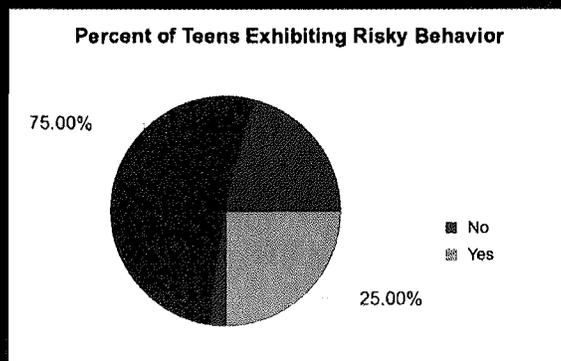
The U Matter Conference is an annual event involving YC2, Columbia Public Schools, and REACH Communications. This conference aims to promote healthy choices and empower student leaders to be a force for positive change in their school and community. This two-day event reaches more than 4,150 students and culminates in a leadership development summit for 150 middle school students. At the Summit, students are equipped with leadership skills and given the opportunity to create action plans for themselves and their school. The U Matter Conference lives up to its name by reinforcing to all students that they do indeed matter and have the potential to do great things in the community.



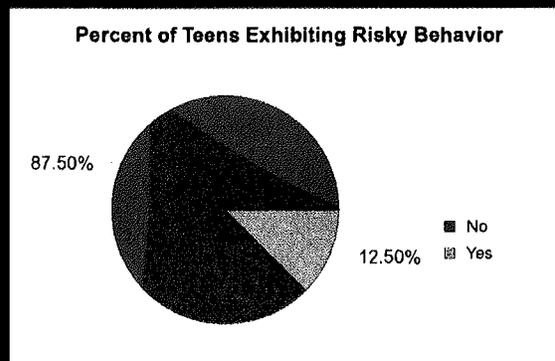
Teen Outreach Program

In 2014, the Youth Community Coalition partnered with the Boone County/City of Columbia Health Department to provide the Teen Outreach Program (TOP) in five schools. The five sites for 2014 were: Battle High School, Hickman High School, Jefferson Middle School, Oakland Middle School, and Rock Bridge High School. TOP promotes Positive Youth Development through focusing on values clarification, relationships, communication, influence, goal-setting, human development, sexuality, and community service learning. Students participating in 2013-2014 TOP displayed a significant reduction in course failure, which is one of the primary outcomes of the TOP framework

Pre-Survey



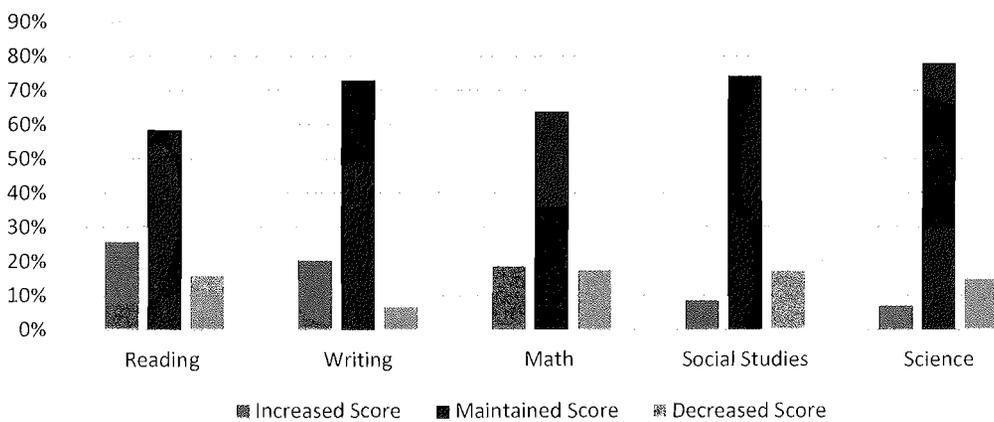
Post Survey



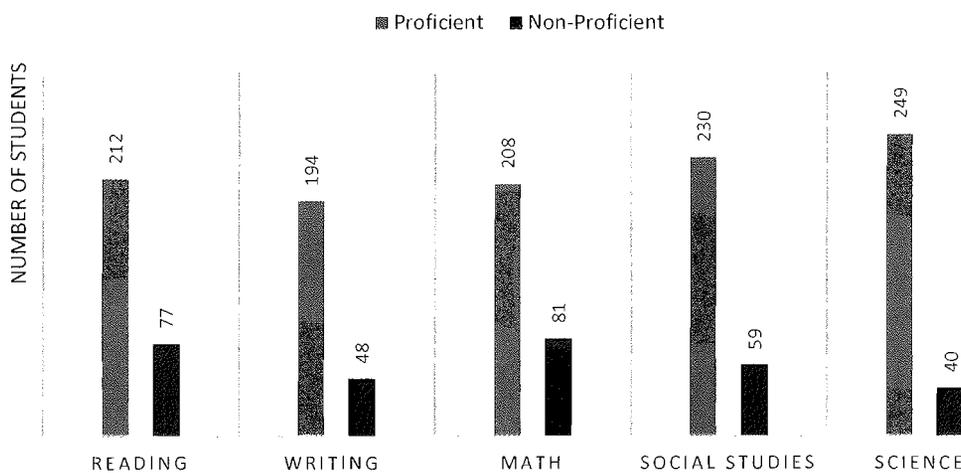
Coalition Spotlight

The Youth Community Coalition is proud to share the success of the third year of the 21st Century Community Learning Center program. With the help of community partners, this project has provided wraparound services to families in the Columbia Public School District. By working with high quality afterschool programs, this project has been able to foster collaboration on academic outcomes and provide much needed support in the areas of parent engagement and counseling.

Percent Change in Scores by Core Subject



Proficiency by Core Subject



The 21st Century project includes 4 afterschool sites:

- Boys and Girls Club-Main
- Boys and Girls Club-Alpha Hart
- Moving Ahead Program
- Fun City Youth Academy

Math- These findings imply that higher rates of attendance are associated with a greater percentage of students demonstrating increased or maintained proficiency in math.

Reading- Over 27 percent of those students with greater attendance increased their proficiency, while 46 percent maintained their reading proficiency.

Focus Areas for 2015

- Continuous Improvement
- Program Quality
- Staff Development
- Communication
- Parent Engagement



Thanks to the 2014 YC2 Partners

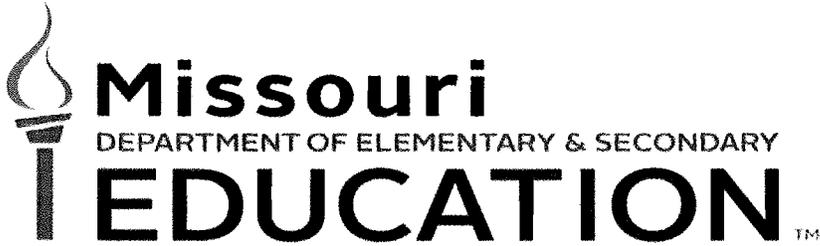
ACT Missouri
Big Brothers/Big Sisters Central Missouri
Boone County Juvenile Office
Boone County Health Department
Boone County Sheriff's Department
Boys & Girls Club
Burrell Behavior Health
CARE Program
Heart of Missouri CASA
Central Missouri Community Action
CHA Low Income Services
Columbia Chamber of Commerce
Columbia Daily Tribune
Columbia Housing Authority
Columbia Fire Department
Columbia Office of Neighborhood Services
Columbia Parks & Recreation
Columbia Police Department
Columbia Public Schools
Cradle to Career Alliance
Daniel Boone Regional Library
Elks Lodge #594
Family Counseling Center
Fun City Youth Academy
Girl Scouts Heart of Missouri
Great Circle
Great Rivers Boy Scouts
Harry S Truman VA Hospital
Heart of Missouri United Way
HOPE Club
Intersection
Karis Community Church
Lutheran Family Children's Services
Love Inc.

MADD of Mid-Missouri
McCambridge Center
Minority Men's Network
Missouri Department of Elementary &
Secondary Education
Missouri Department of Health and Senior
Services
Missouri Department of Natural Resources
Missouri Division of Youth Services
Missouri Foundation for Health
Missouri National Guard Counterdrug Task Force
Moving Ahead Program
MYAA
OnMedia
Pathways
Phoenix Programs Inc.
Prevention Resource Center
Project Launch
Rainbow House
Substance Abuse & Mental Health Services Admin.
State Farm Insurance
Teen Relationship Education and Empowerment
True North
University Extension Center
University of Missouri- Office of Service
Learning
University of Missouri- Institute of Public Policy
University of Missouri Police Department
University of Missouri- Wellness Resource
Center
University of Missouri YMCA
Voluntary Action Center
Youth Empowerment Zone

Thank you to our members and partners who have made these successes happen. Without your continued support and dedication to youth, YC2 would not have been able to accomplish all of the successes

Youth Community Coalition
201 Switzler St.
Columbia, MO 65203
573-449-1993
www.yc2.org

Special Thanks to YC2 Funding Partners



www.actmissouri.org



Substance Abuse and Mental
Health Services Administration

PARENT/YOUTH INTERVIEW

Youth's Name: _____

Parent's Name: _____

Date of Interview: _____ Interviewer's Name: ---- _____

Before starting the interview, talk to the parent about the interview purpose and process, including flow and areas of content. Explain that you will interview the parent and the child separately. Be sure to share expectations around mandatory reporting of abuse if disclosed by either the parent or the child, including BBBS policy and applicable state law. Also, share with the parent that you are going to talk to the child about safety and cover the child safety materials, "Talking with Grown Ups" or "Personal Safety Awareness for Teens", or your agency's child safety training materials. Show the parent the materials and encourage the parent to review those materials with the child together later.

Here is a sample script:

"Thank you for your interest in Big Brothers Big Sisters and for taking the time to allow me to get to know you and your child today. I will interview both you and your child, separately. In my time with you, I'm going to ask you a lot of questions about your child – including questions about their personality and interests, school, behavior, health, and relationships. I am also going to ask you some questions about family life and yourself, because we want to find a Big that will not only be a good fit for your child but will partner and communicate well with you in this match. I am going to write as we talk, just to be sure I don't forget anything you have shared with me once I leave here. After interviewing you, I will then interview your child. I will ask questions about things such as school, family life, interests, and friends. Because child safety is our number one priority at Big Brothers Big Sisters, I will also talk to your child about safety, using this booklet, which I encourage you to look over with your child together later. I also want to let you know that if you or your child share any information that discloses child abuse or maltreatment of any child, please understand that I may have to report that based on mandatory reporting laws and Big Brother Big Sisters policy. [Share specific state and agency reporting expectations]. Do you have any questions for me before we get started?"

PARENT INTERVIEW (if possible, without the child present)

1. How did you hear about Big Brothers Big Sisters?
2. Overall, how do you think your child will benefit by having a Big Brother or Big Sister?
3. Do you know anyone else involved in the program? What have they shared with you about their experience in the program?

Question Group 1 - PERSONALITY/INTERESTS:

1. Describe your child's personality.
2. What are your child's strengths and talents?
3. Could you tell me a little about how your child spends his or her time? What activities does he/she enjoy?
4. Does your child prefer to be active and participate in activities or to sit back and observe?
5. When he/she meets new people, how does he/she typically respond?

6. What would be helpful for a Big in getting to know your child? What advice do you have for a Big?

Question Group 2 - FAMILY RELATIONSHIPS:

1. How would you generally describe your relationship with your child?
2. Describe the way that you and your child communicate with each other.
 - a. How do you discipline your child?
3. Who lives in the home? What are their relationships like with the child?
 - a. What kinds of activities do you do as a family?
4. Is there anyone in your home or closely associated with your family that may pose as a potential safety risk to the volunteer or in interacting with others, including children, within the Big Brothers Big Sisters Program?
5. Does your child have a parent or parental figure that is currently serving in the military or is considered a veteran? *(Verify with information provided on application to be sure information was correctly listed in AIM.)*
 - a. What branch? For how long? Dates of service?
 - b. What is the history of deployment? Do you anticipate the loved one will be deployed in the future?
 - c. Is your family or the child connected to any military family support groups or organizations at this time?

If one or more parents are not in the home, ask the following questions:

6. What is the child's relationship with the absent parent(s)?
 - a. How often does the child see the absent parent(s)? What type of contact do they have?
 - b. Have you talked to the child's parent(s) about enrolling the child in BBBS? When and what was the response? How supportive do you think the absent parent(s) will be towards the child being matched with a mentor?
7. Does the child have a parent or loved one that is currently in state or federal prison? What is the relationship of that person to the child?
 - a. For what crime was the person convicted and when did he/she go to prison?
 - b. What is length of the sentence? Do you know when the parent/loved-one is eligible to be released?
 - c. Will the parent or loved-one join the family on release? If so, do you expect the match to continue?
 - d. What does the child know about the parent/loved-one being incarcerated?
 - e. Do you anticipate that the child will want to talk to the volunteer about the incarceration?
 - f. When the last time the child saw the parent/loved-one? Does the child visit, write, or talk on the phone?
 - g. Have you talked to the parent/loved-one about the child having a BB or BS? What do they think?

Question Group 3 - PHYSICAL AND MENTAL HEALTH

1. Does your child have any type of physical health issues or diagnosis? Is he/she on medication?
 - a. How will this affect match activities?
2. Does your child have any allergies to food, animals, insect bites, etc?
 - a. Are there any foods or drinks that you limit or do not allow your child to have?
3. Tell me about any behavioral issues your child has had or you feel needs to improve upon.
 - a. How do you handle these behaviors?
 - b. How do you feel this will affect a match or match activities?
 - c. What advice would you give the mentor in handling any behavioral issues that come up in their time together?
4. Has your child been involved with the police or juvenile justice system?
 - a. What type of involvement? (e.g., arrest, delinquency court appearance, referral to diversion program, probation, etc.)
 - b. When was this involvement?
 - c. What was the reason for the involvement? (e.g., behavior, charges, etc.)
 - d. What was the disposition of the involvement (in other words, how was it resolved)? (e.g., dismissed, referral to services, adjudicated, placement, informal supervision, etc.)
 - e. How many times has your child had involvement with the police or juvenile justice system?
 - f. If currently involved, is there a case manager, probation or court worker assigned to your child?
 - i. If yes, do you have their name/contact info?
2. Does your child have a sibling who has had JJ involvement?
3. Does your child have friends who have had JJ involvement?
5. Is the child seeing a therapist or receiving counseling? Have they in the past? For what reason?
6. Tell me about any mental health issues or diagnoses your child has had.
 - a. Is your child on medication?
 - b. How do you feel this will affect a match or match activities?
 - c. What advice, if any, would you give the mentor?
7. To the best of your knowledge, has your child experienced any form of emotional, physical, or sexual abuse in the past?

- a. Tell me about that experience.
 - o *When did the abuse occur? How old was the child? Who was involved?*
 - b. Have there been any instances of your child acting out, whether sexually or using aggressive behaviors?
 - c. What services did the child receive?
 - d. How do you think this experience affects the child today?
 - e. Is this something your child talks about or would mention to a volunteer?
8. Has your child witnessed domestic violence, violence in the neighborhood? Or any other experiences that you feel have been significant in his/her life?
 9. Has your child experienced any other traumatic experiences?
 10. Has your child ever lived or been placed out of the home or your care?

Question Group 4 - FAMILY LIFE

1. How long have you lived in the home?
2. How long do you plan on living in your current home?
 - a. If planning on moving, when and to what location?
3. What is your general neighborhood like? Are there any safety issues?
4. What is a typical day like for the family? Week?
5. In what activities is the child involved? What days/times does the child participate in those activities?
6. Does your family strongly identify with or participate in any racial or cultural communities or organizations?
7. Is there a faith community in which your family is involved?
8. Considering your family's schedule, what days do you think the child would be most available for outings with the Big?
9. Do you see any major changes occurring in the family or child's life in the next several months?

Question Group 5 - SCHOOL

1. What school does your child attend? Grade?
(Verify with information provided on application to be sure information was correctly listed in AIM.)
 - a. How long has your child been at this school? If recent change, why?
2. How would you describe your child's school performance and attitude toward school?
 - a. What grades does he/she typically receive in academics?
 - b. What grades does s/he typically receive in conduct or behavior?

- c. What else do teachers or other school personnel say about your child?
3. How often would you say your child misses school (whether because of illness, transportation issues, or any other reason)?
 - a. *If child is 12 or above*, does your child ever skip classes or school? If so, how have you or the school responded in the past?
 - b. How often is your child late for school?
4. Does your child receive any special education services? Does he/she have an IEP?
5. What behavioral issues has your child had at school?
6. How would you describe your child's relationship with teachers and school staff?
7. Is your child involved in any extra-curricular activities at school? If so, which ones? If not, why?
8. Tell me how you are involved at your child's school.
9. Are you happy with your child's school? Can you tell me a bit about what you like or dislike about the school?
10. Describe your child's relationships with other children.
11. What are your child's expectations for his/her education? (e.g., does he want to go to college, join the military, etc.?)

Question Group 6 - MATCH PREFERENCES

Partnering:

1. How would you describe your personality?
2. How do you handle conflict?
3. How do you like to receive feedback?
4. What would you consider a successful match?
5. How will you form a partnership with a volunteer?
6. Tell me about a time when you successfully worked with another person (*babysitter, teacher, coach, etc.*) who was working with your child. What did you do to make that partnership work? What did you appreciate about that person?

Preferences/Expectations:

1. What goals do you have for the match?
2. Describe a person you think would meet your child's needs and interests.
3. What skills or areas do you want a volunteer to help your child with or teach your child?
4. Are there any topics of conversation that you do not want the volunteer to discuss with your child?
5. Are there any topics of discussion or areas of concern you specifically want the volunteer to talk with your child about?

6. What do you see the Big doing with your child?
7. Do you have any concerns or preferences regarding volunteers who: *(Explain agency policies as applicable.)*
 - Smoke:
 - Drink:
 - Own Pets:
 - Own Firearms/Weapons:
 - Have children of their own at home:
8. Do you have any preferences regarding a volunteer's: *(Explore responses.)*
 - Race/Ethnicity:
 - Religion/Faith:
 - Sexual Orientation:
 - Age:
9. Would you be open to your child being matched with a couple?
10. *If applicable*, would you be open to your child being matched in a cross-gender match?
11. What would you do if the overall match experience or the volunteer did not meet your expectations?
12. What would you do if your child did not seem to want to spend time with the Big?

WRAP UP:

1. What else do you think we should know about your child, to make the best match for him/her?
2. What questions do you have? Is there anything about which you would like more information?

YOUTH INTERVIEW (if possible, without the parent present)

Talk to the child about what to expect from the interview, especially if the child is young and may not understand what it means to be interviewed. In that explanation, be sure to share expectations around mandatory reporting of abuse if disclosed. Here is a sample script:

“Today, I’m going to ask you a lot of questions – about things such as school, your family, and yourself. These questions will help me get to know you, which will then help me find the best Big for you. I will also ask you some questions about what you want and what you expect from having a Big. Some of these questions might be hard for you to answer – that’s okay, just do your best to answer. If you want to skip and come back to a question, just say, “Skip.” We are also going to talk some about safety, using this book which I am going to give you to keep when we are done. I hope you will share this book with your parent later too. Before we get started, I wanted to tell you a few things. As we talk, I am going to write, so I am sure not to forget anything you have shared with me as I look for you a Big Brother or Big Sister. I am not going to let a Big or your parent read your answers, but I will share some of your answers, especially with the Big before they meet you to help them understand a little bit about who you are and what you like. Also, I wanted to let you know that if you share any information with me about you or someone else being hurt or unsafe, I may have to share that information with certain people, like the police or other social workers whose job it is to help children that are being hurt. I do that because I care about the safety and well-being of all children, including you. Do you understand? Do you have any questions before we get started?”

1. What has your guardian/parent told you about Big Brothers Big Sisters?
2. Why do you think your guardian/parent wants you to have a BB or BS?
3. Do you want a Big? Why? Why not?
4. *For Teens or others that you are trying to assess their interest in the program:*
 - a. We ask for at least a year commitment from you and the Big. What do you think about that?
 - b. What do you hope to learn or gain from having a Big?
 - c. If you had plans with your Big Brother/Sister and a friend invited you to do something fun at the same time, what would you chose? How would you decide?
5. What do you think is going to be the best part about having a Big Brother or Big Sister?
6. What would you want me to tell them about you?
7. What might you want to know about them?
8. What should we tell them about your family?
 - a. Who makes up your family? Who lives in your home?
 - b. What are some activities you like to do with your family?
9. How do you usually spend your time with your friends?
10. If you could do anything you wanted with your time, what would you do?
11. What is something that is hard for you to do that you need help with sometimes?
12. If you could be good at one thing, what would it be?
13. What do you want to be when you are older or grow up?

14. What is the best thing that has ever happened to you? What is the worst?
15. If you could change one thing in your life, what would that be?
16. Do you like school? Why or why not?
 - a. What is your favorite and least favorite subject at school?
 - b. Who has been your favorite teacher? What did you like about that person?
 - c. Do you think school is important? Why or why not?
17. What is something that makes you special or unique?
18. Tell me about the kind of person you think would be the best Big for you?
19. Is there anything you would like to talk about with a Big?
20. What would you want to do with a BB or BS?
 - a. *Do you have any fears of any activities, animals or places? Anything you wouldn't want to do with your BB or BS?*
21. Are there any questions that you want to ask about having a Big Brother or Big Sister?

SAFETY

Follow BBBSA child safety materials, "Talking with Grown Ups" or "Personal Safety Awareness for Teens", or your agency's child safety materials, as a discussion guide to cover the material with the child and ensure that she/he understands the content. Document the child's answers in the booklet and on this form. Please note the following:

1. *Any areas of safety in which the child seemed most familiar and knowledgeable:*
2. *Any questions the child had about the materials:*
3. *Any areas of the material with which the child seemed unfamiliar:*
4. *Any disclosures of abuse or trauma made by the child during this discussion or in any part of the interview:*

Next, have the child complete the child autobiography exercise titled, "In My Own Words". Depending on age and ability, youth can fill in on their own or verbally fill in the blanks as staff asks and records response. If the child fills it out independently, be sure to read and explore any responses as needed.

AREAS OF FOCUS

Conclude by talking to the parent (and child, if appropriate) about a few "areas of focus" for the child. Use what you learned in the interview to help you work with the parent and child to come up with a few areas, like self-esteem, social skills, etc.

Make certain to ask the parent and child if they have any other questions before you leave. Explain next steps and provide a number at which you can be reached should they have additional questions.

In My Own Words

Fill in the blank with the answer that best represents you. It doesn't have to be one word – it can be as long or as short as you want.

1. I am proud of _____
2. Today I feel _____
3. My biggest trouble is _____
4. The best thing about me is _____
5. I wish my family _____
6. Sometimes I worry about _____
7. I am happy when _____
8. I am sad when _____
9. I hope _____
10. I hope I never _____
11. The most important person to me is _____
12. I don't like it when people _____
13. I laugh when _____
14. I want to learn to _____
15. My friends would say I am _____

Is there anything else that I haven't asked you today that you wanted to share? Anything else you want a Big to know about you? Feel free to write anything else you want to share in the space below or on the back of this paper.



Big Brothers Big Sisters

FOR NON-AIM AGENCY USE ONLY: 3 month SoR 12 month or EOSY SoR

Match Name: _____ Date of Match: _____ Mentor's Name: _____

Mentor's Age: _____ Male Female CB SB Other

Ethnicity: White Black Hispanic Asian Native American Other

MENTOR STRENGTH OF RELATIONSHIP SURVEY

To what extent do you agree with the following statements?	(Circle One)					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	I Don't Know
1. I am enjoying the experience of being a Big.	1	2	3	4	5	6
2. I expected that being a mentor would be more fun than actually it is.	1	2	3	4	5	6
3. My Little and I are interested in the same things.	1	2	3	4	5	6
4. I feel confident handling the challenges of being a mentor.	1	2	3	4	5	6
5. Being a Big is more of a time commitment than I anticipated.	1	2	3	4	5	6
6. I feel overwhelmed by my Little's family difficulties.	1	2	3	4	5	6
7. My Little has made improvements since we started meeting.	1	2	3	4	5	6
8. I sometimes feel frustrated with how few things have changed with my Little.	1	2	3	4	5	6
9. My Little and I are sometimes at a loss for things to talk about.	1	2	3	4	5	6
10. It is hard for me to find the time to be with my Little.	1	2	3	4	5	6
11. I think my Little and I are well-matched.	1	2	3	4	5	6
12. I get the sense that my Little would rather be doing something else.	1	2	3	4	5	6
13. My Little has trouble sticking with one activity for very long.	1	2	3	4	5	6
14. I feel close to my Little.	1	2	3	4	5	6

15. Which of the following best describes how decisions are usually made about how you and your Little will spend your time together? *[Please check only one box.]*

- I usually decide how we'll spend our time together.
- My Little usually decides how we'll spend our time together.
- I get ideas from my Little then we decide together.
- The agency case manager outlines how we will spend our time together.
- Someone else (like a teacher or parent) decides how we'll spend our time together.



Big Brothers Big Sisters

3 month SoR <input type="checkbox"/> 12 month or EOSY SoR <input type="checkbox"/>	Date Completed: _____
Match Name: _____ Date of Match: _____ Youth's Name: _____	
Youth's Age: _____	Male <input type="checkbox"/> Female <input type="checkbox"/> CB <input type="checkbox"/> SB <input type="checkbox"/> Other <input type="checkbox"/>
Ethnicity: White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>	
Check if: HS Student <input type="checkbox"/> College Student <input type="checkbox"/>	Check if: E-mail <input type="checkbox"/> In-person <input type="checkbox"/> Over phone <input type="checkbox"/>

YOUTH STRENGTH OF RELATIONSHIP SURVEY

For each of the sentences below, **decide how true each statement is for you**. Then, circle one number that fits best. If you think the statement is NEVER TRUE, circle "1"; if you think it is HARDLY EVER TRUE, circle "2"; if the statement is SOMETIMES TRUE, circle "3"; if you think it is MOST OF THE TIME TRUE, circle "4"; and if the statement is ALWAYS TRUE, circle "5."

	(Circle One)					
	Never True	Hardly Ever True	Sometimes True	Most of the Time True	Always True	I Don't Know
1. My Big has lots of good ideas about how to solve a problem.	1	2	3	4	5	6
2. My Big helps me take my mind off things by doing something with me.	1	2	3	4	5	6
3. When I'm with my Big, I feel ignored.	1	2	3	4	5	6
4. When I'm with my Big, I feel mad.	1	2	3	4	5	6
5. When I am with my Big, I feel safe.	1	2	3	4	5	6
6. When I'm with my Big, I feel disappointed.	1	2	3	4	5	6
7. My relationship with my Big is very important to me.	1	2	3	4	5	6
8. When I'm with my Big, I feel bored.	1	2	3	4	5	6
9. When something is bugging me, my Big listens while I talk about it.	1	2	3	4	5	6
10. I feel close to my Big.	1	2	3	4	5	6

Thank You!

SFP 10-14 Youth Post Survey

Workshop Location: _____

Date: _____

Participant Code: _____

Circle an answer to the right of each statement that tells how often each item is done.	a little of the time or never	some of the time	a good bit of the time	most of the time or always
1. My parent(s)/caregiver(s) talk to me about their values and beliefs.	1	2	3	4
2. My parents talk to me about ways to resist peer pressure.	1	2	3	4
3. My parents set rules for me to follow.	1	2	3	4
4. My parent(s)/caregiver(s) tells me what they expect of me and holds me responsible.	1	2	3	4
5. When I follow rules or do tasks well at home or at school, my parent(s)/caregiver(s) gives me praise.	1	2	3	4
6. When my parent(s)/caregiver(s) is upset because I did not follow through with a rule or do a task at home or school, they calmly tell me how they are feeling.	1	2	3	4
7. My parent(s)/caregiver(s) treats me with respect when they discipline me.	1	2	3	4
8. I show my parent(s)/caregiver(s) that I appreciate the things they do for me.	1	2	3	4
9. My parents tell me what the consequences are for breaking their rules.	1	2	3	4
10. My parent(s)/caregiver(s) and I can sit down and work on a problem without yelling or getting mad.	1	2	3	4
11. When I am stressed, I do something to calm myself, like take deep breaths.	1	2	3	4
12. When my parent(s)/caregiver(s) is upset, I try to think about his/her feelings and point of view.	1	2	3	4
13. When I am upset, I am likely to yell, swear, or hit someone or something.	1	2	3	4

SFP 10-14 Youth Post Survey

14. I can tell when I am starting to feel stress.	1	2	3	4
15. I feel truly loved and respected by my parent(s)/caregiver(s).	1	2	3	4
16. My family has a weekly meeting to talk about plans, schedules and rules.	1	2	3	4
17. When we have a problem, my family works together to find a solution.	1	2	3	4
18. My parent(s)/caregiver(s) does and says things to let me know I am loved.	1	2	3	4
19. My parents expect me to do household chores (for example: doing the dishes or cleaning your room).	1	2	3	4
20. My parents explain the reasons for household rules and expectations.	1	2	3	4
21. My Parent(s)/caregiver(s) let me know their expectations about my using alcohol, tobacco, and drugs.	1	2	3	4
Circle an answer to the right of each statement that tells how often each item is done.	Completely Disagree	Disagree	Agree	Completely Agree
22. Making good decisions now will help me reach my goals in the future.	1	2	3	4
23. I know positive ways to help me feel better when I am under stress.	1	2	3	4
24. I have thought of some goals I want to reach when I grow up.	1	2	3	4
25. I know some steps to take to reach my goals.	1	2	3	4
26. I know the consequences I would receive if I used alcohol, tobacco, or drugs.	1	2	3	4

SFP 10-14 Youth Post Survey

Circle an answer to the right of each statement that tells how often each item is done.	Very Unlikely	Unlikely	Likely	Very Likely
27. If a friend is pressuring you to do something that could get you in trouble, how likely are you to:				
a. Do it	1	2	3	4
b. Tell your friend some of the negative things that could happen	1	2	3	4
c. Suggest something else to do	1	2	3	4
d. Stay calm even if your friend keeps pressuring you	1	2	3	4
e. Tell your friend you are going to do something else and go on your way	1	2	3	4

What was the most valuable thing(s) you learned during the program?

Sites Can Insert Any Desired Additional Questions Here. See Below

SFP 10-14 Youth Post Survey

Please rate the facilitators by circling a number:

The highest score possible is a '5' and it indicates that a facilitator had an effective delivery style, encouraged participation, and interacted with participants in a positive way.

	Lowest				Highest				
	1	2	3	4	5				
Parent & Family Facilitator: Insert Name									
Youth & Family Facilitator: Insert Name	1	2	3	4	5				
Youth & Family Facilitator: Insert Name	1	2	3	4	5				

Comments:

Sample Additional Questions That Can Be Added To Inform Program Enhancements or Recruitment:

What did you like most about the program?

What was your favorite weekly gift?

How did you hear about the program?

Do you have suggestions for improving the program for future participants?

If you are willing to, please provide a quote that can be used in recruitment materials to encourage other families to attend:

SFP 10-14 Youth Pre Survey

Workshop Location: _____

Date: _____

Participant Code: _____

Circle an answer to the right of each statement that tells how often each item is done.	a little of the time or never	some of the time	a good bit of the time	most of the time or always
1. My parent(s)/caregiver(s) talk to me about their values and beliefs.	1	2	3	4
2. My parents talk to me about ways to resist peer pressure.	1	2	3	4
3. My parents set rules for me to follow.	1	2	3	4
4. My parent(s)/caregiver(s) tells me what they expect of me and holds me responsible.	1	2	3	4
5. When I follow rules or do tasks well at home or at school, my parent(s)/caregiver(s) gives me praise.	1	2	3	4
6. When my parent(s)/caregiver(s) is upset because I did not follow through with a rule or do a task at home or school, they calmly tell me how they are feeling.	1	2	3	4
7. My parent(s)/caregiver(s) treats me with respect when they discipline me.	1	2	3	4
8. I show my parent(s)/caregiver(s) that I appreciate the things they do for me.	1	2	3	4
9. My parents tell me what the consequences are for breaking their rules.	1	2	3	4
10. My parent(s)/caregiver(s) and I can sit down and work on a problem without yelling or getting mad.	1	2	3	4
11. When I am stressed, I do something to calm myself, like take deep breaths.	1	2	3	4
12. When my parent(s)/caregiver(s) is upset, I try to think about his/her feelings and point of view.	1	2	3	4
13. When I am upset, I am likely to yell, swear, or hit someone or something.	1	2	3	4

SFP 10-14 Youth Pre Survey

14. I can tell when I am starting to feel stress.	1	2	3	4
15. I feel truly loved and respected by my parent(s)/caregiver(s).	1	2	3	4
16. My family has a weekly meeting to talk about plans, schedules and rules.	1	2	3	4
17. When we have a problem, my family works together to find a solution.	1	2	3	4
18. My parent(s)/caregiver(s) does and says things to let me know I am loved.	1	2	3	4
19. My parents expect me to do household chores (for example: doing the dishes or cleaning your room).	1	2	3	4
20. My parents explain the reasons for household rules and expectations.	1	2	3	4
21. My Parent(s)/caregiver(s) let me know their expectations about my using alcohol, tobacco, and drugs.	1	2	3	4
Circle an answer to the right of each statement that tells how much you agree.	Completely Disagree	Disagree	Agree	Completely Agree
22. Making good decisions now will help me reach my goals in the future.	1	2	3	4
23. I know positive ways to help me feel better when I am under stress.	1	2	3	4
24. I have thought of some goals I want to reach when I grow up.	1	2	3	4
25. I know some steps to take to reach my goals.	1	2	3	4
26. I know the consequences I would receive if I used alcohol, tobacco, or drugs.	1	2	3	4

SFP 10-14 Youth Pre Survey

Circle an answer to the right of each statement that tells how likely you would be to do each action.	Very Unlikely	Unlikely	Likely	Very Likely
27. If a friend is pressuring you to do something that could get you in trouble, how likely are you to:				
a. Do it	1	2	3	4
b. Tell your friend some of the negative things that could happen	1	2	3	4
c. Suggest something else to do	1	2	3	4
d. Stay calm even if your friend keeps pressuring you	1	2	3	4
e. Tell your friend you are going to do something else and go on your way	1	2	3	4

Parent/Caregiver Reflections: After the Program

Washington State University
Strengthening Families Program

Most parents and caregivers try to stay calm, loving, and consistent when they guide and discipline their adolescent children. However, most parents also fall short of those goals from time to time!

We are interested to know which aspects of parenting are most challenging for you. Please take your time and answer truthfully. Your responses will help us to improve our program.

This questionnaire is **anonymous**. We ask for your birthdate and the initial of your last name so that we can match your answers to your end-of-program evaluation.

Your Year of Birth: _____

Your Age: _____

The first letter of your last name: _____

Strengthening Families Program Reflective Assessment

Made available through

Washington State University
Cooperative Extension
Laura Hill
Department of Human Development
PO Box 644852
523 Johnson Tower
Pullman, WA 99164-4852
509-335-8478 (phone)
laurahill@wsu.edu

POST-PROGRAM

Please answer these questions about the way you do things with your youth who attended the program with you:

1. I have clear and specific rules about my child's association with peers who use alcohol.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

2. I have explained my rules about alcohol use to my child.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

3. I have explained the consequences for breaking my rules about alcohol use to my child.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

4. I can control my anger and frustration with my child.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

5. I work hard with my child on ways to express and control his/her anger and frustration.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

6. I find ways to keep my child involved with fun activities in our family.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

7. I find ways to keep my child involved in family work activities (chores, for example).

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

8. I find ways to keep my child involved with family decisions about fun and work activities, in a way that's appropriate for his/her age.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

9. I have discussed my child's goals and dreams with him/her on several occasions.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

POST-PROGRAM

10. I often tell my child how I feel when he or she misbehaves.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

11. When my child tells me something important, I let him/her know that I am trying to understand what he/she is feeling.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

12. I let my child know I care about him/her while setting limits and consequences.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

13. I have discussed our family values with my child on several occasions.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

14. Getting my youth to help with chores is a problem.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

15. Getting my youth to do homework is a problem.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

16. How important to you were these parts of the program:

	<u>Very important</u>	<u>Important</u>	<u>Neutral or Mixed</u>	<u>Unimportant</u>	<u>Very unimportant</u>
a. <i>"I Messages"</i>	<input type="checkbox"/>				
b. <i>Point System</i>	<input type="checkbox"/>				
c. <i>Positive Reinforcement</i>	<input type="checkbox"/>				
d. <i>Consequences</i>	<input type="checkbox"/>				
e. <i>Family Meetings</i>	<input type="checkbox"/>				
f. <i>One-on-One Time</i>	<input type="checkbox"/>				

POST-PROGRAM

17. Please show how you rate the tension among your family members, as a group, today:

Low

High

₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉ ₁₀

Examples of "low tension" are:

- * Family members are peaceful and friendly
- * Talking with family is open and positive
- * Overall, family mood is warm and loving

Examples of "high tension" are:

- * Family members are "on edge" and impatient with each other
- * Talking with family is stressful
- * Overall family mood is negative, angry, and not agreeable.

Your insight is essential to the success of our program!

During the course of this program we have discussed 12 tools you can use to enhance your family experience. Please let us know which **3** you feel will be most useful in your family.

When thinking about raising your kids, what is the issue that worries you the most?

When your son or daughter breaks a rule (such as talking back, breaking curfew, not doing his/her chores), what do you do?

Thank you very much for taking the time to provide us such important information!

Parent/Caregiver Reflections: Before the Program

Washington State University
Strengthening Families Program

Most parents and caregivers try to stay calm, loving, and consistent when they guide and discipline their adolescent children. However, most parents also fall short of those goals from time to time!

We are interested to know which aspects of parenting are most challenging for you. Please take your time and answer truthfully. Your responses will help us to improve our program.

This questionnaire is **anonymous**. We ask for your birthdate and the initial of your last name so that we can match your answers to your end-of-program evaluation.

Your Year of Birth: _____

Your Age: _____

The first letter of your last name: _____

Strengthening Families Program Reflective Assessment

Made available through

Washington State University
Cooperative Extension
Laura Hill
Department of Human Development
PO Box 644852
523 Johnson Tower
Pullman, WA 99164-4852
509-335-8478 (phone)
laurahill@wsu.edu

Items were designed by Project Family researchers from Iowa State University

PRE-PROGRAM

Please answer these questions about the way you do things with the child (or children) who is/are attending the program with you:

1. I have clear and specific rules about my child's association with peers who use alcohol.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

2. I have explained my rules about alcohol use to my child.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

3. I have explained the consequences for breaking my rules about alcohol use to my child.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

4. I can control my anger and frustration with my child.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

5. I work hard with my child on ways to express and control his/her anger and frustration.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

6. I find ways to keep my child involved with fun activities in our family.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

7. I find ways to keep my child involved in family work activities (chores, for example).

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

8. I find ways to keep my child involved with family decisions about fun and work activities, in a way that's appropriate for his/her age.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

9. I have discussed my child's goals and dreams with him/her on several occasions.

Strongly agree *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

PRE-PROGRAM

10. I often tell my child how I feel when he or she misbehaves.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

11. When my child tells me something important, I let him/her know that I am trying to understand what he/she is feeling.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

12. I let my child know I care about him/her while setting limits and consequences.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

13. I have discussed our family values with my child on several occasions.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

14. Getting my youth to help with chores is a problem.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

15. Getting my youth to do homework is a problem.

- Strongly agree* *Agree* *Neutral or Mixed* *Disagree* *Strongly disagree*

17. Please show how you rate the tension among your family members, as a group, today:

Low

High

- ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉ ₁₀

Examples of "low tension" are:

- * Family members are peaceful and friendly
- * Talking with family is open and positive
- * Overall, family mood is warm and loving

Examples of "high tension" are:

- * Family members are "on edge" and impatient with each other
- * Talking with family is stressful
- * Overall family mood is negative, angry, and not agreeable.

Tri Ethnic Community Readiness Survey

How to use Community Readiness Interviews

- Who might be interviewed from your community:
 - ❖ law enforcement
 - ❖ school
 - ❖ community members at large
 - ❖ social services
 - ❖ medical representatives
 - ❖ city / tribal government
 - ❖ spiritual / religious community
 - ❖ mental health
- Adapt questions very carefully.
- There are approximately 35 questions which relate to the six dimensions of Community Readiness.
- Interview length is approximately 30-60 minutes.
- Record responses as accurately as possible for scoring.
- Avoid interjecting personal biases or values.
- Avoid discussion, stick to questions and only clarify when necessary.
- Interviews are scored by two scorers.

How to Adapt the Community Readiness Questions

The questions have been carefully researched, tested and used in various research trials. They have been proven to be very valid and reliable. They are closely tied to the scoring process so adapting them should be done very cautiously so that scoring remains valid. The optimal way to make changes would be to substitute the issue with the topic of focus. However, it is recognized that other changes may be necessary in order to utilize the model in your community. The following hints are helpful in this process:

When possible, make minimal changes that would substitute your topic for the issue studied.
Example: If your focus is on domestic violence, insert domestic violence for "the issue".

- If translating into another language it is recommended that the translation be made then back translated by an independent person to make certain that the questions have sufficient content for scoring.
- Have two people adapt the questions then meet to discuss the adaptation.
- Remember that some questions may not pertain to some issues and can therefore, be dropped. The boldfaced questions should be not deleted, as they are essential to accurately score the interview.
- If you want to add additional questions, add them at the end to avoid confusion in scoring.
- Pilot test the questions to make certain that they are working as they should to gain the necessary information so that each dimension can be scored.

Community Readiness Questions

The term “this issue” is used in the example questions, communities must decide on what the issue is for them and replace “this issue” with their specific issue, such as alcohol use, domestic violence, etc.

COMMUNITY EFFORTS (Programs, Activities, Policies, etc.)

COMMUNITY KNOWLEDGE OF EFFORTS

1. Using a scale from 1-10, how much of a concern is this issue in your community, with one being not at all and ten being a very large concern? Please explain.
2. Please describe the efforts that are available in your community to address this issue?
3. How long have these efforts been going on in your community?
4. Using a scale from 1 to 10, how aware are people in the community of these efforts, with one being no awareness and ten being very aware? Please explain.
5. What are the strengths of these efforts?
6. What are the weaknesses of these efforts?
7. Who do these programs serve? (For example: individuals of a certain age group, ethnicity, etc.)
8. Would there be any segments of the community for which these efforts/services may appear inaccessible? (For example: individuals of a certain age group, ethnicity, income level, geographic region, etc.)
9. Is there a need to expand these efforts/services? Why?
10. Is there any planning for additional efforts/services going on in your community surrounding this issue? If yes, please explain.
11. What formal or informal policies, practices and laws related to this issue in place in your community, and for how long? (Prompt: An example of formal would be school, police, or courts and an example of informal would be like the police not responding to a particular part of town, etc.)
12. Are there segments of the community for which these policies, practices and laws may not apply? (Prompt: for example, due to socioeconomic status, ethnicity, age, etc.)
13. Is there a need to expand these policies, practices and laws? If yes, are there plans to expand? Please explain.

14. How does the community view these policies, practices and laws?

LEADERSHIP

1. Who are the leaders specific to this issue in your community?
2. Using a scale from 1 to 10, how much of a concern is this issue to the leadership in your community, with one being not at all and ten being a very large concern? Please explain.
3. How are the “leaders” in your community involved in efforts regarding this issue? Please explain. (For example: Are they involved in a committee, task force, etc.? How often to they meet?)
4. Would the leadership support additional efforts? Please explain.

COMMUNITY CLIMATE

1. Describe your community.
2. What is the community’s attitude about this issue?
3. What are the primary obstacles to efforts in your community?
4. Is there ever a time or circumstance in which members of your community might think that this issue should be tolerated?

KNOWLEDGE ABOUT THE ISSUE

1. How knowledgeable are community members about this issue. Please explain. (Such as: dynamics, signs, symptoms, statistics, effects on family and friends, etc.)
2. What type of information is available in your community regarding this issue?
3. What local data on this issue is available in your community?
4. How do people obtain this information in your community?

RESOURCES FOR PREVENTION EFFORTS

1. Whom would an individual affected by this issue turn to first for help and why?
2. On a scale from 1-10, what is the level of expertise and training among those working on this issue? Please explain.
3. Do efforts that address this issue have a broad base of volunteers?
4. What is the community’s and/or local business’ attitude about supporting efforts with people volunteering time, making financial donations, and/or providing space?

5. How are the current efforts funded? Please explain.
6. Are you aware of any proposals or action plans that have been submitted for funding to address this issue in your community? If yes, please explain.
7. Do you know if there is any evaluation of these efforts? If yes, using a scale from 1 to 10, how sophisticated is the evaluation effort, with one being not at all and ten being very sophisticated?
8. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?

DEMOGRAPHIC INFORMATION

1. The following questions are optional, but help us to know the types of people we have interviewed. Would you be willing to answer questions such as your profession, ethnicity, age, etc.? If "yes":
 2. What is your work title?
 3. What is your gender?
 4. What is your ethnicity?
 - Anglo
 - Hispanic
 - African American
 - Asian American
 - Native American
 - Native Alaskan
 - Other
 5. What is your age range?
 - 19-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65 and above
 6. Do you live in (name of community)?
 7. If not the community we have selected, what community?
 8. How many miles is this from the community we have selected?
 9. Do you work in (name of community)?
 10. If not the community we have selected, what community?

11. How many miles is this from the community we have selected?

12. How long have you lived in your community?

Scoring Instructions for the Community Readiness Questions

- 1) Move through the interviews one at a time [using the “Community Readiness Questions”], scoring each interview individually [using the “Scoring Sheets”]. Read through each interview before you begin to score to get a general feeling and impression from the interview.
- 2) Begin picking out statements and references that refer to specific dimensions, and then create a score for each of the six dimensions according to the anchored grading scales [detailed in the Scoring Sheets]. Each interview will encompass six different dimensions scores. Interviews are scored by dimensions and not by individual questions.
- 3) Under the section titled “Individual Score” [on the “Community Readiness Scoring” page], you are to fill in *your* scores for each dimension of each of the interviews. Please note: There may be more than four key informant interviews in a community. If this is the case simply add #5 and #6, handwritten to this form.
- 4) The section under the subheading “Combined Score” [on the “Community Readiness Scoring” page] represents the section where you and one other scorer that scored this same community will come together and agree on the scores for each interview on each of the dimensions. It is important that there be consensus on the scores by both scorers. Remember different people can have slightly different impressions and it is important to explain how you arrived at your decision. Enter your agreed upon score on one of the scoring sheets for each dimension and each interview.
- 5) After both scorers have agreed upon the scores in the above section, the mean will be calculated for the “Calculated Score.” For some (actually many) this can be confusing so let me give you an example. Let's say that under the “Final Score” section, myself and the other scorer have under Dimension A the following:

Dimension A:	# 1	#2	#3	#4
	3.5	5.0	4.25	4.75

I would then add the scores **across** for all interviews under Dimension A and divide by four (calculate the mean). So, I would get a calculated score for Dimension A of 4.37. This will then be entered under Dimension A, “Calculated Score”, and so forth by Dimension.

- 6) For the “Average” at the bottom of the page, below Dimension F, you will take the Calculated Score for each Dimension, add them together and divide by six (the mean for all of the dimensions combined). For example, if we had:

Dimension A: 3.28

Dimension B: 5.67

Dimension C: 2.54

Dimension D: 3.29

Dimension E: 6.43

Dimension F: 4.07

25.28 $25.28/6 = 4.21$

A score of 4.21 would be entered under “Average.”

- 7) For “Stage”, you will enter the stage that is represented by your final average. In the above example, the “Calculated Average” represents the 4th stage or Preplanning. Please Note: The scores correspond with the numbered stage, so a score between a 1.0 and a 1.99 would be the first stage, a score of 2.0 to 2.99 would be the second and so forth. [For a list of the stages, visit <http://www.open.org/~westcapt/crstages.htm>]
- 8) Finally, under comments, write any impressions about this community, any unique outcomes, and qualifying statements that you wish to make regarding the score of the community.

Scoring Sheets

Dimension A: Community Efforts (Programs, Activities, Policies, etc.)

0

1 No awareness of the need for efforts to address the issue.

2 No efforts addressing the issue.

3 A few individuals in the community recognize the need to initiate some type of effort, no immediate motivation to do anything.

4 Some community members have met and have begun a discussion of developing community efforts.

5 Efforts (programs/activities) are being planned.

6 Efforts (programs/activities) have been implemented.

7 Efforts (programs/activities) have been running for several years and are fully expected to run indefinitely, no specific planning for anything else.

8 Several different efforts (programs/activities) are in place, covering different age groups and reaching a wide range of people. New efforts are being developed based on evaluation data.

9 Evaluation plans are routinely used to test effectiveness of many different efforts, wide range of people. New efforts are being developed based on evaluation data.

10

Scoring Sheets

Dimension B: Community Knowledge of the Efforts

- 0
- 1 Community has no knowledge of the need for efforts addressing the issue.
- 2 Community has no knowledge about efforts addressing the issue.
- 3 Some members of the community have heard about efforts, but the extent of their knowledge is limited.
- 4 Some members of the community are beginning to seek knowledge about efforts in their own, or in similar communities.
- 5 Some members of the community have basic knowledge about local efforts (i.e. purpose).
- 6 An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community about these efforts.
- 7 There is evidence that the community has specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.
- 8 There is considerable community knowledge about different community efforts, as well as the level of program effectiveness.
- 9 Community has knowledge of program evaluation data on how well the different local efforts are working, and their benefits and limitations.
- 10

Scoring Sheets

Dimension C: Leadership (Includes appointed leaders and influential community members.)

0

1 Leadership has no recognition of the issue.

2 Leadership believes that this is not an issue in their community.

3 Leader(s) recognize the need to do something regarding the issue.

4 Leader(s) are trying to get something started. A meeting has been held to discuss the issue.

5 Leaders are part of a committee or committees and are meeting regularly to consider alternatives and make plans.

6 Leaders are supportive of the implementation efforts and may be enthusiastic because they are not yet aware of the limitations or problems.

7 Leaders are supportive of continuing basic efforts and are considering resources available for self-sufficiency.

8 Leaders are supportive of expanding/improving efforts through active participation in the expansion/improvement.

9 Leaders are continually reviewing evaluation results of the efforts and are modifying support accordingly.

10

Scoring Sheets

Dimension E: Community Knowledge About the Issue

0

1 Not viewed as an issue.

2 No knowledge about the issue.

3 A few in the community recognize that some people here may be affected by the issue.

4 Some community members recognize that this issue occurs locally, but information about the issue is lacking.

5 Community members know that this issue occurs locally and general information about the issue is available.

6 A majority of community members know that the issue occurs locally and there is enough information about the issue to justify doing something.

7 Community members have knowledge of, and access to, detailed information about local prevalence.

8 Community members have knowledge about prevalence, causes, risk factors, and consequences.

9 Community members have detailed information about the issue as well as information about the effectiveness of local programs.

10

Scoring Sheets

Dimension F: Resources Related to the Issue (People, money, time, space, etc.)

0

1 There is no awareness of the need for resources to deal with this issue.

2 No resources available for dealing with the issue.

3 The community is not sure what it would take, or where the resources would come from to initiate efforts.

4 Some in the community know what resources are available to deal with this issue.

5 Some in the community are aware of available resources for this issue and a proposal has been prepared, submitted, and may have been approved.

6 Resources have been obtained from grant funds or outside funds. Programs or activities are time limited.

7 A considerable part of support of on-going efforts are from local sources that are expected to provide continuous support. Community member and leaders are beginning to look at continuing efforts by accessing additional resources.

8 Diversified resources and funds are secured and efforts are expected to be permanent. There is additional support for further efforts.

9 There is continuous and secure support for programs and activities, evaluation is routinely expected and completed, and there are substantial resources for trying new efforts.

10

Community Readiness Scoring

Staff: _____

Date: _____

Individual Score				
	Interview			
Dimension	#1	#2	#3	#4
A				
B				
C				
D				
E				
F				

Combined Score				
	Interview			
Dimension	#1	#2	#3	#4
A				
B				
C				
D				
E				
F				

Calculated Score	Community	
------------------	-----------	--

Dimension		
A		Comments about Calculated Score (if any):
B		
C		
D		
E		
F		
Average		

Organization Profile

Organization Profile Instructions

New Users:

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

Returning Users:

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

Organization User Information

Primary Information

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

CHA Low-Income Services, Inc.

DBA:

CHALIS

Federal EIN Number:

77601167

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

201 Switzler St.

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Phone Number:

573-443-2556 x1100

Website:

www.columbiaha.com

Head of Organization

Philip Steinhaus

Head of Organization Phone:

573-443-2556

Address

201 Switzler Street

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Fax Number:

573-443-0051

Email:

bmarkt@columbiaha.com

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

Chief Executive Officer

Head of Organization Email:

psteinhaus@columbiaha.com

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

Local Organization Name:

Local Organization Fax:

Address

City

State

County

Zip

Local Contact Name:

Local Contact Email:

Address

City

State

County

Zip

Local Contact Title:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose):

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

The Mission of CHA Low-Income Services, Inc. (CHALIS) is to provide a complement of community-based programs and services to public housing residents and other low to moderate income persons focused on youth succeeding; adult self-sufficiency; seniors and persons with disabilities living independently and affordable housing development.

Organization History:

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

CHALIS is a 501(c)(3) not-for-profit corporation, created by the Housing Authority of the City of Columbia in 2003 to increase and diversify funding sources for the expansion of resident services and self-sufficiency programs that, historically, have been funded by government grants. Over the years, CHALIS has been successful at obtaining funds and subsequently implementing contracts from SAMHSA, HUD, DNR, MO DPS, MO DESE, MO DHSS, MO Foundation for Health, ACTMissouri, City of Columbia Social Services, and most recently from Boone County Children Services, and Heart of MO United Way.

Brief Statement of Organization's Major Goals:

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

CHALIS works alone and in collaboration with other agencies to increase access to opportunities and services of all kinds and types for persons of low income, who reside in the City of Columbia, Missouri and in Boone County, Missouri; and to increase access to youth programming of all kinds and types for children of low and moderate income persons residing in Boone County Missouri.

Articles of Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1432739286_30405_Articles%26CertificateofIncorporation.pdf/

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

Organizational Chart (must be for the entire organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1439930477_30406_Appendix1a-OrganizationalChart-CHALIS-Revisions2015-06.pdf/

Service Area:

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

CHALIS serves the geographic area known as Boone County, Missouri.

Population Served:

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

CHALIS serves children, youth, families and all other persons of low and moderate income residing in Boone County, Missouri.

Governing Board

Organization Governing Board:

Please include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member

Name	Board Position:	Address:	Link Info	
			Active	Date
Genie Rogers	Chair	1400 Business Loop 70 East Columbia, MO 65201		Added on 09/08/2015
Bob Hutton		2252 Country Lane Columbia, MO 65201		Added on 05/29/2015
Edward Robinson		1100 Kennesaw Ridge Rd. #301 Columbia, MO 65202		Added on 05/29/2015
Max Lewis	Public Housing Resident Representative	1201 Paquin St, Apt. 609		Added on 05/29/2015
Mary Anne McCollum	Vice Chair	601 N. William Street Columbia, MO 65201		Added on 05/29/2015
Genie Rogers	Chair	1400 Business Loop 70 East Columbia, MO 65201		Added on 05/29/2015

Total Active Links:6, Total Deactivated Links:0, Current Active Links:6, Current Deactivated Links:0

Advisory Board (if applicable)**Organization Advisory Board (if applicable):**

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

Advisory Board Member**Financial Information****Organization Fiscal Year:**

October 1 - September 30

IRS Tax Exempt Status Determination Letter:

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

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

/document/download/filename/1432915235_29953_CHALIS501C3Status.pdf/

Financial Statement:

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

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1433348898_29954_ElectronicVersionofColumbia-AuditReport9.30.14.pdf/

IRS 990 or 990 EZ:

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

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1433348898_29955_CHALIS99010-2013thru9-2014filed20150515.pdf/

Financial Policies and**Procedures:**

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

The CHALIS Board of Directors reviews and approves the annual and midyear CHALIS budget and monthly financial statements. The Board reviews and approves all accounts payable payments before they are issued. The CEO and a Board member have their electronic signatures placed on each check as the only approved

endorsers of the agency's checks. Board members follow a Conflicts of Interest policy whereby they do not accept gifts, gratuities, favors or other items of value which might appear to influence purchasing decisions. Property and equipment dispositions require the approval of the Board.

Employees Compensation

Top Five Compensated Employees:

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

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.) FTE = number of direct program service hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

If more than one employee is employed in the same position and the level of compensation is not identical, please list each of those employees separately.

Click **+New** to add Employee Compensation information.

Employees

Employees Compensation					Link Info	
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
CEO	B.A.	0.02	\$118,001.00	\$15,708.00	✓	Added on 07/28/2015
Program Coordinator	BA	1.00	\$43,100.00	\$13,309.00	✓	Added on 07/28/2015
Program Coordinator	BA or equivalent	1.00	\$38,480.00	\$11,471.00	✓	Added on 06/03/2015
Director of Resident Services	BA	1.00	\$54,079.00	\$15,234.00	✓	Added on 06/03/2015
Program Coordinator	BA	1.00	\$41,500.00	\$10,392.00	✓	Added on 06/03/2015

Total Active Links:5, Total Deactivated Links:3, Current Active Links:5, Current Deactivated Links:3

Accreditation:

Accreditation:

If your organization is currently accredited by one or more recognized accrediting body, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation, most recent dates of accreditation (including expiration date)

Description 1 (600 character limit):

Non-applicable

Description 2 (600 character limit):

Non-applicable

Description 3 (600 character limit):

Non-applicable

Description 4 (600 character limit):

Non-applicable

Description 5 (600 character limit):

Non-applicable

Certifications:

Certifications:

Please indicate that the above named organization:

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

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

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

yes

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Active	Date
CHA Low-Income Services, Inc.	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Youth Community Coalition Communities that Care Project - RG 3	<input checked="" type="checkbox"/>	Added on 05/29/2015

(4 hidden)

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

System Fields

Record ID

12689

Modification Date

09/08/2015 08:52 am CDT

Modified By

CHA Low-Income Servi ORG

Creation Date

01/06/2015 08:18 am CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

CHA Low-Income Services, Inc.

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

Youth Community Coalition Communities that Care Project - RG 3

Amount of Request

\$365,937.00

Amount Awarded

\$0.00

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

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)

<http://www.yc2.org>

Address

201 Switzler St.

City

Columbia

State

Missouri

County

Boone

Zip

65203

Program Administrator Name

Becky Markt

Phone Number

573-443-2556 x1250

Address

201 Switzler Street

City

Columbia

State

Missouri

County

Boone

Zip

65203

Program Administrator Title

Director

Email

bmarkt@columbiaha.com

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1434137285_30421_AttachmentA.pdf/

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

/document/download/filename/1434137285_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1434137702_30419_AttachmentC.pdf/

Addendums

/document/download/filename/1434395847_30418_Addendums1%262.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Link Info

Active Date

CHA Low-Income Services, Inc.

201 Switzler Street

Philip Steinhaus

✓ Added on
05/29/2015

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

Federal EIN Number (will auto-populate)

77601167

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Budget

Program Budget Instructions

For each item for which figures are entered, please complete the corresponding narrative field.
 *Indicates Required Field.

Program Budget

PROGRAM REVENUE	PROPOSED YEAR	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A \$0.00	1A % 0
B. Other United Ways (300 character limit)	1B \$0.00	1B % 0
C. Capital Campaigns (300 character limit)	1C \$0.00	1C % 0
D. Grants (non-governmental) (300 character limit)	1D \$0.00	1D % 0
E. Fund Raising & Other Direct Support (300 character limit)	1E \$0.00	1E % 0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit) Jun-15 RFP for Purchase of Service Funding, Children's Services Funding.	2A \$318,687.00	2A % 87
B. Boone County - Community Health Funding (300 character limit)	2B \$0.00	2B % 0
C. Boone County- Other Funding (300 character limit)	2C \$0.00	2C % 0
D. Funding from Other Counties (300 character limit)	2D \$0.00	2D % 0
E. City of Columbia - Social Service Funding (300 character limit)	2E \$0.00	2E % 0
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F \$0.00	2F % 0
G. City of Columbia - CHDO Funding (300 character limit)	2G \$0.00	2G % 0
H. City of Columbia - Other Funding (300 character limit)	2H \$0.00	2H % 0
I. Funding from Other Cities (300 character limit)	2I \$0.00	2I % 0
J. Federal (Medicaid, Title III, etc.) (300 character limit) STOP Act Grant, CFDA 93.243, #SP019676	2J \$47,250.00	2J % 13
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K \$0.00	2K % 0
L. Other (Schools, Courts, etc.) (300 character limit)	2L \$0.00	2L % 0
3. Program Service Fees (300 character limit)		

	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	365937	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$249,760.00	68
2. Non-Personnel	2.	2. %
	\$116,177.00	32
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	365937	

System Fields

Record ID
15634

Modification Date
09/25/2015 03:08 pm CDT

Modified By
Apricot Subsystem

Creation Date
05/29/2015 01:56 pm CDT

Created By
CHA Low-Income Servi ORG

Linked 'Program Overview' Records

Link Instructions

Program Overview				Link Info
Record Lock	a. Will program consumers b...	b. Will the program utilize...	Total Number of Unduplicate...	Active Date
No			1660	✓ Added on 06/11/2015

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

Linked 'Final POS Report' Records

Linked 'Final Pilot Report' Records

Program Overview

Program Overview Instructions

The purpose of this section is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Each narrative response should be clear and succinct.

Respond as if the reviewers have no prior knowledge of the program and service(s).

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

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this section. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

PLEASE NOTE: In order to complete the Program Service Levels sub-section, you must first complete and link to Program Budget Section.

Information provided in the Program Overview Section should correspond with the information provided in the:

Program Budget

Program Service (POS Only)

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Statement of Issue Being Addressed

Instructions: Include information pertaining to the overall, community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.) The issue(s) should be tied to the organization's major goal(s), as stated in the Organization Information form, as well as the program goal(s), as stated in the Program Goal(s) sub-section below.

a. Describe and document the issue(s) to be addressed by the proposed program. (1500 character limit)

The YC2 CCP addresses the statutory eligible service area of prevention programs which promote healthy lifestyles among children, youth, and families. The youth who live in Boone County communities are at a high risk for substance abuse. Surveys conducted in 2014 indicate 37.2% of Boone County students reported using alcohol at least once with 11.2% reporting use within the past 30 days; 28.8% reported using cigarettes at least once with 13.3% reporting use within the past 30 days, and 15.4% reported using marijuana at least once with 4% reporting use within the past 30 days. (Missouri Institute of Mental Health 2014)

b. Describe and document the population affected by the issue(s) to be addressed by the proposed program including demographics and characteristics. (1500 character limit)

According to the 2010 Census, the communities targeted for new coalitions by the YC2 CCP differ greatly from that of Columbia.

Columbia has a minority population of 21% compared to an average of 3.22% among the five new communities. Quite the opposite is true when looking at the number of children age 5 - 17. Only 12.88% of individuals in Columbia are between the ages of 5 - 17 compared to an average of 20.5% across the new communities. Of course the real numbers show that Columbia has 13,970 in the age range compared to only 61 in Harrisburg.

The data seem to support the theory behind the YC2 CCP, suggesting that local community level planning could be useful to the smaller communities in Boone County, allowing them to identify strategies that fit the needs of their unique populations.

c. Describe how the City of Columbia or Boone County community is affected by the issue(s) to be addressed by the proposed program. (1500 character limit)

YC2 participated in the Community Health Assessment Mobilization Partnership coordinated in recent years by the Columbia/Boone County Health Department. The process included a community assessment which revealed key gaps that Boone County citizens were experiencing, especially those from rural areas. In a series of focus groups residents from northern and southern Boone County communities stated that they felt substance abuse issues were among the leading problems facing the youth in their community. Roesslet, R. (2013). Community Themes and Strengths (p. 12). Furthermore, community members identified that they noticed a lack of coordination and awareness of youth services and other resources across their community. According to the Missouri Division of Alcohol and Drug Abuse, there are no registered prevention coalitions serving Ashland, Centralia, Hallsville, Harrisburg, or Sturgeon. (Missouri Division of Alcohol & Substance Abuse, List of Registered Coalitions.)

The YC2 CCP supports the Live Well Boone County Action Plan, Behavioral Health Goal 2: Reduce and prevent hazardous drinking, underage drinking, tobacco use, misuse of prescription drugs, and use of illegal drugs; Strategy 2.1: Advocate for changes in policy and practices related to alcohol, tobacco, and substance use and abuse; Objective 2.1.1: Develop a sustainable coalition to achieve the goal.

Program Consumers

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

The Youth Community Coalition (YC2) Communities that Care Project (CCP) will target two key populations. The first and ultimate target of the project's planned outcomes and objectives is youth ages 6 - 18. To achieve the greatest impact on youth, the project will target those who influence the environments in which youth are developing. The YC2 CCP will raise up, mobilize and train prevention coalitions in five Boone County communities and recruit members from those coalitions to serve on a county-wide, multi sector prevention network representing each of the following influencing community sectors: Youth, Parent, Business, Media, School, Youth Serving Organizations, Law Enforcement, Religious/Fraternal, Civic/Volunteer, Healthcare, Government, and Prevention.

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

In order to provide a comprehensive approach to the prevention of substance abuse, the promotion of positive behaviors, and the overall behavioral health of youth, it is imperative that the entire community is engaged in the process. Years of research around youth development and mental health have shown that the child is directly influenced by the environments in which they develop. It has led to the understanding of the risk and protective factor framework and the importance of changing the environments in which youth develop in a way that promotes positive behaviors. Hawkins, J. (1996). *Delinquency and crime: Current theories*. Cambridge: Cambridge University Press.

YC2 is established upon an evidence-based framework developed by the U.S. Substance and Mental Health Services Administration and the Center for Substance Abuse Prevention. It is called the Strategic Prevention Framework. The framework outlines the process for community members to collaborate together for effective substance abuse prevention in a way that impacts the community on multiple and different levels. The twelve community sectors named above are identified as key to successful collaboration. Substance Abuse & Mental Health Services Administration. (n.d.). Retrieved June 9, 2015, from <http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework>

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

Remaining culturally sensitive while conducting environmental change is always a challenge. Local level data regarding behavioral health and substance abuse is difficult to obtain. The Missouri State Student Survey is not mandatory, it is unfunded, and therefore many school districts choose not to take part. YC2 contracted with the Institute for Public Policy to conduct a Tri-Ethnic Readiness Assessment to identify the readiness of each new community to address behavioral health and substance abuse issues. The assessment will be completed in September 2015.

Program Goal

Instructions: The program goal(s) should correspond to the organization's major goal(s) (as stated in the Organization Information section), the issue(s) the proposed program is intended to address (as stated in the Statement of the Issue Being Addressed sub-section above), and the consumers of the proposed program (as indicated in the Program Consumers sub-section above).

State the goal(s) of the proposed program. (300 character limit)

Establish, support, and continuously build the capacity of local coalitions to advocate for and deliver services which promote strong families and successful youth in Ashland, Centralia, Columbia, Hallsville, Harrisburg, and Sturgeon

Program Description

Instructions: The information provided in this section should include information for each program service indicated in the Program Service section.

a. Provide a detailed description of the proposed program. (3000 character limit)

A model for wellness set forth by The Robert Wood Johnson Foundation recommends promoting wellness at the community level. RWJF's July 2014 Policy Brief acknowledged that individual wellness is largely a product of what happens in families, schools, communities, and the broader social context, and that interventions are more efficient when they target root causes rather than symptoms alone. The report recommended a focus on caring relationships as a foundation for wellness, followed by prevention of toxic stress that erodes wellness; and increased supports for positive development, to strengthen wellness. (Robert Wood Johnson Foundation, July 2014)

Coalitions can be an asset when seeking to break down silos and encourage a collaborative environment among community sectors. They have a role to play in the integration of integrated behavioral health and are experienced in using a public health framework to address substance use and other concerns. (CADCA, April 2013).

In keeping with this recommendation, the YC2 CCP will continue YC2 activities in Columbia and establish five new community coalitions to promote wellness at a local level.

YC2 will provide Supportive Services to each of the new coalitions. These supportive services include implementation of evidence based strategies which have resulted in continued growth and effectiveness for YC2 in Columbia over the past 10 years.

First, each Coalition will have an assigned YC2 advisor to provide ongoing support and resources. The Advisor will consult with community stakeholders to recruit and support coalition members using evidence based models for coalition building and prevention planning. The Advisor will train coalition members in evidence based curriculums they can use and also provide access to national training in coalition development. The Advisor will help each coalition provide positive youth development events and education campaigns. The Advisor will work with local coalitions to identify 5 – 10 locales where individuals can be trained by YC2 and Rainbow House to implement the SAFE Places protocol which connects youth who are in danger, in crisis, or homeless to local services. The YC2 Advisor will facilitate assessments of coalition activities, community needs, and community readiness using the services of the Institute for Public Policy.

Big Brothers Big Sisters will support the activities of local coalitions by providing school, site, and community-based mentoring services for community

children and youth and by working with the coalitions to coordinate group activities for youth and their mentors.

Finally, the YC2 CCP will culminate in the formation of a county-wide prevention network representative of all 6 coalitions and multiple community sectors. The Network will meet at least 4 times per year and develop wellness strategies for all of Boone County.

b. For each location in which the proposed program service(s) will be provided, indicate the street address and the days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.). If the proposed program service(s) are to be delivered off-site, describe the environment in which they will be provided (e.g. in homes, street outreach, etc.) (600 character limit)

New coalitions will be established in Ashland, Centralia, Hallsville, Harrisburg, and Sturgeon. Columbia will continue to be represented by YC2. Meetings, trainings, and events will be held in local public buildings or parks whenever possible. Mentoring services will be provided either in schools or in the community depending on the need of the individual community. Times and days will be set by the individual communities,

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

Coalition activities will target families with school-age children and youth, and youth. Mentoring services will target children of prisoners, children in out of home placements, and children of single parent homes. The Coalition Membership will be made up of representatives from 12 different community sectors. Every effort will be made to match the demographics of the community to the membership of the Coalition.

d. Describe any external requirements of the proposed program such as licensing, minimum standards, etc. (600 character limit)

None known at this time.

e. Is the proposed program currently accredited by one or more recognized accrediting body?

No

If yes, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation:

N/A

Current accreditation period:

N/A

Description: (600 character limit)

N/a

f. Are there best practices for the proposed program service(s)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed program. (600 character limit)

The proposed project involves one nationally recommended practice, and two evidence-based practices.
Strategic Prevention Framework Model (SAMHSA, Center for Application of Prevention Technology)
Strengthening Families 10 -14 (SAMHSA National Registry Evidence Based Practices)
Communities that Care (SAMHSA National Registry Evidence Based Practices)
Big Brothers Big Sisters (SAMHSA National Registry Evidence-Based Practices)

g. Is there evidence to support the efficacy of the proposed program and/or program service(s)?

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit)

The Strategic Prevention Framework is recommended by the Center for Application of Prevention Technology, National Institute for Drug Abuse, Missouri Division of Alcohol and Substance Abuse. The model is used by Coalitions across the country as a tool to identify strategies, build capacity, and evaluate efforts, and is currently the focus of a statewide epidemiological study through the Missouri Institute of Mental Health. YC2 is a part of this study.

Strengthening Families 10 - 14 is a family skills training intervention targeting children 10 - 14 and their parents. It is listed on the National Registry of Evidence Based Practices as a universal intervention with outcomes related to substance use, school success, and aggression.

Communities that Care is a community-level intervention that mobilizes stakeholders to collaborate on selecting evidence-based strategies to prevent youth problem behaviors. It is listed on the National Registry of Evidence Based Practices as a Universal intervention with outcomes related to alcohol and tobacco use, drugs, violence, crime and delinquency.

Big Brothers Big Sisters is designed to help participating youth ages 6 - 18 reach their potential through supported matches with adult volunteer mentors. It is based on positive youth development and is listed on the National Registry of Evidence Based Practices as a Universal intervention with outcomes related to drugs, education, social functioning, and violence.

If No - Provide rationale for utilizing the proposed program services(s). (1500 character limit)

N/A

h. Describe any unique or innovative aspects of the proposed program that will enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

The YC2 CCP engages community stakeholders on many different levels. While participating in the strategies for building a coalition, these key stakeholders are becoming informed about true wellness and how to create a community that cares, with environments that support living, learning, playing and growing. In the delivery of specific evidence based strategies they learn the importance of family relationships, and how a community can work together to build whole and healthy children. Whatever problems exist today will be brought to light as the new coalitions go through the process of assessing, planning, building capacity, implementation of strategies, and evaluating the results. The YC2 CCP takes a community-wide public health approach to prevention, yet not so wide as to let one community overshadow another. It allows each community to view itself clearly, buy in to community-specific strategies, learn from any mistakes, and take credit for any successes. Each local coalition has the benefit of dedicated staff, and the immediate ability to provide resources to build stronger families and children, engage youth, create safe places, and educate the entire community about

issues they have identified in their own community. Then, they will receive training so that they can sustain their own efforts, and share their resources with others to impact more communities by serving on the county-wide Prevention Network.

i. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

The mission of YC2 is to help youth develop into productive and self-sufficient citizens by working together to decrease substance abuse and promote healthy behaviors. To accomplish this YC2 engages multiple sectors of the community. For the last 10 years, YC2 has experienced great collaborative success in the promotion of healthy behaviors and creating partnerships across the community. YC2 now seeks to utilize the best practices discovered while working in the Columbia community to begin serving the youth and families across the entire county. It has established dozens of partnerships across the community and will expand those partnerships to have countywide impact. CHA Low-Income Services, Inc. is YC2's fiscal agent partner. The next partners to join in this effort are Big Brothers Big Sisters, Boone County Health Department, and Rainbow House. But, YC2 has more than 50 members who represent agencies with an interest in reaching individuals in Boone County through prevention or treatment who will be called upon to help with this project.

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

/document/download/filename/1434144994_29425_HealthDeptLOS.pdf/

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

/document/download/filename/1434144994_29426_RainbowHouseLOS.pdf/

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

Program Personnel 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 program. 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)

Program Personnel

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	SALARY RANGE FROM: (wages, social security and Medicare)	SALARY RANGE TO:
P1 YC2 Director	MQ1 B.A.	FTE1 0.11	SR1 FROM 42000.00	SR1 TO
P2 YC2 Program Advisor	MQ2 B.A.	FTE2 0.50	SR2 FROM 35000.00	SR2 TO
P3 YC2 Program Advisor	MQ3 B.A.	FTE3 1.00	SR3 FROM 35000.00	SR3 TO
P4 YC2 Program Advisor	MQ4 B.A.	FTE4 1.00	SR4 FROM 35000.00	SR4 TO
P5 BBBS Enrollment Coord.	MQ5 B.A.	FTE5 0.38	SR5 FROM 35000.00	SR5 TO
P6 BBBS Recruitment Coord.	MQ6 B.A.	FTE6 0.50	SR6 FROM 35.00	SR6 TO
P7 BBBS Match Support Spec.	MQ7 B.A.	FTE7 0.50	SR7 FROM 30.00	SR7 TO
P8 BBBS Program Director	MQ8 B.A.	FTE8 0.25	SR8 FROM 36.00	SR8 TO
P9 BBBS Exec. Director	MQ9 Masters	FTE9 0.09	SR9 FROM 56.00	SR9 TO
P10	MQ10	FTE10 0.00	SR10 FROM 0.00	SR10 TO

Program Personnel Narrative

Provide a rationale for the minimum qualifications and salary range for each position indicated above. (600 character limit)

Because these positions require a great deal of skill and confidence, a minimum of BA degree is required. Masters is preferred. Pay rates are set to be

competitive so as to retain quality employees. Directors are held to a higher standard and earn higher rate of pay since they are responsible for the entire agency.

Program Service Fee

a. Will program consumers be charged a fee for the proposed program service(s)?

No

If No - Provide a rationale for why no fees will be charged for the program service(s). (600 character limit)

Any strategies and events must be easily accessible. Charging a fee for participation could limit participation of the most vulnerable youth and discourage the voluntary participation of adults who influence the community environment in which youth develop.

If Yes - Provide a description of and rationale for the program service fee. (600 character limit)

N/A

Program Service Levels

Click Add to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

Link to Program Budget

Program Budget				Link Info	
TOTAL REVENUE	2.	TOTAL EXPENSES	Record Lock	Active	Date
365937	\$116,177.00	365937		✓	Added on 06/11/2015

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

Total Number of Unduplicated Individuals to be served by the Proposed Program

1660

Average Cost per Individual

220.44

Program Service Need

a. Are other organizations/businesses in the City of Columbia or Boone County currently providing the proposed program service(s)?

No

Indicate the organizations/businesses currently providing the proposed program service(s). (600 character limit)

N/A

b. State the reason why the proposed program is needed in the City of Columbia or Boone County. (1500 character limit)

There are no local coalitions in Boone County other than YC2. Live Well Boone County has concluded that these are needed to reduce substance abuse and further support the integration of behavioral health. Communities outside of Columbia have reported that they are unfamiliar with services available to youth and families. The development of local coalitions can serve as a conduit for education, training, and the implementation of evidence based strategies for a specific community and help to sustain positive activities for years to come. The relationships and activities of local coalitions can be valuable when seeking to integrate behavioral into overall wellness. CADCA (April 2013)

Funding Request Justification

a. Provide a justification for the requested level of funding from the City of Columbia or Boone County. (600 character limit)

The YC2 CCP will support 6 coalitions altogether. The cost per community for the supportive services provided to each local coalition is approximately \$40,000. The SAMHSA Drug Free Communities Project provides \$125,000 per year to prevention coalitions who are approved for funding. The YC2 CCP will also provide 150 children with Big Brother Big Sister mentors. If we apply the national average for providing a mentor and match support to a child of \$1,200 we arrive at \$180,000. This proposal asks for only \$131,311 for match and match support or approximately \$875 per child.

b. Describe how funding from the City of Columbia or Boone County for the proposed program will expand program service capacity, fill a gap in or loss of funding from other funding sources, and/or enable the organization to access funding from other funding sources. (600 character limit)

YC2 has been funded by SAMHSA's Drug Free Communities Program for the past 10 years. It is no longer eligible to receive this funding as of

December 30, 2014. YC2's additional funding from the Missouri Department of Mental Health ends October 31, 2015. Funding for the YC2 CCP from the Boone County now will help to sustain the prevention efforts of YC2 in Columbia and allow it to expand into 5 other Boone County Communities; one of which may be able to bring SAMHSA's Drug Free Communities funding back to Boone County in the future and offer sustainability to a County Prevention Network.

Reference List

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

Reference List: (5000 character limit)

Hawkins, J. (1996). *Delinquency and crime: Current theories*. Cambridge: Cambridge University Press.

Substance Abuse & Mental Health Services Administration. (n.d.). Retrieved June 9, 2015, from <http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework>

Missouri Institute of Mental Health 2010-2014 Missouri Student Survey. Retrieved June 9, 2015, from <http://dmh.mo.gov/docs/ada/countylinks/mss/e044.pdf>.

Roesslet, R. (2013) *Community Themes and Strengths*, (p.12)

Missouri Division of Alcohol & Substance Abuse, *List of Registered Coalitions*. Retrieved June 9, 2015 from <http://dmh.mo.gov/ada/progs/communitycoalitions.html>.

Robert Wood Johnson Foundation (July 2014). *Are the Children Well? A Model and recommendations for Promoting the Mental Wellness of the Nation's Young People* (p. 33.)

CADCA (April 2013) *Coalitions and Community Health: Integration of Behavioral Health and Primary Care*
St. Louis County Children's Service Fund (January 2015) *List of Approved Units of Services* (p. 39)

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records

Linked 'Interim POS Report' Records

Link Instructions (2)

Linked 'Final Pilot Report' Records

Program Service

Program Service Instructions

The purpose of this section is to provide detailed information about the proposed program service(s). Services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in the proposed program. This includes services for which you are not requesting City of Columbia or Boone County funding.

Information provided in the Program Service Section should correlate with the information provided in the:

Program Overview

Program Budget

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Program Service 1

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (1) (1000 character limit)

Supportive Services = Consulting/supporting local stakeholders to organize community for prevention

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (1) (100 character limit)

1 hour of supportive services to one individual

Unit Rate (1)

\$38.25

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, etc.) Is the proposed rate tied to an established public funding unit rate? (1)

No

If yes, source of publicly available rate (1) (600 character limit)

N/A

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

The Services proposed here seem comparable to Non-Therapeutic Counseling as described by the St. Louis County Childrens Services Fund: Counseling or coaching sessions for children and/or parents without a mental illness or behavioral disturbance for the purpose of adding or reinforcing protective factors. The CSF approved rate for this service is \$102.09. (St. Louis County CSF, Jan. 2015)

Number of Units of Service to be Provided (1)

2600

Number of Unduplicated Individuals to be Served (1)

100

Average Number of Units of Service per Unduplicated Individual (1)

26

Average Cost of Service per individual (1)

994.5

Are you proposing the City of Columbia or Boone County purchase this service? (1)

Yes

Amount Requested (1)

\$56,169.40

Proposed Number of Units of Service (1)

1468.48

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (250 character limit)

Training - Local and regional training for coalition members

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (2) (100 character limit)

1.5 hours of training with multiple facilitators for up to 13 individuals

Unit Rate (2)

\$23.33

Is the proposed rate tied to an established public funding unit rate? (2)

No

If yes, source of publicly available rate (2) (600 character limit)

N/A

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)

The Services proposed here seem comparable to Presentation (Multiple Presenters) described by the St. Louis County Childrens Services Fund: Behavioral health prevention information dissemination service, one-way direct or non-direct contact with service audiences (13+ people) to affect knowledge and attitude. The CSF approved rate for this service is \$169.08. (St. Louis County CSF, Jan. 2015)

Number of Units of Service to be Provided (2)

217

Number of Unduplicated Individuals to be Served (2)

50

Average Number of Units of Service per Unduplicated Individual (2)

4.34

Average Cost of Service per Individual (2)

101.25

Are you proposing the City of Columbia or Boone County purchase this service? (2)

Yes

Amount Requested (2)

\$3,000.00

Proposed Number of Units of Service (2)

128.59

Program Service 3**Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (250 character limit)**

Positive Youth Development Services - Activities designed to increase protective factors in youth

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (3) (100 character limit)

1 hour of service for 1 individual

Unit Rate (3)

\$30.20

Is the proposed rate tied to an established public funding unit rate? (3)

No

If yes, source of publicly available rate (3) (600 character limit)

N/A

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (3) (600 character limit)

The Services proposed here seem comparable to Community Support Services as described by the St. Louis County Childrens Services Fund: Coaching sessions designed to educate or reinforce lessons learned for the purpose of reducing risk factors. The CSF approved rate for this service is \$13.254 per 15 minute unit (\$53 per hour). (St. Louis County CSF, Jan. 2015)

Number of Units of Service to be Provided (3)

654

Number of Unduplicated Individuals to be Served (3)

300

Average Number of Units of Service per Unduplicated Individual (3)

2.18

Average Cost of Service per Individual (3)

65.84

Are you proposing the City of Columbia or Boone County purchase this service? (3)

Yes

Amount Requested (3)

\$5,830.60

Proposed Number of Units of Service (3)

193.07

Program Service 4**Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (250 character limit)**

Evaluation - Local data collection designed to facilitate planning and measure effectiveness.

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (4) (100 character limit)

1 evaluation service for 1 community

Unit Rate (4)

\$625.00

Is the proposed rate tied to an established public funding unit rate? (4)

No

If yes, source of publicly available rate (4) (600 character limit)

N/A

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (4)(600 character limit)

The SAMHSA Drug Free Communities Program allows coalitions to charge up to 10% of their total budget to Evaluation in order to facilitate strategic development and continuous improvement. The amount proposed here is considerably less than 10% of the budget and offers 6 communities important access to data that is currently unavailable to them on a local level.

Number of Units of Service to be Provided (4)

24

Number of Unduplicated Individuals to be Served (4)

40

Average Number of Units of Service per Unduplicated Individual (4)

0.6

Average Cost of Service per Individual (4)

375

Are you proposing the City of Columbia or Boone County purchase this service? (4)

Yes

Amount Requested (4)

\$15,000.00

Proposed Number of Units of Service (4)

24

Program Service 5**Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (250 character limit)****Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (5) (100 character limit)****Unit Rate (5)**

\$0.00

Is the proposed rate tied to an established public funding unit rate? (5)

No

If yes, source of publicly available rate (5) (600 character limit)**If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification**

for the proposed rate. (5) (600 character limit)

Number of Units of Service to be Provided (5)

0

Number of Unduplicated Individuals to be Served (5)

0

Average Number of Units of Service per Unduplicated Individual (5)

0

Average Cost of Service per Individual (5)

0

Are you proposing the City of Columbia or Boone County purchase this service? (5)

Yes

Amount Requested (5)

\$0.00

Proposed Number of Units of Service (5)

0

Totals

Total Amount of City of Columbia or Boone County Funding Requested for the Proposed Program Service(s):

80000

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures

Link Info

Record Lock Outcome (1-1)

Active Date

Multiple community sectors are engaged and representatives recruited to support or become part of local coalition.

Added on 06/12/2015

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

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
15636	09/25/2015 03:08 pm CDT	Apricot Subsystem	05/29/2015 01:59 pm CDT	CHA Low-Income Servi ORG

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Consumer Demographics

Consumer Demographics Instructions

Instructions:

The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program services. All counts are for Unduplicated Individuals. The totals for all sub-sections should be identical.

Information provided in the Consumer Demographic Information Section should correlate with the information provided in the:

- Program Overview Section
- Program Budget Section
- Program Service Section (POS Only)
- Program Performance Measures Section

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

490

City of Columbia

20

Other Counties

0

Residence Total

490

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

343

Black or African American (alone)

84

Native American Indian or Alaskan Native (alone)

0

Asian (alone)

4

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

54

Some Other Race

5

Subtotal - Non-Hispanic

490

HISPANIC

Of all races

0

Race/Ethnicity Total

490

Gender**Female**

226

Male

264

Other Gender

0

Gender Total

490

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

380

Over 200% of Federal Poverty Level

110

Income Total

490

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

0

5-18 years

0

19-59 years

0

60 years and over

0

Age Total (1)

0

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

92

Middle School (12 years – 14 years)

129

High School (15 years – 19 years)

167

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

102

Age Total (2)

490

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
15638	09/25/2015 03:08 pm CDT	Apricot Subsystem	05/29/2015 02:01 pm CDT	CHA Low-Income Servi ORG

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Performance Measures

Program Performance Instructions

Instructions:

The purpose of this section is to provide performance measurement information for each proposed program service. For each program service included in the Program Service Section, a performance measurement logic model will appear below. Each logic model has been partially auto-populated with program service and output information based on information provided in the Program Service Section.

PLEASE NOTE: The Program Service Section **MUST** be completed before completing this Program Performance Measures Section.

In the fields provided, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement for each proposed program service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

[Click here to access helpful information about performance measures.](#)

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

***Indicates Required Field**

Link to Program Service Records

Click Add to link to the Program Service record for this program application to auto-populate the Service, Units and Unduplicated Individuals for each Program Service.

Link to Program Service

Program Service	Record Lock	Link Info
Indicate Proposed Service (...)		Active Date
Supportive Services = Consulting/supporting local stakeholders to organize community for prevention		Added on 06/12/2015

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

Program Service 1

Service (1)

Supportive Services = Consulting/supporting local stakeholders to organize community for prevention

Program Service 1 - Outputs

Units (1)	Unit Measure (1)	Unduplicated Individuals (1)
2600	1 hour of supportive services to one individual	100

Program Service 1 - Outcomes

Outcome (1-1)

Multiple community sectors are engaged and representatives recruited to support or become part of local coalition.

Indicator (1-1)

Membership represents 12 sectors of the community.

Method of Measurement (1-1)

Membership Roster, Collaborative Agreements

Additional Outcome (1-2)

Coalition members are committed to membership and processes

Additional Outcome (1-3)

Additional Outcome (1-4)

Coalition members take active responsibility for writing and implementing their community prevention plan.

Additional Outcome (1-5)

Additional Indicator (1-2)

90% of coalition members attend at least 6 meetings, and 2 non-meeting training sessions annually.

Additional Indicator (1-3)

95% of coalition members will state they understand the goals and objectives of the coalition.

Additional Indicator (1-4)

90% of coalition members are involved in identifying and writing the coalition's prevention plan.

Additional Indicator (1-5)

At least one evidence based strategy will be introduced in each community.

Additional Method (1-2)

Attendance rosters

Additional Method (1-3)

Coalition Assessment conducted annually by IPP

Additional Method (1-4)

Attendance rosters, Staff notes

Additional Method (1-5)

Meeting Minutes, Event Rosters, News Coverage

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goal(s), as stated in the Program Overview section (1) (600 character limit)

Outcome 1, 1-2, and 1-3 relate directly to the goal of creating a local coalition. Stakeholders must be engaged and recruited to create a core group who can then take part in the assessments and training provided by the YC2 CPP. The core group of stakeholders will be important to champion the coalition's activities as they help create an environment that is rich with protective factors and promote a whole health approach to behavioral health and substance abuse prevention.

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

The readiness of the community to address behavioral health issues is currently unknown. That will determine much of the coalition's initial focus. YC2 CPP provides that assessment to local communities. Community cultures also need to be considered when introducing a new concept such as coalitions. Communities are made up of sub-populations and sub-systems that may have turf issues to overcome. This is behind the decision to integrate YC2 Advisors into each coalition so that they can act as a neutral third party, and bring an outside perspective to the community's current state.

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

The measurement levels are higher than the normal 80 - 20 rule because coalition members are expected to be recruited for their affinity with the idea of prevention and positive youth development. It is less than 100% to allow for unforeseen demands on coalition members that might limit the time they can give to this voluntary activity.

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

The Institute for Public Policy is a respected organization conducting multiple assessment and evaluation efforts in the County. Their assessments will be conducted according to their high standards. The YC2 Advisor will be keeping attendance records, meeting minutes, and membership rosters. They will also be drawing up the written prevention plan as it is decided upon by the coalition members. Ready access will help to monitor these documents.

Program Service 2

Service (2)

Training - Local and regional training for coalition members

Program Service 2 - Outputs

Units (2)

217

New Unit Measure Auto Populate2

1.5 hours of training with multiple facilitators for up to 13 individuals

Unduplicated Individuals (2)

50

Program Service 2 - Outcomes

Outcome (2-1)

Increased knowledge of strategic prevention framework.

Additional Outcome (2-2)

Increased knowledge of protective factors and risk factors

Additional Outcome (2-3)

Increased knowledge of evidence based practices for coalition building

Indicator (2-1)

90% of coalition members will increase knowledge of strategic prevention framework by 50%

Additional Indicator (2-2)

90% of coalition members will increase knowledge of protective factors and risk factors by 50%

Additional Indicator (2-3)

90% of coalition members will increase knowledge of evidence-based practices for coalition building

Method of Measurement (2-1)

Pre- and Post-test

Additional Method (2-2)

Pre- and Post-test

Additional Method (2-3)

Pre- and Post-test

Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Program Service 2 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (2) (600 character limit)
 These outcomes relate to specific training presentations. The knowledge presented during these training programs is important to increase the capacity of the coalition to deliver evidence-based strategies supporting positive youth development and overall health.

Describe and document any external factors or variables which may affect the proposed outcome(s) (2) (600 character limit)
 Local trainings must be planned for the convenience of volunteer participants. Regional trainings requiring travel are beneficial to overall coalition development, but may be difficult for volunteers to attend due to work obligations and/or childcare needs.

Provide a rationale for the measurement level(s) for each indicator (2) (600 character limit)
 The measurement levels are higher than the normal 80 - 20 rule because coalition members are expected to participate fully in all training activities. It is less than 100% to allow for unforeseen demands on coalition members that might limit the time they can give to this voluntary activity. The 80% level for the parent training is lowered as parents may not be able to attend every training session.

Provide a rationale for each method of measurement (2) (600 character limit)
 Increasing knowledge is a common outcome for which the pre- and post-test or survey is a common method. It is important that coalition members increase their knowledge of evidence-based practices. The YC2 Advisor will be available to monitor attendance records and conduct pre- and post-tests for each training.

Program Service 3

Service (3)
 Positive Youth Development Services - Activities designed to increase protective factors in youth

Program Service 3 - Outputs

Units (3) 654	New Unit Measure Auto Populate3 1 hour of service for 1 individual	Unduplicated Individuals (3) 300
-------------------------	--	--

Program Service 3 - Outcomes

Outcome (3-1) Youth attitudes toward substance use change.	Indicator (3-1) 10% reduction in number of youth who report use of substances in the past 30 days	Method of Measurement (3-1) Missouri State Student Survey (Boone County Statistics),Cradle to Career Survey, or other
Additional Outcome (3-2)	Additional Indicator (3-2) 10% increase in number of youth reporting that using substances could be harmful	Additional Method (3-2) Missouri State Student Survey (Boone County Statistics),Cradle to Career Survey, or other
Additional Outcome (3-3)	Additional Indicator (3-3) 10% increase in number of youth reporting that parents would disapprove of them using substances	Additional Method (3-3) Missouri State Student Survey (Boone County Statistics),Cradle to Career Survey, or other
Additional Outcome (3-4)	Additional Indicator (3-4) 10% decrease in number of youth who report that their friends use substances	Additional Method (3-4) Missouri State Student Survey (Boone County Statistics),Cradle to Career Survey, or other
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (3) (600 character limit)
 Preventing substance use among youth is key to improving the overall behavioral health of Boone County. The SAMHSA Drug Free Community Program requires its funded coalitions to track these National Outcome Measures.

Describe and document any external factors or variables which may affect the proposed outcome(s) (3)

(600 character limit)

Some school districts do not participate in the Missouri State Student Survey in Boone County and data is only reported every two years. It may be necessary to find a suitable alternative for this reporting device. Conversation is ongoing with the Boone County Cradle to Career Alliance, Boone County/Columbia Department of Public Health and Human Services, and Boone County Mental Health Coalition.

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

These measurement levels are the same measurements that YC2 has set for the STOP Act grant, which is providing some match for YC2 CCP.

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

The Missouri State Student Survey used to be conducted every other year and has been an important marker for coalitions for more than a decade. Other methods however are being developed using similar questions, and may be able to meet the needs of the Boone County coalitions and subsequent prevention network as they seek funding from other national sources.

Program Service 4

Service (4)

Evaluation - Local data collection designed to facilitate planning and measure effectiveness.

Program Service 4 - Outputs

Units (4)

24

New Unit Measure Auto Populate4

1 evaluation service for 1 community

Unduplicated Individuals(4)

40

Program Service 4 - Outcomes

Outcome (4-1)

Increased readiness to address behavioral health issues and substance abuse

Indicator (4-1)

60% of stakeholders interviewed will increase readiness score by at least 1 point.

Method of Measurement (4-1)

Tri-Ethnic Readiness Assessment, End of year assessment compared to initial assessment

Additional Outcome (4-2)

Increased knowledge of community needs and resources

Additional Indicator (4-2)

90% of coalition members will increase knowledge of community needs and resources.

Additional Method (4-2)

Community Assessment, Resource Assessment, Pre- and Post-survey

Additional Outcome (4-3)

Increased knowledge of coalition processes.

Additional Indicator (4-3)

90% of coalition members will increase knowledge of processes involved with developing a local coalition

Additional Method (4-3)

Annual Coalition Assessment

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (4) (600 character limit)

Effective planning for community-wide prevention requires knowing the needs and resources that are currently available. It also involves knowing how to keep your coalition growing and moving forward to effect community change. But key to everything, is the community's readiness to address these types of issues and the acknowledgement that the issue exists. These particular activities are designed to educate as well as survey the public for opinions.

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

There are really no barriers, just things to consider such as the availability of key stakeholders and the design of the surveying instruments. The Institute for Public Policy and YC2 have worked on studies such as these in the past and should be able to overcome any issues together.

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

It is difficult to increase the Tri-Ethnic Readiness score in only one year so the measurement is conservative. The other measurement levels are necessary in our opinion to have an effective coalition established that will be able to effect change in the community.

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

The Tri-Ethnic Readiness Assessment is widely used and seen as very reliable. The Institute for Public Policy has experience delivering this and the other methods of measurement as well.

Program Service 5

Service (5)

Program Service 5 - Outputs

Units (5)
0

New Unit Measure Auto Populate5

Unduplicated Individuals (5)
0

Program Service 5 - Outcomes

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (5) (600 character limit)

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

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

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

System Fields

Record ID
15637

Modification Date
09/25/2015 03:08 pm CDT

Modified By
Apricot Subsystem

Creation Date
05/29/2015 02:00 pm CDT

Created By
CHA Low-Income Servi ORG

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

ATTACHMENT C

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

County of Boone)
State of Missouri)ss
)

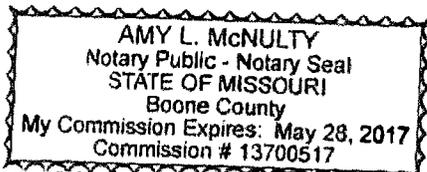
My name is Phil Steinhaus. I am an authorized agent of CHA Low-Income Services, Inc. (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

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

Phil Steinhaus 6/8/2015
Affiant Date

Phil Steinhaus
Printed Name

Subscribed and sworn to before me this 8 day of June, 2015.



Amy McNulty
Notary Public

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

Company ID Number: 175862

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Housing Authority of the City of Columbia, Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

Company ID Number: 175862

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative

Company ID Number: 175862

nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

Company ID Number: 175862

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking

Company ID Number: 175862

adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274e.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as

Company ID Number: 175862

authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the

Company ID Number: 175862

contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible

Company ID Number: 175862

after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take

Company ID Number: 175862

mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

Company ID Number: 175862

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Housing Authority of the City of Columbia, Missouri

Company Facility Address: 201 Switzler St

Columbia, MO 65203-4156

**Company Alternate
Address:**

County or Parish: BOONE

Employer Identification

Number: 436014416

**North American Industry
Classification Systems**

Code: 532

Parent Company: _____

Number of Employees: 20 to 99

Number of Sites Verified

for: 1

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

- MISSOURI 1 site(s)

Company ID Number: 175862

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Housing Authority of the City of Columbia, Missouri

Shari Harwood

Name (Please Type or Print)

Title

Electronically Signed

Signature

01/05/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

01/05/2009

Date

Company ID Number: 175862

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

Name:	Shari L Harwood	Fax Number:	(573) 443 - 0051
Telephone Number:	(573) 443 - 2556 ext. 1120		
E-mail Address:	sharwood@columbiaha.com		

Name:	Mary K Harvey	Fax Number:	(573) 443 - 0051
Telephone Number:	(573) 443 - 2556 ext. 13131313		
E-mail Address:	mharvey@columbiaha.com		



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – *Purchase of Service Contracts for the Children's Services Fund*

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m., June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Organizations currently contracted to receive Children's Services Funds should not submit an application for the currently funded program under this RFP.
- IV. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- V. The County received the following questions and is providing a response:
 - a. We are not required to file a form 990. We have both internal and external audits of our organization. Is this 990 exemption ok?

Response: Each organization's exemption request will be evaluated individually. Please contact the Community Services Department to discuss your request.

- b. Section 5 mentions that the contractor should be "...be certified, accredited or licensed in the services for which funds are requested." We are not required by State nor Federal law to have any of those credentials. Is this ok for the application?

Response: Yes.

- c. Our facility serves homeless children under the age of 18 when accompanied by parent/guardian. Is this lower age (18 versus 19) ok?

Response: Yes.

- d. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at:

- e. Narrative, Page Limitation 1.1.: What is the page limitation for the proposals? Will this change due to on-line submission requirement?

Response: There is not a page limitation as proposals must be submitted via the online system. Each required field of the forms in the on-line system has a character limitation.

- f. Organization 2.1.2.: Are all sections 1-14 uploaded as attachments or will there be form fields on line content will be typed into or copy and pasted?

Response: Sections 1-4 are part of the RFP document, sections 5-11 are forms that will be filled out on-line, and sections 12-14 will be uploaded as attachments in the on-line system.

- g. Program Services 3.7.2.: Are contracts and budgets based on fee per service?

Response: Organizations receiving contracts will be reimbursed for services based upon the agreed upon contractual unit rate for the service. The program budget should reflect total program revenues and expenses.

- h. Program Budget Worksheet 3.7.3.: Is there a percentage preferred for indirect, administrative or personnel costs?

Response: Purchase of Service proposals will be evaluated by the unit rate taking into account the reasonableness of personnel and non-personnel costs.

- i. Narrative 4.1: Can organizations submit more than one proposal? Is there a maximum number of application submissions allowed?

Response: Yes, organizations may submit more than one proposal but may not submit more than one proposal for the same program. Organizations are not limited to the number of proposals they may submit.

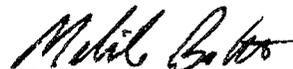
- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

- k. For acknowledgement of organizational accreditation, should organizations include any staff certifications or organizational certifications?

Response: No.

By:



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203

Office: 573.443.2556 ♦ TTY Relay 800.735.2966 ♦ Fax: 573.443.0051 ♦ www.ColumbiaHA.com

June 12, 2015

Tony Montgomery
Rental Housing Manager
Community Investment Department
Federal Home Loan Bank of Des Moines
801 Walnut Street, Suite 200
Des Moines, IA 50309

Re: Oak Towers Apartments

Dear Mr. Montgomery:

This is to confirm that the Columbia Housing Authority has made the following financial commitments to the Oak Towers Apartments project:

- Deferred Developer Fee: \$154,153
- Acquisition financing: \$2,940,000
- Income during construction: \$150,000

Please feel free to contact me at 573-554-7000 or at psteinhaus@columbiaha.com if you have any questions or require additional information.

Sincerely,

Phil Steinhaus
Chief Executive Officer

OFFEROR has examined **Addendum #1** to Request for Proposal# **25-15JUN15 – Purchase of Service Contracts for the Children’s Services Fund**, receipt of which is hereby acknowledged:

Company Name: CHA Low-Income Services, Inc.
Address: 201 Switzler St., Columbia, mo 65203

Phone Number: 573-554-7000 Fax Number: 573-443-0051

E-mail: psteinhaus@columbiacha.com

Authorized Representative Signature: Phil Steinhaus Date: 6/15/2015

Authorized Representative Printed Name: Phil Steinhaus

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN'S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J. Grinc	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Browning	Co/Boone Public Health Services	874-7343
6.	Maria W. Dwyer	Pal Bone Mill	811-1331
7.	Meg Burlett	Boone School Community Learning	449-5600
8.	Kim Harvey	Christiana County Learning Center	875-5959
9.	Ane Kallis	Christiana County Learning Center	774-7757
10.	Robert Coe, Jr.	Presbyterian Children's Home, Inc.	514-81-1727
11.	Christina Coe	Lutheran Family Children's Services	314-754-2331
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN’S SERVICES FUND,
2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Putnam Community Health	573-480-4781
3.	Carole Johnson	First City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHS	573-874-7632
6.	Wendy Ell	Univ. of MO - Dept. of Psychiatry	573 673-4051
7.	Yvonne Beck	Univ. of MO Dept of Psychiatry	573- 230-2109
8.	William Chapman	The Laboratory Group	573-442-3229 x222
9.	Shelly Lock	Child Care Agency of MO	573 4455437
10.	Nicole Ann	BUCC	573 874-1690
11.	Michelle Ellett	Central Missouri Foster Care Adoption Assoc	573-874-6851
12.	Dan Ralby	MO Wellness Project	573 884-7534
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kelleher	Esperanza Supplies & Grocery	314-718-3321
3.	Alicia Saunders	Columbia Center for Urban Agriculture	573-356-9392
4.	Kathy Becka	Missouri Child Tax	573-442-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEHKE	PREPARED FAMILY HC	573 680 1905
7.	Verdy Lane	Lawrence Home	573-411-6600
8.	Nicole Thomas	Grant Circle	573-412-9331
9.	Jack Jensen	First Chance for Children	913-777-1815
10.	Caro Lynn Mitchell	Boys & Girls Club	573-234-8334
11.	KEVIN DRUNKER	ESPERANZA	314-718-3321
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jones	Youth Empowerment Zone	(703) 627-3215
3.			
4.			
5.	Becky Mark I	Cliff Law Income Services	573-443-2556
6.	Cathy O Richards	Boone County Public Admin	573-886-1190
7.	Claire Starna	Rainbow House	573-474-6600
8.	Janis Bakuta	Rainbow House	573-474-6600
9.	Scott Clardy	Blanchard Boone Co. Pub. Adm. & Mgmt. Serv.	573-441-5560
10.	Rebecca Kessler	Col/Boone Co. Public Admin	578-424-4757
11.	Carole Schatz	Mu Budge	573-268-4129
12.			
13.			
14.			
15.			



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: CHA Low-Income Services, Inc.

Address: 201 Switzler St, Columbia, MO 65203

Phone Number: 573-554-7000 Fax Number: 573-443-0051

E-mail: PSteinhaus@columbiaha.com

Authorized Representative Signature: Phil Steinhaus Date: 6/15/2015

Authorized Representative Printed Name: Phil Steinhaus

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

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

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

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

Phil Steinhaus
Printed Name - Agency Executive Director/President/CEO

6/8/2015
Date

Phil Steinhaus
Signature - Agency Executive Director/President/CEO

6/8/2015
Date

Genie Rogers
Printed Name - Agency Board Chair

6/8/2015
Date

Genie Rogers
Signature - Agency Board Chair

6-8-2015
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

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

Phil Steinhaus, CEO

Name and Title of Authorized Representative

Phil Steinhaus

Signature

6/18/2015

Date



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – *Purchase of Service Contracts for the Children's Services Fund*

ADDENDUM #2 - Issued May 28, 2015

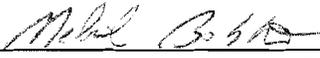
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – *Purchase of Service Contracts for the Children's Services Fund*

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m., June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Organizations currently contracted to receive Children's Services Funds should not submit an application for the currently funded program under this RFP.
- IV. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- V. The County received the following questions and is providing a response:

- a. We are not required to file a form 990. We have both internal and external audits of our organization. Is this 990 exemption ok?

Response: Each organization's exemption request will be evaluated individually. Please contact the Community Services Department to discuss your request.

- b. Section 5 mentions that the contractor should be "...be certified, accredited or licensed in the services for which funds are requested." We are not required by State nor Federal law to have any of those credentials. Is this ok for the application?

Response: Yes.

- c. Our facility serves homeless children under the age of 18 when accompanied by parent/guardian. Is this lower age (18 versus 19) ok?

Response: Yes.

- d. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at:

- e. Narrative, Page Limitation 1.1.: What is the page limitation for the proposals? Will this change due to on-line submission requirement?

Response: There is not a page limitation as proposals must be submitted via the online system. Each required field of the forms in the on-line system has a character limitation.

- f. Organization 2.1.2.: Are all sections 1-14 uploaded as attachments or will there be form fields on line content will be typed into or copy and pasted?

Response: Sections 1-4 are part of the RFP document, sections 5-11 are forms that will be filled out on-line, and sections 12-14 will be uploaded as attachments in the on-line system.

- g. Program Services 3.7.2.: Are contracts and budgets based on fee per service?

Response: Organizations receiving contracts will be reimbursed for services based upon the agreed upon contractual unit rate for the service. The program budget should reflect total program revenues and expenses.

- h. Program Budget Worksheet 3.7.3.: Is there a percentage preferred for indirect, administrative or personnel costs?

Response: Purchase of Service proposals will be evaluated by the unit rate taking into account the reasonableness of personnel and non-personnel costs.

- i. Narrative 4.1: Can organizations submit more than one proposal? Is there a maximum number of application submissions allowed?

Response: Yes, organizations may submit more than one proposal but may not submit more than one proposal for the same program. Organizations are not limited to the number of proposals they may submit.

- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

- k. For acknowledgement of organizational accreditation, should organizations include any staff certifications or organizational certifications?

Response: No.

By:



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **25-15JUN15 – Purchase of Service Contracts for the Children’s Services Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Brunning	Ad/Dir. Public Health Human Services	874-7343
6.	M. J. ...	...	811-3331
7.	Meg Bartlett	...	444-5000
8.	Kira Harvey	...	815-5959
9.	...	...	...
10.	...	...	34-33-727
11.	...	...	34-750-123
12.	Cheryl Howard	Nora Stewart-ELC	449-5981
13.			
14.			
15.			

PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN’S SERVICES FUND,
2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Perkins Community Health	573-480-4781
3.	Carole Johnson	Two City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHHS	573-874-7632
6.	Wendy Ell	Univ. of MO - Dept. of Psychology	573-673-4451
7.	Yvonne Kelly	Univ. of MO Dept of Psychology	573-673-4451
8.	Justin Chapman	The Suburban Home	573-442-3229
9.	Shelley Lock	Chung Cross Assoc of MO	573-4455437
10.	Michelle	BUCC	573-824-1690
11.	Michelle Ellich	Central Missouri Hospice	573-824-1690
12.	Dan Reilly	MO Williams & Powell	573-824-7531
13.			
14.			
15.			

230-
~~573-673-4451~~
 X.222
 573-824-1690

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN'S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Neva Kelleher	Epworth Medical & Supply	514-915-3321
3.	Alan Saunders	Edwards Contracting & Construction	573-356-1512
4.	Nancy Becker	Missouri Exp. Team	513-442-5345
5.	Nick Foster	Volunteers of America Center	573-874-2273
6.	PAM LEYHE	PREPARED FAMILY HC	573 680 1908
7.	Verde Jones	Verde Jones	573-414-6600
8.	Nicole Thomas	Front Circle	573-412-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Caro Lynn Miller	Becky's Child Care	573-834-8334
11.	KEVIN DRUMMER	EPWORTH	314-918-3888
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jans	Youth Empowerment Zone	(607) 697-3218
3.			
4.			
5.	Becky Martin	Gifted Learning Services	573-443-2536
6.	Cathy O'Rourke	Boone Co. Pub. Admin.	573-886-1170
7.	Chloe Slama	Rainbow House	573-474-6050
8.	Janie Bakula	Rainbow House	573-474-6600
9.	Scott Clardy	Wambler Home Co. Pub. Adm.	573-441-3566
10.	Renee Kerslake	Boone Co. Pub. Admin.	573-441-1157
11.	Carole Sauer	Miss Bridge	573-265-4129
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 25-15JUN15

Purchase of Service Contracts

Boone County Children's Services Fund

2015 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

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

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 5, 2015
Written Questions Due By	mbobbitt@boonecountymo.org	May 13, 2015 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 18, 2015 1:00 p.m. Central Time
Response Submission Deadline	Apricot by CTK® on-line system	June 15, 2015 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 16, 2015 9:30 a.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 25-15JUN15

A pre-proposal conference has been scheduled for **Monday, May 18, 2015, at 1:00 p.m.** central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. central time on Monday, June 15, 2015** via the on-line application system, Apricot by CTK[®].

The Request for Proposal is scheduled to be **opened shortly after 9:30 a.m. on Tuesday, June 16, 2015** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 25-15JUN15

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by CTK[®] until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP.
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2 Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals: The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 16, 2015 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2015 Bid Tabulations".
- c) Proposal responses are due by Monday, June 15, 2015 at 5:00 p.m. No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Project Information and Requirements
 - 4) Application Information
 - 5) Organization Information – on-line
 - 6) Organization Financial Information and Budget Narrative – on-line
 - 7) Program Overview – on-line
 - 8) Program Services – on-line
 - 9) Program Budget Worksheet and Narrative – on-line
 - 10) Program Consumer Demographics – on-line
 - 11) Program Performance Measures Information Section – on-line
 - 12) Attachment A - Agency Assurance Sheet
 - 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 13, 2015. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 18, 2015 at 1:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

2.4. Term; Termination of Contract Agreement:

- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

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

3.2. Purpose Statement:

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

3.3. Background:

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

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

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

3.4. Funding Goals:

The Board believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified by the Institute of Public Policy, Harry S. Truman School of Public Affairs, University of Missouri Community Input Report, and the policy brief, "Are the Children Well? A model and recommendations for Promoting the Mental

Awareness of the Nation's Young People". The Community Input Report and the Policy Brief may be found at: www.showmeboone.com/communityservices/information.asp

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

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

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

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service** program as outlined in the information provided in the following online section of the RFP:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel
- 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service to be purchased.
- 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.

- 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
- 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.

3.8. Contractor Agency Requirements:

- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The Application Narrative must be completed on the on-line system Apricot by CTK® and can be accessed by clicking on the following link: https://ctk.apricot.info/document/edit/id/new/form_id/23 to create an Organizational Profile and submit RFP responses. If you do not already have a username and password for the system, complete the following:

- a) Copy and paste the following link into your internet browser, preferably Google Chrome:
https://ctk.apricot.info/auth/autologin/org_id/1975/hash/365efb9c0edf7fddf3652ecd2de1868058db6b53
- b) Fill in the required information and select save.
- c) You will be redirected to a login screen where you will be able to complete the Organizational Profile and Proposal Forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

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

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
11/20/2014

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

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

PRODUCER Commercial Lines - (866) 547-6283 Wells Fargo Insurance Services USA, Inc. 1 N Jefferson, Bldg C, 3rd Floor St. Louis, MO 63103	CONTACT NAME: Rosie Haukap PHONE (A/C, No, Ext): 314-919-3086 E-MAIL ADDRESS: rosie.haukap@wellsfargo.com	FAX (A/C, No): 855-512-3887
	INSURER(S) AFFORDING COVERAGE	
INSURED CHA Low Income Services, Inc. 201 Switzler St Columbia MO 65203	INSURER A: Philadelphia Indemnity Insurance Company	NAIC # 18058
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 8416194**REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			PHPK1234456	10/25/2014	10/25/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Prof Liab \$ _____ COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			

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

Certificate holder is added as Additional Insured where required by written contract and subject to the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**
 County of Boone
 613 E. Ash St.
 Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



173 Chesterfield Business Parkway, Chesterfield, MO 63005
636-530-6181 (office) • 636-530-8942 (fax)
www.mhapci.com

Supplemental Declaration Page For Automobile Coverage

DECLARATIONS

Item 1. Named Insured and Mailing Address:

**Columbia Housing Authority
201 Switzler Street
Columbia, MO 65203**

Item 2. Policy Period: From January 01, 2015 to January 01, 2016

Item 3. Insured Autos:

2014	Nissan	NV200SV Cargo Van	Vin # 3N6CM0KNXEK700552	1/30/14
2014	Nissan	NV200S Cargo Van	Vin # 3N6CM0KN7EK693446	7/3/14
2014	Ford	Escape SE	Vin # 1FMCU9GX1EUA86200	9/23/13
2014	Ford	Escape S	Vin # 1FMCU0F72EUA86199	9/23/13
2012	Ford	Econoline Van	VIN # 1FBSS3BL3CDB14460	
2011	Ford	F-150	VIN # 1FTNF1CF9BKD84247	
2011	Ford	F-150	VIN # 1FTNF1CF0BKD84248	
2010	Ford	Escape	VIN # 1FMCU0DGXAKC90130	
2010	Ford	Escape	VIN # 1FMCU0DG3AKC90129	
2009	Ford	F-150	VIN # 1FTRF12W69KB97898	
2008	Ford	Econoline Van	VIN # 1FBSS31LX8DA49440	
2008	Ford	Escape	VIN # 1FMCU93108KA50063	
2007	Carry-On	Utility Trailer	VIN # 4YMUL12157M057481	
2006	Load	Trailer	VIN # 4ZEDT142961014181	
2006	Ford	Pickup	VIN # 1FTWF31596EC94630	
2006	Ford	Pickup	VIN # 1FTWF31526EC94629	
2004	Ford	Econoline Van	VIN # 1FTNE24W24HB31570	
2002	Ford	Econoline Van	VIN # 1FTRE14W42HA85555	
2002	Ford	Pickup	VIN # 1FTRF172X2KC42305	
2002	Ford	Pickup	VIN # 1FTRX18L32NB10151	
2001	Ford	Econoline Van	VIN # 1FBSS31L61HA92025	
1998	Ford	Club Wagon	VIN # 1FBSS31L0WHA64308	
1998	Ford	Ranger	VIN # 1FTZR15UXWPB38496	

Item 4. Coverages effective as of: 01/01/2015

Non-Collision \$250 Deductible
 Collision \$500 Deductible
 Uninsured/Underinsured \$25,000 per person, \$50,000 per accident
 Liability: \$2,727,489 per occurrence and \$409,123 per person*
 (Combined Single Limit for Bodily Injury and Property Damage Liability)

Item 5. Covered Drivers:

Anderson, Bryan S.		McNulty, Amy L.	11/19/14
Arnett, William C.	1/30/15	Mehmedovic, Mustafa	
Baurichter, Kaleb M.		Mendoza, Gabrielle M.	11/3/14
Belmore, James M.		Noland, Diane M.	
Brock, Devara D.		Owens, Deric L.	
Brooks, Janice L.		Platero, Shannon L.	
Brotemarkle, Mark O.		Platero, Vernon L.	
Brown, Julie M.	8/7/14	Price-Radtke, Karen L.	
Burke, Judith A.	7/21/15	Princivalli, Tammy S.	8/31/15
Cannaday, Gary M.		Rhodes, Eltonya R.	
Chellis, Rino K.		Richardson, Lyndsy M.	
Davis, Erica M.	10/14/14	Rowe, Ronald K.	9/5/14
Edwards, Tawanda L.	10/27/14	Simmons, Debbi L.	
Eischen, Margaret A.	6/3/15	Skinner, Crystal A.	
Elms, Jennifer L.	1/30/15	Smajlovic, Mefail	
Friesz, Erin D.		Sommer, Zoe F.	11/20/13
Grant, Norman E.	9/12/13	Steffensmeier, April D.	
Griffin, Elizabeth A.		Steinhaus, Phillip A.	
Hahn, Jennifer L.	8/11/15	Stevenson, Taalor C.	10/22/14
Hardy, Sara K.	7/21/15	Swanson, Darren D. Jr	2/27/15
Harvey, Mary K.		Tapia, Andrea S.	11/4/13
Hasanovic, Hajrudin		Taylor, Jennifer D.	2/27/15
Hein, Melissa R.		Thomason, Tara M.	
Hess, Richard J.		Thompson, Barron K.	
Jennings, Terry A.	8/27/14	Thompson, Patricia L.	6/3/15
Johnson, Denisha A.		Thornton, Ronald D.	
Keith, Kevin E.		Vencl, Michael E.	2/24/15
Keith, Shane M.	10/30/14	West, George M.	8/27/13
Kelly, Jewell L.		Whitaker, Vitesha T.	7/9/15
Kennon, David C.		Williams, Cornelia L.	
Kessler, Matthew C.	11/9/14	Willingham, Gregory L.	
Lewis, Laura A.			
Litchfield, Dorothy M.			
Markt, Rebecca L.			
Martin, Veronica M.			
McDonald, Antonio D.	4/16/15		

* Nothing contained herein shall constitute any waiver of any kind of the defenses or limitations of sovereign immunity or official immunity.

The purpose of protection contained under the previous paragraph is not to include coverage for any liability or suit for damages which is barred by the doctrines of sovereign or governmental immunity by whatever name, as set forth in Sections 537.600 - 537.650 RSMo, as amended from time-to-time.

This Declaration Page is not intended to act as a waiver, nor is it a waiver of any defense available to the named Insured by statute or at Common-Law.



PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Philadelphia Indemnity Insurance Company COMMON POLICY DECLARATIONS

Policy Number: PHPK1234456

Named Insured and Mailing Address:

CHA Low Income Services, Inc.
201 Switzler St
Columbia, MO 65203-4156

Producer: 26371

Wells Fargo Insurance Services
1 N Jefferson, Bldg C 3rd Floor
MAC H0003-036
St. Louis, MO 63103

Policy Period From: 10/25/2014 **To:** 10/25/2015

at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description: Non Profit Organization

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	900.00
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Businessowners	
Workers Compensation	
Professional Liability	2,247.00
Sexual/Physical Abuse	INCLUDED
Total	\$ 3,147.00
Total Includes Federal Terrorism Risk Insurance Act Coverage	3.00

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (01/07)

Countersignature Date

Authorized Representative

POLICY CHANGE DOCUMENT

POLICY NO.: PHPK1234456

Philadelphia Indemnity Insurance Company | 26371 Wells Fargo Insurance Services

NAMED INSURED CHA Low Income Services, Inc.

MAILING ADDRESS 201 Switzler St
Columbia, MO 65203-4156

POLICY PERIOD: FROM 10/25/2014 TO 10/25/2015 at
12:01 A.M. Standard Time at your mailing address shown above.

CHANGE EFFECTIVE 11/14/2014 **CHANGE #** 1

DESCRIPTION

In consideration of the premium reflected, the policy is amended as indicated below:

Added:
Additional Insured
Boone County

Per attached schedule

Path ID 8438335

Total Annual Additional/Return Premium \$	0.00 NO CHANGE	Total Prorate Additional/Return Premium \$	0.00 NO CHANGE
--	-------------------	---	-------------------

COUNTERSIGNED BY
(Date) (Authorized Representative)

11/20/2014

Issue Date

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK1234456

Additional Insured

Columbia Housing Authority
201 Switzler St
Columbia, MO 65203-4156

CG2026 - General Liability

Additional Insured

City of Columbia, MO
701 E Broadway
Columbia, MO 65201-4465

CG2026 - General Liability

Additional Insured

Boone County
613 E Ash St Rm 110
Columbia, MO 65201-4432

CG2026 - General Liability
Re: Contract agreement



Bell Endorsement & Crisis Management

PHLY HAS INCREASED LIMITS...

PHLY has increased limits on Bell Endorsement and created a Crisis Management Endorsement that will be attached to our policies.

Bell Endorsement

\$50,000 Identity Theft Expense – coverage which reimburses the expenses of any director or officer who becomes a victim of an incident of identity theft.

\$50,000 Terrorism Travel Reimbursement – which covers any director or officer for emergency travel expenses that he or she incurs in the event of a “certified act of terrorism”.

\$50,000 Emergency Real Estate Consulting Fee – coverage for realtor’s fee or real estate consultant’s fee necessitated by the Insured’s need to relocate due to the “Unforeseeable destruction” of the Insured’s principal location.

\$25,000 Temporary Meeting Space Reimbursement – coverage for rental of meeting space which is necessitated by the temporary unavailability of the Insured’s primary office space due to the failure of a climate control system, or leakage of a hot water heater.

\$50,000 Workplace Violence Counseling – in the event that a violent incident occurs at any of the Insured’s premises.

\$50,000 Kidnap Expense – coverage for reasonable fees incurred as a result of the kidnapping of a Director or Officer or their spouse, “domestic partner,” parent or child.

\$50,000 Key Individual Replacement Expenses – coverage for the Chief Executive Officer or Executive Director who suffers an “injury” which results in the loss of life. No deductible applies to this coverage.

\$50,000 Image Restoration and Counseling – coverage for image restoration and counseling arising out of “Improper Acts.”

\$50,000 Donation Assurance – coverage for “Failed Donation Claim(s).”

\$50,000 Business Travel – coverage for Business Travel Accidental Death Benefit to the Named Insured if a Director or Officer suffers an “injury” while traveling on a common carrier for business.

\$25,000 Conference Cancellation – coverage for any business-related conference expenses, paid by the insured and not otherwise reimbursed, for a canceled conference that an employee was scheduled to attend. The cancellation must be due directly to a “natural catastrophe” or a “communicable disease” outbreak that forces the cancellation of the conference.

\$25,000 Fundraising Event Blackout – coverage for expenses that are incurred due to the cancellation of a fundraising event caused by the lack of electric supply resulting in a power outage, provided the fundraising event is not re-scheduled. The fundraising event must have been planned at least thirty (30) days prior to the power outage.

\$5,000 per employee: \$25,000 policy limit Political Unrest – coverage to reimburse any present director, officer, employee or volunteer of the named insured while traveling outside the United States of America for “emergency evacuation expenses” that are incurred as a result of an incident of “political unrest.”

\$1,500 Travel Delay Reimbursement – coverage to reimburse any present director or officer of the named insured for any “non-reimbursable expenses” they incur as a result of the cancellation of any regularly scheduled business travel on a common carrier.

Crisis Management

\$25,000 Crisis Management – coverage for “crisis management emergency response expenses” incurred because of an “incident” giving rise to a “crisis.”

Philadelphia Insurance Companies is a member company for the insurance company subsidiaries of the Philadelphia Consolidated Holding Corp., a Member of the Tokio Marine Group. Your insurance policy and the information contained in this document, forms or contract between you and your insurance company. If there is a discrepancy or conflict between the information contained here on and your policy, your policy takes precedence. All coverages are not available in all states due to state insurance regulations. Certain coverage(s) may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds. | © 2011-2012 Philadelphia Insurance Companies. All Rights Reserved.





AGREEMENT FOR PURCHASE OF SERVICES Parenting Class Program

THIS AGREEMENT dated the 12th day of November, 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Child Abuse & Neglect Emergency Shelter, Inc. dba Rainbow House**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **RH**.

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

WHEREAS, the RH has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to RH thereof; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY RH

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

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

out the activities as set forth in the Request for Funding Proposal Application. RH agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #25-15JUN15 (Purchase of Services) and RH's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the RH's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the RH and RH agrees to furnish **Rainbow House Parenting Class Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the RH's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$10,771.20** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through December 31, 2016 subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of RH be renewed for an additional two (2) one-year periods. RH agrees and understands that the BCCSB may require supplemental information to be submitted by RH prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit costs for services are the mutually agreed upon rates as follows:

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Provide "Making Parenting a Pleasure" training to at risk parents in Boone County	1 individual	\$89.76	120	\$10,771.20

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing

dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the RH, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by RH to monitor service delivery and program expenditures. RH agrees to submit to the BCCSB an Interim Report by July 29, 2016 for the period beginning with the date of contract execution to June 30, 2016 and a Year End Final Report by January 31, 2017, for the period of the term of the contract. Variations on this date may be requested by RH and, if so stipulated, are noted on this contract document. Payments may be withheld from RH if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. RH agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

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

9. **Monitoring.** RH agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect RH's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, RH hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing,

inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

15. **Conflict of Interest.** RH agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and RH, and this shall include any transaction in which RH is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** RH may enter into subcontracts for components of the contracted service as RH deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services

under the resulting contract agreement, the RH shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** RH agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. RH shall require each subcontractor to affirmatively state in its Agreement with the RH that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide RH a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

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

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

21. **Termination.** BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the RH. This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

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

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

535-2015

c. BCCSB may terminate this agreement should the RH fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, RH agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of RH, (meaning anyone, including but not limited to consultants having a contract with the RH or subcontractor for part of the services), or anyone directly or indirectly employed by RH, or of anyone for whose acts RH may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

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

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

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

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

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

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

535-2015

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

Any written notice or communication to the RH shall be mailed or delivered to:

Child Abuse & Neglect Emergency Shelter, Inc. dba Rainbow House
Janie Bakutes
1611 Towne Drive
Columbia, MO 65202

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

**Child Abuse & Neglect Emergency Shelter
dba Rainbow House**

Boone County, Missouri

By: Janie Bakutes
Signature

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

By: Janie Bakutes, Interim
Printed Name/ Title EXEC. DIR.

By: Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

ATTEST:

[Signature]
County Counselor

Wendy S. Noren
Wendy S. Noren, 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.)

June Patchford by 11/02/2015 (2161/71106/\$10,771.20)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

July 27, 2015

Child Abuse & Neglect Emergency Shelter, Inc.
(DBA – Rainbow House)
Attn: Adielle Ehret
1611 Towne Dr.
Columbia, MO 65202
E-mail: aehret@rainbowhousecolumbia.org

RE: Clarification to 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund
CAN Emergency Shelter Low Income

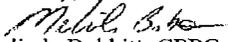
Dear Ms. Ehret:

Following the County's initial evaluation meeting, the evaluation committee identified some questions that need clarification. The attached Clarification Form includes any changes being made to the RFP as a result of this request. The Form must be completed, signed by an authorized representative of your organization, and returned with your detailed Clarification response. You are requested to provide written response by **5:00 p.m. August 7, 2015** by e-mail to mbobbitt@boonecountymo.org

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to the buyer of record. Neither you nor your agents may contact any other County employee or evaluation committee member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response(s) are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this Clarification request, please call (573) 886-4391 or e-mail Mbobbitt@boonecountymo.org. I sincerely appreciate your efforts in working with Boone County - Missouri to ensure a thorough evaluation of your proposal.

Sincerely,


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Kelly Wallis, Children's Services / Proposal File

BOONE COUNTY - MISSOURI
PROPOSAL NUMBER AND DESCRIPTION: 25-15JUN15 - Purchase of Service Contracts for the
Children's Services Fund

CLARIFICATION FORM #1

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

I. CLARIFICATION - please provide a response to the following requests.

- 1) Clarify the number of classes and sessions that will be offered with this funding.
- 2) Are there currently other funds utilized to pay for these classes? If so, please provide details.
- 3) Provide information on organizations that provide parenting classes. How are those parenting classes different than yours?
- 4) Does the agency that requires the parenting class pay for the class?
- 5) Provide explanation why Rainbow House is no longer receiving funds from the Children's Trust Fund.
- 6) Provide details on "surrounding cities" that Rainbow House got comparison funding request data to justify the funding request.
- 7) Is there a minimum number of parents/family members required to hold the training?

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Rainbow House

Address: Hall Towne Drive
Columbia, MO 65202

Telephone: (573) 474-6600 Fax: (573) 474-5992
ext 2117

Federal Tax ID (or Social Security #): 43-1390192

Print Name: Cecille Ehret Title: Rainbow House Clinical Director

Signature: [Handwritten Signature] Date: 7/28/15

E-mail: cehret@rainbowhousecolumbia.org

CLARIFICATION FORM #1
Rainbow House: Adielle Ehret

1) Clarify the number of classes and sessions that will be offered with this funding.

Rainbow House will provide 12 'Making Parenting A Pleasure' classes over a 1 year period; one class per month. 'Making Parenting A Pleasure' is a 16 hour class which will be provided and completed once a month for a year. The number of sessions per 16 hour class will vary as sessions will either be scheduled for longer periods of time during weekend days or scheduled for shorter periods of time during weekday evenings. Over the past 5 years of providing parenting classes, Rainbow House has observed that offering classes during these two times have been found to greatly increase completion rates.

2) Are there currently other funds utilized to pay for these classes? If so, please provide details.

Rainbow House does not have a specific funding source paying for the 'Making Parenting A Pleasure' classes currently being provided.

3) Provide information on organizations that provide parenting classes. How are those parenting classes different than yours?

Rainbow House provides a 16 hour 'Making Parenting A Pleasure' (MPP) class each month. MPP is an evidence informed and research-based curriculum. MPP is distinctive from other parenting classes / support groups in the area as it serves at-risk parents / families that have been referred to complete a parenting class by the Children's Division, Juvenile Office or Probation Office. This curriculum is specifically designed for highly stressed parents. MPP has demonstrated efficacy in reducing parenting stress and addressing the protective factors shown to reduce the potential for child abuse. MPP increases parental knowledge of parenting skills and child development, covers healthy discipline techniques and teaches parents how to evaluate their decision making around discipline used. MPP also provides opportunity for parents to connect and receive support from one another, increases parental stress and anger management skills, and teaches parents ways of communicating and building relationship with their children. This group also provides a unique opportunity for the stigma that comes with having an outside agency involved to be diminished, which creates a safe environment for parents to disclose. The majority of parents initially report feeling isolated due to their current situations. Through class parents become comfortable with genuinely processing personal / family choices, issues and situations that led to outside agency involvement in their family. Parents are observed providing each other with emotional support through exhibiting compassion and encouragement, as well as problem-solving to overcome the challenges and issues they are dealing with.

In exploring the parenting classes being offered in our community, Rainbow House contacted Parent Link. Parent Link has repeatedly informed Rainbow House that we are their main referral provided to community members requesting parenting classes. Parent Link reported that Rainbow House is currently the only agency consistently providing ongoing, curriculum-based parenting classes. Parent Link provided a variety of links to various classes / support groups for parents in the area. Rainbow House researched the classes / groups identified and observed that the majority of options in our area are classes

/ groups are structured differently (i.e., support groups held 1-2 hours per month), for other parent populations (i.e., new parents, grandparents, parents of children with disabilities, etc.) and address different topics than those covered in 'Making Parenting A Pleasure.' For further information found regarding these classes / support groups, please see below.

- The Family Impact Center provides 'Building Strong Families' that meets for two hours once a month. This class provides information on a variety of topics such as family strengths, money, balancing responsibilities, self-care, kid's self-esteem, communication, positive discipline and stress management.
- Grandfamily Support Group is an informal monthly group that provides support to relative caregivers raising children. This group has guest speakers who cover various topics such as grandparent-grandchild relations, maintaining health, handling stress, holiday activities with grandchildren and legal issues.
- MU Women's & Children's Hospital offers a support group called 'Tiger Tot Mommies' to new mothers in conjunction with the WIC program to address their questions and concerns. This support group is offered once a month and includes a speaker focusing on different educational topics such as baby clothing, baby sleeping patterns, working mothers, making baby food, cloth diapers, ways to sooth a crying baby, etc.
- MU Women's & Children's Hospital: Family Birthing Center provides Childbirth Education and Infant Care classes. These classes provide new mothers / families with information on labor and delivery, Cesarean section, breastfeeding, coping with changes, car seat safety, infant safety and CPR.
- My Life Clinic offers 'Ready for Life' which is a 12 week class for pregnant and new parents to provide support and knowledge regarding pregnancy, childbirth, bathing, CPR, infant / preschool development, time management, creating family rituals, family communication and healthy boundaries.
- Boone Hospital Center provides Family Life Education classes for new mothers / families. Classes offered for various fees are as follows Prepared Childbirth Class, Child Birth in a Day (Lamaze), Better Beginnings with Breastfeeding, Fit for Delivery, Infant Safety & CPR and Lactation Consultants.
- Mothers of Children with Autism (MCA) meets once a month and hosts 4-6 family events per year.
- MPACT provides parent training for parents with children with all disabilities to support parents in advocating for their children's educational rights.
- Lutheran Family & Children Services offers 'Successful Young Parents' which is a support group for parents age 22 and under.

4) Does the agency that requires the parenting class pay for the class?

Parents are referred to attend class by the Children's Division, Juvenile Office and/or Probation Office. The referring agency(s) do not pay for the referred parent / family to complete the class.

5) Provide explanation why Rainbow House is no longer receiving funds from the Children's Trust Fund.

Rainbow House no longer receives funding from the Children's Trust Fund (CTF) to provide parenting classes due to CTF only providing funds for a maximum of 5 years per program. Rainbow House has completed its fifth year (as of June 2015) of receiving CTF thus is no longer eligible to apply / receive funding.

6) Provide details on "surrounding cities" that Rainbow House got comparison funding request data to justify the funding request.

Rainbow House's average cost of class (\$89.76 for a 16 hour class) is comparable to the cost of these groups offered by agencies in St. Louis, Kansas City and Springfield: Synergy Services located in Kansas City, MO provides a 9 hour parenting class for \$60.00. Positive Parenting Classes located in St. Louis, MO costs \$89.00 for a 12 hour class. Saint Peter Catholic Church in St. Louis, MO provides a 12 hour parenting class for \$95.00. Midwest Counseling & Consulting in St. Louis, MO offers a 16 hour class for \$160.00. Great Circle Parenting Life Skills Center in Springfield, MO provides a 12 hour Court Mandated Parenting Education Class for \$360.00. Rainbow House's cost is also comparable to the following online classes offered: Active Parenting is a 12 hour course for \$69.95 and Course for Parents costs \$85.00 for a 16 hour class.

7) Is there a minimum number of parents/family members required to hold the training?

Rainbow House does not have a set minimum number of parents / family members required to hold a parenting class. However, over the past 2 years of providing 'Making Parenting A Pleasure,' Rainbow House has had a minimum of 10 to a maximum of 17 parents signed up for each class offered in Boone County (on a monthly basis) due to the high demand / need to complete a parenting class. It is Rainbow House's goal to continue to provide 'Making Parenting A Pleasure' at this rate in order to provide 120 Boone County residents a parenting class over a year period.

Organization Profile

Organization Profile Instructions

New Users:

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

Returning Users:

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

Organization User Information

Primary Information

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

Child Abuse & Neglect Emergency Shelter, Inc.

DBA:

Rainbow House

Federal EIN Number:

43-1390192

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Phone Number:

573-474-6600 x2106

Website:

www.rainbowhousecolumbia.org

Head of Organization

Janie Bakutes

Head of Organization Phone:

573-474-6600 x2106

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Fax Number:

573-474-5992

Email:

jbakutes@rainbowhousecolumbia.org

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

Interim Executive Director

Head of Organization Email:

jbakutes@rainbowhousecolumbia.org

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

Local Organization Name:

Local Organization Fax:

Address

City

State

County

Zip

Local Contact Name:

Local Contact Email:

Address

City

State

County

Zip

Local Contact Title:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose):

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

The mission of Rainbow House is to keep children safe and support families in crisis through prevention, assessment and intervention in child abuse and neglect.

Organization History:

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

Founded in 1986 by Kathy Hughes, Rainbow House opened as an Emergency Children's Shelter providing emergency foster care and later expanded to provide emergency crisis care; the Regional Child Advocacy Center (CAC) was added as a program in 1997 and initially served seven counties; SOL House was added in 2007 and provides shelter and life skills for homeless youth ages 16-21. Rainbow House has always provided counseling services as well as child medical exams and has provided parenting classes for the past 5 years.

Brief Statement of Organization's Major Goals:

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

Our major goals are to be a community resource, provide shelter for children, support services for families, forensic interviews, SAFE's (Sexual Abuse Forensic Exams) for children referred to us by Children's Division, law enforcement, juvenile office, to provide shelter, life skills and support for homeless youth; to provide counseling and parenting classes. We are here to serve the community and to be a beacon for those in need.

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

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1433780664_30405_ArticlesofIncorporation.pdf/

Organizational Chart (must be for the entire organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1440621100_30406_2015OrganizationalChartAugust.pdf/

Service Area:

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

The vast majority of children who arrive at our Children's Shelter are from Boone County. We are open to serving children from any area. Our CAC provides services to the counties of Adair, Audrain, Boone, Callaway, Cole, Cooper, Howard, Macon, Monroe, Randolph and Shelby; the CAC occasionally has a request for an interview from a county served by another CAC and we comply if it is in the best interest of the child. Our Homeless Youth come to us from all over the state and sometimes out of state. Our counselors most often seen clients from Columbia/Boone County.

Population Served:

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

Children age birth to 18 may be admitted to our Children's Shelter. We have been requested by Children's Division to go to the hospital and assist in placing a new born when the child is considered in danger due to a high risk mother. CAC referrals are accepted for children ages 3 to 18; the Homeless Youth program serves youth ages 16 - 21. Our counselors work with children and youth ages 4 to 21 and their parents. Our counselors provide parenting classes as well.

Governing Board

Organization Governing Board:

Please include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member			Link Info
Name	Board Position:	Address:	Active Date
Allison Kleiber	Board Member	Home: 2312 Redmond Ct. Columbia Mo Work: Moberly Area Community College. Columbia, MO	✓ Added on 06/08/2015
Shawn Sutterer	Board Member	Work: 2201 Chapel Plaza Ct. Columbia MO	✓ Added on 06/08/2015
Tom Schwarz	Board Treasurer	Home: 2509 Regis Ct., Columbia, MO Work: P O Box 1867	✓ Added on 06/08/2015
Jared Reynolds	Board Secretary	Home: 4400 Crystal Rock Ct., Columbia MO Work: 200 E Southhampton Dr., Suite 101	✓ Added on 06/08/2015
Drew Smith	Board Vice President	Home: 808 Cutters Corner Lane Columbia, MO Work: 901 E Broadway Columbia, MO	✓ Added on 06/08/2015
Melissa Faurot	Board President	Home: 3480 S. Bluestem Circle Columbia, MO Work: 401 Locust St. Suite 401 Columbia, MO	✓ Added on 06/08/2015

Total Active Links:6. Total Deactivated Links:0. Current Active Links:6. Current Deactivated Links:0

Advisory Board (if applicable)

Organization Advisory Board (if applicable):

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

Advisory Board Member

Advisory Board Member			Link Info
Name	Board Position:	Address	Active Date
Cindy Garrett	Advisory Member	115 N 8th St Columbia MO	✓ Added on 06/08/2015
Kathy Hughes	Advisory Member	701 N Sycame Columbia MO	✓ Added on 06/08/2015

Total Active Links:2, Total Deactivated Links:0. Current Active Links:2, Current Deactivated Links:0

Financial Information

Organization

Fiscal Year:

July 1 - June 30

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

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

/document/download/filename/1433780817_29953_2014Revised501%28c%29%283%29Letter.pdf/

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

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1433780951_29954_063014AuditedFinancialStatements.pdf/

990/990 EZ (MUST BE PDF FORMAT)

IRS 990 or 990 EZ:

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

/document/download/filename/1433796877_29955_06-30-14990TaxForm-LongVersion.pdf/

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

The Rainbow House Office Manager prepares financials for every monthly Board meeting and the information is included in the Board packet. The Board reviews the documents ahead of the Board meeting and questions are addressed at the meeting. The information contains Income, Revenue, and shows a profit and/or loss. Board members may check on our bank accounts and note activity as they wish.

Employees Compensation

Top Five Compensated Employees:

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

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.) FTE = number of direct program service hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

If more than one employee is employed in the same position and the level of compensation is not identical, please list each of those employees separately.

Click +New to add Employee Compensation information.

Employees

Employees Compensation						Link Info	
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date	
CAC Program Director/Forensic interviewer	M.A.	1.00	\$55,439.75	\$0.00	✓	Added on 06/08/2015	
Interim Exec Director/CAC Administrator	M.A. or B.A. + experience x 5	1.00	\$53,825.00	\$2,316.20	✓	Added on 06/10/2015	
Office Manager	B.A.	1.00	\$52,748.50	\$6,260.00	✓	Added on 06/10/2015	
Director - Mental Health Services	Licensed	1.00	\$39,801.16	\$5,788.81	✓	Added on 06/10/2015	
Director of Development	B.A.	1.00	\$38,431.05	\$3,320.73	✓	Added on 06/10/2015	

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

Accreditation:

Accreditation:

If your organization is currently accredited by one or more recognized accrediting body, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation, most recent dates of accreditation (including expiration date)

Description 1 (600 character limit):

The Rainbow House Regional Child Advocacy Center has been an accredited member of National Children's Alliance (NCA) since 2000. Process for re-accreditation has begun with application due April 6, 2016; each re- accreditation is for five years. A large application is completed with details of how the Center meets the 10 Standards for Excellence required by NCA. At the site visit (October 2016) reviewers meet with Board members, multidisciplinary team members. observe case review and talk with staff and shareholders. Accreditation does not expire unless an agency does not reapply.

Description 2 (600 character limit):

Notes

Description 3 (600 character limit):

Notes

Description 4 (600 character limit):

Notes

Description 5 (600 character limit):

Notes

Certifications:

Certifications:

Please indicate that the above named organization:

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

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

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

yes

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Active	Date
Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS	Boone County	RFP #25- 15JUN15	Rainbow House Parenting Class Program - RG 3	<input checked="" type="checkbox"/>	Added on 05/29/2015

Child Abuse & Neglect
Emergency Shelter, Inc.

Children's Services
Fund - POS

Boone
County

RFP #25-
15JUN15

Rainbow House CAC Response to Helping
Kids in Court - RG 3

Added on
05/29/2015

(2 hidden)

Total Active Links:2, Total Deactivated Links:0, Current Active Links:2, Current Deactivated Links:0

System Fields

Record ID

12696

Modification Date

08/26/2015 03:34 pm CDT

Modified By

Rainbow House ORG

Creation Date

01/06/2015 08:18 am CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

Child Abuse & Neglect Emergency Shelter, Inc.

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

Rainbow House Parenting Class Program - RG 3

Amount of Request

\$10,771.18

Amount Awarded

\$0.00

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

Unmarried parent services
Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)

www.rainbowhousecolumbia.org

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Country

GeoLocation

Program Administrator Name

Adielle Nichole Ehret

Phone Number

573-474-6600 x2117

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Country

GeoLocation

Program Administrator Title

Rainbow House Clinical Director

Email

aehret@rainbowhousecolumbia.org

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1443113795_30421_AgencyAssuranceSheet.pdf/

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

/document/download/filename/1443113795_30420_Certification.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1443453059_30419_WorkAuthCert%26E-VerifyMOU.docx/

Addendums

/document/download/filename/1434054973_30418_20150611153520192.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Link Info

Active Date

Child Abuse & Neglect Emergency Shelter, Inc.

1611 Towne Drive

Janie Bakutes

Added on
05/29/2015

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

Federal EIN Number (will auto-populate)

43-1390192

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Link Instructions (1)

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Budget

Program Budget Instructions

For each item for which figures are entered, please complete the corresponding narrative field.
 *Indicates Required Field.

Program Budget

PROGRAM REVENUE	PROPOSED YEAR	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A \$0.00	1A % 0
B. Other United Ways (300 character limit)	1B \$0.00	1B % 0
C. Capital Campaigns (300 character limit)	1C \$0.00	1C % 0
D. Grants (non-governmental) (300 character limit)	1D \$0.00	1D % 0
E. Fund Raising & Other Direct Support (300 character limit)	1E \$0.00	1E % 0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit) Funding requested for Rainbow House Parenting Class Program to provided 12 'Making Parenting A Pleasure' groups in Boone County.	2A \$10,771.18	2A % 100
B. Boone County - Community Health Funding (300 character limit)	2B \$0.00	2B % 0
C. Boone County- Other Funding (300 character limit)	2C \$0.00	2C % 0
D. Funding from Other Counties (300 character limit)	2D \$0.00	2D % 0
E. City of Columbia - Social Service Funding (300 character limit)	2E \$0.00	2E % 0
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F \$0.00	2F % 0
G. City of Columbia - CHDO Funding (300 character limit)	2G \$0.00	2G % 0
H. City of Columbia - Other Funding (300 character limit)	2H \$0.00	2H % 0
I. Funding from Other Cities (300 character limit)	2I \$0.00	2I % 0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J \$0.00	2J % 0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K \$0.00	2K % 0
L. Other (Schools, Courts, etc.) (300 character limit)	2L \$0.00	2L % 0

3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	10771.18	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$10,322.10	96
2. Non-Personnel	2.	2. %
	\$449.08	4
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	10771.18	

System Fields

Linked 'Program Overview' Records

Link Instructions

Program Overview			Link Info		
Record Lock	a. Will program consumers b...	b. Will the program utilize...	Total Number of Unduplicate...	Active	Date
No			120	<input checked="" type="checkbox"/>	Added on 06/11/2015

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

Linked 'Final POS Report' Records

Link Instructions (1)

Linked 'Final Pilot Report' Records

Link Instructions (2)

Program Overview

Program Overview Instructions

The purpose of this section is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Each narrative response should be clear and succinct.

Respond as if the reviewers have no prior knowledge of the program and service(s).

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

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this section. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

PLEASE NOTE: In order to complete the Program Service Levels sub-section, you must first complete and link to Program Budget Section.

Information provided in the Program Overview Section should correspond with the information provided in the:

Program Budget

Program Service (POS Only)

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Statement of Issue Being Addressed

Instructions: Include information pertaining to the overall, community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.) The issue(s) should be tied to the organization's major goal(s), as stated in the Organization Information form, as well as the program goal(s), as stated in the Program Goal(s) sub-section below.

a. Describe and document the issue(s) to be addressed by the proposed program. (1500 character limit)

In 2012, U.S. state and local child protective services estimated that 686,000 children (9.2 per 1,000) were victims of maltreatment and that 47% of these children were 5 years of age or younger (The Centers for Disease Control & Prevention (CDC) (2014). The CDC (2015) identified a list of parental and family risk factors for child maltreatment; a few of these risk factors listed are as follows: "Parents' lack of understanding of children's needs, child development and parenting skills; Parental characteristics such as young age, low education, single parenthood, large number of dependent children and low income; Parental thoughts and emotions that tend to support or justify maltreatment behaviors; Social isolation; and Parenting stress, poor parent-child relationships, and negative interactions" (p. 1). Rainbow House's mission is to keep children safe and support families in crisis through prevention, assessment, and intervention in child abuse & neglect. Through providing 'Making Parenting A Pleasure,' Rainbow House helps address the above risks factors for child maltreatment. This group increases parental knowledge of parenting skills and child development, covers healthy discipline techniques and teaches parents how to evaluate their decision making around discipline used, provides opportunity for parents to connect and receive support from one another, discusses stress and anger management skills, and teaches ways of communicating and building relationship with children.

b. Describe and document the population affected by the issue(s) to be addressed by the proposed program including demographics and characteristics. (1500 character limit)

The majority of parents that complete the 'Making Parenting A Pleasure' group have been referred to complete a parenting class by the Children's Division as a result of a hotline being received regarding the family. In the state of Missouri (FY 2014), the 68,234 families involved in either an investigation or a family assessment after a hotline were observed to have characteristics such as: Lack of Parenting Skills (15.1%), Single Parent Household (40.8%), and Insufficient or Misuse of Income/Loss of Employment (11.1%). Only 32.4% of these families had Appropriate Child Development Knowledge, 10.1% were observed to have Stable Family Relationships and 13.7% were considered to have good physical/mental health. Nearly 80% of these families were Caucasian and approximately 15% were African American. Families involved in the 4,439 substantiated incidents of child abuse and neglect were observed to have similar characteristics such as Lack of Parenting Skills (30.3%), Single Parent Household (22.9%), Insufficient or Misuse of Income/Loss of Employment (12.9%) and Dangerous Living Conditions (10%). Only 8.0% of families were identified having Appropriate Child Development Knowledge and only 37.2% were identified having extended family support (Missouri Department of Social Services, 2014).

c. Describe how the City of Columbia or Boone County community is affected by the issue(s) to be addressed by the proposed program. (1500 character limit)

During the FY 2014, the state of Missouri received 68,234 reported incidents to the hotline that involved 102,100 children. Of these reports, 30,917 were investigated and 6.5% (4,439 reports) were substantiated and involved 6,439 children. Of these reports, 37,317 were categorized as a family assessment and 13.3% (4,795 reports) of families were determined to be in need of services and involved 7,948 children. Of the 68,234 reported incidents to the Missouri hotline, 1,522 of them were Boone County reports of child abuse and neglect. Of these reports to Boone County, 659 were investigated and 8.6% (131 reports) of these reports were substantiated and involved 178 children. Boone County's substantiated rate was almost 2% higher than the state's. Of the 1,522 Boone County hotline reports, 827 were coded as family assessments which concluded 113 families (13.7%)

involving 164 children were in need of services. Boone County families determined to be in need of service rate is .4% higher than the state's (Missouri Department of Social Services, 2014). Through continuing to provide 'Making Parenting A Pleasure' group to these at-risk families, Rainbow House's goal is to diminish child abuse and neglect in Boone County.

Program Consumers

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

For the past 5 years, Rainbow House has provided 'Making Parenting A Pleasure' group to approximately 400 Boone and Callaway County parents with two-thirds of parents being Boone County residents. In the past year, approximately 97% of parents that began attending group, completed the class. Parents that attend this group have been required to complete a parenting class by the Children's Division, Juvenile Office, or Probation Office. Approximately 70% of participants have been female. The majority of parents come from low-income families, are between the ages of 20 & 34 and identify as either Caucasian or African American. Statistics derived from the pre and post tests show that 80-90% of parents self report an increase in knowledge and awareness of parenting skills and 70-80% report improvement in stress management skills after completing the group. Nearly every parent reports being satisfied with the class and parents regularly express feeling supported and having benefited from attending. Parents often bond throughout group and plan to continue further contact with one another after its completion. Rainbow House has continued to increase the frequency of providing 'Making Parenting A Pleasure' and over the past year have provided one group per month due to the high level of demand in Boone County.

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

Parents are referred by the Children's Division, Juvenile Office, or Probation office to complete a parenting class as a result of a hotline including allegations of child abuse and neglect, legal issues or child behavioral issues. The Center for the Study of Social Policies (2015) has identified the following 5 Protective Factors to diminish the potential of child abuse and neglect in families: 1. Parental Resilience - determines ability to respond in healthy ways to stress, 2. Social Connections - having a network for emotional support, well-informed advice and problem solving, 3. Concrete Support in Times of Need - helps ensure basic needs are met through having access to services, 4. Knowledge of Parenting & Child Development - helps parents have age-appropriate expectations and child rearing strategies, and 5. Social-Emotional Competence of Children - is influenced by the quality of attachment and stimulation received from an adult. According to Saavsus (2015). "Making Parenting A Pleasure's evaluations demonstrate efficacy in reducing parenting stress and addressing the Protective Factors shown to reduce the potential for child abuse" (p. 2). Rainbow House will continue to provide 'Making Parenting A Pleasure' in order increase the presence of these Protective Factors in families in order to strengthen the family and diminish the potential for child abuse and neglect.

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

The majority of parents completing 'Making Parenting A Pleasure' are from low-income families that often experience phone service and transportation issues that make it challenging to keep in contact with parents and for parents to attend group. To overcome these challenges, parents are encouraged to provide updated phone numbers in order for continued contact regarding class. Class is held downtown Columbia to provide easier access to parents who rely on public transportation or are walking from nearby housing. Classes are offered on the weekend to avoid conflict with typical work schedules.

Program Goal

Instructions: The program goal(s) should correspond to the organization's major goal(s) (as stated in the Organization Information section), the issue(s) the proposed program is intended to address (as stated in the Statement of the Issue Being Addressed sub-section above), and the consumers of the proposed program (as indicated in the Program Consumers sub-section above).

State the goal(s) of the proposed program. (300 character limit)

Rainbow House Parenting Class Program's goal is to provide support & parenting skills education (i.e. self-care, stress & anger management, child development, communication skills, positive discipline, accessing community resources, etc) to at-risk parents/families to diminish child abuse & neglect.

Program Description

Instructions: The information provided in this section should include information for each program service indicated in the Program Service section.

a. Provide a detailed description of the proposed program. (3000 character limit)

'Making Parenting A Pleasure' is an "evidence informed and research-based curriculum for highly stressed parents" that has "demonstrated efficacy in reducing parent stress and addressing the protective factors shown to reduce the potential for child abuse" (Saavsus, p. 2). Rainbow House provides a 16 hour group using this curriculum that "addresses key topics including 1. Self care, 2. Stress and anger management, 3. Understanding child development, 4. Communication skills, and 5. Positive discipline" (Saavsus, p. 4). Upon completion of the group parents will: 1. Experience a safe setting where they can feel comfortable processing their family situations and learning about parenting, 2. Learn about taking care of themselves and identify personal self-care strategies, 3. Become familiar with community resources and how to access them, 4. Identify individual causes and current symptoms of stress as well as discuss short-term and long-term stress management skills, 5. Discuss the concept of self-talk and practice how to create healthy thinking patterns, 6. Identify their current support system and discuss ways it can be expanded, 7. Discuss the importance of and struggles with handling anger appropriately 8. Recognize physical symptoms, other emotions and self-talk that may precede or accompany anger, 9. Discuss anger management skills and develop a personal anger management plan, 10. Understand the importance of non-verbal and verbal communication and become more aware of their own communication styles, 11. Learn nonverbal and verbal techniques for communicating with babies and children, 12. Learn Quiet and Active Listening skills as well as explore their listening abilities and deficits, 13. Understand the value of, learn and practice the use of "I" Messages, 14. Understand the importance of knowing their child's stage of development and discuss the categories of human development, 15. Learn a few key characteristics of their child's temperament and current stage of development, and become aware of resources for concerns about potential developmental delays, 16. Discuss the importance of and ways to establish household routines, have consistent expectations, maintain healthy boundaries, offering children choices and playing with their child, 17. Learn the importance of praise, how to praise their child and positive attention skills, 18. Discuss the connection between positive attention skills and having healthy relationship and discipline patterns

with their child. 19. Understand discipline as a way to teach children how to discipline themselves and learn techniques that positively influence, direct and address their child's behavior, and 20. Learn to evaluate their decision making regarding discipline techniques and specifically explore the ineffectiveness and negative effects of spanking as punishment (Saavsus, 2015).

b. For each location in which the proposed program service(s) will be provided, indicate the street address and the days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.). If the proposed program service(s) are to be delivered off-site, describe the environment in which they will be provided (e.g. in homes, street outreach, etc.) (600 character limit)

'Making Parenting A Pleasure' group is held at locations downtown Columbia (i.e. churches & non-profit agencies) to avoid the potential stigma that may be associated with participating in a group at an agency known for addressing child abuse & neglect. The majority of parents that complete this group are from low-income families. In order to provide easier access to parents who rely on public transportation or are walking from nearby shelters/housing, class is held at locations on the bus line and centrally located. Weekend groups are offered to avoid conflict with typical work schedules.

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

Rainbow House does not discriminate against anyone due to age, ethnicity or income. Due to the high demand to attend 'Making Parenting A Pleasure' group in Boone County, Rainbow House has narrowed our services to at-risk families (parents that are referred by the Children's Division, Juvenile Office, or Probation Office to complete a class due to being in need of services) to have manageable group sizes in order to provide the appropriate level of support needed by these families. Each parent receives a certificate in order to provide proof of completion to their referring agency.

d. Describe any external requirements of the proposed program such as licensing, minimum standards, etc. (600 character limit)

There are no external requirements of the Rainbow House Parenting Class Program.

e. Is the proposed program currently accredited by one or more recognized accrediting body?

No

If yes, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation:

Current accreditation period:

Description: (600 character limit)

f. Are there best practices for the proposed program service(s)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed program. (600 character limit)

Research shows that best practice parenting education programs reduce child abuse through addressing risk factors by increasing parents / families protective factors such as parenting skills, knowledge of child development, stress management, communication skills, social support and access to community services. 'Making Parenting A Pleasure' curriculum follows best practice in addressing risk factors through increasing these protective factors in families. Parent Now! (2012) reported that 'Making Parenting A Pleasure' is listed on the Western CAPT Best Practice website.

g. Is there evidence to support the efficacy of the proposed program and/or program service(s)?

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit)

'Making Parenting A Pleasure' is an evidence informed, research-based curriculum based on 35 years of experience in serving thousands of parents and has "demonstrate efficacy in reducing parental stress and addressing the Protective Factors shown to reduce the potential for child abuse" (Saavsus, p. 2). Information on 2 of the 4 evaluation studies conducted by Parenting Now! (2012) is as follows: In 2012, 746 parents that participated in a follow-up study conducted after 24 months of completing the group showed "significant improvements in long term outcomes in the following areas: Overall Parenting Functioning, Perceived Stress, Psychological Well Being, Positive Parenting Behaviors, Family Functioning, Parenting Alliance Measure, Parenting Self-Efficacy" (p. 1). From 2006 to 2011, 1170 families that had completed group showed "statistically significant improvements in all areas measured including: Being aware of normal behavior for child's age level, Showing child love and affection frequently, Helping their child to understand their feelings, Helping their child feel good about themselves, Set and stick to reasonable limits and rules, Know fun activities to help their child learn, Find positive ways to guide and discipline their child, Play with their child frequently, Protecting their child from unsafe situations, Talking with other parents to share experiences, Deal with day-to-day stresses of parenting, Understanding their goals and values as a parent" (p. 2).

If No - Provide rationale for utilizing the proposed program services(s). (1500 character limit)

h. Describe any unique or innovative aspects of the proposed program that will enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

Rainbow House has narrowed this group to at-risk families that are referred by the Children's Division, Juvenile Office, or Probation Office to complete a class due to being in need of services. This was done to have manageable group sizes in order to provide the appropriate level of support needed by this population. As a result, this group provides a unique opportunity for the stigma that comes with having an outside agency involved be diminished, which creates a safe environment for parents to disclose. The beginning of group is very purposeful in creating a foundation of trust and safety. Parents are led to discuss ground rules and explore the curriculum's basic assumptions. Through this process parents discuss the importance of confidentiality, being respectful / non-judgmental towards one another, that there is no one right way to be a parent / that no parent is perfect, as well as discuss the reality of feeling vulnerable in sharing family issues with others. Once this foundation is established and parents become aware that the others attending have also been referred due to similar situations, the majority of parents become comfortable with genuinely processing the struggles their family faces and the specific situation(s) that led to agency involvement with their family. Parents are observed providing each other emotional support through exhibiting compassion and encouragement as well as problem-solving to overcome the challenges and issues they are dealing with.

i. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

Rainbow House provides 'Making Parenting A Pleasure' group to at-risk families that are referred by the Children's Division, Juvenile Office, or Probation Office. To advertise for each class, a monthly flyer that includes a description of the class, class date/time/location and facilitator contact information is disseminated to the Children's Division, Juvenile Office, Probation Office and Parent Link. This flyer informs agency workers of upcoming

dates and provides them with a hand out to give to parents / families determined to be in need of services. Parents receive group information from agency workers and contact the facilitator to complete an intake over the phone to sign-up for class. As a result of Rainbow House Children's Shelter being connected to the main building, 'Making Parenting A Pleasure' is offered at other locations. This is due to the fact that children taken into Children's Division custody are at times temporarily placed at the Rainbow House Children's Shelter until an appropriate longer-term placement is found. There are instances where children being placed at Rainbow House Children's Shelter having been removed from the parents who are attending this class. Boone County Family Resources has provided a safe and comfortable location for group to be held for 3+ years. Providing group elsewhere has removed the potential for issues to arise with parents being in such close proximity to their children without being able to have contact with them.

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

/document/download/filename/1434050059_29425_CSJuvvenileOfficeLetterofSupport2015.pdf/

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

/document/download/filename/1434050059_29426_CSFParentLinkLetterofSupport2015.pdf/

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

/document/download/filename/1434050059_29427_CSFBFCFRLetterofSupport2015.pdf/

Program Personnel 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 program. 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)

Program Personnel

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	SALARY RANGE FROM: (wages, social security and Medicare)	SALARY RANGE TO:
P1 Mental Health Therapist	MQ1 Licensed Professional Counselor	FTE1 0.14	SR1 FROM 18.69	SR1 TO
P2	MQ2	FTE2 0.00	SR2 FROM 0.00	SR2 TO
P3	MQ3	FTE3 0.00	SR3 FROM 0.00	SR3 TO
P4	MQ4	FTE4 0.00	SR4 FROM 0.00	SR4 TO
P5	MQ5	FTE5 0.00	SR5 FROM 0.00	SR5 TO
P6	MQ6	FTE6 0.00	SR6 FROM 0.00	SR6 TO
P7	MQ7	FTE7 0.00	SR7 FROM 0.00	SR7 TO
P8	MQ8	FTE8 0.00	SR8 FROM 0.00	SR8 TO
P9	MQ9	FTE9 0.00	SR9 FROM 0.00	SR9 TO
P10	MQ10	FTE10 0.00	SR10 FROM 0.00	SR10 TO

Program Personnel Narrative

Provide a rationale for the minimum qualifications and salary range for each position indicated above. (600 character limit)

Parents attending group have been identified by the Children's Division, Juvenile Office, or Probation Office to be at-risk or in need of services. Typically parents are referred after a hotline resulted in a family assessment or investigation. Due to the level of support needed by at-risk families a facilitator should have appropriate level of education, extensive background in working with families in crisis and knowledge in parenting skills, child development, and child abuse & neglect issues. The minimum hourly salary listed is reasonable for a License Professional Counselor.

Program Service Fee

a. Will program consumers be charged a fee for the proposed program service(s)?

No

If No - Provide a rationale for why no fees will be charged for the program service(s). (600 character limit)

Rainbow House has provided parenting classes for the past 5 years. The majority of parents that have completed 'Making Parenting A Pleasure' group have come from low-income families. Parents / families frequently report receiving Medicaid, food stamps, WIC and free/reduced school lunch as well as being on disability or currently being unemployed. Parents / families also report living with others or are currently residing at a homeless shelter. Due to their level of financial instability, these parents / families are not able to afford paying for group services.

If Yes - Provide a description of and rationale for the program service fee. (600 character limit)

Program Service Levels

Click Add to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

Link to Program Budget

Program Budget			Record Lock	Link Info
TOTAL REVENUE	2.	TOTAL EXPENSES		Active Date
10771.18	\$449.08	10771.18		Added on 06/11/2015

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

Total Number of Unduplicated Individuals to be served by the Proposed Program

120

Average Cost per Individual

89.76

Program Service Need

a. Are other organizations/businesses in the City of Columbia or Boone County currently providing the proposed program service(s)?

No

Indicate the organizations/businesses currently providing the proposed program service(s). (600 character limit)

After extensive researching, Rainbow House struggled to identify any consistent parenting classes occurring in Columbia or in Boone County. Upon contacting Parent Link, Rainbow House received confirmation that very little parenting education was currently being offered in our community and that Rainbow House is the only provider that offers a group on a regular basis specifically for at-risks parents informed to complete a parenting class by the Children's Division, Juvenile Office, or Probation Office.

b. State the reason why the proposed program is needed in the City of Columbia or Boone County. (1500 character limit)

Of the 68,234 reported incidents to the Missouri hotline, 1,522 of them were Boone County reports of child abuse and neglect. Of these reports to Boone County, 659 were investigated and 8.6 % (131 reports) of these reports were substantiated and involved 178 children. Boone County's substantiated rate was almost 2% higher than the state's. Of the 1,522 Boone County hotline reports, 827 were coded as family assessments which concluded 113 families (13.7%) involving 164 children were in need of services. Boone County families determined to be in need of service rate is .4% higher than the state's Missouri Department of Social Services, 2014). Families involved with the Children's Division, Juvenile Office or Probation Office are often informed to complete a parenting class due to being identified as at-risk / being in need of services. The Center for the Study of Social Policies (2015) has identified that when "Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes" and a family environment is created that promotes healthy child development (p. 2). 'Making Parenting A Pleasure' curriculum follows best practice in addressing risk factors of child abuse and neglect through increasing these Protective Factors in families. Through continuing to provide 'Making Parenting A Pleasure' group to these at-risk families, Rainbow House's goal is to diminish child abuse and neglect in Boone County.

Funding Request Justification

a. Provide a justification for the requested level of funding from the City of Columbia or Boone County. (600 character limit)

The cost to provide 12 - 'Making Parenting A Pleasure' groups over a year was calculated (\$897.59/group; \$89.76/participant). After researching the advertised fee of similar groups in surrounding cities, it was found that the requested level of funding is comparable in cost to other parenting groups that offered fewer hours of service. Statistics tracked over the past 5 years identified that the majority of parents attending our group came from low-income families and without the fee for class being waived, would not have been able to attend. Funding would cover the cost of their attendance.

b. Describe how funding from the City of Columbia or Boone County for the proposed program will expand program service capacity, fill a gap in or loss of funding from other funding sources, and/or enable the organization to access funding from other funding sources. (600 character limit)

Funding will ensure the continued monthly provision of 'Making Parenting A Pleasure' group in our community and allow for continued yearly growth in the number of parents that have completed the class. Rainbow House currently receives funding for this program through Children's Trust Fund. We are no longer eligible to renew this funding that will end on June 30, 2015. Funding from the Boone County Children's Services Fund will allow Rainbow House to continue providing this much needed service to the community.

Reference List

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

Reference List: (5000 character limit)

Centers for Disease Control and Prevention. (2014). Child Maltreatment: Facts at a Glance.

Retrieved from <http://www.cdc.gov/violenceprevention/pdf/childmaltreatment-facts-at-a-glance.pdf>

Centers for Disease Control and Prevention. (2015). Child Maltreatment: Risk and Protective Factors.

Retrieved from

<http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html>

Center for the Study of Social Policy's. (2015). The Protective Factors Framework. Retrieved from

<http://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf>

Missouri Department of Social Services. (2014). Children's Division Child Abuse and Neglect Fiscal Year

2014 Annual Report. Retrieved from <http://dss.mo.gov/re/pdf/cs/2014-missouri-childrens-division-annual-report.pdf>

Parenting Now! (2012). Making Parenting A Pleasure Evaluation Summaries. Retrieved from

<https://parentingnow.org/make-parenting-a-pleasure-evaluation-summaries/>

Saavsus, Inc. (2015). Making Parenting A Pleasure. Retrieved from

<http://www.saavsus.com/store/make-parenting-a-pleasure-curriculum>

Linked 'Final POS Report' Records

Link Instructions

Linked 'Interim Pilot Report' Records

Link Instructions (1)

Linked 'Interim POS Report' Records

Link Instructions (2)

Linked 'Final Pilot Report' Records

Link Instructions (3)

Program Service

Program Service Instructions

The purpose of this section is to provide detailed information about the proposed program service(s). Services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in the proposed program. This includes services for which you are not requesting City of Columbia or Boone County funding.

Information provided in the Program Service Section should correlate with the information provided in the:

Program Overview

Program Budget

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Program Service 1

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (1) (1000 character limit)

Rainbow House will provide 'Making Parenting A Pleasure' groups to at-risk parents in Boone County.

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (1) (100 character limit)

Cost per 'Making Parenting A Pleasure' participant

Unit Rate (1)

\$89.76

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, etc.) Is the proposed rate tied to an established public funding unit rate? (1)

Yes

If yes, source of publicly available rate (1) (600 character limit)

The cost per 'Making Parenting A Pleasure' participant is comparable to the participant cost of classes offered by agencies in St. Louis, Kansas City and Springfield: Synergy Services (\$60 for 9 hours), Positive Parenting Classes (\$89 for 12 hours), Saint Peter Catholic Church (\$95 for 12 hours) and Midwest Counseling & Consulting (\$160 for 16 hours). Great Circle Parenting Life Skills Center provides a Court Mandated Parent Education Class (\$360 for 12 hours). Our cost is also comparable to these online classes: Active Parenting (\$69.95 for 12 hours) and Course for Parents (\$85 for 16 hours).

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

Number of Units of Service to be Provided (1)

120

Number of Unduplicated Individuals to be Served (1)

120

Average Number of Units of Service per Unduplicated Individual (1)

1

Average Cost of Service per individual (1)

89.76

Are you proposing the City of Columbia or Boone County purchase this service? (1)

Yes

Amount Requested (1)

\$10,771.18

Proposed Number of Units of Service (1)

120

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (2) (100 character limit)

Unit Rate (2)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (2)

If yes, source of publicly available rate (2) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)

Number of Units of Service to be Provided (2)

0

Number of Unduplicated Individuals to be Served (2)

0

Average Number of Units of Service per Unduplicated Individual (2)

0

Average Cost of Service per Individual (2)

0

Are you proposing the City of Columbia or Boone County purchase this service? (2)

Amount Requested (2)

\$0.00

Proposed Number of Units of Service (2)

0

Program Service 3

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (3) (100 character limit)

Unit Rate (3)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (3)

If yes, source of publicly available rate (3) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (3) (600 character limit)

Number of Units of Service to be Provided (3)

0

Number of Unduplicated Individuals to be Served (3)

0

Average Number of Units of Service per Unduplicated Individual (3)

0

Average Cost of Service per Individual (3)

0

Are you proposing the City of Columbia or Boone County purchase this service? (3)

Amount Requested (3)

\$0.00

Proposed Number of Units of Service (3)

0

Program Service 4

01/20/2019 1:00:00 PM Proposal Cover Sheet

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (4) (100 character limit)

Unit Rate (4)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (4)

If yes, source of publicly available rate (4) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (4)(600 character limit)

Number of Units of Service to be Provided (4)

0

Number of Unduplicated Individuals to be Served (4)

0

Average Number of Units of Service per Unduplicated Individual (4)

0

Average Cost of Service per Individual (4)

0

Are you proposing the City of Columbia or Boone County purchase this service? (4)

Amount Requested (4)

\$0.00

Proposed Number of Units of Service (4)

0

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (5) (100 character limit)

Unit Rate (5)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (5)

If yes, source of publicly available rate (5) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (5) (600 character limit)

Number of Units of Service to be Provided (5)

0

Number of Unduplicated Individuals to be Served (5)

0

Average Number of Units of Service per Unduplicated Individual (5)

0

Average Cost of Service per Individual (5)

0

Are you proposing the City of Columbia or Boone County purchase this service? (5)

Amount Requested (5)

\$0.00

Proposed Number of Units of Service (5)

0

Totals

Total Amount of City of Columbia or Boone County Funding Requested for the Proposed Program

Service(s):

10771.18

Linked 'Program Performance Measures' Records

System Fields

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Link Instructions (1)

Consumer Demographics

Consumer Demographics Instructions

Instructions:

The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program services. All counts are for Unduplicated Individuals. The totals for all sub-sections should be identical.

Information provided in the Consumer Demographic Information Section should correlate with the information provided in the:

- Program Overview Section
- Program Budget Section
- Program Service Section (POS Only)
- Program Performance Measures Section

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

120

City of Columbia

100

Other Counties

0

Residence Total

120

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

85

Black or African American (alone)

20

Native American Indian or Alaskan Native (alone)

5

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

5

Some Other Race

0

Subtotal - Non-Hispanic

115

HISPANIC

Of all races

5

Race/Ethnicity Total

120

Gender**Female**

84

Male

36

Other Gender

0

Gender Total

120

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

80

Over 200% of Federal Poverty Level

40

Income Total

120

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

0

5-18 years

0

19-59 years

0

60 years and over

0

Age Total (1)

0

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

0

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

5

Parent/Guardian (age 20 and over)

115

Age Total (2)

120

System Fields

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Link Instructions (1)

Linked 'Interim Pilot Report' Records (1)

Link Instructions (3)

Linked 'Final Pilot Report' Records

Link Instructions (4)

Program Performance Measures

Program Performance Instructions

Instructions:

The purpose of this section is to provide performance measurement information for each proposed program service. For each program service included in the Program Service Section, a performance measurement logic model will appear below. Each logic model has been partially auto-populated with program service and output information based on information provided in the Program Service Section.

PLEASE NOTE: The Program Service Section **MUST** be completed before completing this Program Performance Measures Section.

In the fields provided, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement for each proposed program service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

[Click here to access helpful information about performance measures.](#)

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

***Indicates Required Field**

Link to Program Service Records

Click Add to link to the Program Service record for this program application to auto-populate the Service, Units and Unduplicated Individuals for each Program Service.

Link to Program Service

Program Service

Indicate Proposed Service (...)

Link Info	
Record Lock	Active Date

Rainbow House will provide 'Making Parenting A Pleasure' groups to at-risk parents in Boone County.

Added on
06/10/2015

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

Program Service 1

Service (1)

Rainbow House will provide 'Making Parenting A Pleasure' groups to at-risk parents in Boone County.

Program Service 1 - Outputs

Units (1)

120

Unit Measure (1)

Cost per 'Making Parenting A Pleasure' participant

Unduplicated Individuals (1)

120

Program Service 1 - Outcomes

Outcome (1-1)

Increased knowledge of parenting skills and child development

Indicator (1-1)

80% of parents that complete 'Making Parenting A Pleasure' group will report an increased knowledge of parenting skills and child development

Method of Measurement (1-1)

Self-reported pre and post test

Additional Outcome (1-2) Increased knowledge in stress and anger management skills	Additional Indicator (1-2) 80% of parents that complete 'Making Parenting A Pleasure' group will report an increased knowledge of stress and anger management skills	Additional Method (1-2) Self-reported pre and post test
Additional Outcome (1-3) Maintain high level of attendee retention rate	Additional Indicator (1-3) 90% of attendees complete the class	Additional Method (1-3) Attendance records
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goal(s), as stated in the Program Overview section (1) (600 character limit)

Rainbow House Parenting Class Program's goal is to decrease child abuse and neglect in Boone County. Protective Factors such as knowledge of parenting skills, child development and stress/anger management have been found to diminish the potential for child abuse and neglect. The 'Making Parenting A Pleasure' curriculum has shown to increase these Protective Factors in high stressed families. As a result of at-risk parents / families completing 'Making Parenting A Pleasure' their Protective Factors will increase and the potential of child abuse and neglect will be diminished.

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

Parents that attend 'Making Parenting A Pleasure' group have been informed to complete a class by the Children's Division, Juvenile Office, or Probation Office. The majority of parents are referred to take a class after a hotline regarding the family was received by the Children's Division. Thus parents are not attending class voluntarily and can initially start class with a level of defensiveness due to their family situation. These factors can potentially effect pre/post test responses (i.e., self reporting lower knowledge of parenting skills after class than before completion).

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

For the past 5 years, Rainbow House has provided 'Making Parenting A Pleasure' group to approximately 400 parents. Statistics derived from these parents pre and post tests showed that 80-90% of them self-reported an increase in knowledge and awareness of parenting skills and 70-80% reported improvement in stress management skills after completing the group. In the past year, approximately 97% of parents that began attending this group, completed the class. The measurement levels for each indicator are comparable to the statistics calculated over the past 5 years.

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

Self-reported pre / post tests and attendance records are straight forward ways of measurement. Parents will rate their current level of knowledge in parenting skills & child development and in stress & anger management using a pre-test at the beginning of group and will rate their level of knowledge in these areas using a post-test after completing the curriculum. By comparing parents pre and post-test rates, change in parental knowledge can be determined. Class attendance numbers will be compared to parental group completion numbers to determine retention rate.

Program Service 2

Service (2)

Program Service 2 - Outputs

Units (2)	New Unit Measure Auto Populate2	Unduplicated Individuals (2)
0		0

Program Service 2 - Outcomes

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

Program Service 2 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (2) (600 character limit)

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

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

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

Program Service 3

Service (3)

Program Service 3 - Outputs

Units (3)

New Unit Measure Auto Populate3

Unduplicated Individuals (3)

0

0

Program Service 3 - Outcomes

Outcome (3-1)

Indicator (3-1)

Method of Measurement (3-1)

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (3) (600 character limit)

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

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

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

Program Service 4

Service (4)

Program Service 4 - Outputs

Units (4)

New Unit Measure Auto Populate4

Unduplicated Individuals(4)

0

0

Program Service 4 - Outcomes

Outcome (4-1)

Indicator (4-1)

Method of Measurement (4-1)

Additional Outcome (4-2)

Additional Indicator (4-2)

Additional Method (4-2)

Additional Outcome (4-3)

Additional Indicator (4-3)

Additional Method (4-3)

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (4) (600 character limit)

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

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

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

Program Service 5

Service (5)

Program Service 5 - Outputs

Units (5)

New Unit Measure Auto Populate5

Unduplicated Individuals (5)

0

0

Program Service 5 - Outcomes

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (5) (600 character limit)

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

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

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

System Fields

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

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

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

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

Janie Bakutes Interim Executive Dir. 9-21-15
 Printed Name - Agency Executive Director/President/CEO Date

Janie Bakutes 9-21-15
 Signature - Agency Executive Director/President/CEO Date

Melissa A Fawcett 9/22/15
 Printed Name - Agency Board Chair Date

Melissa A Fawcett 9/22/15
 Signature - Agency Board Chair Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Jamie Bakutes, Interim Executive Director
Name and Title of Authorized Representative

Jamie Bakutes
Signature

9-21-15
Date

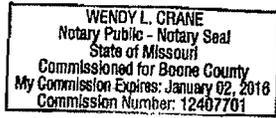
ATTACHMENT C

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

County of Boone)
)ss
State of Missouri)

My name is Adielle Ehret. I am an authorized agent of Child Abuse & Neglect
Emergency Shelter (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

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



Adielle Ehret 9/24/15
Affiant Date
Adielle Ehret
Printed Name

Subscribed and sworn to before me this 24th day of Sept., 2015.

Wendy L. Crane
Notary Public

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

E-Verify



Company ID Number: 183637

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Child Abuse & Neglect Emergency Shelter, Inc.

Wendy Crane

Name (Please Type or Print)

Title

Electronically Signed

Signature

01/23/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

01/23/2009

Date

E-Verify



Company ID Number: 183637

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Child Abuse & Neglect Emergency Shelter, Inc.

Company Facility Address: 1811 Towne Drive

Columbia, MO 65202

Company Alternate

Address: 1811 Towne Drive

Columbia, MO 65202

County or Parish: BOONE

Employer Identification

Number: 42-310722

North American Industry

Classification Systems

Code: 821

Parent Company:

Number of Employees: 10 to 49

Number of Sites Verified

for: 1

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

- MISSOURI 2 site(s)

E-Verify



Company ID Number: 183637

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

Name:	Wendy L Crane	
Telephone Number:	(573) 474 - 6600 ext. 203	Fax Number: (573) 474 - 5992
E-mail Address:	wcrane@rainbowhousecolumbia.org	
Name:	Heather Windham	
Telephone Number:	(573) 449 - 0182	Fax Number: (573) 474 - 5992
E-mail Address:	hwindham@rainbowhousecolumbia.org	
Name:	Ashley Turner	
Telephone Number:	(573) 474 - 6600 ext. 212212	Fax Number: (573) 474 - 5992
E-mail Address:	aturner@rainbowhousecolumbia.org	



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – *Purchase of Service Contracts for the Children's Services Fund*

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m., June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Organizations currently contracted to receive Children's Services Funds should not submit an application for the currently funded program under this RFP.
- IV. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- V. The County received the following questions and is providing a response:

- a. We are not required to file a form 990. We have both internal and external audits of our organization. Is this 990 exemption ok?

Response: Each organization's exemption request will be evaluated individually. Please contact the Community Services Department to discuss your request.

- b. Section 5 mentions that the contractor should be "...be certified, accredited or licensed in the services for which funds are requested." We are not required by State nor Federal law to have any of those credentials. Is this ok for the application?

Response: Yes.

- c. Our facility serves homeless children under the age of 18 when accompanied by parent/guardian. Is this lower age (18 versus 19) ok?

Response: Yes.

- d. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at:

- e. Narrative, Page Limitation 1.1.: What is the page limitation for the proposals? Will this change due to on-line submission requirement?

Response: There is not a page limitation as proposals must be submitted via the online system. Each required field of the forms in the on-line system has a character limitation.

- f. Organization 2.1.2.: Are all sections 1-14 uploaded as attachments or will there be form fields on line content will be typed into or copy and pasted?

Response: Sections 1-4 are part of the RFP document, sections 5-11 are forms that will be filled out on-line, and sections 12-14 will be uploaded as attachments in the on-line system.

- g. Program Services 3.7.2.: Are contracts and budgets based on fee per service?

Response: Organizations receiving contracts will be reimbursed for services based upon the agreed upon contractual unit rate for the service. The program budget should reflect total program revenues and expenses.

- h. Program Budget Worksheet 3.7.3.: Is there a percentage preferred for indirect, administrative or personnel costs?

Response: Purchase of Service proposals will be evaluated by the unit rate taking into account the reasonableness of personnel and non-personnel costs.

- i. Narrative 4.1: Can organizations submit more than one proposal? Is there a maximum number of application submissions allowed?

Response: Yes, organizations may submit more than one proposal but may not submit more than one proposal for the same program. Organizations are not limited to the number of proposals they may submit.

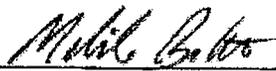
- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

- k. For acknowledgement of organizational accreditation, should organizations include any staff certifications or organizational certifications?

Response: No.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 25-15JUN15 -- Purchase of Service Contracts for the Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Child Abuse & Neglect Emergency Shelter, Inc.

Address: 1111 Towne Drive Columbia MO 65202

Phone Number: 573 474 6600 Fax Number: 573 474 5992

E-mail: jbakutes@rainbowhousecolumbia.org

Authorized Representative Signature: Jamie Bakutes Date: 6-11-15

Authorized Representative Printed Name: Jamie Bakutes



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

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

OFFEROR has examined Addendum #2 to Request for Proposal# 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Child Abuse & Neglect Emergency Shelter, Inc.
Address: 1611 Towne Drive Columbia MO 65202

Phone Number: 573 474 6600 Fax Number: 573 474 5992

E-mail: jbakutes@rainbowhouseccolumbia.org

Authorized Representative Signature: Janie Bakutes Date: 6-11-15

Authorized Representative Printed Name: Janie Bakutes



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

ADDENDUM #2 - Issued May 28, 2015

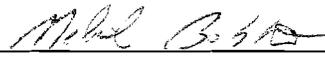
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m., June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Organizations currently contracted to receive Children's Services Funds should not submit an application for the currently funded program under this RFP.
- IV. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- V. The County received the following questions and is providing a response:

- a. We are not required to file a form 990. We have both internal and external audits of our organization. Is this 990 exemption ok?

Response: Each organization's exemption request will be evaluated individually. Please contact the Community Services Department to discuss your request.

- b. Section 5 mentions that the contractor should be "...be certified, accredited or licensed in the services for which funds are requested." We are not required by State nor Federal law to have any of those credentials. Is this ok for the application?

Response: Yes.

- c. Our facility serves homeless children under the age of 18 when accompanied by parent/guardian. Is this lower age (18 versus 19) ok?

Response: Yes.

- d. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at:

- e. Narrative, Page Limitation 1.1.: What is the page limitation for the proposals? Will this change due to on-line submission requirement?

Response: There is not a page limitation as proposals must be submitted via the online system. Each required field of the forms in the on-line system has a character limitation.

- f. Organization 2.1.2.: Are all sections 1-14 uploaded as attachments or will there be form fields on line content will be typed into or copy and pasted?

Response: Sections 1-4 are part of the RFP document, sections 5-11 are forms that will be filled out on-line, and sections 12-14 will be uploaded as attachments in the on-line system.

- g. Program Services 3.7.2.: Are contracts and budgets based on fee per service?

Response: Organizations receiving contracts will be reimbursed for services based upon the agreed upon contractual unit rate for the service. The program budget should reflect total program revenues and expenses.

- h. Program Budget Worksheet 3.7.3.: Is there a percentage preferred for indirect, administrative or personnel costs?

Response: Purchase of Service proposals will be evaluated by the unit rate taking into account the reasonableness of personnel and non-personnel costs.

- i. Narrative 4.1: Can organizations submit more than one proposal? Is there a maximum number of application submissions allowed?

Response: Yes, organizations may submit more than one proposal but may not submit more than one proposal for the same program. Organizations are not limited to the number of proposals they may submit.

- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

- k. For acknowledgement of organizational accreditation, should organizations include any staff certifications or organizational certifications?

Response: No.

By:



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **25-15JUN15 – Purchase of Service Contracts for the Children’s Services Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN'S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trupp	Phoenix Health Programs	777-3000
5.	Stephanie Branning	Ad/Ed/Spec. Ed. Public Schools	874-7343
6.	Melissa [unclear]	[unclear]	831-331
7.	Meg Douthett	[unclear]	449-5600
8.	Anna Hargoy	[unclear]	815-5959
9.	[unclear]	[unclear]	[unclear]
10.	[unclear]	[unclear]	54-87-727
11.	[unclear]	[unclear]	[unclear]
12.	Cheryl Howard	Nora Stewart LLC	449-5981
13.			
14.			
15.			

PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN'S SERVICES FUND,
2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	836-4391
2.	Brian Martin	Purduess Community Health	573-430-4781
3.	Lanoe Johnson	First City Youth Academy	513-256-1436
4.	Jason Wilson	Columbia Boone PHHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHHS	573-874-7632
6.	Wendy Ell	Univ. of MO - Dept. of Psychology	573 573 4051
7.	Yvonne Johnson	Univ. of MO Dept of Psychology	573- 573
8.	Wanda Johnson	The Johnson Learning	573 442-3229 X222
9.	Shelly Lock	Child Care Assoc. of MO	513-4455431
10.	Wendy Ell	BOCC	573 574 169
11.	Wendy Ell	Central Missouri Food and Adaptive Serv	573-215-885
12.	Don Kelly	MO Williams Research	573 284-753
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN'S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kellner	Epworth Little League	314-915-3321
3.	Alexander Sanders	Chas. Lantz & Son	573-352-1372
4.	Kathy Becka	Missouri Exp. Team	573-442-5345
5.	Nick Foster	Winter Station Center	573-874-2273
6.	PAM LEHKE	PREPARED FAMILY HC	573 680 1908
7.	Uinda Lane	Lane Lane	804-441-0600
8.	Nicole Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Carolyn Mitter	Deep Well Child	573-234-8334
11.	KEVIN DRUNGER	EPWORTH	314-915-3308
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN'S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jovan	Youth Empowerment Zone	(503) 697-3215
3.			
4.			
5.	Becky Mack	Boone County Income Services	573-443-2556
6.	Cathy R. Hub	Boone County Public Health	573-836-1170
7.	Chloe Sara	Rainbow House	573-474-6600
8.	Janie Bakula	Rainbow House	573-474-6600
9.	Scott Wandy	Boone County Public Health	573-836-1170
10.	Becky Mack	Boone County Income Services	573-443-2556
11.	Carole Sauer	Boone County Public Health	573-836-1170
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 25-15JUN15

Purchase of Service Contracts

Boone County Children's Services Fund

2015 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

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

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 5, 2015
Written Questions Due By	mbobbitt@boonecountymo.org	May 13, 2015 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 18, 2015 1:00 p.m. Central Time
Response Submission Deadline	Apricot by CTK® on-line system	June 15, 2015 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 16, 2015 9:30 a.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 25-15JUN15

A pre-proposal conference has been scheduled for **Monday, May 18, 2015, at 1:00 p.m.** central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. central time on Monday, June 15, 2015** via the on-line application system, Apricot by CTK®.

The Request for Proposal is scheduled to be **opened shortly after 9:30 a.m. on Tuesday, June 16, 2015** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 25-15JUN15

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by CTK[®] until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP.
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals: The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 16, 2015 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2015 Bid Tabulations".
- c) Proposal responses are due by Monday, June 15, 2015 at 5:00 p.m. No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Organization Information – on-line
- 6) Organization Financial Information and Budget Narrative – on-line
- 7) Program Overview – on-line
- 8) Program Services – on-line
- 9) Program Budget Worksheet and Narrative – on-line
- 10) Program Consumer Demographics – on-line
- 11) Program Performance Measures Information Section – on-line
- 12) Attachment A - Agency Assurance Sheet
- 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 13, 2015. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 18, 2015 at 1:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

2.4. Term; Termination of Contract Agreement:

- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

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

3.2. Purpose Statement:

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

3.3. Background:

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

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

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

3.4. Funding Goals:

The Board believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified by the Institute of Public Policy, Harry S. Truman School of Public Affairs, University of Missouri Community Input Report, and the policy brief, "Are the Children Well? A model and recommendations for Promoting the Mental

Awareness of the Nation’s Young People”. The Community Input Report and the Policy Brief may be found at: www.showmeboone.com/communityservices/information.asp

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

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

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

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service** program as outlined in the information provided in the following online section of the RFP:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel
- 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service to be purchased.
- 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.

- 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
- 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.

3.8. Contractor Agency Requirements:

- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The Application Narrative must be completed on the on-line system Apricot by CTK® and can be accessed by clicking on the following link: https://ctk.apricot.info/document/edit/id/new/form_id/23 to create an Organizational Profile and submit RFP responses. If you do not already have a username and password for the system, complete the following:

- a) Copy and paste the following link into your internet browser, preferably Google Chrome:
https://ctk.apricot.info/auth/autologin/org_id/1975/hash/365efb9c0edf7dddf3652ecd2de1868058db6b53
- b) Fill in the required information and select save.
- c) You will be redirected to a login screen where you will be able to complete the Organizational Profile and Proposal Forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.
- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

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

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

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

Name and Title of Authorized Representative

Signature

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/07/2015

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

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

PRODUCER The Insurance Group, Inc. 200 East Southampton Drive Columbia, MO 65203 Charles W. Digges, Jr., CIC	CONTACT NAME: Bridgette Bigelow
	PHONE (A/C, No., Ext): 573-875-4800 FAX (A/C, No.): 573-875-4514
	E-MAIL ADDRESS: bbigelow@theinsurancegrp.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Philadelphia Insurance Co.
	INSURER B: Missouri Employers Mutual Ins
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED
**Child Abuse & Neglect
Emergency Shelter, Inc.
DBA The Rainbow House
1611 Towne Drive
Columbia, MO 65202**

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK1204312	07/26/2014	07/26/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PHPK1204312	07/26/2014	07/26/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		PHUB467350	07/26/2014	07/26/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	MEM102353406	07/11/2014	07/11/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is named as Additional Insured on the General Liability with a Waiver of Subrogation.

CERTIFICATE HOLDER	CANCELLATION
County of Boone - Missouri 613 E. Ash, Room 110 Columbia, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Bridgette Bigelow</i>

© 1988-2014 ACORD CORPORATION. All rights reserved.

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

November Session of the October Adjourned

Term. 20 15

County of Boone

In the County Commission of said county, on the

12th

day of

November 20 15

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

Now on this day the County Commission of the County of Boone does hereby approve the partial recommendation of bid award 26-15JUN15 – Purchase of Service and Pilot Program Contracts – Community Health Fund as follows:

Family Health Center of Boone County
Boone County Emergency Dental Referral Program
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$150,000.00

Independent Living Center of Mid-Missouri, Inc.
Senior Connect
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$41,895.00

Phoenix Programs
Substance Abuse Treatment
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$191,231.44

Voluntary Action Center
Basic Needs and Emergency Services
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$34,000.00

The terms of the bid award are stipulated in the attached Agreements. It is further ordered the Presiding Commissioner is hereby authorized to sign said Agreements for Purchase of Services.

Done this 12th day of November, 2015.

CERTIFIED COPY OF ORDER



STATE OF MISSOURI }
County of Boone } ea.

Term. 20

In the County Commission of said county, on the
the following, among other proceedings, were had, viz:

day of 20

Daniel K. Atwill
Presiding Commissioner

Karen M. Miller
District I Commissioner

Janet M. Thompson
District II Commissioner

ATTEST:

Wendy S. Noren
Clerk of the County Commission

Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing



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

MEMORANDUM

TO: Boone County Commission
FROM: Melinda Bobbitt, CPPO, CPPB
DATE: October 30, 2015
RE: RFP Award Recommendation: *26-15JUN15 – Purchase of Service and Pilot Program Contracts – Community Health Fund*

Request for Proposal *26-15JUN15 – Purchase of Services and Pilot Program Contracts – Community Health Fund* closed on June 15, 2015. 11 proposal responses were received. The following is a partial recommendation of contract award. More contracts will follow at a later date. The contract file will become part of public record as soon as we have completed negotiations of contracts.

Family Health Center of Boone County
Boone County Emergency Dental Referral Program
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$150,000.00

Independent Living Center of Mid-Missouri, Inc.
Senior Connect
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$41,895.00

Phoenix Programs
Substance Abuse Treatment
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$191,231.44

Voluntary Action Center
Basic Needs and Emergency Services
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$34,000.00

Invoices will be paid from department 2130 – Community Health/MED (Hospital Lease), account 71106 – Contracted Services. One million was budgeted in 2015.

cc: Proposal File / Kelly Wallis, Children's Services

RFP Opening: 26-15JUN15 - Purchase of Service & Pilot Program Contracts - Community Health Fund
Burrell, Inc
Columbia/Boone County Department of Health and Human Services
Cathy Richards, Public Administrator
Voluntary Action Center
Mary Lee Johnston Community Learning Center
The Salvation Army
The Food Bank
Family Health Center of Boone Co.
Phoenix Programs, Inc
Curators of UMC on behalf of its MU Adult Day Connection
Independent Living Center



AGREEMENT FOR PURCHASE OF SERVICES Boone County Emergency Dental Referral Program

THIS AGREEMENT dated the 12TH day of November 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County", and **Family Health Center of Boone County**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as FHC.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

WHEREAS, the FHC has submitted a complete Request for Funding Proposal Application to the County detailing the services and other supports to be provided along with the expected cost to FHC thereof; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY FHC

FHC is expected to the greatest extent possible to maximize funding from all other sources. FHC shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. FHC shall only request reimbursement for services not reimbursable by any other source. FHC shall not invoice the County for units of service invoiced to another funding source. FHC shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund is not a duplication of reimbursement from any other source of funding.

1. **Contract Documents.** This agreement shall consist of the Request for Proposal #26-15JUN15 (Purchase of Services) and FHC's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the FHC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

2. **Purchase.** The County agrees to purchase from the FHC and the FHC agrees to furnish the **Boone County Emergency Dental Referral Program** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the FHC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$150,000.00** unless compensation for specific identified additional services is authorized and approved by County in writing in advance of rendition of such services for which additional compensation is requested.

3. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through December 31, 2016 subject to the provisions for termination specified below. This contract may at the sole discretion of the County and with the agreement of FHC be renewed for an additional two (2) one-year periods. FHC agrees and understands that the County may require supplemental information to be submitted by FHC prior to any renewal of this agreement.

4. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit costs for services are the mutually agreed upon rates as follows:

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Limited Oral Exam	1 Exam	\$76.00	600	\$45,600.00
Intra-oral Periapical X-ray	1 X-ray	\$26.00	600	\$15,600.00
Non-surgical Extraction/ Basic Dental Service	1 Extraction/ Service	\$148.00	600	\$88,800.00
Emergency Room Referral	1 Referral	\$0.00	700	\$0.00

All billing shall be invoiced to County monthly by the 10th of the month following the month for which services were provided. The County agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in

the event the billing dispute is resolved in favor of the FHC, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

6. **Reporting.** The County shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by FHC to monitor service delivery and program expenditures. FHC agrees to submit to the County an Interim Report by July 29, 2016 for the period beginning with the date of contract execution to June 30, 2016 and a Year End Final Report by January 31, 2017, for the period of the term of the contract. Variations on this date may be requested by FHC and, if so stipulated, are noted on this contract document. Payments may be withheld from FHC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. FHC agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

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

8. **Monitoring.** FHC agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County to monitor, survey and inspect FHC's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, FHC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service,

activities and programs covered hereunder, expenditure of Community Health Funds and all other matters set forth in the contract.

9. **Modification or Amendment.** In the event FHC requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County Commission for approval. A board resolution from FHC may be required with the request.

OTHER TERMS OF THIS CONTRACT

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

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

12. **Community Health Fund to be used for Services Provided.** FHC agrees that the Community Health Funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to FHC's provision of such services.

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

14. **Conflict of Interest.** FHC agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and FHC, and this shall include any transaction in which FHC is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

15. **Subcontracts.** FHC may enter into subcontracts for components of the contracted service as FHC deems necessary within the terms of the contract. All such subcontracts require the written approval of the County or their designated representative. In performing all services under the resulting contract agreement, the FHC shall comply with all local, state, and federal

laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

16. **Employment of Unauthorized Aliens Prohibited.** FHC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. FHC shall require each subcontractor to affirmatively state in its Agreement with the FHC that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide FHC a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

18. **Board Ownership.** If FHC ceases to be funded by the County or ceases to provide programs and services to address community health needs pursuant to this contract, all capital equipment, materials, and buildings purchased with Community Health Funds shall be returned to Boone County unless so otherwise approved by a majority vote of the County. In addition, if FHC no longer uses capital equipment, materials, or buildings purchased with Community Health Funds for its original intent, FHC will need County approval to re-direct the use of such.

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

20. **Termination.** County may terminate this agreement at will by giving at least 30 days prior written notice to the FHC. This agreement may be terminated by the County upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

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

b. County may terminate this agreement if key personnel providing services are changed such that in the opinion of the County delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of County, or

c. County may terminate this agreement should the FHC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

21. **Indemnification.** To the extent permitted under Missouri law, FHC agrees to hold harmless, defend and indemnify the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of FHC, (meaning anyone, including but not limited to consultants having a contract with the FHC or subcontractor for part of the services), or anyone directly or indirectly employed by FHC, or of anyone for whose acts FHC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

22. **Publicity by the Organization.** FHC shall notify the County of contact with the media regarding Community Health Fund funded programs or profiles of participants in Community Health Fund funded programs. FHC will acknowledge the County as a funding source whenever publicizing Community Health Fund funded programs. FHC will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. FHC agrees to acknowledge the Community Health Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

23. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the County and FHC. The County does not recognize any of the FHC's employees, agents or volunteers as those of the County.

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

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

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

Organization Profile

Organization Profile Instructions

New Users:

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

Returning Users:

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

Organization User Information

Primary Information

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

Family Health Center of Boone County

DBA:

Family Health Center

Federal EIN Number:

43-1709422

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1001 West Worley Street

City

Columbia

State

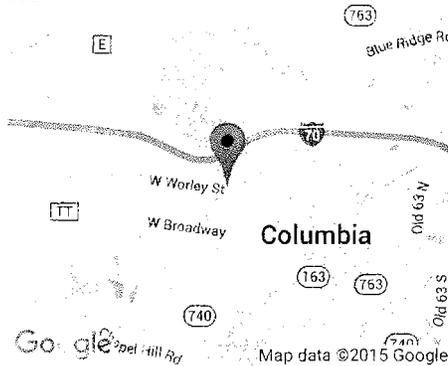
Missouri

County

Boone County

Zip

65203



Organization Phone Number:

573-886-6784

Address

1001 West Worley Street

City

Columbia

State

Missouri

County

Boone County

Zip

65203



Organization Fax Number:

573-814-2784

Website:

http://www.fhcmo.org

Head of Organization

Gloria Crull

Head of Organization Phone:

573-886-6713

Email:

pberger@fhcmo.org

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

CEO

Head of Organization Email:

gcrull@fhcmo.org

Local Organization Contact Information (If there is a local office with differen**Local Organization Name:****Address****City****State****County****Zip****Local Contact Name:****Local Contact Email:****Local Organization Fax:****Address****City****State****County****Zip****Local Contact Title:****Local Contact Phone:****General Information****Organization****Mission****Statement****(Purpose):****Provide your organization's mission statement. (600 character limit)**

Family Health Center exists to provide access to primary medical, dental and mental health services for community members, with emphasis on the medically underserved, to improve the health of the community and to train future health care providers.

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

Family Health Center was established in 1992 as a community effort to provide primary and preventive health care to the medically underserved, and to improve the health status of families. Services were targeted to uninsured and underinsured Boone County families who had not established care with a provider and who used emergency rooms when care was necessary. In 1995, the Center organized itself as a not-for-profit corporation with a local governing board. The board consists of 13 voting members and 5 consulting members. Patients of the Center comprise 51% of the membership of the board.

Brief**Statement of****Organization's****Major Goals:****Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**

Family Health Center (FHC) aims to provide access to primary medical, dental, and mental health services to uninsured and underinsured people in FHC's ten-county service area. Our focus on prevention promotes overall community health and avoids costlier treatment alternatives. FHC strives to overcome barriers to these services, including financial, coverage, and geographic barriers. The Center also aims to train future health care providers by serving as a resident training site for MU's Department of Medicine, Department of Pediatrics, and Department of Family and Community Medicine.

Articles of**Incorporation:****Provide a copy****of the****organization's****Articles of****Incorporation.****Articles of Incorporation (MUST BE IN PDF FORMAT)**

/document/download/filename/-62169962400_30405_C%3A%5Cfakepath%5CFHCArticlesofIncorporation.pdf/

Organizational**Chart****(must be for****the entire****organization):****Organizational Chart (MUST BE IN PDF FORMAT)**

/document/download/filename/1432826607_30406_OrganizationalChartDec-2014.pdf/

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

Family Health Center serves a ten-county service area in Mid-Missouri. Counties served include Boone, Linn, Chariton, Randolph, Howard, Cooper, Moniteau, Cole, Callaway, and Audrain. While FHC focuses services to meet the needs of the population within this geographic area, the Center accepts patients regardless of geographic location. Family Health Center has physical locations in

Boone, Chariton, and Linn counties.

Population Served:

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

Family Health Center provides services to all members of the community, however special emphasis is given to the provision of services to medically underserved individuals (i.e. low-income persons without insurance and persons with prohibitively high deductibles). In 2014, Family Health Center served 15,518 patients and provided 45,828 visits.

Governing Board

Organization Governing Board:

Please include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member			Link Info	
Name	Board Position:	Address:	Active	Date
Shelia Shaffer	Member	1603 Bold Ruler Ct. Columbia, MO 65202	✓	Added on 05/28/2015
Don Reynolds	Member	401 West Santa Fe Marceline, MO 65658	✓	Added on 05/28/2015
Lori Osborne	Member	3705 Old Ridge Court Columbia, MO 65203	✓	Added on 05/28/2015
Diana Morris	Member	36088 Hamden Rd Salisbury, MO 65281	✓	Added on 05/28/2015
Jessica Macy	Member	2401 E Oakland Ridge Dr. Columbia, MO	✓	Added on 05/28/2015
Karen Lumley	Member	901 Dolly Varden Dr. Columbia, MO 6520	✓	Added on 05/28/2015
Judy Fehling	Member	403 N. Westview Salisbury, MO 65281	✓	Added on 05/28/2015
Joe Cupp	Member	35082 Minor Road Bucklin, MO 64631	✓	Added on 05/28/2015
Lynn Barnett	Member	2012 S Deerborn Circle Columbia, MO 65203	✓	Added on 05/28/2015
Rebecca Roesslet	Treasurer	3907 Watts Court Columbia, MO 65203	✓	Added on 05/28/2015
Sharon-Frances Reynolds	Secretary	12250 E. St. Charles Rd. Columbia, MO 65202	✓	Added on 05/28/2015
Marketta Hayes	Vice President	4150 Bethel St. #209 Columbia, MO 65203	✓	Added on 05/28/2015
Nolan Hollingsworth	President	4804 Samantha Ct. Columbia, MO 65203	✓	Added on 05/28/2015

Total Active Links:13. Total Deactivated Links:0. Current Active Links:13. Current Deactivated Links:0

Advisory Board (if applicable)

Organization Advisory Board (if applicable):

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

Advisory Board Member

Advisory Board Member			Link Info	
Name	Board Position:	Address	Active	Date
Michele Kennett	Consulting Member	1203 W. Broadway Columbia, MO 65203	✓	Added on 05/28/2015

Mary Martin	Consulting Member	1005 W. Worley Columbia, MO 65203	✓	Added on 05/28/2015
John Baker	Consulting Member	Community Foundation of Central Missouri PO Box 6015 Columbia, MO 65202	✓	Added on 05/28/2015
Randy Morrow	Consulting Member		✓	Added on 05/28/2015
Melody Freeman	Consulting Member	2801 D2 W. Broadway Columbia, MO 65203	✓	Added on 05/28/2015

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

Financial Information

Organization Fiscal Year:

FY 2016

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

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

/document/download/filename/1432836126_29953_TaxExemptLetter-Federal501%28c%29%283%29.pdf/

Financial Statement:

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

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1433192656_29954_FamilyHC2014AuditedFinancials.pdf/

IRS 990 or 990 EZ:

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

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1432848278_29955_FHC2013Form990PublicCopy.compressed.pdf/

Financial Policies and Procedures:

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

Per the FHC Board of Directors Bylaws, the Board assumes the fiduciary responsibility for FHC and establishes policy to ensure that the Center is managed in such a way as to carry out the mission of the Center. The Board approves FHC's budget and approves all federal funding applications. The Finance Committee is a Board-level committee charged with monitoring the financial condition of the Center, anticipating cash and other resource requirements for the next fiscal year, and with reviewing the annual budget. The Finance Committee also ensures that an annual external audit is conducted.

Employees Compensation

Top Five Compensated Employees:

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

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.) FTE = number of direct program service hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

If more than one employee is employed in the same position and the level of compensation is not identical, please list each of those employees separately.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Link Info	
					Active	Date
Physician	MD	1.00	\$166,214.00	\$848.00	✓	Added on 05/28/2015
Dental Director	DDS	1.00	\$168,966.00	\$9,703.00	✓	Added on 05/28/2015
Medical Director	MD	1.00	\$167,605.00	\$21,300.00	✓	Added on 05/28/2015
Physician	MD	1.00	\$175,273.00	\$21,300.00	✓	Added on 05/28/2015
Physician	MD	1.00	\$157,841.00	\$20,246.00	✓	Added on 05/28/2015

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

Accreditation:

Accreditation:

If your organization is currently accredited by one or more recognized accrediting body, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation, most recent dates of accreditation (including expiration date)

Description 1 (600 character limit):

Family Health Center's Worley location is recognized by the National Committee for Quality Assurance (NCQA) as a Level III Patient-Centered Medical Home (PCMH). The NCQA PCMH model combines access, teamwork and technology to deliver quality care. NCQA's PCMH recognition is evidence that FHC has the resources to provide patients with the right care at the right time. Recognition was given from fall 2012 - fall 2015. The accreditation process requires demonstration of access, population health management, care management, self-care support, care coordination, and performance improvement.

Description 2 (600 character limit):

Description 3 (600 character limit):

Description 4 (600 character limit):

Description 5 (600 character limit):

Certifications:

Certifications:

Please indicate that the above named organization:

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

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

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

yes

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet						Link Info	
Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Active	Date	
Family Health Center of Boone County	Community Health/Medical Fund - POS	Boone County	RFP #26-15JUN15	Boone County Emergency Dental Referral Program	✓	Added on 05/21/2015	

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

System Fields

Record ID

15540

Modification Date

06/12/2015 10:17 am CDT

Modified By

Family Health Center of Boone County ORG

Creation Date

05/21/2015 04:06 pm CDT

Created By

Organization AutoLogin

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

Family Health Center of Boone County

Fund Source

Community Health/Medical Fund - POS

Funder

Boone County

Funding Cycle

RFP #26-15JUN15

Name of Program or Project

Boone County Emergency Dental Referral Program

Amount of Request

\$150,000.00

Amount Awarded

\$0.00

Program Information

Program Website (will default to Organization website)

<http://www.fhcmo.org>

Address

1001 West Worley Street

City

Columbia

State

Missouri

County

Boone County

Zip

65203

Program Administrator Name

Gloria Crull

Phone Number

573-886-6713

Address

1001 West Worley Street

City

Columbia

State

Missouri

County

Boone County

Zip

65203

Program Administrator Title

CEO

Email

gcrull@fhcmo.org

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1434051736_30421_AttachmentA-AgencyAssuranceSheet.pdf/

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

/document/download/filename/1434051736_30420_AttachmentB-Debarment%2CSuspension%2CIneligibility%2CandVoluntaryExclusion.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1434051736_30419_AttachmentC-WorkAuthorizationCertification.pdf/

Addendums

/document/download/filename/1434379176_30418_26-15June15_Addendums1-3SIGNED.pdf/

Link to Organization Profile Record

Link to Organization Records

[Organization Profile](#)

[Link Info](#)

Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Family Health Center of Boone County	1001 West Worley Street	Gloria Crull	✓	Added on 05/21/2015
Total Active Links:1, Total Deactivated Links:0. Current Active Links:1, Current Deactivated Links:0				
Federal EIN Number (will auto-populate)				
43-1709422				

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Budget

Program Budget Instructions

For each item for which figures are entered, please complete the corresponding narrative field.
*Indicates Required Field.

Program Budget

PROGRAM REVENUE	PROPOSED YEAR	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A \$0.00	1A % 0
B. Other United Ways (300 character limit)	1B \$0.00	1B % 0
C. Capital Campaigns (300 character limit)	1C \$0.00	1C % 0
D. Grants (non-governmental) (300 character limit)	1D \$0.00	1D % 0
E. Fund Raising & Other Direct Support (300 character limit)	1E \$0.00	1E % 0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A \$0.00	2A % 0
B. Boone County - Community Health Funding (300 character limit) 600 emergency room referral patients x \$250 = \$150,000; funding from the Health Fund will fully support this program	2B \$150,000.00	2B % 100
C. Boone County- Other Funding (300 character limit)	2C \$0.00	2C % 0
D. Funding from Other Counties (300 character limit)	2D \$0.00	2D % 0
E. City of Columbia - Social Service Funding (300 character limit)	2E \$0.00	2E % 0
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F \$0.00	2F % 0
G. City of Columbia - CHDO Funding (300 character limit)	2G \$0.00	2G % 0
H. City of Columbia - Other Funding (300 character limit)	2H \$0.00	2H % 0
I. Funding from Other Cities (300 character limit)	2I \$0.00	2I % 0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J \$0.00	2J % 0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K \$0.00	2K % 0
L. Other (Schools, Courts, etc.) (300 character limit)	2L \$0.00	2L % 0

3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	150000	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$0.00	0
2. Non-Personnel	2.	2. %
	\$150,000.00	100
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	150000	

System Fields

Record ID
15620

Modification Date
06/15/2015 09:48 am CDT

Modified By
Apricot Subsystem

Creation Date
05/28/2015 03:35 pm CDT

Linked 'Program Overview' Records

Link Instructions

Program Overview				Link Info
Record Lock	a. Will program consumers b...	b. Will the program utilize...	Total Number of Unduplicate...	Active Date
No			800	Added on 05/29/2015

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

Linked 'Final POS Report' Records

Linked 'Final Pilot Report' Records

Program Overview

Program Overview Instructions

The purpose of this section is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Each narrative response should be clear and succinct.

Respond as if the reviewers have no prior knowledge of the program and service(s).

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

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this section. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

PLEASE NOTE: In order to complete the Program Service Levels sub-section, you must first complete and link to Program Budget Section.

Information provided in the Program Overview Section should correspond with the information provided in the:

Program Budget

Program Service (POS Only)

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Statement of Issue Being Addressed

Instructions: Include information pertaining to the overall, community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.) The issue(s) should be tied to the organization's major goal(s), as stated in the Organization Information form, as well as the program goal(s), as stated in the Program Goal(s) sub-section below.

a. Describe and document the issue(s) to be addressed by the proposed program. (1500 character limit)

According to an issue brief "A Costly Destination" by The Pew Center on the States, "A major driver of dental-related hospital visits is a failure by states to ensure that disadvantaged people have access to routine preventive care from dentists and other providers" (2012). In Missouri, there are approximately 60,000 annual emergency department visits as a result of non-traumatic dental complaints which costs our state upwards of \$17.5 million annually (MODHSS, 2014). Further, "...inpatient hospitalizations due to non-traumatic dental complaints are associated with about \$13.5 million in hospital charges annually," according to the Missouri Department of Health and Senior Services (2014). As a local community needs assessment states "Often, due to cost, patients will defer dental care and end up being seen in the hospital emergency department for pain and infections" (Boone Hospital Center, 2013). The 662 non-elderly self-pay patients who presented to Boone County emergency rooms in 2013 (referenced in the previous section) represent this broader community health issue at the local level (MODHSS Emergency Room MICA). Emergency rooms are ill-equipped to address the root cause of acute dental pathology and are the most expensive place to receive care (MODHSS, 2014).

b. Describe and document the population affected by the issue(s) to be addressed by the proposed program including demographics and characteristics. (1500 character limit)

Data provided by the Missouri Information for Community Assessment (MICA) indicates that the population affected by poor access to dental services in Boone County shares common characteristics. The highest rates for emergency room visits among Boone County residents are aged 25 to 44 years and 52% of emergency room visits for dental issues were made by residents without insurance coverage (MODHSS Emergency Room MICA, 2013). This population is slightly more represented by males (53%) than females (47%) (MODHSS Emergency Room MICA, 2013). This population represents working-age residents who often miss days at work or are less productive at work while experiencing acute dental pain, which further exacerbates their already strained financial situation.

c. Describe how the City of Columbia or Boone County community is affected by the issue(s) to be addressed by the proposed program. (1500 character limit)

"Access to services" and "lack of health insurance" have been cited as major obstacles to medical services in Boone County (Schumaker et al., 2014). Fifteen percent of Boone County residents are uninsured and 18% of residents live in poverty (County Health Rankings, 2015; Missourians to End Poverty Coalition, 2014). Further, access to dental care was identified by the Boone Hospital Center Community Health Status Assessment as a major community need and the report cited Family Dental Center as a resource for residents requiring dental care (2013). According to the Columbia/Boone County Health Department's 2013 Community Health Status Assessment, "The Family Health Center offers a dental clinic and is the only clinic with a sliding scale for dental patients."

Program Consumers

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

Consumers served by the Boone County Emergency Dental Referral Program will be a highly-specific, targeted population. Consumers must lack dental insurance, be in acute need of dental services, and present themselves at one of three Columbia emergency departments: Boone Hospital Center, University Hospital, or Women's and Children's Hospital. According to the Missouri Department of Health and Senior Services, there were 662 non-elderly self-pay visits to Boone County emergency rooms for "disorders of teeth and jaw" in 2013 (MODHSS Emergency Room MICA). This program targets these individuals, who are often low-income and lack a usual source of dental care (MODHSS, 2014). The vast majority of these consumers are anticipated to be Boone County residents.

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

The consumers targeted by the Boone County Emergency Dental Referral Program often wait until the pain from their dental condition forces them to the emergency room (Trikhacheva, et al., 2015). Without dental professionals on staff, emergency room personnel can only address the symptoms of the dental condition and prescribe antibiotics and/or pain medications, and, in some cases, these patients require costly inpatient hospitalization. As the most expensive source of treatment for non-traumatic dental issues, such hospital and emergency department visits cost taxpayers dearly (The Pew Center, 2012). This program aims to serve this population in an appropriate setting and to link consumers with a source of preventive dental care for the long term. Not only will patients receive care that will address the cause of their symptoms, taxpayers will benefit from cost savings associated with reductions in uncompensated care provided at our tax-supported county and university hospitals.

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

Historically, the consumers identified by the proposed program have been difficult to reach in the community. Limited coverage options for dental services among low-income Boone County residents precludes them from seeking dental services (McKenna, 2010). That is, these consumers intentionally avoid services and the resulting charges for which they would be fully responsible. The ED referral arrangement proposed by this program would grant access to services and connect consumers to discounted preventive services moving forward.

Program Goal

Instructions: The program goal(s) should correspond to the organization's major goal(s) (as stated in the Organization Information section), the issue(s) the proposed program is intended to address (as stated in the Statement of the Issue Being Addressed sub-section above), and the consumers of the proposed program (as indicated in the Program Consumers sub-section above).

State the goal(s) of the proposed program. (300 character limit)

The proposed program aims to refer identified consumers directly to an appropriate dental care environment, to address the consumer's acute dental needs, to offer an ongoing source of preventive dental care, to realize cost savings, and to prevent subsequent avoidable ER visits.

Program Description

Instructions: The information provided in this section should include information for each program service indicated in the Program Service section.

a. Provide a detailed description of the proposed program. (3000 character limit)

The proposed program will require the collaboration of Boone County's three major emergency departments (University Hospital, Women's and Children's Hospital, and Boone Hospital Center; see attached MOUs) with Boone County's only federally-qualified health center (FQHC), Family Health Center (Family Dental Center is a service of Family Health Center). Patients routinely seek care for acute dental pain in the emergency department and the volume of these patients increases each year (McCormick et al., 2013). The proposed program will refer self-pay patients who present to these Boone County ERs with acute dental pain to Family Dental Center for assessment and treatment. Those patients with acute dental pain will first be stabilized by a physician in the ER, then the patient will be asked if he/she is a self-pay patient upon discharge. All self-pay patients will be provided a referral sheet describing the Boone County Emergency Dental Referral Program which will include Family Dental Center's contact information. The referral sheet will also indicate that the patient has seven days to make an appointment at Family Dental Center. Family Dental Center will prioritize these patients and schedule them for the next available appointment. The patient will present themselves at Family Dental Center and receive an exam and those services required of their acute condition (e.g. x-rays, tooth extraction, etc.). These services are estimated to cost \$250, on average, and a per-patient benefit has been set at this amount. Any service charges beyond the allotted per-patient benefit will be discounted according to Family Dental Center's sliding fee discount scale which accounts for a patient's income and family size. All patients will be invited to become permanent patients of Family Dental Center in an effort to prevent future emergency room visits and additional dental pathology. The requested funding amount is anticipated to sustain the program for a 12-month period.

b. For each location in which the proposed program service(s) will be provided, indicate the street address and the days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.). If the proposed program service(s) are to be delivered off-site, describe the environment in which they will be provided (e.g. in homes, street outreach, etc.) (600 character limit)

Services will be provided at Family Dental Center (a service of Family Health Center) at 1101 North Providence Road, Columbia, Missouri 65203. Family Dental Center is open Monday - Thursday: 7:00 am to 6:00 pm. Friday: 8:00 am to 5:00 pm. Family Dental Center is closed on Saturday and Sunday.

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

Patients must first present at Boone Hospital Center Emergency Room, Women's and Children's Hospital Emergency Room, or University Hospital Emergency Room with an acute dental issue. Eligible patients will be uninsured or under-insured, meaning they have no source of dental coverage. Presentation to Boone County ERs and insurance status are the key eligibility determination criteria. Data suggest that these criteria will identify Boone County residents with low incomes between the ages of 19 and 64.

d. Describe any external requirements of the proposed program such as licensing, minimum standards, etc. (600 character limit)

Program services will be provided by credentialed dental providers of Family Dental Center. Family Dental Center in Columbia currently employs five

dentists (DDS or DMD) licensed with the Missouri Dental Board.

e. Is the proposed program currently accredited by one or more recognized accrediting body?

No

If yes, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation:

Current accreditation period:

Description: (600 character limit)

f. Are there best practices for the proposed program service(s)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed program. (600 character limit)

Emergency room referrals of dental disease to dentists is a commonly-cited best practice (ADA, 2014). The enhancement of the ER-dentist relationship enables ER staff to redirect patients to a more appropriate care setting (Trikhacheva, et al., 2015). Further barriers to dental access are reduced when such relationships are established with dental practices with sliding fee scales or "safety-net" providers (Trikhacheva, et al., 2015). The proposed program incorporates both an ER-to-dentist referral relationship and a safety-net dental provider.

g. Is there evidence to support the efficacy of the proposed program and/or program service(s)?

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit)

The American Dental Association cites a number of case studies which have resulted in reduced ER visits, cost savings, and improved care to patients (2014). Waldo County General Hospital began screening dental ER patients with an internal dental hygienist, which resulted in 105 successful referrals to local dentists in the first five months of operation (ADA, 2014). A referral program at the Bronson Battle Creek hospital system referred patients to local dentists and realized a 70% reduction in dental ER cases (ADA, 2014). In a recent study in the Kansas Journal of Medicine, Trikhacheva and others conducted an evaluation of dental-related emergency department visits. This study identified a need for safety-net clinics to prioritize ER-referred patients and cited limited access to discounted services as a barrier to patient care (Trikhacheva, et al., 2015). The proposed program will establish referral relationships with three Boone County ERs for self-pay patients who present with acute dental disease. These patients will be prioritized with "ER" slots built into the daily schedule. These patients will also be invited to apply for Family Dental Center's sliding fee discount scale to promote access to services and inform these patients of discount availability.

If No - Provide rationale for utilizing the proposed program services(s). (1500 character limit)

h. Describe any unique or innovative aspects of the proposed program that will enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

Serving low income medically underserved persons is central to Family Dental Center's mission. Once connected to Family Dental Center (FDC), patients gain access to quality services at affordable rates. The Center makes intentional efforts to identify and reach out to this population, however opportunities to link new community members with FDC's services still exist. Avoidable dental visits to Boone County ERs by self-pay patients has been and continues to be a persistent problem in Boone County (MODHSS Emergency Room MICA, 2013). Without a targeted and collaborative approach, this problem will only continue to grow. In its 23 years of operation, the Center has established a number of formal and informal collaborative relationships with community partners to fulfill its mission of service. This program proposes to enhance existing informal relationships with Boone County emergency rooms to identify individuals who would benefit from FDC's services, treat their acute needs in an appropriate setting, and offer them ongoing affordable preventive dental care. Similar innovative practices have shown promise in other states, but have yet to be implemented in Boone County (ADA, 2014).

i. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

Collaboration with the Boone Hospital Center Emergency room, Women's and Children's Emergency room, and University Hospital Emergency room will ensure enhanced access to patients who will benefit from this program.

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

/document/download/filename/1434122179_29425_LetterofSupport-MJHealthSystemEmergencyDepartments.pdf/

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

/document/download/filename/1434122179_29426_BooneHospitalCenterLetterofSupport.pdf/

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

Program Personnel 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 program. 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)

Program Personnel

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	SALARY RANGE FROM: (wages, social security and Medicare)	SALARY RANGE TO:
P1	MQ1	FTE1 0.00	SR1 FROM 0.00	SR1 TO
P2	MQ2	FTE2 0.00	SR2 FROM 0.00	SR2 TO
P3	MQ3	FTE3 0.00	SR3 FROM 0.00	SR3 TO
P4	MQ4	FTE4 0.00	SR4 FROM 0.00	SR4 TO
P5	MQ5	FTE5 0.00	SR5 FROM 0.00	SR5 TO
P6	MQ6	FTE6 0.00	SR6 FROM 0.00	SR6 TO
P7	MQ7	FTE7 0.00	SR7 FROM 0.00	SR7 TO
P8	MQ8	FTE8 0.00	SR8 FROM 0.00	SR8 TO
P9	MQ9	FTE9 0.00	SR9 FROM 0.00	SR9 TO
P10	MQ10	FTE10 0.00	SR10 FROM 0.00	SR10 TO

Program Personnel Narrative

Provide a rationale for the minimum qualifications and salary range for each position indicated above. (600 character limit)

In an effort to simplify the implementation of the proposed program, individual salaries will not be charged to this grant. Rather, charges for services from Family Dental Center's existing charge list will be used to provide services to program consumers. Services may be provided by any of Family Dental Center's board-certified general dentists in Columbia. Family Dental Center will provide administrative assistance (e.g. appointment scheduling, referral coordination, billing, etc.) as an in-kind contribution to the program.

Program Service Fee

a. Will program consumers be charged a fee for the proposed program service(s)?

No

If No - Provide a rationale for why no fees will be charged for the program service(s). (600 character limit)

Data from Family Dental Center's electronic dental record indicate that patients who present to the Dental Center under urgent circumstances typically require, on average, a limited exam, x-ray, and tooth extraction. These services cost, on average, \$250. This program will provide these initial services (up to \$250) at no cost to the patient. These patients lack dental coverage and the waiver of these initial fees eliminates financial barriers to treatment. For services on a patient's treatment plan beyond \$250, patients will be invited to apply to FHC's sliding discount program.

If Yes - Provide a description of and rationale for the program service fee. (600 character limit)

Program Service Levels

Click Add to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

Link to Program Budget

Program Budget			Record Lock	Link Info
TOTAL REVENUE	2.	TOTAL EXPENSES		Active Date
150000	\$150,000.00	150000		Added on 05/29/2015

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

Total Number of Unduplicated Individuals to be served by the Proposed Program

600

Average Cost per Individual

250

Program Service Need**a. Are other organizations/businesses in the City of Columbia or Boone County currently providing the proposed program service(s)?**

No

Indicate the organizations/businesses currently providing the proposed program service(s). (600 character limit)

Family Dental Center is currently the only dental provider in Columbia or Boone County offering a sliding fee discount based on income and family size. The direct referral services described in the proposed program are not currently being provided, however Family Dental Center does serve some patients who indicate they have been seen in the emergency room for acute dental pain.

b. State the reason why the proposed program is needed in the City of Columbia or Boone County. (1500 character limit)

In Missouri, there are approximately 60,000 annual emergency department visits as a result of non-traumatic dental complaints which costs our state upwards of \$17.5 million annually (MODHSS, 2014). In Boone County, over 600 individuals without dental coverage present at emergency rooms each year with dental complaints (MODHSS Emergency Room MICA, 2013). These complaints are mostly preventable and best addressed in a dental setting. These visits are an unnecessary burden on Boone County emergency rooms and delay care for other patients experiencing emergencies. Many of these patients lack the financial resources to satisfy their debt incurred at the emergency room, which places the hospital and ultimately the taxpayer, in financial hardship. Further, without addressing the root cause of the patient's dental pain, the emergency room often turns into a revolving door for symptomatic treatment.

Funding Request Justification**a. Provide a justification for the requested level of funding from the City of Columbia or Boone County. (600 character limit)**

Family Dental Center estimates that up to 700 individuals without dental coverage will present to Boone County ERs in acute dental pain in the upcoming 12 months. Of these, approximately 600 individuals will complete the referral process and seek services at Family Dental Center. On average, ER referral patients are estimated to require \$250 of services to stabilize their acute condition. The requested funding level was based on these estimates (600 patients x \$250 = \$150,000) for a 12-month period.

b. Describe how funding from the City of Columbia or Boone County for the proposed program will expand program service capacity, fill a gap in or loss of funding from other funding sources, and/or enable the organization to access funding from other funding sources. (600 character limit)

Funding from the Boone County Community Health/Medical Fund will expand Family Dental Center's service capacity. By providing funding to stabilize the acute needs of ER referral patients, the program is eliminating financial barriers to care for patients while enabling Family Dental Center to further leverage its federal grant dollars in service to additional patients.

Reference List

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

Reference List: (5000 character limit)

American Dental Association. (2014). Year one: 2014: A report to Congress. Chicago, IL: Action for Dental Health.

Boone Hospital Center. (2013). Community health needs assessment report and implementation plan. Columbia, MO.

Columbia/Boone County Department of Public Health and Human Services. (2013) Community health status assessment. Columbia, MO.

County Health Rankings and Roadmaps. (2015). Missouri: Boone County. Retrieved from <http://www.countyhealthrankings.org/app#!/missouri/2015/rankings/boone/county/factors/overall/snapshot>

McCormick, A. P., Abubaker, A. O., Laskin, D. M., Gonzales, M. S., & Garland, S. (2013). Reducing the burden of dental patients on the busy hospital emergency department. *Journal of Maxillofacial Surgery*, 71, 475-478.

McKenna, M. (2010). The root of the problem: Emergency physicians struggle to provide dental care when no else will. *Annals of Emergency Medicine*, 55(6), 17A-19A.

Missouri Department of Health and Senior Services. (2013). MICA: Emergency room MICA. Retrieved from <http://health.mo.gov/data/mica/mica/er.php>

Missouri Department of Health and Senior Services (2014). Oral health in Missouri - 2014: A burden report by the Missouri Department of Health and Senior Services. Jefferson City, Missouri: Office of Primary Care and Oral Health.

Missourians to End Poverty Coalition. (2014). State of the state poverty in Missouri.

Schumacher, J., Arment, C., & Meyers, E. (2014). Boone County Children's Services Board community input report. Columbia, MO: Harry S Truman School of Public Affairs, Institute of Public Policy.

The Pew Center on the States. (2012). A costly dental destination: Hospital care means states pay dearly. Washington, DC.

Trikhacheva, A., Page, M., Gault, H., Ochieng, R., Barth, B. E., Cannon, C. M., ..., & Engelman, K. K. (2015). Dental related emergency department visits and community dental care resources for emergency room patients. Kansas Journal of Medicine, 8(2), 61-72.

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records

Linked 'Interim POS Report' Records

Link Instructions (2)

Linked 'Final Pilot Report' Records

Program Service

Program Service Instructions

The purpose of this section is to provide detailed information about the proposed program service(s). Services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in the proposed program. This includes services for which you are not requesting City of Columbia or Boone County funding.

Information provided in the Program Service Section should correlate with the information provided in the:

Program Overview

Program Budget

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Program Service 1

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (1) (1000 character limit)

Limited Oral Exam

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (1) (100 character limit)

1 Limited Oral Exam

Unit Rate (1)

\$76.00

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, etc.) Is the proposed rate tied to an established public funding unit rate? (1)

No

If yes, source of publicly available rate (1) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

Family Dental Center establishes charges for services consistent with the 75th percentile of charges for comparable services within Family Dental Center's service area. These charges are developed with the aid of the 2015 Dental Customized Fee Analyzer (Optum).

Number of Units of Service to be Provided (1)

600

Number of Unduplicated Individuals to be Served (1)

600

Average Number of Units of Service per Unduplicated Individual (1)

1

Average Cost of Service per individual (1)

76

Are you proposing the City of Columbia or Boone County purchase this service? (1)

Yes

Amount Requested (1)

\$45,600.00

Proposed Number of Units of Service (1)

600

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (250 character limit)

Intra-oral Periapical X-ray

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (2) (100 character limit)

1 Intra-oral Periapical X-ray

Unit Rate (2)

\$26.00

Is the proposed rate tied to an established public funding unit rate? (2)

No

If yes, source of publicly available rate (2) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)

Family Dental Center establishes charges for services consistent with the 75th percentile of charges for comparable services within Family Dental Center's service area. These charges are developed with the aid of the 2015 Dental Customized Fee Analyzer (Optum).

Number of Units of Service to be Provided (2)

600

Number of Unduplicated Individuals to be Served (2)

600

Average Number of Units of Service per Unduplicated Individual (2)

1

Average Cost of Service per Individual (2)

26

Are you proposing the City of Columbia or Boone County purchase this service? (2)

Amount Requested (2)

\$15,600.00

Proposed Number of Units of Service (2)

600

Program Service 3

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (250 character limit)

Non-surgical Extraction/Basic Dental Service

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (3) (100 character limit)

1 Non-surgical Extraction/Basic Dental Service

Unit Rate (3)

\$148.00

Is the proposed rate tied to an established public funding unit rate? (3)

No

If yes, source of publicly available rate (3) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (3) (600 character limit)

Family Dental Center establishes charges for services consistent with the 75th percentile of charges for comparable services within Family Dental Center's service area. These charges are developed with the aid of the 2015 Dental Customized Fee Analyzer (Optum).

Number of Units of Service to be Provided (3)

600

Number of Unduplicated Individuals to be Served (3)

600

Average Number of Units of Service per Unduplicated Individual (3)

1

Average Cost of Service per Individual (3)

148

Are you proposing the City of Columbia or Boone County purchase this service? (3)

Amount Requested (3)

\$88,800.00

Proposed Number of Units of Service (3)

600

Program Service 4

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (250 character limit)

Emergency room referral of dental patients to Family Dental Center

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (4) (100 character limit)

1 referral

Unit Rate (4)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (4)

No

If yes, source of publicly available rate (4) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (4)(600 character limit)

Referrals, while not reimbursable, are a key service of the proposed program.

Number of Units of Service to be Provided (4)

600

Number of Unduplicated Individuals to be Served (4)

600

Average Number of Units of Service per Unduplicated Individual (4)

1

Average Cost of Service per Individual (4)

0

Are you proposing the City of Columbia or Boone County purchase this service? (4)

No

Amount Requested (4)

\$0.00

Proposed Number of Units of Service (4)

0

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (5) (100 character limit)

Unit Rate (5)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (5)

If yes, source of publicly available rate (5) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (5) (600 character limit)

Number of Units of Service to be Provided (5)

0

Number of Unduplicated Individuals to be Served (5)

0

Average Number of Units of Service per Unduplicated Individual (5)

0

Average Cost of Service per Individual (5)

0

Are you proposing the City of Columbia or Boone County purchase this service? (5)

Amount Requested (5)

\$0.00

Proposed Number of Units of Service (5)

0

Totals

Total Amount of City of Columbia or Boone County Funding Requested for the Proposed Program Service(s):

150000

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures

Record Lock

Outcome (1-1)

Determine the nature of the patient's dental pathology

Link Info

Active Date

Added on
06/11/2015

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
150000	06/15/2015 09:48 am CDT	Apricot Subsystem	05/28/2015 03:39 pm CDT	Family Health Center of Boone County ORG

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Consumer Demographics

Consumer Demographics Instructions

Instructions:

The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program services. All counts are for Unduplicated Individuals. The totals for all sub-sections should be identical.

Information provided in the Consumer Demographic Information Section should correlate with the information provided in the:

- Program Overview Section
- Program Budget Section
- Program Service Section (POS Only)
- Program Performance Measures Section

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

500

City of Columbia

400

Other Counties

100

Residence Total

600

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

410

Black or African American (alone)

90

Native American Indian or Alaskan Native (alone)

0

Asian (alone)

10

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

50

Some Other Race

0

Subtotal - Non-Hispanic

560

HISPANIC

Of all races

40

Race/Ethnicity Total

600

Gender**Female**

290

Male

310

Other Gender

0

Gender Total

600

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

600

Over 200% of Federal Poverty Level

0

Income Total

600

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

0

5-18 years

0

19-59 years

550

60 years and over

50

Age Total (1)

600

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
15772	06/15/2015 09:48 am CDT	Apricot Subsystem	06/02/2015 09:11 am CDT	Family Health Center of Boone County ORG

Linked 'Interim POS Report' Records**Link Instructions****Linked 'Final POS Report' Records**

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Performance Measures

Program Performance Instructions

Instructions:

The purpose of this section is to provide performance measurement information for each proposed program service. For each program service included in the Program Service Section, a performance measurement logic model will appear below. Each logic model has been partially auto-populated with program service and output information based on information provided in the Program Service Section.

PLEASE NOTE: The Program Service Section **MUST** be completed before completing this Program Performance Measures Section.

In the fields provided, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement for each proposed program service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

[Click here to access helpful information about performance measures.](#)

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

*Indicates Required Field

Link to Program Service Records

Click Add to link to the Program Service record for this program application to auto-populate the Service, Units and Unduplicated Individuals for each Program Service.

Link to Program Service

Program Service

Indicate Proposed Service (...)

Record Lock

Link Info

Active Date

Limited Oral Exam

Added on
06/11/2015

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

Program Service 1

Service (1)

Limited Oral Exam

Program Service 1 - Outputs

Units (1)

600

Unit Measure (1)

1 Limited Oral Exam

Unduplicated Individuals (1)

600

Program Service 1 - Outcomes

Outcome (1-1)

Determine the nature of the patient's dental pathology

Indicator (1-1)

100% (n=600) of referred patients will have their dental pathology identified

Method of Measurement (1-1)

The results of each referred patient's limited oral exam will be documented in the electronic dental record

Additional Outcome (1-2)

Additional Indicator (1-2)

100% (n=600) of referred patients will receive a

Additional Method (1-2)

Each patient's treatment plan will be documented in the electronic

Determine the patient's treatment plan

treatment plan

dental record

Additional Outcome (1-3)

Additional Indicator (1-3)

Additional Method (1-3)

Additional Outcome (1-4)

Additional Indicator (1-4)

Additional Method (1-4)

Additional Outcome (1-5)

Additional Indicator (1-5)

Additional Method (1-5)

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit)

The determination of each patient's dental pathology is critical to treating the root cause of the patient's pain. The oral exam is also a key precursor to outlining the patient's treatment plan, the roadmap to a healthy mouth.

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

In some cases, external factors unique to each patient's life may preclude the patient from keeping an appointment. Family Dental Center will work with each patient to secure appointments that are most convenient for the patient. Rescheduling of appointments, in some cases, is expected.

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

For the purposes of measuring these indicators, measuring at the patient level is appropriate. The electronic dental record will assist with documenting and tracking these indicators.

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

The dentist's clinical determination of dental pathology and development of patient-specific treatment plans will be documented in the electronic dental record. Reporting capabilities within the electronic dental record make this method of measurement thorough and convenient.

Program Service 2

Service (2)

Intra-oral Periapical X-ray

Program Service 2 - Outputs

Units (2)

600

New Unit Measure Auto Populate2

1 Intra-oral Periapical X-ray

Unduplicated Individuals (2)

600

Program Service 2 - Outcomes

Outcome (2-1)

Determine the specific location of the patient's dental pathology

Indicator (2-1)

100% (n=600) of referred patients will have the location of their dental pathology identified

Method of Measurement (2-1)

The results of each referred patient's intra-oral periapical x-ray will be documented in the electronic dental record

Additional Outcome (2-2)

Determine the patient's treatment plan/specific intervention

Additional Indicator (2-2)

100% (n=600) of referred patients will receive their treatment plan/specific intervention

Additional Method (2-2)

The results of each referred patient's treatment plan/specific intervention will be documented in the electronic dental record

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Program Service 2 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (2) (600 character limit)

The determination of the location of each patient's dental pathology is critical to treatment. The x-ray is also a key precursor to outlining the patient's

treatment plan, the roadmap to a healthy mouth.

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

In some cases, external factors unique to each patient's life may preclude the patient from keeping an appointment. Family Dental Center will work with each patient to secure appointments that are most convenient for the patient. Rescheduling of appointments, in some cases, is expected.

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

For the purposes of measuring these indicators, measuring at the patient level is appropriate. The electronic dental record will assist with documenting and tracking these indicators.

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

The dentist's clinical determination of the location of each patient's dental pathology and the development of patient-specific treatment plans will be documented in the electronic dental record. Reporting capabilities within the electronic dental record make this method of measurement thorough and convenient.

Program Service 3

Service (3)

Non-surgical Extraction/Basic Dental Service

Program Service 3 - Outputs

Units (3)	New Unit Measure Auto Populate3	Unduplicated Individuals (3)
600	1 Non-surgical Extraction/Basic Dental Service	600

Program Service 3 - Outcomes

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Stabilization of patient's dental pathology	95% (n=570) of patients will have their dental pathology stabilized as a result of their non-surgical extraction/basic dental service	The dental provider will conduct an evaluation/assessment of the patient's clinical condition which will be documented in the electronic dental record
Additional Outcome (3-2) Alleviation of patient's dental pain	Additional Indicator (3-2) 95% (n=570) of patients will have their dental pain alleviated as a result of their non-surgical extraction/basic dental service	Additional Method (3-2) The dental provider will conduct an evaluation/assessment of the patient's pain level to assure the alleviation of pain; this will be documented in the electronic dental record
Additional Outcome (3-3) Oral health education	Additional Indicator (3-3) 100% (n=600) of patients will receive oral health education regarding routine preventive oral health practices	Additional Method (3-3) The dental assistant and dentist will reinforce the importance of good routine and preventive oral health practices; this will be documented in the electronic dental record
Additional Outcome (3-4) Invitation to establish care at Family Dental Center	Additional Indicator (3-4) 100% (n=600) of patients will receive an invitation to establish care at Family Dental Center, including an application to the sliding fee discount program	Additional Method (3-4) Front office staff will supply each ER referral patient with a sliding fee discount program application and ask the patient to schedule a routine follow-up appointment
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (3) (600 character limit)

The stabilization of the patient's condition and alleviation of the patient's pain are direct outcomes of dental service provision. Oral health education will accompany each patient's visit to prevent future dental pathology and avoid another costly acute exacerbation. An invitation to establish care at FDC is an intentional effort to treat future dental needs in an appropriate environment, contain costs, and avoid subsequent ER visits. While non-surgical extractions are anticipated to be the most common service provided, other basic dental services may be required depending on each case.

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

Patient engagement is critical to the success of the proposed program, however patients are ultimately responsible for their own level of engagement. All referred patients will be given the choice to receive services at Family Dental Center or to refuse and seek services elsewhere. In such cases that a patient refuses treatment, program outcomes will be affected. Some patients may choose not to establish care at Family Dental Center, however, all patients will be encouraged to do so.

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

For the purposes of measuring these indicators, measuring at the patient level is appropriate. The electronic dental record will assist with documenting and tracking these indicators.

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

These indicators are documented for all patients in the electronic dental record and practice management system. The utilization of an existing system facilitates reporting responsibilities and reduces the administrative burden of the program.

Program Service 4

Service (4)

Emergency room referral of dental patients to Family Dental Center

Program Service 4 - Outputs

Units (4)

600

New Unit Measure Auto Populate4

1 referral

Unduplicated Individuals(4)

600

Program Service 4 - Outcomes

Outcome (4-1)

Referral of ER dental patient to Family Dental Center

Indicator (4-1)

100% (n=700) of all uninsured patients who present to Boone County ERs seeking treatment for dental pathology will be offered a referral to Family Dental Center (an estimated 600 patients will complete the referral process)

Method of Measurement (4-1)

Patients who present to Family Dental Center with the ER referral sheet will be counted by front office staff and documented in the electronic dental record

Additional Outcome (4-2)

Additional Indicator (4-2)

Additional Method (4-2)

Additional Outcome (4-3)

Additional Indicator (4-3)

Additional Method (4-3)

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (4) (600 character limit)

Coallaborative efforts by Boone County ERs to Family Dental Center are critical services of the proposed program. The referral ensures that patients receive evaluation and treatment in a dental setting. Should the patient choose to establish care at Family Dental Center, the patient's linkage to a regular source of dental care lays a strong foundation for preventive oral health practices moving forward. Patients will be referred to Family Dental Center and will be given the option to accept the treatment benefit. That is, a patient's consent to be treated will be respected at all times.

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

Family Dental Center anticipates a number of referred patients will decline the referral to Family Dental Center. Emergency department managers from both University Health Care and Boone Hospital Center have expressed concerns that drug-seeking patients will be referred, however these patients are unlikely to follow through with scheduling an appointment at Family Dental Center. As these patients are not the target population of the proposed program, their exclusion has been noted in Indicator 4-1.

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

For the purposes of measuring these indicators, measuring at the patient level is appropriate. The electronic dental record will assist with documenting and tracking these indicators.

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

These indicators are documented for all patients in the electronic dental record and practice management system. A specific patient type (ER Referral) will facilitate monitoring and evaluation efforts.

Program Service 5

Service (5)

Program Service 5 - Outputs

Units (5)

0

New Unit Measure Auto Populate5

Unduplicated Individuals (5)

0

Program Service 5 - Outcomes

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (5) (600 character limit)

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

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

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

System Fields

Record ID

Modification Date

06/15/2015 04:18 pm CDT

Modified By

Creation Date

06/03/2015 04:48 pm CDT

Created By

Family Health Center of Boone County ORG

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

GLORIA CRULL

Printed Name - Agency Executive Director/President/CEO

6/1/15

Date

Gloria Crull

Signature - Agency Executive Director/President/CEO

6/1/15

Date

J. Nolan Hollingsworth

Printed Name - Agency Board Chair

6-8-15

Date

J. Nolan Hollingsworth

Signature - Agency Board Chair

6-8-15

Date

Company ID Number: 232324

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **Family Health Center of Boone County** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

Company ID Number: 232324

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative

Company ID Number: 232324

nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.
 - B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.
5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
 - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

Company ID Number: 232324

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking

Company ID Number: 232324

adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as

Company ID Number: 232324

authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the

Company ID Number: 232324

contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible

Company ID Number: 232324

after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take

Company ID Number: 232324

mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 232324

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Family Health Center of Boone County

Gloria Crull

Name (Please Type or Print)

Title

Electronically Signed

Signature

07/22/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

07/22/2009

Date



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 232324

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Family Health Center of Boone County

Company Facility Address: 1001 West Worley

Columbia, MO 65203

Company Alternate Address:

County or Parish: BOONE

Employer Identification Number: 43170942

North American Industry Classification Systems Code: 621

Parent Company:

Number of Employees: 20 to 99

Number of Sites Verified for: 1

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

- MISSOURI 1 site(s)

Company ID Number: 232324

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

Name: **Vicky Burns**
Telephone Number: **(573) 214 - 2314**
E-mail Address: **vburns@fhcmo.org**

Fax Number: **(573) 814 - 2784**

Name: **Gloria Crull**
Telephone Number: **(573) 886 - 6713**
E-mail Address: **gcrull@fhcmo.org**

Fax Number:

E-Verify Employment Eligibility Verification

Case Administration

- [Initial Verification](#)
- [View Cases](#)

User Administration

- [Change Password](#)
- [Pwd Challenge Q&A](#)
- [Change Profile](#)

Site Administration

- [Add User](#)
- [View Users](#)
- [Maintain Company](#)
- [Terminate Company Participation](#)

Reports

- [View Reports](#)

Company Information

Company Name: Family Health Center of Boone County
Company ID Number: 232324

[View / Edit](#)

Physical Location:

Address 1: 1001 West Worley
Address 2:
City: Columbia
State: MO
Zip Code: 65203
County: BOONE

Mailing Address:

Address 1:
Address 2:
City:
State:
Zip Code:

Employer Identification Number: 431709422
Total Number of Employees: 20 to 99
Corporate / Parent Company:

Organization Designation:

Employer Category: Federal Contractor without FAR E-Verify Clause

NAICS Code: 621 - AMBULATORY HEALTH CARE SERVICES

[View / Edit](#)

Total Hiring Sites: 1

[View / Edit](#)

Total Points of Contact: 2

[View / Edit](#)



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) then \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

c. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

d. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 26-15JUN15 – *Purchase of Service and Pilot Program Contracts for the Community Health Fund*, receipt of which is hereby acknowledged:

Company Name: FAMILY HEALTH CENTER

Address: 1001 WEST WORLEY, COLUMBIA MO 65203

Phone Number: 573-886-6713 Fax Number: 573-814-2784

E-mail: GCRULL@FHCMO.ORG

Authorized Representative Signature:  Date: 6/15/2015

Authorized Representative Printed Name: GLORIA CRULL



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By: _____

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# 26-15JUN15 – *Purchase of Service and Pilot Program Contracts for the Community Health Fund*, receipt of which is hereby acknowledged:

Company Name: FAMILY HEALTH CENTER

Address: 1001 WEST WORLEY, COLUMBIA MO 65203

Phone Number: 573-886-6713 Fax Number: 573-814-2784

E-mail: GCRULL@FHCMO.ORG

Authorized Representative Signature: Gloria Crull Date: 6/15/2015

Authorized Representative Printed Name: GLORIA CRULL



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #3 - Issued June 11, 2015

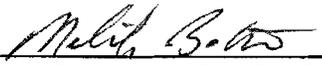
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. Clarification regarding Budget completion:

If an agency is proposing funds for two years, then complete the budget for two years (even though the budget says "proposed year").

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

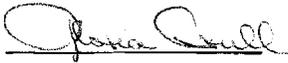
OFFEROR has examined **Addendum #3** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: FAMILY HEALTH CENTER

Address: 1001 WEST WORLEY, COLUMBIA MO 65203

Phone Number: 573-886-6713 Fax Number: 573-814-2784

E-mail: GCRULL@FHCMO.ORG

Authorized Representative Signature:  Date: 6/15/2015

Authorized Representative Printed Name: GLORIA CRULL



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

ADDENDUM #3 - Issued June 11, 2015

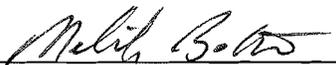
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. Clarification regarding Budget completion:

If an agency is proposing funds for two years, then complete the budget for two years (even though the budget says "proposed year").

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

ADDENDUM #2 - Issued May 28, 2015

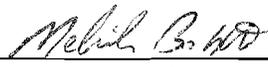
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) than \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

c. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

d. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

By: 
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN'S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Brunning	Cd/Boone Public Health Home Services	874-7343
6.	Wendy Swales	Polk Boone PHS	874-6331
7.	Meg Beathell	Maryland Street Community Learning	449-5600
8.	Kim Harvey	Harrisburg Early Learning Center	875-5959
9.	Jane Hollis	Boone County AHS	774-7489
10.	Robert Gregory	Presbyterian Children's Home, Inc.	314-881-727
11.	Christina Green	Lutheran Family Children's Services	314-754-2731
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN’S SERVICES FUND,
2015 APPLICATION

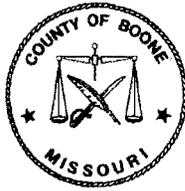
	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Pertinump Community Health	573-480-4781
3.	Consueck Johnson	Two City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia/Boone PHHS	573-874-7224
5.	Andrea Warner	Columbia/Boone PHHS	573-874-7632
6.	Windy Ell	Univ. of MO - Dept. of Psychiatry	573 673-4257
7.	Melody Boring	Univ. of MO Dept of Psychiatry	573- 873-4257
8.	CYNTHIA CHAPMAN	The Salvation Army	573-442-3229 x222
9.	Shelley Lock	Child Care Assoc of MO	573-4455437
10.	Nicole O'Leary	BOCC	573 874 1690
11.	Nicole Elliott	Central Missouri Foster Care Adoption Assoc	573 874 2855
12.	Dan Reilly	MO Wellness Research	573 889-7334
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kelleher	Epworth Children & Family ^{Center}	314-918-3321
3.	Alan Saunders	Columbia Center for Urban Agriculture	573-356-9392
4.	Kathy Becker	Missouri Ends Farm	573-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEHKE	PREFERRED FAMILY HC	573 680 1705
7.	Doris Lane	Lanier House	573-474-6600
8.	Nide Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Kara Lynn Mitchell	Boys & Girls Club	573-234-8334
11.	KEVIN DRUMMER	EPWORTH	314-918-3888
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jones	Youth Empowerment Zone	(573) 627-5215
3.			
4.			(573) 442-5070
5.	Becky Markt	CHFA Low-Income Services	573-443-2556
6.	Cathy D Richards	Boone County Public Admin	573-886-7190
7.	Cherie Starra	Rainbow House	573-474-6600
8.	Janis Bakute	Rainbow House	573-474-6600
9.	Scott Clardy	Blount/Boone Co. Pub. Adm. Serv.	573-441-5560
10.	Rebecca Kessner	Blount/Boone Co. Public Admin.	578-424-1157
11.	Carole Schaefer	mu Budget	573-268-4129
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 26-15JUN15
Purchase of Service and Pilot Program Contracts
Boone County Community Health/Medical Fund
2015 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 5, 2015
Written Questions Due By	mbobbitt@boonecountymo.org	May 13, 2015 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 18, 2015 1:00 p.m. Central Time
Response Submission Deadline	Apricot by CTK® on-line system	June 15, 2015 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 16, 2015 9:30 a.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 26-15JUN15

A pre-proposal conference has been scheduled for **Monday, May 18, 2015, at 1:00 p.m.** central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. central time on Monday, June 15, 2015** via the on-line application system, Apricot by CTK[®].

The Request for Proposal is scheduled to be **opened shortly after 9:30 a.m. on Tuesday, June 16, 2015** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymmo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 26-15JUN15

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by CTK[®] until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP.
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals: The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 16, 2015 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2015 Bid Tabulations".
- c) Proposal responses are due by Monday, June 15, 2015 at 5:00 p.m. No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Project Information and Requirements
 - 4) Application Information
 - 5) Organization Information – on-line
 - 6) Organization Financial Information and Budget Narrative - online
 - 7) Program Overview – on-line
 - 8) Program Services – on-line
 - 9) Program Budget Worksheet and Narrative – on-line
 - 10) Program Consumer Demographics – on-line
 - 11) Program Performance Measures Information Section – on-line
 - 12) Attachment A - Agency Assurance Sheet
 - 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 13, 2015. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1. To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 18, 2015 at 1:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

2.4. Term; Termination of Contract Agreement:

- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Hospital's Community Health Needs Assessment:
http://assets.thehcn.net/content/sites/boone/Boone_Hospital_Center_CHNA.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2015/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<http://gocolumbiamo.com/Health/PublicHealthandHumanServicesPublications.php>
- Community Input Report created for Boone County Children's Services Board:
http://www.showmeboone.com/communityservices/common/pdf/Community_Input_Report_Final.pdf

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000.00 available for purchase of services and pilot programs that address community health needs. Organizations should apply for funds under the Community Health Fund Purchase of Service application if the organization's program services may be purchased at a fixed unit measurement and rate. Applications for funding for purchase of services should expand availability of services currently offered in Boone County or make available a service that does not currently exist in Boone County. Organizations may apply under the Community Health Fund Pilot Program application if the organization is able to initiate, implement and achieve program outcomes within a two-year time period.

For Pilot Programs, Indirect expenses will be considered up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service or Pilot Program** as outlined in the information required in the following online application:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel.
 - 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service.
 - 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.
 - 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
 - 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.
- ### **3.8. Contractor Agency Requirements:**
- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this

contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The Application Narrative must be completed on the on-line system Apricot by CTK® and can be accessed by clicking on the following link: https://ctk.apricot.info/document/edit/id/new/form_id/23 to create an Organizational Profile and submit RFP responses. If you do not already have a username and password for the system, complete the following:

- a) Copy and paste the following link into your internet browser, preferably Google Chrome:
https://ctk.apricot.info/auth/autologin/org_id/1975/hash/365efb9c0edf7fddf3652ecd2de1868058db6b53
- b) Fill in the required information and select save.
- c) You will be redirected to a login screen where you will be able to complete the Organizational Profile and Proposal Forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.

4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

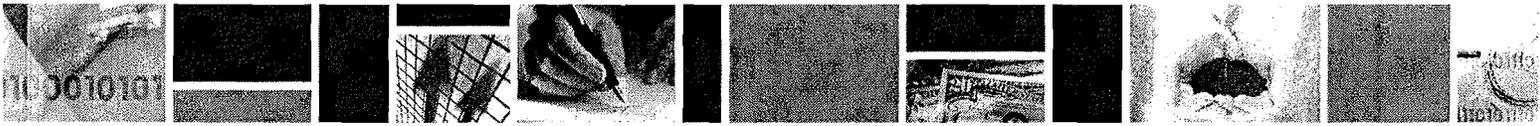
Date

YOUR CONSULTANTS

<p><u>CBIZ INSURANCE SERVICES</u> Sonja Stith, Account Executive (314) 692-2249 / (800) 844-4510 svenezia@cbiz.com</p>	<p><u>CBIZ CLAIMS SERVICES</u> Carol Stobaugh Phone (800) 776-8114 Email: cstobaugh@cbiz.com</p>
---	--

YOUR CURRENT CARRIERS

<p style="text-align: center;"><i>CNA</i></p> <p><u>COMMERCIAL PACKAGE POLICY</u> Policy #P4030449398 Policy Term: 07/01/2014 to 07/01/2015</p> <p><u>WORKERS' COMPENSATION POLICY</u> Policy # WC430449403 Policy Term: 07/01/2014 to 07/01/2015</p> <p><u>UMBRELLA POLICY</u> Policy # P4030449496 Policy Term: 07/01/2014 to 07/01/2015</p>	<p>Billing/Policy/Coverage Questions: CBIZ contact</p> <p>Report Workers Compensation Claims to C.N.A:</p> <ul style="list-style-type: none"> • Phone: 800-262-2727 • Email CNA at lossreport@cnaasap.com • Online through www.cna.com. <p>C.N.A Medical Provider network: go to www.cna.com/returntowork; then click on "Find a Network Provider."</p> <p>All other claims, report to CBIZ Claims Services Unit above</p>
<p style="text-align: center;">PHILADELPHIA INSURANCE COMPANIES</p> <p><u>FIDUCIARY LIABILITY</u> Policy #PHSD853025 Policy Term: 08/24/2014 to 08/24/2015</p>	<p>Report Claims to: CBIZ Claim Services Unit Loss Assistance Hotline: 877-742-2201 or email www.wemed.com/pic/ Policy/Billing/Coverage Questions: CBIZ</p>
<p style="text-align: center;">CHUBB GROUP</p> <p style="text-align: center;">OF INSURANCE COMPANIES</p> <p><u>DIRECTORS & OFFICERS LIABILITY</u> Policy #68047197 Policy Term: 07/01/2014 to 07/01/2015</p>	<p>Report Claims to: CBIZ Claim Services Unit Policy/Billing/Coverage Questions: CBIZ</p>
<p style="text-align: center;">TRAVELERS</p> <p><u>EMPLOYEE DISHONESTY</u> Policy #105000888 Policy Term: 08/29/2013 to 08/29/2016</p>	<p>Report Claims to: CBIZ Claim Services Unit Policy/Billing/Coverage Questions: CBIZ</p>



One Beacon
INSURANCE

CYBER LIABILITY

Homeland Policy #NSP023313
Policy Term: 08/24/2014 to 08/24/2015

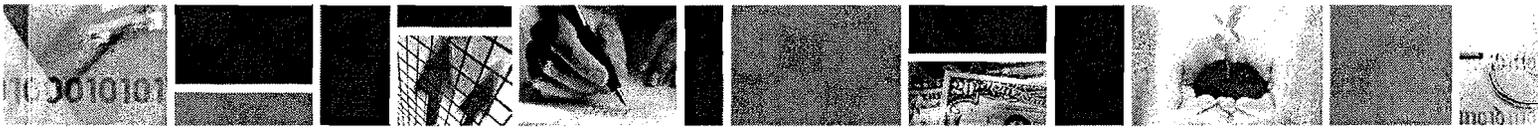
Report Claims to: CBIZ Claim Services Unit
Policy/Billing/Coverage Questions: CBIZ

PREFACE

THE FOLLOWING PAGES CONTAIN A DESCRIPTION OF INSURANCE COVERAGES PLACED FOR FAMILY HEALTH CENTER OF BOONE COUNTY BY CBIZ INSURANCE SERVICES. THE DESCRIPTION OF INSURANCE COVERAGES CONTAINED HEREIN SHALL NOT BE CONSIDERED AN ATTEMPT TO DEFINE POLICIES AS WRITTEN, BUT IS A REFERENCE GUIDE TO PROVIDE A QUICK ILLUSTRATION OF INSURANCE PLACED. IN ADDITION, PLEASE BE AWARE THAT NORMAL POLICY EXCLUSIONS AS WELL AS SPECIFIC TERMS AND CONDITIONS (SOME OF WHICH MAY BE LIMITING) EXIST IN ALL INSURANCE POLICIES.

NO RESPONSIBILITY IS ASSUMED OR IMPLIED BY CBIZ RELATIVE TO THE HEREIN LISTED COVERAGES. SPECIFIC POLICIES SHOULD BE REFERRED TO FOR ACTUAL TERMS, CONDITIONS AND WARRANTIES.

CBIZ BENEFITS & INSURANCE SERVICES HAS BEEN AND WILL CONTINUE TO BE COMMITTED TO ACTING IN OUR CLIENT'S BEST INTEREST BY PROVIDING SERVICES AND PRODUCTS THAT MEET OUR CLIENT'S NEEDS AS COMMUNICATED TO CBIZ. FROM TIME TO TIME, CBIZ MAY PARTICIPATE IN AGREEMENTS WITH ONE OR MORE INSURANCE COMPANIES OR THIRD PARTY VENDORS, IN CONNECTION WITH THE INSURANCE RELATED TRANSACTIONS, TO RECEIVE ADDITIONAL COMPENSATION OR CONSIDERATION. THESE COMPENSATION ARRANGEMENTS ARE PROVIDED TO CBIZ AS A RESULT OF THE PERFORMANCE AND EXPERTISE BY WHICH PRODUCTS AND SERVICES ARE PROVIDED TO THE CLIENT AND MAY RESULT IN ENHANCING CBIZ'S ABILITY TO ACCESS CERTAIN MARKETS AND SERVICES ON BEHALF OF CBIZ CLIENTS. MORE INFORMATION REGARDING THESE AGREEMENTS AND THE CONSIDERATION RECEIVED PURSUANT TO THESE AGREEMENTS IS AVAILABLE UPON WRITTEN REQUEST.

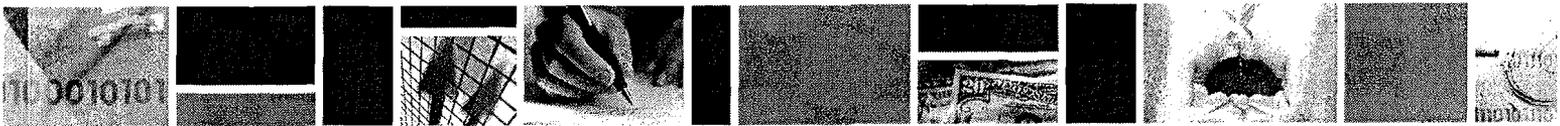


When To Call Us

CBIZ is a facilitator to help make your insurance and risk management program work for you. This role can only be maximized if there is meaningful dialogue concerning the changes in exposure to risk. It is helpful, therefore, and sometimes even a responsibility under the policy, that you report changing conditions to us as soon as possible. Here are some of the more significant changes we need to hear about:

- ✦ New acquisitions of companies and real property or any change in mailing address
- ✦ Sale of buildings, land, divisions, companies.
- ✦ New buildings, additions and renovations – please submit plans for review prior to construction. When purchasing new entities or facilities, issues of liability, including pollution liability, need to be discussed.
- ✦ Significant acquisitions of personal property; e.g., a new computer system, donations of fine arts and property temporarily in your custody or for which you are responsible.
- ✦ Changes of and expansions of operations – especially if you enter a new field of endeavor; e.g., home health, ventilator unit, adult day care.
- ✦ The movement of property off premises, on your own vehicles or common carriers, and especially overseas shipments, may not be covered by the basic Property policy and should be discussed.
- ✦ The Automobile policy is comprehensive and is intended to cover newly acquired vehicles. If you do not report changes in vehicles, there may be a question of coverage, especially if it is not replacing another vehicle. They should be reported, in any event, in order to obtain a new identification card.
- ✦ Hiring of new employees in states where you do not currently have payroll.
- ✦ Changes in Liability exposure, such as the manufacturing of a new product or sponsoring an event to raise money. Carnivals, events involving animals and mechanical rides are usually excluded, unless reported and underwritten, under the General Liability policy.
- ✦ Contractual Liability – we should review any contract you contemplate exercising, but especially where you agree to accept liability of others and/or agree to hold them harmless.
- ✦ Insurance Carrier Loss Control wants to conduct an inspection of your operations, facilities or job site.
- ✦ Insurance Carrier Audit department wants to audit your payrolls, sales or automobile schedule.

This is a partial listing of items that should be discussed with your team at CBIZ. This list is meant to be helpful and does not take the place of policy terms, conditions, and guarantees. Please don't hesitate to call us if you have any doubts – it is better to be safe than sorry!



BUILDING♦BUSINESS PERSONAL PROPERTY♦TIME ELEMENT♦ BOILER

LOCATIONS
1001 West Worley
Columbia, MO

LIMITS:
Business Personal Property - \$814,400
EDP - \$375,000

307 S. Broadway
Salisbury, MO

Building - \$ 868,600
Business Personal Property - \$398,600
EDP - \$200,000

1101 N. Providence Rd
Columbia, MO

Building - \$825,200
Business Personal Property - \$398,600
EDP - \$150,000

COVERED PERILS:

Special Causes of Direct Loss

DEDUCTIBLES:

\$1,000 All Perils

VALUATION:

Replacement Cost (Building & Contents)

MAJOR EXCLUSIONS:

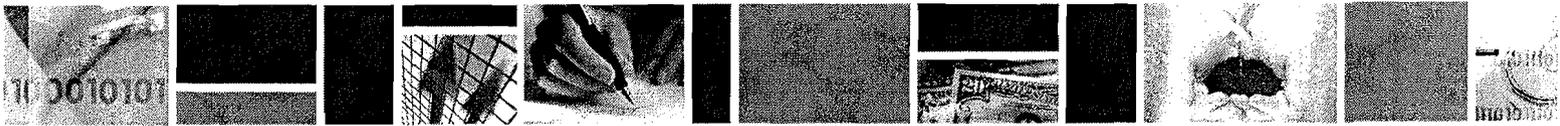
Governmental Action, War & Military Action, Nuclear Hazard
Neglect, Wear & Tear
Flood, mudslide, seepage, Earthquake
Pollution

COVERAGE EXTENSIONS:
(Include but not limited to)

Accounts Receivable - \$250,000 extension
Valuable Papers - \$100,000 extension
Debris Removal – 25% of loss plus \$50,000
Business Income/Extra Expense – Actual Loss Sustained, 12 months
Spoilage (consequential loss) – included in property limits;
Pollutant Cleanup & Removal - \$25,000 annual aggregate
Employee Dishonesty - \$25,000
Forgery - \$25,000
Utility Services (water, power & communication supplies):
Business Interruption - \$25,000; Direct Damage - \$10,000
Ordinance or Law: Undamaged building portion included in building limit; increased cost of construction & debris removal - \$25,000 (\$25,000 Tenants improvements/betterments)
Equipment Breakdown – Included (Spoilage \$50,000 limit);
Spoilage or loss of perishable stock resulting from change in temperature or humidity due to mechanical breakdown of refrigeration, cooling, or humidifying equipment is covered if this equipment is located on the premises. Power outage is also included within certain parameters. Loss due to malfunctioning equipment would not be covered.
Sewer Back-up – \$25,000
Targeted Hacker Attack - \$25,000 data corruption/destruction

LOSS PAYEE:

DA-COM COLUMBIA LLC



COMMERCIAL GENERAL LIABILITY ♦ EMPLOYEE BENEFITS LIABILITY

GENERAL LIABILITY:

Bodily Injury/Prop. Damage	\$2,000,000 each occurrence
Prod & Completed Ops.	\$2,000,000 ann. aggregate
General Liability	\$1,000,000 ann. aggregate
Personal/Advertising Injury	\$1,000,000 each occurrence
Fire Legal Liability	\$ 500,000 each occurrence
Medical Payments	\$ 10,000 any one person
Hired & Non-owned Auto Liability	\$1,000,000

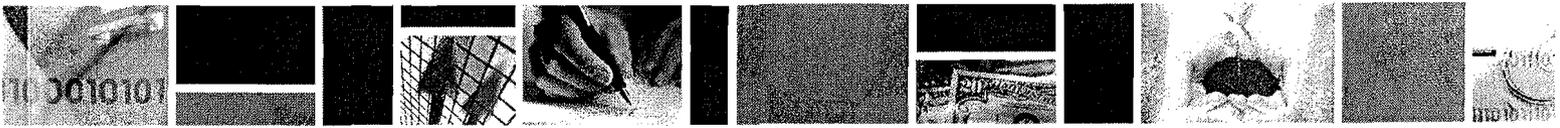
EMPLOYEE BENEFITS LIABILITY:

Each claim	\$1,000,000
Annual Aggregate	\$2,000,000
Deductible	\$1,000
Retroactive Date	7/1/2006

COVERAGES INCLUDE BUT ARE NOT LIMITED TO: Blanket Additional Insured (Lessors, Vendors, Others)– If required by written agreement or contract
Host Liquor Liability
Worldwide Liability – lawsuits brought in the U.S.
Employees & Volunteers as additional insureds

EXCLUSIONS INCLUDE BUT ARE NOT LIMITED TO: Employment-Related Practices, ERISA
Workers Compensation or Unemployment Law
Nuclear , War
Lead, Silica, Asbestos, Fungus, Mold, Microbe
Punitive Damages
Arising out of ownership, maintenance or use of Aircraft, Auto, Watercraft (except non-owned watercraft under 26')
Personal Property: In your Care, Custody, Control or you own, rent or occupy or you sold, donated or abandoned
Professional Services
Violation of statutes governing communication methods
Diagnostic Testing

ADDITIONAL INSURED: County of Boone County, Missouri
Boone County Government Center
801 East Walnut, Room 245, Columbia, MO 65201
(RE: W. Worley)



WORKERS COMPENSATION

COVERAGE A: Workers' Compensation – Statutory (MO)

COVERAGE B: Employer's Liability
Bodily Injury Each Accident \$1,000,000
Bodily Injury by Disease Policy Limit \$1,000,000
Bodily Injury by Disease Each Employee \$1,000,000

CLASSIFICATIONS CODE PAYROLL
Physician & Clerical 8832 5,427,249

EXPERIENCE MOD. FACTOR: 0.83 (2014)
AUDIT: At policy expiration

UMBRELLA

LIMITS: Each Occurrence \$1,000,000
Annual Aggregate \$1,000,000

SELF-INSURED RETENTION: \$10,000

UNDERLYING INSURANCE:

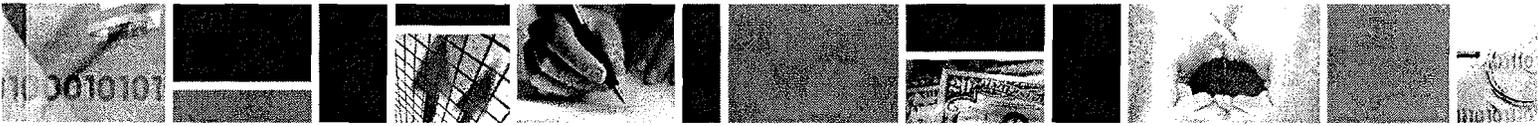
General Liability: Each Occurrence \$1,000,000
General Aggregate \$2,000,000
Employee Benefits \$1,000,000

**MAJOR EXCLUSIONS
INCLUDE BUT ARE NOT
LIMITED TO:**

Nuclear Energy
Employment Related Practices/ERISA, Discrimination
Employers Liability
Abuse/Molestation
Asbestos, Pollution, Silica
Fungi/Bacteria
Owned Automobiles
Professional Liability
Punitive/Exemplary Damages
Workers Compensation
Directors & Officers Liability
Violation of statutes governing communication methods

CRIME

Blanket Employee Dishonesty \$250,000
Deductible \$2,500



**DIRECTOR'S & OFFICERS LIABILITY INCLUDING EMPLOYMENT PRACTICES LIABILITY
(CLAIMS MADE)**

Payment of sums which you are legally obligated to pay, including defense, for claims arising from negligent actions taken by a board of directors; sexual harassment, wrongful hiring/firing practices, retaliation, discrimination, work place tort. Includes third-party discrimination.

PRIOR PENDING

LITIGATION DATE: 07/01/2006

LIMIT: \$1,000,000 each occurrence and aggregate for all claims

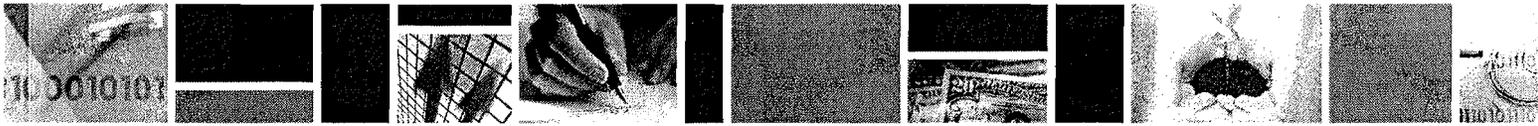
RETENTION: \$10,000 D&O including Employment Practices & Third-Party Discrimination (non-mass or non-class EPL brought by medical practitioner is \$35,000 retention)

DEFENSE: Included within the limit of liability and subject to retention

EXTENDED REPORTING PERIOD: Length – 12 months
Premium – 100% annual premium

MAJOR CONDITIONS: Coverage includes Employment Practices Liability (EPL). Limit of liability is "shared" for both EPL and D&O coverage Employment practices includes third-party discrimination.
Regulatory Claims/Disciplinary/Peer Review exclusion
Asbestos/Nuclear exclusion
EMTALA - extension included to \$50,000
Independent Contractors Included
Professional Services exclusion
Sexual Behavior Exclusion applicable to third-party employment practices only
\$500,000 additional limit for executives only
Consent to settle – if insured rejects proposed settlement acceptable to claimant; insured shares 50% of claim that exceeds the proposed settlement

CLAIMS MADE NOTICE: This is a Claims Made Policy that contains a provision stating that this policy applies only to any claim first made against an insured during the policy period. Claims under this policy must be submitted by the insured to the carrier during the policy period (as outlined in within the Loss Notification Clause within the policy) in order for coverage to apply. Please be aware that late reporting could result in a disclaimer of coverage letter from the insurer. Please also be aware that the captioned policy requires notice to the carrier of all EEOC complaints including right-to-sue complaints. It is important in preserving your rights under the Employment Practices Liability coverage that timely notice is given to the insurer inclusive of the EEOC complaints and/or any threatened litigation.



FIDUCIARY LIABILITY (Claims Made & Reported Form)

EACH OCCURRENCE: \$1,000,000

ANNUAL AGGREGATE: \$1,000,000

DEDUCTIBLE: \$1,000 each claim

DEFENSE: Within the limit of liability and subject to deductible

PRIOR PENDING/LITIGATION DATE: 8/24/2006

MAJOR CONDITIONS: Bell Endorsement
– Workplace Violence Counseling \$5000
--Kidnap Expense \$50,000
--Image Restoration/Counseling \$5000
--Identity Theft Expense \$5000

CYBER LIABILITY (Claims Made & Reported Form)

LIMITS OF LIABILITY:

(A) Network Security and Privacy Liability	\$1,000,000 each claim
(B) Network Security and Privacy Liability	\$250,000 each regulatory claim
(C) Website Media Occurrence Liability	\$1,000,000 each claim
(D) Extortion Payments	\$1,000,000 each threat
(E) Breach Consultation Services	\$1,000,000 each event
(F) Breach Notification & Credit Monitoring Costs	100,000 each event-all effected individuals (8-24-2012/2014) 1,000,000 each event-all effected individuals (8/24/2014 to present)
(G) Breach Management Expenses	\$100,000 each event
(H)(i) Business Interruption Extra Expenses	N/A
(H)(ii) Business Interruption Forensic Expenses - N/A	
(H)(iii) Business Interruption Loss	N/A
(I) Network Data Loss Event	N/A
(J) Policy Aggregate Limit of Liability	\$1,000,000

RETENTION: \$10,000 except Breach Notification & Credit Monitoring: prior to 8/24/2014 – 1000 individuals; after 8/24/2014 – 100 individuals

RETROACTIVE DATE: 8/24/2012

DEFENSE: Within the limit of liability and subject to retention

CLAIMS MADE NOTICE: Claims Made Policies that contain a provision stating that the policy applies only to any claim first made against an insured during the policy period. Claims (including EEOC complaints, right-to-sue complaints and threatened litigation) under these policies must be submitted by FHC to the carrier during the policy period (as outlined in within the Loss Notification Clause within the policy) in order for coverage to apply. Please be aware that late reporting could result in a disclaimer of coverage letter from the insurer.



AGREEMENT FOR PURCHASE OF SERVICES Senior Connect

THIS AGREEMENT dated the 12th day of November 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County", and **Independent Living Center of Mid-Missouri, Inc.**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as SIL.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

WHEREAS, the SIL has submitted a complete Request for Funding Proposal Application to the County detailing the services and other supports to be provided along with the expected cost to SIL thereof; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY SIL

SIL is expected to the greatest extent possible to maximize funding from all other sources. SIL shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. SIL shall only request reimbursement for services not reimbursable by any other source. SIL shall not invoice the County for units of service invoiced to another funding source. SIL shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund is not a duplication of reimbursement from any other source of funding.

1. **Contract Documents.** This agreement shall consist of the Request for Proposal #26-15JUN15 (Purchase of Services) and SIL's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the SIL's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

2. **Purchase.** The County agrees to purchase from the SIL and the SIL agrees to furnish **Senior Connect** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the SIL's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$41,895.00** unless compensation for specific identified additional services is authorized and approved by County in writing in advance of rendition of such services for which additional compensation is requested.

3. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through December 31, 2016 subject to the provisions for termination specified below. This contract may at the sole discretion of the County and with the agreement of SIL be renewed for an additional two (2) one-year periods. SIL agrees and understands that the County may require supplemental information to be submitted by SIL prior to any renewal of this agreement.

4. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit costs for services are the mutually agreed upon rates as follows:

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Home Maintenance	15 minutes	\$4.41	1763	\$7,775.00
Case Management	15 minutes	\$4.41	6756	\$29,794.00
Carrier Alert	15 minutes	\$4.41	281	\$1239.00
Property Tax Credit Preparation Filing	15 minutes	\$4.41	700	\$3,087.00

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

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

REPORTING, MONITORING, AND MODIFICATION

6. **Reporting.** The County shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by SIL to monitor service delivery and program expenditures. SIL agrees to submit to the County an Interim Report by July 29, 2016 for the period beginning with the date of contract execution to June 30, 2016 and a Year End Final Report by January 31, 2017, for the period of the term of the contract. Variations on this date may be requested by SIL and, if so stipulated, are noted on this contract document. Payments may be withheld from SIL if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. SIL agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

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

8. **Monitoring.** SIL agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County to monitor, survey and inspect SIL's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, SIL hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of Community Health Funds and all other matters set forth in the contract.

9. **Modification or Amendment.** In the event SIL requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs

covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County Commission for approval. A board resolution from SIL may be required with the request.

OTHER TERMS OF THIS CONTRACT

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

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

12. **Community Health Fund to be used for Services Provided.** SIL agrees that the Community Health Funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to SIL's provision of such services.

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

14. **Conflict of Interest.** SIL agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and SIL, and this shall include any transaction in which SIL is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

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

16. **Employment of Unauthorized Aliens Prohibited.** SIL agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or

continue to employ an unauthorized alien to perform work within the state of Missouri. SIL shall require each subcontractor to affirmatively state in its Agreement with the SIL that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide SIL a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

18. **Board Ownership.** If SIL ceases to be funded by the County or ceases to provide programs and services to address community health needs pursuant to this contract, all capital equipment, materials, and buildings purchased with Community Health Funds shall be returned to Boone County unless so otherwise approved by a majority vote of the County. In addition, if SIL no longer uses capital equipment, materials, or buildings purchased with Community Health Funds for its original intent, SIL will need County approval to re-direct the use of such.

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

20. **Termination.** County may terminate this agreement at will by giving at least 30 days prior written notice to the SIL. This agreement may be terminated by the County upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. County may terminate this agreement should the SIL fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

21. **Indemnification.** To the extent permitted under Missouri law, SIL agrees to hold harmless, defend and indemnify the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of SIL, (meaning anyone, including but not limited to consultants having a contract with the SIL or subcontractor for part of the services), or anyone directly or indirectly employed by SIL, or of anyone for whose acts SIL may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

22. **Publicity by the Organization.** SIL shall notify the County of contact with the media regarding Community Health Fund funded programs or profiles of participants in Community Health Fund funded programs. SIL will acknowledge the County as a funding source whenever publicizing Community Health Fund funded programs. SIL will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. SIL agrees to acknowledge the Community Health Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

23. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the County and SIL. The County does not recognize any of the SIL's employees, agents or volunteers as those of the County.

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

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

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

27. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

Any written notice or communication to the SIL shall be mailed or delivered to:

Organization Profile

Organization Profile Instructions

New Users:

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

Returning Users:

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

Organization User Information

Primary Information

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

Independent Living Center of Mid-Missouri, Inc.

DBA:

Services for Independent Living

Federal EIN Number:

43-1238407

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1401 Hathman Place

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Phone Number:

573-874-1646

Website:

www.silcolumbia.org

Head of Organization

Tec Chapman

Head of Organization Phone:

573-874-1646 x227

Address

1401 Hathman

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Fax Number:

573-874-3564

Email:

tchapman@silcolumbia.org

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

Executive Director

Head of Organization Email:

tchapman@silcolumbia.org

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

Local Organization Name:

Local Organization Fax:

Address

City

State

County

Zip

Local Contact Name:

Local Contact Email:

Address

City

State

County

Zip

Local Contact Title:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose): **Provide your organization's mission statement. (600 character limit)**
 Services for Independent Living, Inc., (SIL) empowers people to maximize their independence.

Organization History: **Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**
 Since 1980, Services for Independent Living (SIL) is the leading provider of disability and aging services in central Missouri. SIL is governed by a Board of Directors which includes a majority of persons with disabilities. All SIL policies and practices are driven by the Independent Living Philosophy, "All persons, regardless of disability, are entitled to and should have equal access to the rights and responsibilities that other citizens are provided so that they can be as active and productive member of society as they choose." This extends to those with economic barriers and seniors.

Brief Statement of Organization's Major Goals: **Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**
 SIL offers a wide continuum of services. All of our services are geared toward helping people live independently in the community rather than being institutionalized. Our objective is to help people have a better quality of life. We do this by providing these services: Advocacy, Independent Living Skills, Information and Referral, Peer Support, and Transitions. Other signature programs are: transportation, consumer directed services, aging in place services, assistive/adaptive services that include: a demonstration center, home repairs, modifications, and ramps.

Articles of Incorporation: **Articles of Incorporation (MUST BE IN PDF FORMAT)**
 /document/download/filename/1433707174_30405_SILArticlesOfIncorporation.pdf/
Provide a copy of the organization's Articles of Incorporation.

Organizational Chart (must be for the entire organization): **Organizational Chart (MUST BE IN PDF FORMAT)**
 /document/download/filename/1433707174_30406_OrgChart_2015.pdf/

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
 Services for Independent Living serves seven central Missouri counties including: Audrain, Boone, Callaway, Cooper, Howard, Montgomery, and Randolph.

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
 Services for Independent Living has a target population of people with disabilities and those 55, older many of whom have economic barriers, who need assistance to live independently. Living in the community with access to a high quality life should not be limited by your age, physical condition, medical conditions or mental capabilities.

Governing Board

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

Governing Board Member

Governing Board Member			Link Info	
Name	Board Position:	Address:	Active	Date
David Mehr, MD, MS	Member	714 Ingleside Dr, Columbia, MO 65201	✔	Added on 06/09/2015
Joe Kinney	Member	616 Jackson St, Columbia, MO 65201	✔	Added on 06/09/2015
Matt Hayes	Member	108 E Green Meadows, Columbia, MO 65203	✔	Added on 06/09/2015
Christina Gilbert	new Member	3601 Grant Ct, Columbia, MO 65203	✔	Added on 06/09/2015
Stephanie Logan	Member	105 Bright Star, Columbia, MO 65203	✔	Added on 06/09/2015
Melissa Layman	Member	3708 Chatham Dr, Columbia, MO 65203	✔	Added on 06/09/2015
Jeff Johnson	Member	4314 Brunswick Dr, Columbia, MO 65202	✔	Added on 06/09/2015
Paul Heddings	Member	467 Foxfire Dr, Columbia, MO 65201	✔	Added on 06/09/2015
Bonnie Gregg	Vice-President	1095 Virginia Ave, Rm 101, Columbia, MO 65211	✔	Added on 06/09/2015
Brian Nevins	Member	101 Port Way, Columbia, MO 65201	✔	Added on 06/09/2015
Barbara Hammer	Secretary	600 County Rd 455, New Franklin, MO 65274	✔	Added on 06/09/2015
Amy Henderson	Treasurer	PO Box 577, Columbia, MO 65205	✔	Added on 06/09/2015
Dan Dunham	President	4901 N O'Neal Rd, Columbia, MO 65201	✔	Added on 06/09/2015

Total Active Links:13, Total Deactivated Links:0, Current Active Links:13, Current Deactivated Links:0

Advisory Board (if applicable)

Organization Advisory Board (if applicable):

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

Advisory Board Member

Financial Information

Organization Fiscal Year:

October 1 to September 30

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

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

/document/download/filename/1436819802_29953_SILIRSDetermination.pdf/

Financial Statement:
Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1433707829_29954_SIL2014AuditReport%281%29.pdf/

accompanied by a letter or report of assurance (compilation, review, or audit).

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

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1433707829_29955_SIL2014Form990%281%29.pdf/

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

Services for Independent Living adheres to General Account Principal that is validated via an annual independent audit. We have a procurement policy. The board of directors finance committee meets monthly and the entire board receives the financials on a monthly basis.

Employees Compensation

Top Five Compensated Employees:

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

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.) FTE = number of direct program service hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

If more than one employee is employed in the same position and the level of compensation is not identical, please list each of those employees separately.

Click **+New** to add Employee Compensation information.

Employees

Employees Compensation	Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Link Info	
						Active	Date
	Executive Director	master or 10 years exp	1.00	\$99,000.00	\$22,076.00	✓	Added on 06/08/2015
	Business Office Manager	Bachelors pref CPA or 5 years exp	1.00	\$43,098.00	\$12,699.00	✓	Added on 06/11/2015
	Director of Marketing and Strategic Initiatives	Bachelors or 5 years exp	1.00	\$46,342.00	\$7,085.00	✓	Added on 06/11/2015
	Director of Public Policy and Advocacy	Bachelors or 5 years exp	1.00	\$53,082.00	\$16,279.00	✓	Added on 06/11/2015
	Deputy Director	Bachelors or 5 years exp	1.00	\$55,016.00	\$14,999.00	✓	Added on 06/11/2015

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

Accreditation:

Accreditation:

If your organization is currently accredited by one or more recognized accrediting body, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation, most recent dates of accreditation (including expiration date)

Description 1 (600 character limit):

Description 2 (600 character limit):

Description 3 (600 character limit):

Description 4 (600 character limit):

Description 5 (600 character limit):

Certifications:

Certifications:

Please indicate that the above named organization:

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

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

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

n/a

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet

Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Link Info	
					Active	Date
Independent Living Center of Mid-Missouri, Inc.	Community Health/Medical Fund - POS	Boone County	RFP #26-15JUN15	Senior Connect	✓	Added on 06/06/2015

(3 hidden)

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

System Fields

Record ID

12694

Modification Date

09/11/2015 11:44 am CDT

Modified By

Independent Living C ORG

Creation Date

01/06/2015 08:18 am CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

Independent Living Center of Mid-Missouri, Inc.

Fund Source

Community Health/Medical Fund - POS

Funder

Boone County

Funding Cycle

RFP #26-15JUN15

Name of Program or Project

Senior Connect

Amount of Request

\$41,895.00

Amount Awarded

\$0.00

Program Information

Program Website (will default to Organization website)

www.silcolumbia.org

Address

1401 Hathman Place

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Name

Jessica L Macy

Phone Number

573-874-1646 x225

Address

1401 Hathman

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Title

Deputy Director

Email

jmacy@silcolumbia.org

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1434144173_30421_AttachmentA.pdf/

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

/document/download/filename/1434144173_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1434294714_30419_AttachmentC%26Everify.pdf/

Addendums

/document/download/filename/1434294898_30418_Add1%262.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Independent Living Center of Mid-Missouri, Inc.	1401 Hathman	Tec Chapman	<input checked="" type="checkbox"/>	Added on 06/06/2015

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

Federal EIN Number (will auto-populate)
43-1238407

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Budget

Program Budget Instructions

For each item for which figures are entered, please complete the corresponding narrative field.
*Indicates Required Field.

Program Budget

PROGRAM REVENUE

**PROPOSED
YEAR** **% OF
PROPOSED TOTAL**

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)

This funding is from Jan 1 2016 to June 30 2016.

1A **1A %**
\$13,498.32 6

B. Other United Ways (300 character limit)

1B **1B %**
\$0.00 0

C. Capital Campaigns (300 character limit)

1C **1C %**
\$0.00 0

D. Grants (non-governmental) (300 character limit)

1D **1D %**
\$0.00 0

E. Fund Raising & Other Direct Support (300 character limit)

Special Events, Direct Solicitation and Unsolicited gifts

1E **1E %**
\$16,816.50 7

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)

2A **2A %**
\$0.00 0

B. Boone County - Community Health Funding (300 character limit)

2B **2B %**
\$41,895.00 18

C. Boone County- Other Funding (300 character limit)

2C **2C %**
\$0.00 0

D. Funding from Other Counties (300 character limit)

2D **2D %**
\$0.00 0

E. City of Columbia - Social Service Funding (300 character limit)

This is the amount we will request in the upcoming RFP.

2E **2E %**
\$40,792.00 17

F. City of Columbia - CDGB/Home Funding (300 character limit)

This amount we requested for the 2015-2016. We are not generally made aware of the actual funding amount until the fall. 93% of funds are pass through to pay directly for home repairs.

2F **2F %**
\$121,300.00 52

G. City of Columbia - CHDO Funding (300 character limit)

2G **2G %**
\$0.00 0

H. City of Columbia - Other Funding (300 character limit)

2H **2H %**
\$0.00 0

I. Funding from Other Cities (300 character limit)

2I **2I %**
\$0.00 0

J. Federal (Medicaid, Title III, etc.) (300 character limit)

2J **2J %**
\$0.00 0

K. State (Purchase of Service, Grants, etc.) (300 character limit)

2K **2K %**
\$0.00 0

L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	234301.82	
PROGRAM EXPENSES		
1. Personnel	1.	1. %
	\$89,519.81	38
2. Non-Personnel	2.	2. %
	\$144,780.51	62
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	234300.32	

System Fields

Record ID
16085

Modification Date
06/15/2015 01:40 pm CDT

Modified By
Apricot Subsystem

Creation Date

Linked 'Program Overview' Records

Link Instructions				Link Info	
Program Overview	Record Lock	a. Will program consumers b...	b. Will the program utilize...	Total Number of Unduplicate...	Active Date
Program Overview	No			285	Added on 06/10/2015

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

Linked 'Final POS Report' Records

Linked 'Final Pilot Report' Records

Program Overview

Program Overview Instructions

The purpose of this section is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Each narrative response should be clear and succinct.

Respond as if the reviewers have no prior knowledge of the program and service(s).

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

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this section. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

PLEASE NOTE: In order to complete the Program Service Levels sub-section, you must first complete and link to Program Budget Section.

Information provided in the Program Overview Section should correspond with the information provided in the:

Program Budget

Program Service (POS Only)

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Statement of Issue Being Addressed

Instructions: Include information pertaining to the overall, community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.) The issue(s) should be tied to the organization's major goal(s), as stated in the Organization Information form, as well as the program goal(s), as stated in the Program Goal(s) sub-section below.

a. Describe and document the issue(s) to be addressed by the proposed program. (1500 character limit)

Research from The Forum for Family and Consumer Issues at North Carolina State exhibits 3 primary determinates that impact aging and living independently(7): health status, cognitive ability, and social network. Health status and cognitive ability often decline with aging: 21% of seniors experience impaired vision, 46% experience some hearing loss, and 20% suffer from depression(8), the number one under-treated disorder in the elderly. The Alzheimer's Association reports the 1:3 people will die from Alzheimer's or another dementia(9). Social isolation is an emerging issue. "...the impact of loneliness on premature death was nearly as strong as the impact of disadvantaged socioeconomic status, which was found to increase the chances of dying early by 19 percent.(10)" The study went on to state loneliness has twice the impact on early death as does obesity. These issues greatly impact the ability to live independently and negatively impact a person's quality of life.

b. Describe and document the population affected by the issue(s) to be addressed by the proposed program including demographics and characteristics. (1500 character limit)

As low-income seniors age they require increasing levels of community support to remain independent in their home, where they are generally living alone, in home they own, and on a fixed income. The average income of seniors in Boone County is nearly \$70,000 a year(3), a difference of approximately \$60,000 between the average income of seniors in the county and the seniors whom we serve.

Income is not the only disparity, a 2014 Older Adult Health Disparities Report from Missouri Foundation for Health(11), states:

- 80% of seniors have at least 1 chronic condition
- Over 17,000 cases of elder abuse were reported
- A very low number of geriatricians are practicing, creating an access issue. Access to care was one of the 5 most important factors to a healthy community in the Health Dept. Community Survey(4). It was also listed as a community value and a strategic issue. Even though Boone County ranks #1 in the state for primary care physicians per senior(3), there are still very few geriatricians.
- Women are more likely to age into poverty than men
- 19% of total Medicaid spending is on seniors - even though they only account for 9% of enrollees
- Overall Missouri ranks 33rd in the nation for in senior health outcomes

These statistics display the huge gap in our aging community.

c. Describe how the City of Columbia or Boone County community is affected by the issue(s) to be addressed by the proposed program. (1500 character limit)

Boone County must respond to an increasing senior demographic and the ever rising costs. Aging is expensive. Intensive case management that keeps people in their home is expensive, but it is cheaper than long-term nursing home care. Seeing a primary care doctor saves money that is often spent at repetitive emergency room visits. Bringing services into a home, not only lets seniors know they are not forgotten, but tackles issues of depression/isolation. Preventive services are good health practices. We are proposing preventive interventions or services that are personalized,

increase access, and provide a continuum of care that creates the best outcomes for seniors aging in place. This in turn, will reduce the need for institutional care, which is exponentially more costly.

Due to the complexity of the senior service "web", seniors have a difficult time even figuring out where to begin finding the resources. SIL is that starting point and often the service provider. Many of the services we provide cannot be purchased, and even if they could be, our low-income seniors could not afford them. In a time when families are becoming disjointed and live hundreds of miles apart, seniors often lack the support of family and friends. We provide a sense of security and a sense of trust for our clients with screened volunteers and professional staff. All of this leads to increased independence for the seniors.

Program Consumers

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

Our target population is low-income people over the age of 55 who live in Boone County. According to American Community Survey 21013 5-year estimates(1) the demographics of seniors in Boone County look like this:

- 23,122 people 65+ in Boone County, about 14% of population and growing rapidly
- 91% are Caucasian, 6% African American - Boone Hospital's Needs Assessment states that 20% of all African American seniors live in poverty, 5 times higher than the average rate
- 55% are female
- 30% have a disability
- 14,323 households contain a person 65+. 41.3% are people 65+ living alone. 93% live in the same home as last year. 80% is owner occupied housing
- 7.3% of seniors live below 150% of the poverty level

According to the Department of Health and Senior Service's Community Assessment over 1,003 seniors are eligible for Medicaid in Boone County, meaning they have an income below \$792 a month.(2)

Many of the other demographics we use are from the Missouri Senior Report 2013.(3)

- 43% of seniors are not filing joint tax returns, verifying seniors are living alone
- 29% of seniors are house burdened, an increase of 10% since 2011
- Only 12% of seniors are working for pay, down from 19% in 2011.

These statistics are based on age 65 and older, as that is the age grouping provided by the ACS. We use the age 55 to help catch people who may slip through the cracks before they are Medicare eligible.

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

The aging population was identified as a force of change in our community and a vulnerable population in the Health Department's recent assessment(4). We are serving low-income seniors because they are a growing population, vulnerable, have unmet needs, and they face barriers to maintaining independence. Our goal is to remove those barriers and improve quality of life.

Seniors want to remain independent and age in place. Losing independence creates crushing fear and anxiety. The AARP's Beyond 50(5) confirmed that seniors' number 1 fear is loss of independence. "The vast majority of people 50 and older do not require long-term assistance at any given time. However, most people will require assistance at some point in their lives." As baby boomers age, we anticipate seeing needs for sporadic assistance to remain independent to increase.

One must be able to afford to live independently to age in place. 38% of seniors live on an average monthly income of \$1,300 from social security, only(6). This lack of financial security leads to increased isolation, poorer nutrition, and declining health status. While many seniors do have Medicare, it comes far from covering their medical expenses. Nearly half of all seniors have unpaid medical bills(5). Only 30% of seniors have Medicaid(5), leaving many under-insured and worried about health care bills. This worry can lead them to not seek services, therefor their health can decline faster and lead to early institutionalization.

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

Low-income seniors face challenges to accessing services, paying for services, knowledge of the services, have high health risks, and lack a social network. This laundry list of physical and mental issues leads to a higher degree of vulnerability and impacts overall quality of life. Another interesting impediment is the difference between a person who ages with a disability and one who ages into a disability. Many seniors would not admit to having a disability, despite the fact 30% do have a disability(1). They are just getting "old", and do not know the benefits or services are available.

Program Goal

Instructions: The program goal(s) should correspond to the organization's major goal(s) (as stated in the Organization Information section), the issue(s) the proposed program is intended to address (as stated in the Statement of the Issue Being Addressed sub-section above), and the consumers of the proposed program (as indicated in the Program Consumers sub-section above).

State the goal(s) of the proposed program. (300 character limit)

Our goal is to help low-income seniors live independently, make homes safer, and alleviate isolation/depression while improving overall quality of life and health. Independence is about choices. We want to aid seniors in seeing all the possibilities and making a choice that is right for them.

Program Description

Instructions: The information provided in this section should include information for each program service indicated in the Program Service section.

a. Provide a detailed description of the proposed program. (3000 character limit)

The goal of the Senior Connect program is to coordinate services to meet needs that help low-income seniors live independently with services that are flexible and tailored. Our continuum of service that begins with simple information and referral progresses to providing volunteer services, home repairs, or support service, and often ends with individual case management. In 2014, we served 271 unduplicated clients. Senior Connect services include:

Volunteer Services provide unique volunteer-based service coordination. We help in cases where circumstances are preventing seniors from receiving community resources. Volunteers become the eyes, ears, and working hands of the agency. For seniors that are living alone, volunteers provide alerts or express concerns to staff, who provide appropriate follow-up. Last year 125 unduplicated seniors received volunteers. Friendly Visiting provided weekly volunteers for 55 isolated seniors in 2014. Food Delivery brought food from the food pantry or grocery stores to 65 seniors in 2014. This is an increase of 7% since 2011. Home Repair and Maintenance provides free home repairs to low-income seniors which allow them to remain safe and independent in their home. Volunteers are used to complete minor home repairs and maintenance. We hire professional contractors for complex projects, using CDBG funds from the City of Columbia. In 2014, 25 homes were repaired. Volunteers also mowed grass, raked leaves, and shoveled snow for 90 low-income seniors in 2014. This is an increase of 39% since 2011.

Support Services are coordinated in partnership with other entities. Carrier Alert is a partnership with the National Association of Letter Carriers where mail carriers notify us if a senior's mail is not picked up, triggering a well person check. 35 seniors participated in this program in 2014. Property Tax Credit Filing helped 95 seniors, majority of whom are home bound, in filing Missouri Property Tax Credit, returning \$60,174 to persons with very limited resources. 70 seniors received a Christmas basket through our partnership with Voluntary Action Center.

Case Management is a critical part of our service coordination continuum. Individualized case management engages one of our professional staff members on a more in-depth level with seniors. A case manager works with each senior to assess needs and then develops and implements a confidential and comprehensive service plan, which might include home care, transportation, state and local benefits, housing services, nutrition needs, health plans and other needed services. Some examples include: helping seniors self-direct their home care, discussing end of life decisions, being a second set of eyes and ears during a doctor appointment, answering questions regarding health insurance, and so much more. We had the primary responsibility for coordinating resources and advocating for 67 frail, elderly seniors in 2014.

b. For each location in which the proposed program service(s) will be provided, indicate the street address and the days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.). If the proposed program service(s) are to be delivered off-site, describe the environment in which they will be provided (e.g. in homes, street outreach, etc.) (600 character limit)

Administrative work occurs at 1401 Hathman Place, Columbia, MO 65201, Monday through Friday from 8:00 a.m.-5:00 p.m. Staff and volunteers will go into private homes of low-income seniors to provide direct service. These homes may be owner occupied or rentals. They are generally single family residences, apartments, or trailers. We do not serve people in nursing homes or long term care facilities. However, we do provide assistance to people in independent living complexes. Many volunteers will complete service after 5:00 pm and on weekends at these homes.

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

We initially screen for location, age, and income. Services through the Senior Connect program are provided in Boone County at no cost to low-income seniors, (defined as falling below 150% of the federal poverty level and age 55 and older). These seniors do not have adequate family or community support and they do not have financial resources to pay for the needed service. Each program participant undergoes a thorough intake and assessment procedure prior to services beginning.

d. Describe any external requirements of the proposed program such as licensing, minimum standards, etc. (600 character limit)

We have no external requirements.

e. Is the proposed program currently accredited by one or more recognized accrediting body?

No

If yes, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation:

na

Current accreditation period:

na

Description: (600 character limit)

na

f. Are there best practices for the proposed program service(s)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed program. (600 character limit)

The National Long Term Care Demonstration developed a response to rapidly increasing senior health care. The Channeling Project sought to lower costs of care and improve well-being by substituting community-based care for institutional care. The program's essential feature was comprehensive case management, a system for organizing community-based services that were already available to seniors. They learned that the comprehensive form of case management offered is effective in reducing unmet needs and increasing satisfaction with life.(13)

g. Is there evidence to support the efficacy of the proposed program and/or program service(s)?

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit)

Our goal is to help seniors age in place, focusing on keeping them safely in their homes. Not only is this what most people desire, it is what is most cost effect to our society. The annual cost for 1 person to have home health care in Columbia is \$43,472. Compared to assisted living which costs \$35,640 and private room in a nursing home costs \$60,955(14). The total cost for SIL to provide services to a senior is less than \$850 a year, a great return on public investment and a significant cost savings to an over-burdened Medicare and Medicaid system.

The study Beyond 50 states, "Half (of seniors) said they were not able to do something they needed/r wanted to do in the past month. These needs were

basic, such as chores, exercising, or getting out of the house. More than 1/3 of homeowners would like to make home modifications that would make their lives easier, such as installing grab bars, but have not done so, largely because of cost.”(14)

A four year average of Senior Connect client survey show our impact in these areas: 91.83% of seniors reported feeling happier/less anxious, 90.19% report services help them live independently, 89.40% report an improved quality of life, 85.07% report reduced isolation and 85.23% report feeling safer in their homes. If these services did not exist 48.38% report they would have to go without help. Our surveys' average rate of return over the last 4 years is 44.25%.

If No - Provide rationale for utilizing the proposed program services(s). (1500 character limit)

h. Describe any unique or innovative aspects of the proposed program that will enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

On January 2015 Boone County Council on Aging (BCCA), who mainly worked with low-income seniors, merged with Services for Independent Living (SIL), who was seen as only working with people with disabilities. The merger happened to expand our network of access. We wanted to help more people in our community by enhancing services and increasing access to those services. Each organization complimented the other with their skills and experience. BCCA had a strong volunteer program, which can be expanded to help the people SIL serves. SIL provided a variety of services, like transportation and adaptive technology, which can help seniors remain independent. We benefited from each other's strengths. Both organizations discovered quickly that they focus on independence, giving people choices, and improving quality of life. By coming together and focusing on independence, we can begin to remove barriers and be better stewards of resources which will allow us to accomplish more for a higher number of people in need. Your age or if you have a disability should not be a limiting factor in living independently.

i. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

We work in partnership directly with several agencies to expand the services our seniors receive. We have built a strong relationship with Department of Senior Services and they have become our largest source of referrals, next to doctors' offices. We work with Voluntary Action Center to help if we have a senior who needs crisis funding, and to ensure our seniors receive holiday presents. We have a formal MOU and have hosted a counselor from CLAIM every fall to provide counseling to seniors on Medicare Part D. The partnership with MU Service Learning also allows us to provide over 40 student volunteers to seniors. Many of these volunteers deliver food boxes to seniors provided by the Central Pantry. Our volunteer groups are from local churches or a variety of businesses, which help foster a sense of community. We work with CMCA to help our seniors who struggle with utility bills. Together with these volunteers and agencies we provide the safety net seniors need to live independently.

We could not do home repairs with the support of the City of Columbia's Community Development Commission. They provide pass through funds that allow us to provide free home repairs to low-income seniors. Their rigorous screening process and detailed procedures help us to ensure the neediest seniors receive this help in the City of Columbia.

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

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

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

Program Personnel 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 program. 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)

Program Personnel

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	SALARY RANGE FROM: (wages, social security and Medicare)	SALARY RANGE TO:
P1 Case Manager	MQ1 Bachelors or experince MSW preferred	FTE1 1.00	SR1 FROM 39281.00	SR1 TO
P2 Volunteer Coordinantor	MQ2 Bachelors or experience	FTE2 0.80	SR2 FROM 34281.00	SR2 TO
P3 Developemnt/Program Assisant	MQ3 Diploma, GED or experience	FTE3 0.25	SR3 FROM 9135.00	SR3 TO
P4 Deputy Director	MQ4 Bachelors, Masters preferred	FTE4 0.10	SR4 FROM 6729.00	SR4 TO
P5	MQ5	FTE5 0.00	SR5 FROM 0.00	SR5 TO
P6	MQ6	FTE6 0.00	SR6 FROM 0.00	SR6 TO
P7	MQ7			SR7 TO

		FTE7	SR7 FROM	
		0.00	0.00	
P8	MQ8	FTE8	SR8 FROM	SR8 TO
		0.00	0.00	
P9	MQ9	FTE9	SR9 FROM	SR9 TO
		0.00	0.00	
P10	MQ10	FTE10	SR10 FROM	SR10 TO
		0.00	0.00	

Program Personnel Narrative

Provide a rationale for the minimum qualifications and salary range for each position indicated above. (600 character limit)

The Case Manger and Volunteer Coordinator both need a bachelors degree or relevant experience in the social service or aging field. A Masters Degree in Social Work would provide the optimal amount of formal education. The Development Assistant is an entry level position and supports all functions. The Deputy Director has a wide variety of responsibilities including directing all programmatic activities. This makes it necessary to have college degree and previous experience in nonprofit to be able to handle the management, program creation, maintenance and evaluation.

Program Service Fee

a. Will program consumers be charged a fee for the proposed program service(s)?

No

If No - Provide a rationale for why no fees will be charged for the program service(s). (600 character limit)

This program targets low-income seniors (under 150% of the poverty level) who lack the ability to pay for these services. Generally their income averages \$800 a month.

If Yes - Provide a description of and rationale for the program service fee. (600 character limit)

Program Service Levels

Click Add to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

Link to Program Budget

Program Budget			Record Lock	Link Info
TOTAL REVENUE	2.	TOTAL EXPENSES		Active Date
234301.82	\$144,780.51	234300.32		Added on 06/19/2015

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

Total Number of Unduplicated Individuals to be served by the Proposed Program

285

Average Cost per Individual

822.11

Program Service Need

a. Are other organizations/businesses in the City of Columbia or Boone County currently providing the proposed program service(s)?

No

Indicate the organizations/businesses currently providing the proposed program service(s). (600 character limit)

b. State the reason why the proposed program is needed in the City of Columbia or Boone County. (1500 character limit)

This program is needed not only because it is good for seniors but also for the community. Senior Connect supports the community values put forth in the Health Department's Needs Assessment. When a community funds what it says it values, we have the real opportunity to impact lives.

We are increasing "access" through intensive case management. Seniors are better able to manage their health care, improve access to care/resources and meet their basic needs. Volunteers are "caring" about seniors by providing meaningful service to an often forgotten population. Many seniors have spent a lifetime providing our community "excellence" and hard work. We are able to help them maximize existing resources and find opportunities to improve their quality of life. "Knowledge Sharing" is key to this program. Low-income seniors have low health literacy rates. We work to improve that rate. With the impending aging shift, we have to plan and engage in "preparedness" to address the health challenges seniors will have. We are not prepared for the "silver tsunami" and their needs. With the many volunteers, funders, and community partners involved we have "shared responsibility" to work together and support each other. For the community, we provide the best stewardship of stakeholder dollars. This program promotes healthy behaviors and improves the health of seniors, ensuring "wellness". These values are interwoven in the Senior Connect Program and in the heart of our community.

Funding Request Justification

a. Provide a justification for the requested level of funding from the City of Columbia or Boone County. (600 character limit)

With the explosive growth of seniors, creative methods must be utilized. We have a creative, cost effective, high impact model by partnering highly trained staff with caring community volunteers that can best address future needs. It is an adaptable model that promotes the development of community-based client-centered care. It makes best use of staff resources and time while building capacity through the use of volunteers. The average cost of a two person room in a nursing home in Missouri is \$52,830 annually. The cost to provide Senior Connect services is less than \$850 a year per person.

b. Describe how funding from the City of Columbia or Boone County for the proposed program will expand program service capacity, fill a gap in or loss of funding from other funding sources, and/or enable the organization to access funding from other funding sources. (600 character limit)

This program had been supported by United Way. In 2014 we were awarded funds but it was an 80% reduction of previous funding. In 2013 Missouri Foundation for Health discontinued the Basic Support Grant, that had supported this program also. We have worked hard over the last 2 year to increase private donations and grants.

Last year we applied to the Retirement Research Foundation and used these funds as matching dollars. While we were excited to make it to a national foundation trustees' meeting, we were not funded. We plan to re-apply this summer.

Reference List

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

Reference List: (5000 character limit)

- (1) http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_S0102&prodType=table,
- (2) <http://health.mo.gov/data/mica/MICA/>,
- (3) <http://missouriseniorreport.org/counties/boone.pdf>
- (4) <http://www.gocolumbiamo.com/Health/Documents/1digitalbabyCHA.pdf>
- (5) <http://www.aarp.org/health/doctors-hospitals/info-11-2003/aresearch-import-753.html>
- (6) <http://www.ssa.gov/news/press/basicfact.html>
- (7) <http://ncsu.edu/ffci/publications/2008/v13-n1-2008-spring/Kim-Geistfeld.php>,
- (8) http://www.cdc.gov/aging/pdf/cib_mental_health.pdf,
- (9) http://www.alz.org/alzheimers_disease_facts_and_figures.asp#quickFacts, (10) http://www.upi.com/Health_News/2014/02/18/Loneliness-social-isolation-increases-death-risk-in-seniors/UPI-65581392735964/ Feb 28, 2014
- (11) <http://www.mffh.org/mm/files/Older%20Adult%20Health%20Disparities%20in%20MO.pdf>
- (13) <http://aspe.hhs.gov/daltcp/reports/casmanes.htm>
- (14) <https://www.genworth.com/corporate/about-genworth/industry-expertise/cost-of-care.html>
- (15) <http://www.aarp.org/health/doctors-hospitals/info-11-2003/aresearch-import-753.6.html>

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records

Linked 'Interim POS Report' Records

Link Instructions (2)

Linked 'Final Pilot Report' Records

Program Service

Program Service Instructions

The purpose of this section is to provide detailed information about the proposed program service(s). Services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in the proposed program. This includes services for which you are not requesting City of Columbia or Boone County funding.

Information provided in the Program Service Section should correlate with the information provided in the:

Program Overview

Program Budget

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Program Service 1

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (1) (1000 character limit)

Home Maintenance - lawn mowing, leaf raking, snow shoveling and one time projects.

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (1) (100 character limit)

15 minutes

Unit Rate (1)

\$4.41

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, etc.) Is the proposed rate tied to an established public funding unit rate? (1)

Yes

If yes, source of publicly available rate (1) (600 character limit)

Previous Rate Determined UoS under City County funding was \$4.41

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

Number of Units of Service to be Provided (1)

12320

Number of Unduplicated Individuals to be Served (1)

90

Average Number of Units of Service per Unduplicated Individual (1)

136.89

Average Cost of Service per individual (1)

603.68

Are you proposing the City of Columbia or Boone County purchase this service? (1)

Yes

Amount Requested (1)

\$7,775.00

Proposed Number of Units of Service (1)

1763.04

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (2) (100 character limit)

Unit Rate (2)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (2)

If yes, source of publicly available rate (2) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)

Number of Units of Service to be Provided (2)

0

Number of Unduplicated Individuals to be Served (2)

0

Average Number of Units of Service per Unduplicated Individual (2)

0

Average Cost of Service per Individual (2)

0

Are you proposing the City of Columbia or Boone County purchase this service? (2)

Amount Requested (2)

\$0.00

Proposed Number of Units of Service (2)

0

Program Service 3

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (3) (100 character limit)

Unit Rate (3)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (3)

If yes, source of publicly available rate (3) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (3) (600 character limit)

Number of Units of Service to be Provided (3)

0

Number of Unduplicated Individuals to be Served (3)

0

Average Number of Units of Service per Unduplicated Individual (3)

0

Average Cost of Service per Individual (3)

0

Are you proposing the City of Columbia or Boone County purchase this service? (3)

Amount Requested (3)

\$0.00

Proposed Number of Units of Service (3)

0

Program Service 4

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (4) (100 character limit)

Unit Rate (4)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (4)

If yes, source of publicly available rate (4) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (4)(600 character limit)

Number of Units of Service to be Provided (4)

0

Number of Unduplicated Individuals to be Served (4)

0

Average Number of Units of Service per Unduplicated Individual (4)

0

Average Cost of Service per Individual (4)

0

Are you proposing the City of Columbia or Boone County purchase this service? (4)

Amount Requested (4)

\$0.00

Proposed Number of Units of Service (4)

0

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (5) (100 character limit)

Unit Rate (5)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (5)

If yes, source of publicly available rate (5) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (5) (600 character limit)

Number of Units of Service to be Provided (5)

0

Number of Unduplicated Individuals to be Served (5)

0

Average Number of Units of Service per Unduplicated Individual (5)

0

Average Cost of Service per Individual (5)

0

Are you proposing the City of Columbia or Boone County purchase this service? (5)

Amount Requested (5)

\$0.00

Proposed Number of Units of Service (5)

0

Totals

Total Amount of City of Columbia or Boone County Funding Requested for the Proposed Program Service(s):

7775

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures	Record Lock	Outcome (1-1)	Link Info	Active	Date
Improving the safety of seniors' homes					Added on

System Fields

Record	Modification Date	Modified By	Creation Date	Created By
1				

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Program Service

Program Service Instructions

The purpose of this section is to provide detailed information about the proposed program service(s). Services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in the proposed program. This includes services for which you are not requesting City of Columbia or Boone County funding.

Information provided in the Program Service Section should correlate with the information provided in the:

Program Overview

Program Budget

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Program Service 1

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (1) (1000 character limit)

Case Management

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (1) (100 character limit)

15 minute

Unit Rate (1)

\$4.41

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, etc.) Is the proposed rate tied to an established public funding unit rate? (1)

Yes

If yes, source of publicly available rate (1) (600 character limit)

Previous Rate Determined UoS 2013-15 under City/County funding was \$4.41. However, when we take our 2015-6 actual program cost of \$234,330.32 and divide it by our estimated UoS of 39,848 our actual program cost is \$5.88 per UoS.

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

Number of Units of Service to be Provided (1)

13512

Number of Unduplicated Individuals to be Served (1)

67

Average Number of Units of Service per Unduplicated Individual (1)

201.67

Average Cost of Service per individual (1)

889.37

Are you proposing the City of Columbia or Boone County purchase this service? (1)

Yes

Amount Requested (1)

\$29,794.00

Proposed Number of Units of Service (1)

6756.01

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (250 character limit)

Carrier Alert

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (2) (100 character limit)

15 minutes

Unit Rate (2)

\$4.41

Is the proposed rate tied to an established public funding unit rate? (2)

Yes

If yes, source of publicly available rate (2) (600 character limit)

Previous Rate Determined UoS 2013-15 under City/County funding was \$4.41.

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)**Number of Units of Service to be Provided (2)**

281

Number of Unduplicated Individuals to be Served (2)

35

Average Number of Units of Service per Unduplicated Individual (2)

8.03

Average Cost of Service per Individual (2)

35.41

Are you proposing the City of Columbia or Boone County purchase this service? (2)

Yes

Amount Requested (2)

\$1,239.00

Proposed Number of Units of Service (2)

280.95

Program Service 3

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (250 character limit)

Property Tax Credit Preparation Filing

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (3) (100 character limit)

15 minutes

Unit Rate (3)

\$4.41

Is the proposed rate tied to an established public funding unit rate? (3)

Yes

If yes, source of publicly available rate (3) (600 character limit)

Previous Rate Determined UoS 2013-15 under City/County funding was \$4.41.

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (3) (600 character limit)**Number of Units of Service to be Provided (3)**

700

Number of Unduplicated Individuals to be Served (3)

95

Average Number of Units of Service per Unduplicated Individual (3)

7.37

Average Cost of Service per Individual (3)

32.49

Are you proposing the City of Columbia or Boone County purchase this service? (3)

Yes

Amount Requested (3)

\$3,087.00

Proposed Number of Units of Service (3)

700

Program Service 4

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (250 character limit)

Food Pantry Delivery and Grocery Shopping

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (4) (100 character limit)

15 minutes

Unit Rate (4)

\$4.41

Is the proposed rate tied to an established public funding unit rate? (4)

Yes

If yes, source of publicly available rate (4) (600 character limit)

Previous Rate Determined UoS 2013-15 under City/County funding was \$4.41.

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (4)(600 character limit)

Number of Units of Service to be Provided (4)

4906

Number of Unduplicated Individuals to be Served (4)

70

Average Number of Units of Service per Unduplicated Individual (4)

70.09

Average Cost of Service per Individual (4)

309.08

Are you proposing the City of Columbia or Boone County purchase this service? (4)

Yes

Amount Requested (4)

\$0.00

Proposed Number of Units of Service (4)

0

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (250 character limit)

Friendly Visiting

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (5) (100 character limit)

15 minutes

Unit Rate (5)

\$4.41

Is the proposed rate tied to an established public funding unit rate? (5)

Yes

If yes, source of publicly available rate (5) (600 character limit)

Previous Rate Determined UoS 2013-15 under City/County funding was \$4.41.

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (5) (600 character limit)

Number of Units of Service to be Provided (5)

8129

Number of Unduplicated Individuals to be Served (5)

60

Average Number of Units of Service per Unduplicated Individual (5)

135.48

Average Cost of Service per Individual (5)

597.48

Are you proposing the City of Columbia or Boone County purchase this service? (5)

Yes

Amount Requested (5)

\$0.00

Proposed Number of Units of Service (5)

0

Totals

Total Amount of City of Columbia or Boone County Funding Requested for the Proposed Program Service(s):

34120

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures

Record Lock Outcome (1-1)

[Link Info](#)

[Active Date](#)

System Fields

Record	Modification Date	Modified By	Creation Date	Created By
--------	-------------------	-------------	---------------	------------

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Consumer Demographics

Consumer Demographics Instructions

Instructions:

The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program services. All counts are for Unduplicated Individuals. The totals for all sub-sections should be identical.

Information provided in the Consumer Demographic Information Section should correlate with the information provided in the:

- Program Overview Section
- Program Budget Section
- Program Service Section (POS Only)
- Program Performance Measures Section

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

285

City of Columbia

235

Other Counties

0

Residence Total

285

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

199

Black or African American (alone)

76

Native American Indian or Alaskan Native (alone)

1

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

3

Some Other Race

2

Subtotal - Non-Hispanic

281

HISPANIC

Of all races

4

Race/Ethnicity Total

285

Gender

Female

206

Male

78

Other Gender

1

Gender Total

285

Income

At or below 200% of Federal Poverty Level

99

Over 200% of Federal Poverty Level

1

Income Total

100

Age (City-Social Services/County-Health Fund RFP)

Under 5 years

0

5-18 years

0

19-59 years

25

60 years and over

260

Age Total (1)

285

System Fields

Record	Modification Date	Modified By	Creation Date	Created By
--------	-------------------	-------------	---------------	------------

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Performance Measures

Program Performance Instructions

Instructions:

The purpose of this section is to provide performance measurement information for each proposed program service. For each program service included in the Program Service Section, a performance measurement logic model will appear below. Each logic model has been partially auto-populated with program service and output information based on information provided in the Program Service Section.

PLEASE NOTE: The Program Service Section **MUST** be completed before completing this Program Performance Measures Section.

In the fields provided, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement for each proposed program service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

[Click here to access helpful information about performance measures.](#)

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

*Indicates Required Field

Link to Program Service Records

Click Add to link to the Program Service record for this program application to auto-populate the Service, Units and Unduplicated Individuals for each Program Service.

Link to Program Service

Program Service

Indicate Proposed Service (...)

Record Lock

Link Info

Active Date

Home Maintenance - lawn mowing, leaf raking, snow shoveling and one time projects.

Added on
06/14/2015

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

Program Service 1

Service (1)

Home Maintenance - lawn mowing, leaf raking, snow shoveling and one time projects.

Program Service 1 - Outputs

Units (1)

12320

Unit Measure (1)

15 minutes

Unduplicated Individuals (1)

90

Program Service 1 - Outcomes

Outcome (1-1)

Improving the safety of seniors' homes

Indicator (1-1)

80% of seniors report feeling safe in their home and have increased feeling of safety entering and exiting the home

Method of Measurement (1-1)

*Client surveys are mailed annually to learn perceived impact of services. We also conduct sporadic surveys over the phone. If cases are closed this survey is mailed to clients at that time.

Additional

Additional Indicator (1-2)

Additional Method (1-2)

Outcome (1-2) Increasing seniors' ability to remain safe & independent in their home	90% of seniors served report that SIL social support services impacts their ability to live independently in the community for at least one year	A. Needs assessments conducted at onset of services and annually to determine existing needs and needs met through services B. Client surveys* access C. Length of time for seniors living independently in their home.
Additional Outcome (1-3) Improving seniors' quality of life	Additional Indicator (1-3) 80% of seniors report an increased feeling of improved quality of life	Additional Method (1-3) Client survey*
Additional Outcome (1-4) Improving neighborhood liveability	Additional Indicator (1-4) 85% of seniors reported by City's Neighborhood Response Team have their needs met	Additional Method (1-4) Case notes tracking reports.
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit)

Low-income seniors do not have the resources or physical health to do these activities. If a senior's home is not safe, they have a greater chance of falling, being affected by the elements, and fail to meet city codes. It is often not about a senior getting out when it is snowing, but getting services into their home like home health care or prescription delivery. Tall grass not only increases insects, but can lead to a monetary fines and eviction. Leaves when wet can present a huge risk in falling. All of these factors can reinforce feelings of not being safe and impact quality of life.

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

This program is also volunteer driven. We are often at the mercy of when volunteers are available. Many of the services also have environmental factors we cannot control, like snow shoveling. Volunteers are on standby but often face their own challenges of navigating snow covered streets, for example.

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

Annually we review past surveys and set new, challenging goals to achieve. We believe if less than 80% of participants report feeling they are not achieving goals, we need to address our program design and/or our evaluation techniques. We also look at best practices and industry standards.

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

Intake and assessments are standard procedure in type any of case management. Surveys are cost effective, solicit new information, collect or provide baseline data, and provide congregate and/or comparative data to determine program improvements. Surveys are anonymous to staff. Surveys provide both quantitative and qualitative data. We track length of time in the home, volunteer information in our database, which provides quantitative data and staff observations in case notes.

Program Service 2

Service (2)

Program Service 2 - Outputs

Units (2)	New Unit Measure Auto Populate2	Unduplicated Individuals (2)
0		0

Program Service 2 - Outcomes

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

Program Service 2 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (2) (600 character limit)

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

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

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

Program Service 3

Service (3)

Program Service 3 - Outputs

Units (3)

New Unit Measure Auto Populate3

Unduplicated Individuals (3)

0

0

Program Service 3 - Outcomes

Outcome (3-1)

Indicator (3-1)

Method of Measurement (3-1)

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (3) (600 character limit)

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

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

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

Program Service 4

Service (4)

Food Pantry Delivery and Grocery Shopping

Program Service 4 - Outputs

Units (4)

New Unit Measure Auto Populate4

Unduplicated Individuals(4)

0

0

Program Service 4 - Outcomes

Outcome (4-1)

Indicator (4-1)

Method of Measurement (4-1)

Additional Outcome (4-2)

Additional Indicator (4-2)

Additional Method (4-2)

Additional Outcome (4-3)

Additional Indicator (4-3)

Additional Method (4-3)

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (4) (600 character limit)

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

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

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

Program Service 5

Service (5)

Program Service 5 - Outputs

Units (5)

New Unit Measure Auto Populate5

Unduplicated Individuals (5)

0

0

Program Service 5 - Outcomes

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (5) (600 character limit)

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

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

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

System Fields

Record ID

Modification Date

Modified By

Creation Date

Created By

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Program Performance Measures

Program Performance Instructions

Instructions:

The purpose of this section is to provide performance measurement information for each proposed program service. For each program service included in the Program Service Section, a performance measurement logic model will appear below. Each logic model has been partially auto-populated with program service and output information based on information provided in the Program Service Section.

PLEASE NOTE: The Program Service Section **MUST** be completed before completing this Program Performance Measures Section.

In the fields provided, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement for each proposed program service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

[Click here to access helpful information about performance measures.](#)

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

*Indicates Required Field

Link to Program Service Records

Click Add to link to the Program Service record for this program application to auto-populate the Service, Units and Unduplicated Individuals for each Program Service.

Link to Program Service

Program Service

Indicate Proposed Service (...)

Record Lock

Link Info

Active Date

Case Management

Added on
06/13/2015

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

Program Service 1

Service (1)

Case Management

Program Service 1 - Outputs

Units (1)

13512

Unit Measure (1)

15 minute

Unduplicated Individuals (1)

67

Program Service 1 - Outcomes

Outcome (1-1)

Increasing seniors' ability to remain safe & independent in their homes

Indicator (1-1)

90% of seniors served report that social support services impacts their ability to live independently in the community for at least one year

Method of Measurement (1-1)

A. Needs assessments conducted at onset of services and annually to determine existing needs and needs met through services

B. Client surveys*

Additional Outcome (1-2)

Decreasing senior's isolation

Additional Indicator (1-2)

80% of seniors will report reduced feelings of isolation or depression

C. Length of time for seniors living independently in their home.

Additional Method (1-2)

*Client surveys are mailed annually to learn perceived impact of services. We also conduct sporadic surveys over the phone. If cases are closed this survey is mailed to clients at that time.

Additional Outcome (1-3)

Increasing seniors' quality of life

Additional Indicator (1-3)

85% of seniors will report improved quality of life

Additional Method (1-3)

Client surveys*

Additional Outcome (1-4)

Improved or helped maintain a senior's health status

Additional Indicator (1-4)

80% of seniors will report that are satisfied with their overall health. 60% of seniors will attend 2 preventive doctors visits with care coordinator

Additional Method (1-4)

A. Tracking of preventive health care visits and ER in case notes.
B. Client survey*

Additional Outcome (1-5)

Additional Indicator (1-5)

Additional Method (1-5)

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goal(s), as stated in the Program Overview section (1) (600 character limit)

Every outcome is linked to keeping seniors living independently and improving their quality of life. Seniors generally interact with staff on a minimum of a monthly basis. If this intervention did not occur these seniors would be more likely to have a poorer health status, worse nutrition, limited social connections, and rapidly declining cognitive abilities. Through case management, clients have increased access to community services, health care and socialization.

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

Unfortunately, it is difficult to gauge our impact on seniors due the general process of aging and dementia diagnosis. Surveys can be subjective. Due to the nature of our demographic, our clients pass away or are institutionalized and we are left without closing data.

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

Annually we review past surveys and set new, challenging goals to achieve. We believe if less than 80% of participants report feeling they are not achieving goals, we need to address our program design and/or our evaluation techniques. We also look at best practices and industry standards.

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

Intake and assessments are standard procedure in type any of case management. Surveys are cost effective, solicit new information, collect or provide baseline data, and provide congregate and/or comparative data to determine program improvements. Surveys are anonymous to staff. Surveys provide both quantitative and qualitative data. We track length of time in the home and health information in our database, which provides quantitative data and staff observations in case notes.

Program Service 2

Service (2)

Carrier Alert

Program Service 2 - Outputs

Units (2)

281

New Unit Measure Auto Populate2

15 minutes

Unduplicated Individuals (2)

35

Program Service 2 - Outcomes

Outcome (2-1)

Increasing seniors' ability to remain safe & independent in their homes

Indicator (2-1)

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (2-1)

A. Needs assessments conducted at onset of services and annually to determine existing needs and needs met through services

B. Client surveys*

C. Length of time for seniors living independently in their home.

Additional Outcome (2-2)

Decreasing senior isolation

Additional Indicator (2-2)

80% of seniors will report reduced feelings of isolation or depression

Additional Method (2-2)

*Client surveys are mailed annually to learn perceived impact of services. We also conduct sporadic surveys over the phone. If cases are closed this survey is mailed to clients at that time.

Additional Outcome (2-3)

Improving a senior's quality of life

Additional Indicator (2-3)

85% of seniors will report improved quality of life

Additional Method (2-3)

*Client surveys

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Program Service 2 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (2) (600 character limit)

This program provides a peace of mind to seniors living alone. Many seniors cannot afford a medical alert system and this can fill that gap, somewhat. Falling is one of the greatest health risks for a senior. If a senior has fallen and is laying on the floor, there is often no way for them to reach help. The longer a medical crisis is not dealt with, the more severe the outcomes can be.

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

Unfortunately, it is difficult to gauge our impact on seniors due the general process of aging and dementia diagnosis. Surveys can be subjective. Due to the nature of our demographic, our clients pass away or are institutionalized and we are left without closing data. We also depend on the letter carrier to notify us in a timely manor if there are issues with a senior. It is also up to the carrier association as to how many seniors they want active with the program.

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

Annually we review past surveys and set new, challenging goals to achieve. We believe if less than 80% of participants report feeling they are not achieving goals, we need to address our program design and/or our evaluation techniques. We also look at best practices and industry standards.

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

Surveys are cost effective, solicit new information, collect or provide baseline data, and provide congregate and/or comparative data to determine program improvements. Surveys are anonymous to staff. Surveys provide both quantitative and qualitative data.

We track length of time in the home and health information in our database, which provides quantitative data and staff observations in case notes.

Program Service 3

Service (3)

Property Tax Credit Preparation Filing

Program Service 3 - Outputs

Units (3)
700

New Unit Measure Auto Populate3
15 minutes

Unduplicated Individuals (3)
95

Program Service 3 - Outcomes

Outcome (3-1)

Increasing seniors' ability to remain safe & independent in their homes

Indicator (3-1)

90% of seniors served report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (3-1)

A. Needs assessments conducted at onset of services and annually to determine existing needs and needs met through services

B. Client surveys*

C. Length of time for seniors living independently in their home.

Additional Outcome (3-2)

Greater sense of economic security.

Additional Indicator (3-2)

85% of senior report using their returns to provide for basic needs: food, shelter, medicine, clothing.

Additional Method (3-2)

Client surveys*

Additional Outcome (3-3)

Improving a senior's quality of life

Additional Indicator (3-3)

85% of seniorswill report improved quality of life

Additional Method (3-3)

Client surveys*

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (3) (600 character limit)

Low-income seniors live on a very fixed income. Property Tax Credit filing allows them to reclaim some funds that assist in providing for their basic needs. When you cannot afford these basic needs, seniors often end up going into a nursing home or can become homeless.

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

This is a program of the Department of Revenue. At any point the legislature could end the program. We advocate every year on behalf of seniors living in their own homes to save this program.

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

Annually we review past surveys and set new, challenging goals to achieve. We believe if less than 80% of participants report feeling they are not achieving goals, we need to address our program design and/or our evaluation techniques. We also look at best practices and industry standards.

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

Surveys are cost effective, solicit new information, collect or provide baseline data, and provide congregate and/or comparative data to determine program improvements. Surveys are anonymous to staff. Surveys provide both quantitative and qualitative data.

Program Service 4

Service (4)

Food Pantry Delivery and Grocery Shopping

Program Service 4 - Outputs

Units (4)

4906

New Unit Measure Auto Populate4

15 minutes

Unduplicated Individuals(4)

70

Program Service 4 - Outcomes

Outcome (4-1)

Increasing seniors' ability to remain safe & independent in their homes

Indicator (4-1)

80% of seniors served with volunteers report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (4-1)

- A. Needs assessments conducted at onset of services and annually to determine existing needs and needs met through services
- B. Client surveys*
- C. Length of time for seniors living independently in their home.

Additional Outcome (4-2)

Decreasing senior isolation

Additional Indicator (4-2)

80% of recipients report a decreased feeling of isolation

Additional Method (4-2)

Client surveys*

Additional Outcome (4-3)

Improving a senior's quality of life

Additional Indicator (4-3)

85% of seniors will report improved quality of life

Additional Method (4-3)

Client surveys*

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Tracking of volunteer assignments and record of the hours served.

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goal(s), as stated in the Program Overview section (4) (600 character limit)

Low-income seniors have to often choose between food, utilities, and medication. Seniors can have difficulty getting out of the home to obtain food and lifting/opening heavy boxes and bags. By increasing their access to local pantries and grocery stores, we hope to allow them to shift resources to other basic needs.

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

This program is 100% driven by volunteers, which keeps our cost low but is not the most reliable source of labor. We deliver food boxes or take seniors to local pantries. The quality of the food is dependent on the agencies' stock. We also take seniors to grocery stores - improving their choices of foods. We would like to measure if nutritional improvement occurs but feel there are too many variables such as personal choice, availability of food, income to spend on food, dietary restrictions and transportation.

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

Annually we review past surveys and set new, challenging goals to achieve. We believe if less than 80% of participants report feeling they are not achieving goals, we need to address our program design and/or our evaluation techniques. We also look at best practices and industry standards.

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

Intake and assessments are standard procedure in type any of case management. Surveys are cost effective, solicit new information, collect or provide baseline data, and provide congregate and/or comparative data to determine program improvements. Surveys are anonymous to staff. Surveys provide both quantitative and qualitative data. We track length of time in the home and volunteer information in our database, which provides quantitative data and staff observations in case notes.

Program Service 5

Service (5)

Friendly Visiting

Program Service 5 - Outputs

Units (5)

8129

New Unit Measure Auto Populate5

15 minutes

Unduplicated Individuals (5)

60

Program Service 5 - Outcomes

Outcome (5-1)

Increasing seniors' ability to remain safe & independent in their homes

Indicator (5-1)

80% of seniors served with volunteers report that social support services impact their ability to live independently in the community for at least one year

Method of Measurement (5-1)

- A. Needs assessments conducted at onset of services and annually to determine existing needs and needs met through services
- B. Client surveys* access
- C. Length of time for seniors living independently in their home.

Additional Outcome (5-2)

Decreasing senior isolation

Additional Indicator (5-2)

80% of recipients report a decreased feeling of isolation

Additional Method (5-2)

*Client surveys are mailed annually to learn perceived impact of services. We also conduct sporadic surveys over the phone. If cases are closed this survey is mailed to clients at that time.

Additional Outcome (5-3)

Improving a senior's quality of life

Additional Indicator (5-3)

85% of seniors will report improved quality of life

Additional Method (5-3)

Client surveys*

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Volunteer logs and record the hours.

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goal(s), as stated in the Program Overview section (5) (600 character limit)

Social interaction has a huge impact on a senior's cognitive ability, which ultimately impacts their ability to be independent. Seniors quickly become captives of their homes, due to many external factors. By providing a friendly visitor, who enters the senior's home or takes them out into the community weekly, we are reducing isolation, show their value, and build meaningful relationships.

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

This program is 100% driven by volunteers, which keeps our cost low, but is not the most reliable source of labor. We often struggle during the summer months, when college students are less available. We shift volunteers to food pantry delivery and grocery shopping, since that is a more pressing need.

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

Annually we review past surveys and set new, challenging goals to achieve. We believe if less than 80% of participants report feeling they are not achieving goals, we need to address our program design and/or our evaluation techniques. We also look at best practices and industry standards.

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

Intake and assessments are standard procedure in type any of case management.

Surveys are cost effective, solicit new information, collect or provide baseline data, and provide congregate and/or comparative data to determine program improvements. Surveys are anonymous to staff. Surveys provide both quantitative and qualitative data.

We track length of time in the home and volunteer information in our database, which provides quantitative data and staff observations in case notes.

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
-----------	-------------------	-------------	---------------	------------

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Tec Champan - Executive Director

Printed Name - Agency Executive Director/President/CEO

6/8/15
Date

Tec Champan

Signature - Agency Executive Director/President/CEO

6/8/15
Date

Dan Dunham

Printed Name - Agency Board Chair

6/12/15
Date

Dan Dunham

Signature - Agency Board Chair

6/12/15
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Tec Chapman - Executive Director
Name and Title of Authorized Representative

Tec
Signature

5/8/15
Date

ATTACHMENT C

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

County of Boone)
)ss
State of Missouri)

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

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

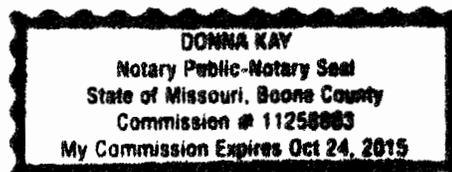
Tec Chapman 9/12/15
Affiant Date

Tec Chapman
Printed Name

Subscribed and sworn to before me this 12 day of June, 2015.

Donna Kay
Notary Public

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



Company ID Number: 194637

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING FOR DESIGNATED AGENTS

ARTICLE I

PURPOSE AND AUTHORITY

The parties to this Agreement are the Department of Homeland Security (DHS), and Independent Living Center of Mid-Mo, Inc d/b/a Services for Independent Living (Designated Agent). The purpose of this Agreement is to set forth terms by which SSA and DHS will provide information to Independent Living Center of Mid-Mo, Inc d/b/a Services for Independent Living (Designated Agent) on behalf of the Designated Agent's client (the Employer). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, SSA, the Employer, and the Designated Agent. References to the Employer include the Designated Agent when acting on behalf of the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

The Employer is not a party to this MOU. The E-Verify program requires an initial agreement between DHS and the Designated Agent as part of the enrollment process. After agreeing to the MOU as set forth herein, completing the tutorial, and obtaining access to E-Verify as a Designated Agent, the Designated Agent will be given an opportunity to add a client once logged into E-Verify. All parties, including the Employer, will then be required to sign and submit a new MOU. The responsibilities of the parties remain the same in each MOU.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer (through the Designated Agent) with available information that will allow the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide the Employer and Designated Agent appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Designated Agent

Company ID Number: 194637

with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.

3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.
5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer (through the Designated Agent) access to selected data from DHS's databases to enable the Employer (through the Designated Agent) to conduct, to the extent authorized by this MOU:
 - Automated verification checks on alien employees by electronic means, and
 - Photo verification checks (when available) on employees.
2. DHS agrees to provide to the Employer and Designated Agent appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Designated Agent names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer (through the Designated Agent), the E-Verify User Manual containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.
4. DHS agrees to provide to the Employer (through the Designated Agent) a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer (through the Designated Agent) anti-discrimination notices issued by the Office of Special Counsel for Immigration-

Company ID Number: 194637

Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Designated Agent a user identification number and password that will be used exclusively by the Designated Agent, on behalf of the Employer, to verify information provided by alien employees with DHS's databases.
6. DHS agrees to safeguard the information provided to DHS by the Employer (through the Designated Agent), and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.
7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government workdays of the initial inquiry.
8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer shall display the notices supplied by DHS (through the Designated Agent) in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
2. The Employer shall provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer shall become familiar with and comply with the most recent version of the E-Verify User Manual. The Employer will obtain the E-Verify User Manual from the Designated Agent.
4. The Employer shall comply with current Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 1-888-464-4218.

Company ID Number: 194637

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
5. Participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 4 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.
 6. The Employer shall initiate E-Verify verification procedures (through the Designated Agent), for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer (through the Designated Agent) must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification, through the Designated Agent, by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer (through the Designated Agent) performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

Company ID Number: 194637

7. The Employer may not use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify (through its Designated Agent) for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.
8. The Employer (through the Designated Agent) shall follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.
9. The Employer shall not take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work, or otherwise mistreating an employee) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).
10. The Employer shall comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA,

Company ID Number: 194637

because of his or her citizenship status. The Employer shall not engage in such illegal practices as selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer shall record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.
12. The Employer will use the information it receives from SSA or DHS (through its Designated Agent) pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.
13. The information that the Employer receives through the Designated Agent from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.
14. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. EMPLOYERS THAT ARE FEDERAL CONTRACTORS

1. If the Employer is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

Company ID Number: 194637

- a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.
- b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.
- c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II, part D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.
- d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

Company ID Number: 194637

- A. The Designated Agent agrees that all Designated Agent representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.
 - B. Failure to complete a refresher tutorial will prevent the Designated Agent and Employer from continued use of the program.
4. The Designated Agent agrees to obtain the necessary equipment to utilize E-Verify.
 5. The Designated Agent agrees to provide the Employer with the notices described in Article II.B.4 above.
 6. The Designated Agent agrees to initiate E-Verify procedures on behalf of the Employer in accordance with the E-Verify Manual and E-Verify Web-Based Tutorial. The Designated Agent will query the automated system using information provided by the Employer and will immediately communicate the response back to the Employer. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Designated Agent's attempting, in good faith, to make inquiries on behalf of the Employer during the period of unavailability. In all cases, the Designated Agent will use the SSA verification procedures first, and will use DHS verification procedures only as directed by the SSA verification response.
 7. The Designated Agent agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer (through the Designated Agent), will transmit the Social Security Number to SSA for verification again if this review indicates a need

Company ID Number: 194637

to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer (through the Designated Agent) within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer shall not ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer shall refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer shall provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.
5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
6. If an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer shall send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

Company ID Number: 194637

- Scanning and uploading the document, or
 - Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).
7. If the Employer cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer or the Designated Agent for verification services performed under this MOU. DHS is not responsible for providing the equipment needed to make inquiries. A personal computer with Internet access is needed to access the E-Verify System.

ARTICLE V

PARTIES

- A. This MOU is effective upon the signature of the parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require Designated Agents to take mandatory refresher tutorials. A Designated Agent for an Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires the Employer's participation in E-Verify is terminated or completed. In such a circumstance, the Designated Agent must provide written notice to DHS. If the Designated Agent fails to provide such notice, it will remain a participant in the E-Verify program on behalf of the Employer, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all the Employer's newly hired employees.
- B. Notwithstanding Article V, part A of this MOU, DHS may terminate access to E-Verify if it is deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Designated Agent or the Employer, or a failure on the part of either to comply with established procedures or legal requirements. The Designated Agent

Company ID Number: 194637

understands that if the Employer is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the Employer's performance of its contractual responsibilities.

- C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Designated Agent, the Employer, or their agents, officers, or employees.
- E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Designated Agent or the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Designated Agent or the Employer.
- F. Participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).
- G. The foregoing constitutes the full agreement on this subject between DHS and the Designated Agent.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Designated Agent and DHS respectively.

If you have any questions, contact E-Verify at 1-888-464-4218.



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 194637

Approved by:

Employer Independent Living Center of Mid-Mo, Inc d/b/a Services for Independent Living

James Crane

Name (Please Type or Print)

Title

Electronically Signed

Signature

03/03/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

03/03/2009

Date

Company ID Number: 194637

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Independent Living Center of Mid-Mo, Inc d/b/a Services for Independent Living

Company Facility Address: 1401 Hathman Place

Columbia, MO 65201

Company Alternate Address:

County or Parish: BOONE

Employer Identification

Number: 431238407

North American Industry Classification Systems

Code: 624

Parent Company:

Number of Employees: 100 to 499

Number of Sites Verified

for: 1

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

Company ID Number: 194637

- MISSOURI 1 site(s)

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

Name:	James L Crane	Fax Number:	(573) 874 - 3564
Telephone Number:	(573) 874 - 1646 ext. 219		
E-mail Address:	jcrane@silcolumbia.org		
Name:	Leslie A Anderson	Fax Number:	(573) 874 - 3564
Telephone Number:	(573) 874 - 1646 ext. 215		
E-mail Address:	landerson@silcolumbia.org		
Name:	Nakia R Williams	Fax Number:	(573) 874 - 3564
Telephone Number:	(573) 874 - 1646 ext. 235		
E-mail Address:	nwilliams@silcolumbia.org		



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15JUN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) then \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# 26-15JUN15 – *Purchase of Service and Pilot Program Contracts for the Community Health Fund*, receipt of which is hereby acknowledged:

Company Name: Services for Independent Living

Address: 1401 Hathman Place, Columbia, MO 65201

Phone Number: 573-874-1646 Fax Number: _____

E-mail: Tchapman@silcolumbia.org

Authorized Representative Signature: Tec Chapman Date: 6/8/15

Authorized Representative Printed Name: Tec Chapman

c. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

d. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

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

OFFEROR has examined Addendum #1 to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: Services for Independent Living
Address: 1401 Hathman Place, Columbia, MO 65201
Phone Number: 573-874-1646 Fax Number: _____
E-mail: Tchapman@silcolumbia.org
Authorized Representative Signature: Tec Chapman Date: 5/8/15
Authorized Representative Printed Name: Tec Chapman



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

ADDENDUM #3 - Issued June 11, 2015

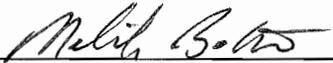
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. Clarification regarding Budget completion:

If an agency is proposing funds for two years, then complete the budget for two years (even though the budget says "proposed year").

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

ADDENDUM #2 - Issued May 28, 2015

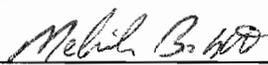
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) than \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

c. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

d. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

By: 
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Brunning	Cd/Berne. Public Health Human Services	874-7343
6.	M. W. W. W. W. W.	ColBorne P.H.S.	874-6331
7.	Meg Barrett	Maryland Johnston Community Learning	449-5600
8.	Kim Harvey	Harrisburg Early Learning Center	875-5959
9.	Gene Kell. S	City/County P.H.S.	774-7487
10.	Robert C. Long	Presbyterian Children's Home, Inc., Children's	314-981-7277
11.	Christine Corcoran	Lutheran Family Services	314-754-2731
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

**PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN’S SERVICES FUND,
2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Pertaining Community Health	577-480-4781
3.	Carolee Johnson	Fus City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHS	573-874-7632
6.	Wendy Ell	Univ. of MO - Dept. of Psychology	573 573-4057
7.	Ymelody Boshop	Univ. of MO Dept of Psychiatry	573- 573
8.	Synthia Chapman	The Salvation Army	573 442-3229 X222
9.	Shelly Lock	Child Care Assoc of MO	573-4455431
10.	Nicole Ann	BCCC	573 874-1640
11.	Nicole Elliott	Central Missouri Foster Care Adoption Assoc.	573-874-0851
12.	Dan Reilly	MO Wellness Resource	573 884-7534
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN'S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kelleher	Epworth Lutheran Church	314-918-3321
3.	Aileen Savadess	Columbia Center for Urban Agriculture	573-356-9392
4.	Kathy Becka	Missouri Ends Taxis	573-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEAHE	PREFERRED FAMILY HC	573 680 6905
7.	Vandy Lane	Lantern Home	573 414-6600
8.	Niide Thomas	Great Circle	573-472-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Carolyn Mitter	Deepest Girls Club	573-234-8334
11.	KEVIN DRUNKER	EPWORTH	314-918-3308
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jovan	Youth Empowerment Zone	(603) 697-3215
3.			
4.			
5.	Becky Markert	CHHA Low Income Services	573 443-2586
6.	Cathy O'Rourke	Boone County Public Admin	573 886-4190
7.	Clarie Starna	Rainbow House	573-474-6600
8.	JANIE BAKUTEC	Rainbow House	573 474 6600
9.	Scott Clardy	Blanchie/Boone Co. Pub Adm & Serv	573-441-5560
10.	Rebecca Keesler	Collaborative Public Admin	578 424-4157
11.	Carole Schatz	mu Budge	573-268-4129
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 26-15JUN15
Purchase of Service and Pilot Program Contracts
Boone County Community Health/Medical Fund
2015 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 5, 2015
Written Questions Due By	mbobbitt@boonecountymo.org	May 13, 2015 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 18, 2015 1:00 p.m. Central Time
Response Submission Deadline	Apricot by CTK® on-line system	June 15, 2015 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 16, 2015 9:30 a.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 26-15JUN15

A pre-proposal conference has been scheduled for **Monday, May 18, 2015, at 1:00 p.m.** central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. central time on Monday, June 15, 2015** via the on-line application system, Apricot by CTK®.

The Request for Proposal is scheduled to be **opened shortly after 9:30 a.m. on Tuesday, June 16, 2015** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymmo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 26-15JUN15

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by CTK[®] until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP.
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals: The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 16, 2015 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2015 Bid Tabulations".
- c) Proposal responses are due by Monday, June 15, 2015 at 5:00 p.m. No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Project Information and Requirements
 - 4) Application Information
 - 5) Organization Information – on-line
 - 6) Organization Financial Information and Budget Narrative - online
 - 7) Program Overview – on-line
 - 8) Program Services – on-line
 - 9) Program Budget Worksheet and Narrative – on-line
 - 10) Program Consumer Demographics – on-line
 - 11) Program Performance Measures Information Section – on-line
 - 12) Attachment A - Agency Assurance Sheet
 - 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 13, 2015. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

2.3. Pre-Proposal Conference

- 2.3.1. To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 18, 2015 at 1:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

2.4. Term; Termination of Contract Agreement:

- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Hospital's Community Health Needs Assessment:
http://assets.thehcn.net/content/sites/boone/Boone_Hospital_Center_CHNA.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2015/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<http://gocolumbiamo.com/Health/PublicHealthandHumanServicesPublications.php>
- Community Input Report created for Boone County Children's Services Board:
http://www.showmeboone.com/communityservices/common/pdf/Community_Input_Report_Final.pdf

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000.00 available for purchase of services and pilot programs that address community health needs. Organizations should apply for funds under the Community Health Fund Purchase of Service application if the organization's program services may be purchased at a fixed unit measurement and rate. Applications for funding for purchase of services should expand availability of services currently offered in Boone County or make available a service that does not currently exist in Boone County. Organizations may apply under the Community Health Fund Pilot Program application if the organization is able to initiate, implement and achieve program outcomes within a two-year time period.

For Pilot Programs, **Indirect expenses** will be considered up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service or Pilot Program** as outlined in the information required in the following online application:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel.
 - 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service.
 - 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.
 - 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
 - 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.
- ### **3.8. Contractor Agency Requirements:**
- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this

contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The Application Narrative must be completed on the on-line system Apricot by CTK® and can be accessed by clicking on the following link: https://ctk.apricot.info/document/edit/id/new/form_id/23 to create an Organizational Profile and submit RFP responses. If you do not already have a username and password for the system, complete the following:

- a) Copy and paste the following link into your internet browser, preferably Google Chrome:
https://ctk.apricot.info/auth/autologin/org_id/1975/hash/365efb9c0edf7fddf3652ecd2de1868058db6b53
- b) Fill in the required information and select save.
- c) You will be redirected to a login screen where you will be able to complete the Organizational Profile and Proposal Forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

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

Name and Title of Authorized Representative

Signature

Date



SERVI-1 OP ID: MD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/05/2015

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

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

PRODUCER The Insurance Group, Inc. 200 East Southampton Drive Columbia, MO 65203 Mary Davidson, CIC	CONTACT NAME: Mary Davidson, CIC	
	PHONE (A/C, No, Ext): 573-875-4800	FAX (A/C, No): 573-875-4514
E-MAIL ADDRESS: mdavidson@theinsurancegrp.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Missouri Employers Mutual Ins		10191
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED **Services For Independent Living**
1401 Hathman Place
Columbia, MO 65201

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSP WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	MEM1023917-07	08/26/2015	08/26/2016	<table border="1"> <tr> <td>PER STATUTE</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
PER STATUTE	OTHER													
E.L. EACH ACCIDENT	\$ 1,000,000													
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000													
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000													

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

CERTIFICATE HOLDER COUNTY-5 County Of Boone C/O Boone County Purchasing 613 E Ash St., Room 110 Columbia, MO 65201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Mary Davidson</i>
---	---



AGREEMENT FOR PURCHASE OF SERVICES
Substance Abuse Treatment

THIS AGREEMENT dated the 12th day of November, 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County", and **Phoenix Programs, Inc.**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as PP.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

WHEREAS, the PP has submitted a complete Request for Funding Proposal Application to the County detailing the services and other supports to be provided along with the expected cost to PP thereof; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY PP

PP is expected to the greatest extent possible to maximize funding from all other sources. PP shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. PP shall only request reimbursement for services not reimbursable by any other source. PP shall not invoice the County for units of service invoiced to another funding source. PP shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund is not a duplication of reimbursement from any other source of funding.

1. **Contract Documents.** This agreement shall consist of the Request for Proposal #26-15JUN15 (Purchase of Services) and PP's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the PP's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

2. **Purchase.** The County agrees to purchase from the PP and the PP agrees to furnish **Substance Abuse Treatment** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the PP's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$191,231.44** unless compensation for specific identified additional services is authorized and approved by County in writing in advance of rendition of such services for which additional compensation is requested.

3. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through December 31, 2016 subject to the provisions for termination specified below. This contract may at the sole discretion of the County and with the agreement of PP be renewed for an additional two (2) one-year periods. PP agrees and understands that the County may require supplemental information to be submitted by PP prior to any renewal of this agreement.

4. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit costs for services are the mutually agreed upon rates as follows:

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Outpatient Substance Abuse Counseling	1 hour	\$54.92	3482	\$191,231.44

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

5. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the County. This contract can be terminated

if funding becomes unavailable in whole or in part for cause shown, and the County shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

6. **Reporting.** The County shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by PP to monitor service delivery and program expenditures. PP agrees to submit to the County an Interim Report by July 29, 2016 for the period beginning with the date of contract execution to June 30, 2016 and a Year End Final Report by January 31, 2017, for the period of the term of the contract. Variations on this date may be requested by PP and, if so stipulated, are noted on this contract document. Payments may be withheld from PP if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. PP agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

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

8. **Monitoring.** PP agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County to monitor, survey and inspect PP's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, PP hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of Community Health Funds and all other matters set forth in the contract.

9. **Modification or Amendment.** In the event PP requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be

submitted in writing to the Director of Community Services to share with the County Commission for approval. A board resolution from PP may be required with the request.

OTHER TERMS OF THIS CONTRACT

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

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

12. **Community Health Fund to be used for Services Provided.** PP agrees that the Community Health Funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to PP's provision of such services.

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

14. **Conflict of Interest.** PP agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and PP, and this shall include any transaction in which PP is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

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

16. **Employment of Unauthorized Aliens Prohibited.** PP agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. PP shall require each subcontractor to affirmatively state in its Agreement with the PP that the

subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide PP a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

18. **Board Ownership.** If PP ceases to be funded by the County or ceases to provide programs and services to address community health needs pursuant to this contract, all capital equipment, materials, and buildings purchased with Community Health Funds shall be returned to Boone County unless so otherwise approved by a majority vote of the County. In addition, if PP no longer uses capital equipment, materials, or buildings purchased with Community Health Funds for its original intent, PP will need County approval to re-direct the use of such.

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

20. **Termination.** County may terminate this agreement at will by giving at least 30 days prior written notice to the PP. This agreement may be terminated by the County upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. County may terminate this agreement should the PP fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

21. **Indemnification.** To the extent permitted under Missouri law, PP agrees to hold harmless, defend and indemnify the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of PP, (meaning anyone, including but not limited to consultants having a contract with the PP or subcontractor for part of the services), or anyone directly or indirectly employed by PP, or of anyone for whose acts PP may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

22. **Publicity by the Organization.** PP shall notify the County of contact with the media regarding Community Health Fund funded programs or profiles of participants in Community Health Fund funded programs. PP will acknowledge the County as a funding source whenever publicizing Community Health Fund funded programs. PP will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. PP agrees to acknowledge the Community Health Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

23. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the County and PP. The County does not recognize any of the PP's employees, agents or volunteers as those of the County.

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

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

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

27. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

Any written notice or communication to the PP shall be mailed or delivered to:

Organization Profile

Substance

Organization Profile Instructions

New Users:

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

Returning Users:

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

Organization User Information

Primary Information

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

Phoenix Programs, Inc.

DBA:

Phoenix Health Programs

Federal EIN Number:

431047634

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Phone Number:

573-875-8880

Website:

www.phoenixprogramsinc.org

Head of Organization

Michael Trapp

Head of Organization Phone:

573-875-8880

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Fax Number:

573-442-3830

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

Executive Director

Head of Organization Email:

mtrapp@phoenixhealthprograms.com

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

Local Organization Name:

Local Organization Fax:

Address

City

State

County

Zip

Local Contact Name:

Local Contact Email:

Address

City

State

County

Zip

Local Contact Title:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose):

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

The mission of our agency is to improve the health and quality of life of those impacted by drug and alcohol abuse.

Organization History:

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

Phoenix Programs is a non-profit social service agency that has successfully provided education and treatment for persons in mid-Missouri with alcohol and drug addictions and mental health issues for 41 years. Our agency is a leader in the recovery movement and our treatment programs are rooted in evidence based practices.

Brief Statement of Organization's Major Goals:

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

Our goal is to restore dignity and respect to persons who have experienced significant losses due to the result of alcohol and/or drug problems in order to help our clients become fully functioning members of society.

Articles of Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1433183892_30405_ArticlesofIncorporation.pdf/

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

Organizational Chart (must be for the entire organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1440157816_30406_StaffOrganizationalChart.pdf/

Service Area:

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

Phoenix Programs provides services mainly to mid-Missouri counties, but we also provide services to the entire state of Missouri for clients who are seeking treatment or services that our agency offers.

Population Served:

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

The population served by our agency is diverse. We serve adolescents ages 12-19 years of age, adult males and females of all ages and all ethnic races.

Governing Board

Organization Governing Board:

Please include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member

Name	Board Position:	Address:	Link Info	
			Active	Date
Dan Hanneken	Member	3104 Fox Trot Columbia, MO 65202	✓	Added on 06/01/2015
Larry Colgin	Memeber	303 E. Briarwood Ln. Columbia, MO 65203	✓	Added on 06/01/2015
Kellie Wingate-Campbell	Memeber	1207 W. Broadway, Suite B Columbia, MO 65203	✓	Added on

06/01/2015

David Roebuck	Member	8101 Highway 40 Columbia, MO 65202	✓	Added on 06/01/2015
Michael Campbell	Member	129 E. Broadway, Ashland, MO 65010	✓	Added on 06/01/2015
Brock Bukowsky	Treasurer	1400 Veterans United Dr., Columbia, MO 65203	✓	Added on 06/01/2015
Randy Minchew	Vice President		✓	Added on 06/01/2015
Nelly Roach	President	1902 Corona Rd. Suite 201 Columbia, MO 65203	✓	Added on 06/01/2015

Total Active Links:8, Total Deactivated Links:0, Current Active Links:8, Current Deactivated Links:0

Advisory Board (if applicable)

Organization Advisory Board (if applicable):

Please include information for all advisory board members. Click **+New** to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal

Year:

July-June

IRS Tax Exempt Status Determination Letter:

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

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

/document/download/filename/1433183965_29953_501%28c%29statusfromtheIRS.pdf/

Financial Statement:

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

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1433183965_29954_2013-2014AuditReportFinal.PDF/

IRS 990 or 990 EZ:

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

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1433275492_29955_2013-2014TaxReturn.pdf/

Financial Policies and Procedures:

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

The board of directors has a meeting each month and the CFO presents information at each meeting in regard to the finances of the agency. The agency also conducts a yearly external fiscal audit in order to ensure fiscal compliance and

oversight.

Employees Compensation

Top Five Compensated Employees:

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

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.) FTE = number of direct program service hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

If more than one employee is employed in the same position and the level of compensation is not identical, please list each of those employees separately.

Click **+New** to add Employee Compensation information.

Employees

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Link Info	
					Active	Date
Director of Operation	Bachelors Degree	1.00	\$46,000.00	\$12,300.00	✓	Added on 08/04/2015
Executive Director	Masters with 4 years experience	1.00	\$59,384.00	\$14,846.00	✓	Added on 06/08/2015
Chief Financial Officer	Masters with 3 years experience	1.00	\$59,384.00	\$14,045.00	✓	Added on 06/08/2015
Licensed Clinical Social Worker	LPC or LCSW with Masters degree	1.00	\$48,838.00	\$12,209.00	✓	Added on 06/08/2015
Prevention and Engagement Specialist	Bachelors with 3 years experience	1.00	\$47,964.00	\$11,991.00	✓	Added on 06/08/2015

Total Active Links:5, Total Deactivated Links:1, Current Active Links:5, Current Deactivated Links:1

Accreditation:

Accreditation:

If your organization is currently accredited by one or more recognized accrediting body, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation, most recent dates of accreditation (including expiration date)

Description 1 (600 character limit):

Commission on Accreditation of Rehabilitation Facilities (CARF) May 2013 to May 2016 (3 year accreditation) for 4 programs: Adolescent outpatient treatment, Adult outpatient treatment, Adult inpatient treatment and Case management/services coordination. The agency is currently preparing for site visit in May 2016 for re-accreditation for another 3 years.

Description 2 (600 character limit):

Certified substance abuse treatment facility with the Missouri Department of Mental Health since 1978.

Description 3 (600 character limit):

Description 4 (600 character limit):

Description 5 (600 character limit):

Certifications:

Certifications:

Please indicate that the above named organization:

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

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

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

yes

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet						Link Info	
	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Active	Date
Phoenix Programs, Inc.	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Apex - RG 1	✓	Added on 06/01/2015	
Phoenix Programs, Inc.	Community Health/Medical Fund - POS	Boone County	RFP #26-15JUN15	Substance Abuse Treatment	✓	Added on 06/01/2015	

(3 hidden)

Total Active Links:2, Total Deactivated Links:0, Current Active Links:2, Current Deactivated Links:0

System Fields

Record ID

12711

Modification Date

08/21/2015 06:50 am CDT

Modified By

Phoenix Programs Inc ORG

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

Phoenix Programs, Inc.

Fund Source

Community Health/Medical Fund - POS

Funder

Boone County

Funding Cycle

RFP #26-15JUN15

Name of Program or Project

Substance Abuse Treatment

Amount of Request

\$191,231.44

Amount Awarded

\$0.00

Program Information

Program Website (will default to Organization website)

www.phoenixprogramsinc.org

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Name

Michael Trapp

Phone Number

573-875-8880 x2101

Address

90 E. Leslie Lane

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Title

Interim Executive Director

Email

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1433854439_30421_AttachmentA.pdf/

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

/document/download/filename/1433427680_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1433427680_30419_AttachmentC.pdf/

Addendums

/document/download/filename/1434047662_30418_Addendums1-3.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Phoenix Programs, Inc.	90 E.Leslie Lane	Michael Trapp	✓	Added on 06/01/2015

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

Federal EIN Number (will auto-populate)
431047634

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Budget

Program Budget Instructions

For each item for which figures are entered, please complete the corresponding narrative field.
 *Indicates Required Field.

Program Budget

PROGRAM REVENUE	PROPOSED YEAR	% OF PROPOSED TOTAL YEAR
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A \$0.00	1A % 0
B. Other United Ways (300 character limit)	1B \$0.00	1B % 0
C. Capital Campaigns (300 character limit)	1C \$0.00	1C % 0
D. Grants (non-governmental) (300 character limit)	1D \$0.00	1D % 0
E. Fund Raising & Other Direct Support (300 character limit) Fund raising and sale of AHAP tax credits	1E \$75,700.00	1E % 3
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A \$0.00	2A % 0
B. Boone County - Community Health Funding (300 character limit) Requesting 2 years of funding; \$95,615.72 per year.	2B \$191,231.44	2B % 7
C. Boone County- Other Funding (300 character limit)	2C \$0.00	2C % 0
D. Funding from Other Counties (300 character limit)	2D \$0.00	2D % 0
E. City of Columbia - Social Service Funding (300 character limit)	2E \$66,000.00	2E % 2
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F \$0.00	2F % 0
G. City of Columbia - CHDO Funding (300 character limit)	2G \$0.00	2G % 0
H. City of Columbia - Other Funding (300 character limit)	2H \$0.00	2H % 0
I. Funding from Other Cities (300 character limit)	2I \$0.00	2I % 0
J. Federal (Medicaid, Title III, etc.) (300 character limit) Federal Medicaid CSTAR portion of the Missouri Department of Mental Health contract	2J \$709,652.74	2J % 25
K. State (Purchase of Service, Grants, etc.) (300 character limit) Missouri Department of Mental Health contract	2K \$1,397,600.63	2K % 49
L. Other (Schools, Courts, etc.) (300 character limit) Income from Drug court	2L \$13,974.00	2L % 0

3. Program Service Fees (300 character limit) Private pay and payments from health insurance.	3. \$397,536.78	3 % 14
4. Investment Income (realized & unrealized) (300 character limit)	4. \$0.00	4 % 0
5. Other Revenue Items (300 character limit) Contracted income from Job Point	5. \$19,000.00	5 % 1
TOTAL PROGRAM REVENUE	TOTAL REVENUE 2870695.59	

PROGRAM EXPENSES

1. Personnel	1. \$1,737,309.20	1. % 61
2. Non-Personnel	2. \$1,133,386.38	2. % 39
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES 2870695.58	

System Fields

Record ID
15955

Modification Date

Linked 'Program Overview' Records

Link Instructions

Program Overview

Record Lock

a. Will program consumers b...

b. Will the program utilize...

Total Number of Unduplicate...

Link Info

Active Date

Yes

Yes

2928



Added on
06/11/2015

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

Linked 'Final POS Report' Records

Linked 'Final Pilot Report' Records

Program Overview

Program Overview Instructions

The purpose of this section is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Each narrative response should be clear and succinct.

Respond as if the reviewers have no prior knowledge of the program and service(s).

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

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this section. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

PLEASE NOTE: In order to complete the Program Service Levels sub-section, you must first complete and link to Program Budget Section.

Information provided in the Program Overview Section should correspond with the information provided in the:

Program Budget

Program Service (POS Only)

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Statement of Issue Being Addressed

Instructions: Include information pertaining to the overall, community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.) The issue(s) should be tied to the organization's major goal(s), as stated in the Organization Information form, as well as the program goal(s), as stated in the Program Goal(s) sub-section below.

a. Describe and document the issue(s) to be addressed by the proposed program. (1500 character limit)

The substance abuse treatment program will enhance community collaboration around individuals impacted by substance use disorders (SUD), expand the priority population who receive expedited assessments and treatment inception, expand transportation options for hard to serve individuals and overall strengthen Boone County's Recovery Oriented System of Care. Homeless veterans who do not qualify for VA benefits due to length of service, method of discharge, or service in the National Guard make up an increasing percentage of veteran homelessness as they lack access to robust SUD treatment with integrated mental health services. Without enhanced access services will come too late to maintain individuals in shelter leading to more street homelessness. Low income unemployed and underemployed individuals who are enrolled in Job Point vocational services will also be added as a priority population with expedited assessment and treatment to maintain them in their programs and a path out of poverty. Developing a new collaboration with Services for Independent Living will provide some transportation for high need individuals, especially those outside of the ComoConnect service area. Increased SUD treatment services for the indigent will bring more high need individuals into care and on to a path of recovery.

b. Describe and document the population affected by the issue(s) to be addressed by the proposed program including demographics and characteristics. (1500 character limit)

Our primary target population and goal are to provide substance abuse treatment for persons with low or no income, of which approximately 25% are homeless. We will serve persons age 18 and over dealing with addiction and a host of other challenges: including high-risk and underserved individuals and families: including homeless veterans with addictions and mental illnesses, especially those who do not qualify for VA benefits; individuals who are IV drug users; individuals released to Boone County from correctional institutions; individuals enrolled in job training programs; low income individuals assessed to be of "urgent" need of assistance for substance abuse; homeless persons with addictions and/or mental disorders; and men and women of all walks of life who are struggling with addictions ranging from drug and alcohol abuse to driving while intoxicated convictions. The consumer population tends to have disabling health and behavioral health concerns; substance use disorders, 25% have some form of disabling health condition and 20% have serious mental illnesses. We expect approximately 72% males, and 28% females; 67% Caucasian, 30% African American and 3% other. Most will be ages 18-35. For their educational level: 29% will have less than a high school diploma and 43% will be high school graduates or have a G.E.D.; 21% will have some college and 4% will have a bachelor or advanced degree.

c. Describe how the City of Columbia or Boone County community is affected by the issue(s) to be addressed by the proposed program. (1500 character limit)

Addictions impact 1 out of 10 in our country, in our state and in our community. Nearly half of Americans know someone with a problem with substance dependence. Unlike many other illnesses, addictions carry a stigma, which makes treatment and recovery very difficult. No other disease goes untreated to the extent addiction does and that lack of treatment creates risk for the entire community. According to County Health Rankings 49% of Boone County driving deaths compared to 35% state average and 14% for top US performers. The Community Health Status Assessment for Boone County identified 1,534 alcohol and 1,188 drug ER visits, an increase over the previous two years by 27% and 72% respectively. Also in 2010 there were 1,639 DUIs and 1,135 drug arrests, as well as 15 meth labs, each a potential toxic waste site. The Columbia Tribune reported a rise in the average purity of heroin in the

region from police seizures rose from 11% in 2008 to the current 43%, with 90% purity levels common. Heroin seizures have increased in the region in both quantity and amount. This high level drug dealing is a major contributor to violent crime. Columbia's Mayor's Task Force on Community Violence found: "Drugs and alcohol are major contributing factors" to homicide. In 11 of the 22 homicides in the previous 5 years drugs were the major factor and media review of the 22 homicides found drugs were present directly or in the background of the offenders in almost each situation.

Program Consumers

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

The consumers which will be served includes persons age 18 and older; veterans and homeless veterans with addictions and mental illnesses; low income individuals enrolled in vocational programs; and homeless individuals with addictions and/or mental disorders and persons at risk of homelessness. Boone County Community Health Status Assessment, 2013 identifies 45% of unsheltered homeless individuals have a severe mental illness and 40% have chronic substance abuse problems. The Boone County Issues Analysis: Mental Health, 2011, shows that of those persons needing substance use disorder treatment; 72% are male, 28% female; 67% are Caucasian; 30% are African American and 3% other races. Adults in need of treatment by age: 22% age 18-24; 31% ages 25-34; 23% ages 35-44; 16% age 45-54; and 4% age 55 and over. Education: 29% have less than a high school diploma and 43% are high school graduates or have a G.E.D.; 21% have some college and 4% have a bachelor or advanced degree. VA CHALENG data show a conservative estimate of 125 homeless veterans. Nearly half will have served in the Vietnam era but numbers are increasing for veterans of Desert Storm and the wars in Iraq and Afghanistan.

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

This population will be served because of their poor work history, lack of social supports, their alcohol and drug problems and their mental or physical health problems make it difficult for them to identify and secure employment and other services in order to be a productive member of society. There continues to be a stigma for those who have a substance abuse or mental health issue, which makes it difficult for these individuals to recover from addictions, find employment and reconnect with family, friends and society. Substance abuse leads to a huge societal cost and statistics show that the average cost to treat a substance addicted individual is \$1,346 versus a \$17,300 cost to society to NOT treat the substance addicted individual (DMH, 2008). There is also a cost for alcohol and drug related hospital and emergency room visits, alcohol and drug related crashes and loss of property suffered by Missourians due to drug and alcohol related crimes. Substance abuse affects not only the addicted individual, but also affects their family members due to strained relationships and the community due to low worker productivity. Substance abuse can also lead to dysfunction in the family home, unemployment and possibly even homelessness. Evidence based and effective substance abuse treatment can put individuals on the road to recovery and give them the tools to increase functioning and be a productive member of society.

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

There are numerous challenges to adequately serve low income individuals with substance use disorders (SUD). Rarely does SUD exist in isolation of other severe problems including mental health disorders, physical health challenges, criminal justice involvement, homelessness, lack of social support and transportation difficulties. Persons served by multiple providers need an increased amount of service coordination. Much of state funding for the indigent creates long waits for assessment and instigation of treatment services leading to difficulties in early engagement and intervention.

Program Goal

Instructions: The program goal(s) should correspond to the organization's major goal(s) (as stated in the Organization Information section), the issue(s) the proposed program is intended to address (as stated in the Statement of the Issue Being Addressed sub-section above), and the consumers of the proposed program (as indicated in the Program Consumers sub-section above).

State the goal(s) of the proposed program. (300 character limit)

The goals of this program are to improve the health and quality of life of Boone County residents impacted by alcohol and other drug use disorders through improved access to treatment and community collaboration. Another goal is to reduce criminal activity as a result of drugs/alcohol.

Program Description

Instructions: The information provided in this section should include information for each program service indicated in the Program Service section.

a. Provide a detailed description of the proposed program. (3000 character limit)

Our services are provided to persons regardless of their ability to pay. Our agency uses a recovery-oriented, continuum of care approach that helps people achieve and maintain their recovery from substance abuse. Recovery is the expectation, not the exception. Through the recovery process, individuals and families regain what has been lost: their health, relationships, dignity, housing and employment. Clients that come to our agency to address their addiction are seamlessly moved along a continuum towards help with obtaining independent living skills, access to education and assistance with finding employment and housing. With our continuum of care approach, clients receiving treatment and recovery services are assisted in achieving sustainable recovery. In addition to the benefits afforded individuals and families, treatment also offers benefits to the community in financial savings. For every \$1 spent, the community reaps a \$12 savings through decrease in crime, increase in family stability, decreased healthcare costs and increase in employment. For Phoenix, the cost per client, per episode for treatment invested results in millions of dollars in savings to the community. Our services include the following for outpatient treatment: 1) Partial Day Treatment is a structured system of day treatment that incorporates education, group counseling and learning practical skills in establishing a support network. The length of outpatient treatment varies. 2) Counseling provides one-on-one sessions with a counselor. In these private sessions the treatment is focused on individual concerns and issues. 3) Family Groups include family counseling groups. Bringing families into the recovery process both allows families to effectively support the recovery process and assists the family in coping with their loved one's addiction. 4) Court Assistance Programs are 6 week programs that require 2 hours of weekly sessions. These programs are court ordered; focus on educating individuals about addiction; and work to bring down crime and recidivism in the community. 5) Clinical Intervention provides treatment for individuals under the Substance Abuse Traffic Offenders Program. This is an intensive, 50-hour program that requires 6-9 hours of weekly education and counseling over a 6-9 week period. The agency also offers residential treatment services in a therapeutic community setting with 30 beds. We also offer social setting detoxification. This service provides emergency treatment. This treatment stabilizes individuals and prepares

them for ongoing treatment. Our programs offer intensive treatment in order to establish a good support system and educate clients about addiction. Integrating clients into a support network is key to success in treatment and recovery.

b. For each location in which the proposed program service(s) will be provided, indicate the street address and the days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.). If the proposed program service(s) are to be delivered off-site, describe the environment in which they will be provided (e.g. in homes, street outreach, etc.) (600 character limit)

The location of services will be provided at our treatment facility located at 90 East Leslie Lane in Columbia, Missouri. Some community support functions will be provided in the community. The hours of operation for outpatient treatment begin at 8:00 AM Monday- Saturday and end at 8:00 PM on Monday, 7:00 PM Tuesday-Thursday, 5:00 PM Friday, & 12:00 on Saturday.

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

The participant eligibility criteria will consist of the following: 1) adults ages 18 or older, both males and females; 2) participants live and reside in Boone county; 3) target those with low or very low incomes, although we will accept participants at any income level participants are screened for insurance status and ability to pay; 4) all admission into the program will be voluntary and participants may discontinue services at any time; 5) participants will have a substance abuse issue or a substance abuse issue with a co-occurring mental health issue

d. Describe any external requirements of the proposed program such as licensing, minimum standards, etc. (600 character limit)

Phoenix Programs meets the certification standards of the Missouri Department of Mental Health Division of Alcohol and Drug Abuse which includes all major components of the program and mandates that 60% of counselors be certified or qualified substance abuse counselors. In addition, both our adult outpatient and adult inpatient substance abuse treatment programs are accredited by the Commission on Accreditation of Rehabilitation Facilities.

e. Is the proposed program currently accredited by one or more recognized accrediting body?

Yes

If yes, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation:

Commission on Accreditation of Rehabilitation Facilities (CARF) and Missouri Department of Mental Health (DMH)

Current accreditation period:

CARF (May 2013 - May 2016). DMH (accredited and certified since 1978).

Description: (600 character limit)

Phoenix Programs obtained a 3 year accreditation in May 2013 for our adult outpatient and inpatient treatment programs with the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is an international accreditor in several areas of health and human services. Phoenix Programs is currently gearing up for another site visit in 2016 in order to renew the 3 year accreditation for our adult outpatient and inpatient treatment program and two other programs. Also, Phoenix Programs has been certified by the Missouri Department of Mental Health since 1978.

f. Are there best practices for the proposed program service(s)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed program. (600 character limit)

We use a variety of evidence based practices (EBP) to meet the needs of diverse consumers. We have begun providing Acceptance and Commitment Therapy interventions and education groups as well as the parenting component of Creating Lasting Family Connections. We have increased the amount of Mindfulness based programming, including Mindfulness Based Relapse Prevention, while continuing long practiced successful models of treatment like Modified Therapeutic Community, Motivational Interviewing, Cognitive Behavioral Therapy, and the Community Reinforcement Approach.

g. Is there evidence to support the efficacy of the proposed program and/or program service(s)?

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit)

All of the program elements in our outpatient substance abuse treatment program are identified as evidence based practices in the Substance Abuse and Mental Health Administration's National Registry of Evidence Based Practices and Programs. This list is the "gold standard" for interventions where there is strong evidentiary support of efficacy. This fidelity to evidence based practices demonstrates itself in Department of Mental Health (DMH) outcome data for 2014 which allows comparison to peer agencies in Missouri. Phoenix retains clients in treatment an average of 100.1 days exceeding the state average of 96.4 and the National Institute on Drug Abuse recommendation to exceed 90 days. Abstinence rates for enrollments at least 90 days show an absolute change of 22.3% at Phoenix outpatient in comparison to the statewide average of only 4.6%. Secondary effects include an increase in being employed or enrolled in school increasing by 15.7% at Phoenix compared to a state average of 6%. Our own outcome data based on follow up surveys 6 months post treatment shows even stronger long term effects including: Reducing alcohol use within 30 days from 60% to 30%; drug use within 30 days from 53% to 14%; attendance at self help groups from 14% to 66%; while 91% of participants reported Phoenix prepared them for a successful recovery.

If No - Provide rationale for utilizing the proposed program services(s). (1500 character limit)

N/A

h. Describe any unique or innovative aspects of the proposed program that will enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

In addition to expanding our outpatient program for more high need and low income residents, this will allow several innovative enhancements to service delivery. Our DMH outpatient program can have up to a 2 month wait for an outpatient assessment, except for identified "priority populations" who are offered an assessment within 72 hours. We will be able to add two more priority populations to increase the community wide impact of our outpatient services. Homeless veterans who do not qualify for VA benefits referred by Welcome Home will allow us to provide the high quality integrated substance abuse and mental health treatment afforded to most veterans by the VA. Discharge status, length of stay, or only serving in the National Guard leave these veterans without supports. Rapid and intense coordinated treatment will allow for homeless veterans to stay sheltered and focus on their recovery. Individuals at Job Point will also be added as priority populations. Rapid treatment will allow participants to continue their path forward in job training while they address their substance issue. We will deliver an onsite substance abuse course creating enhanced collaboration on shared clients increasing the efficacy of both programs and addressing local poverty rates. Enhanced transportation will be provided through partnering with Services for Independent Living for door to door transportation for high needs clients, especially those outside local transportation services.

i. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

This proposal inaugurates several new partnerships and deepening collaborations. Phoenix's provision of quality behavioral health services for some Welcome Home participants is essential for Welcome Home to expand and enhance their service delivery system at the Veteran's Campus. Phoenix will serve those the VA cannot and will provide an integral part of our County's combined effort to end veteran's homelessness. Job Point and Phoenix Programs will strengthen our collaborative relationship through co-locating services and coordinating substance abuse and vocational services to transform lives and reduce poverty. Job Point will also increase their marketing efforts for vocational programming for Phoenix outpatient participants. Services for Independent Living (SIL) will launch a pilot project to provide transportation for Phoenix clients. It could serve as a model for future expansion as well as ensure that individuals with physical disabilities can easily access high quality substance abuse treatment and that Phoenix participants with physical disabilities are made aware of the assistance SIL can provide. Phoenix will also continue to partner with probation and parole, law enforcement, the medical community, and other behavioral providers to show leadership in the development of a true County Recovery Oriented System of Care.

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

/document/download/filename/1434119019_29425_ServicesforIndep.LivingMOU.pdf/

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

/document/download/filename/1434380885_29426_JobPoint-PhoenixMOU.pdf/

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

/document/download/filename/1434396908_29427_WelcomeHome-PhoenixMOU.pdf/

Program Personnel 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 program. 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)

Program Personnel

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	SALARY RANGE FROM: (wages, social security and Medicare)	SALARY RANGE TO:
P1 Interim Executive Director	MQ1 Masters with 4 years experience	FTE1 0.45	SR1 FROM 59384.00	SR1 TO
P2 Director of Development	MQ2 Bachelors with 2 years experience	FTE2 0.15	SR2 FROM 78000.00	SR2 TO
P3 Chief Financial Officer	MQ3 Masters with 3 years experience	FTE3 0.35	SR3 FROM 59384.00	SR3 TO
P4 Director of Operations	MQ4 Bachelors with 3 years experience	FTE4 0.10	SR4 FROM 46987.00	SR4 TO
P5 Grants Manager	MQ5 Bachelors with 3 years experience	FTE5 0.40	SR5 FROM 43451.00	SR5 TO
P6 Network Administrator	MQ6 Bachelors with 2 years experience	FTE6 0.05	SR6 FROM 35360.00	SR6 TO
P7 Outcomes Manager	MQ7 Bachelors with 2 years experience	FTE7 0.35	SR7 FROM 44512.00	SR7 TO
P8 Substance Abuse Counselors	MQ8 LPC or LCSW with Masters degree	FTE8 5.50	SR8 FROM 40560.00	SR8 TO
P9 Case Managers	MQ9 Bachelors degree in social work, psychology or counseling	FTE9 2.25	SR9 FROM 31200.00	SR9 TO
P10 Peer Specialists	MQ10 Experience with adults suffering from co-occurring disorders	FTE10 0.75	SR10 FROM 18720.00	SR10 TO

Program Personnel Narrative

Provide a rationale for the minimum qualifications and salary range for each position indicated above. (600 character limit)

The agency employs staff consistent with the applicable requirements of the certification standards of the Department of Mental Health/Division of Alcohol and Drug Abuse. The staff are appropriately licensed, certified or credentialed and competent in the cultural, racial, and ethnic patterns of the geographic area being served. We maintain a minimum level of 60% of staff that are qualified substance abuse professionals. Staff are fully trained in the delivery of evidence-based practices used in the program.

Program Service Fee

a. Will program consumers be charged a fee for the proposed program service(s)?

Yes

If No - Provide a rationale for why no fees will be charged for the program service(s). (600 character limit)

N/A

If Yes - Provide a description of and rationale for the program service fee. (600 character limit)

Phoenix Health Programs' treatment services are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities—the underinsured and the uninsured. The use and structure of the fee schedule have been recommended by the Missouri Dept. of Mental Health to insure access to treatment services by underserved populations. The fee schedule also is based upon Federal Poverty Levels.

b. Will the program utilize a sliding fee schedule?

Yes

If No - Provide a rationale for why a sliding fee schedule will not be utilized. (600 character limit)

N/A

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Phoenix Programs' treatment services are offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities—the underinsured and the uninsured. The use and structure of the fee schedule have been recommended by the Missouri Dept. of Mental Health to insure access to treatment services by underserved populations. The fee schedule also is based upon Federal Poverty Levels.

c. Is the proposed program service(s) billable to a third party payer(s) (e.g. health insurance, state subsidy, etc.)?

Yes

If No - Explain why the program service(s) are not billable to a third party payer(s). (600 character limit)

N/A

If Yes - Indicate the program service(s) which will be billed, the third party payer(s) to be billed, and the consumer eligibility criteria for the third party source(s). (600 character limit)

If a consumer has commercial insurance, we would bill that payer (insurance company). The eligibility criteria is typically dictated through the employer or insurance company. For consumers in the Affordable Care Act plan, that is based on income level. We verify the consumer is active with insurance and obtain benefit information and we also determine if the treatment we will provide is a covered benefit or if prior authorization is required. We also accept private pay.

What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

For those that are underinsured we offer financing through two different companies: My Treatment Lender and M-Lend Financial. These are both independent lenders and we have no affiliation to the companies other than consumers can obtain financing for treatment. We also have DMH funding for uninsured/underinsured and those who qualify based on income levels.

Program Service Levels

Click Add to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

Link to Program Budget

Program Budget			Link Info	
TOTAL REVENUE	2.	TOTAL EXPENSES	Record Lock	Active Date
2870695.59	\$1,133,386.38	2870695.58		Added on 06/11/2015

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

Total Number of Unduplicated Individuals to be served by the Proposed Program

2928

Average Cost per Individual

980.43

Program Service Need

a. Are other organizations/businesses in the City of Columbia or Boone County currently providing the proposed program service(s)?

Yes

Indicate the organizations/businesses currently providing the proposed program service(s). (600 character limit)

Although other organization in the area are providing treatment services, Phoenix Programs is the only local agency in the area to provide an intensive outpatient program (IOP) to men as well as women. Our IOP is rooted in best practice philosophies: Modified Therapeutic Community, Mindfulness, and Motivational Interviewing. In addition, Phoenix Programs is one of the very few substance abuse treatment facilities in Mid-Missouri that is tobacco free and provides Mayo Clinic certified tobacco cessation classes.

b. State the reason why the proposed program is needed in the City of Columbia or Boone County. (1500 character limit)

The Mayor's Task Force on Community Violence identified drugs as the largest driver of gun violence while noting a lack of coordination/communication amongst programs and services. In addition the recent attention to sexual assault at the University of Missouri has highlighted the role of alcohol in campus rape. Recent trends show increased purity of heroin and the likelihood of heroin overdoses. There has been a major push by the VA to end veteran's homelessness but veterans who do not qualify for VA benefits have been literally left out in the cold. MU and VA are the economic engines of the county and the mere perception of crime and violence, uncontrolled substance abuse, campus rape, and homelessness are existential threats to our entire economy and community. Substance abuse has the ability to negatively impact the entire community even those who have never used. Supporting the expansion of quality substance abuse treatment with robust and proven outcomes makes sense. Strengthening our systems of care and providing enhanced treatment for those most in need, and those making attempts to lift themselves out of poverty to become productive citizens, invests in the well being of the entire community. Increasing support for a substance abuse treatment agency sends a strong message that the county understands the social ills that most beset their citizenry and is providing support to address the root causes of those ills to make long term improvements in our community.

Funding Request Justification

a. Provide a justification for the requested level of funding from the City of Columbia or Boone County. (600 character limit)

Phoenix Health Programs brings in over \$3 million in funding for services to the community. Our programs and services continue to expand to meet the unique needs of individuals with drug, alcohol and mental disorders. Through the additional funding provided by the County, we can serve more high-risk and underserved populations and hard to reach populations.

b. Describe how funding from the City of Columbia or Boone County for the proposed program will expand program service capacity, fill a gap in or loss of funding from other funding sources, and/or enable the organization to access funding from other funding sources. (600 character limit)

Funding from the county for the program will help us to expand services to more adults in need of treatment, especially hard to reach populations and those who are underserved, uninsured and underinsured. The funding will fill a gap in the loss of funding from other treatment grants that have expired. The funding will also allow the agency to pursue more federal grants with SAMHSA and other federal agencies since we can use county funds as matching funds.

Reference List

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

Reference List: (5000 character limit)

Prevo, Paul "Mayor's Task Force on Community Violence Recommendations" slide show 2014.

Principles of Drug Addiction Treatment: A Research-Based Guide (Third Addition) FAQs page "How long does drug addiction treatment usually last?".

Missouri Department of Mental Health: The Burden of Substance Abuse on the State of Missouri. November 2008.

Rainey, Sarah Community Health Status Assessment: Boone County, Missouri 2013.

Reharde, Lelande "Mayor's Task Force on Community Violence Minutes" 4/26/2014.

Department of Mental Health CIMOR data run report 2014.

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records

Linked 'Interim POS Report' Records

Link Instructions (2)

Linked 'Final Pilot Report' Records

Program Service

Program Service Instructions

The purpose of this section is to provide detailed information about the proposed program service(s). Services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in the proposed program. This includes services for which you are not requesting City of Columbia or Boone County funding.

Information provided in the Program Service Section should correlate with the information provided in the:

Program Overview

Program Budget

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Program Service 1

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (1) (1000 character limit)

Outpatient Substance Abuse Counseling

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (1) (100 character limit)

One hour of individual counseling for one Boone County resident

Unit Rate (1)

\$54.92

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, etc.) Is the proposed rate tied to an established public funding unit rate? (1)

Yes

If yes, source of publicly available rate (1) (600 character limit)

The proposed unit rate is tied to the Missouri Department of Mental Health (DMH) funding unit rate of \$13.73 per 15 minute unit for Individual Counseling (\$13.73 15 min unit * 4 units per hour = \$54.92).

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

N/A

Number of Units of Service to be Provided (1)

52270

Number of Unduplicated Individuals to be Served (1)

2928

Average Number of Units of Service per Unduplicated Individual (1)

17.85

Average Cost of Service per individual (1)

980.42

Are you proposing the City of Columbia or Boone County purchase this service? (1)

Yes

Amount Requested (1)

\$191,231.44

Proposed Number of Units of Service (1)

3482

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter,

etc.) (2) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (2) (100 character limit)

Unit Rate (2)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (2)

If yes, source of publicly available rate (2) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)

Number of Units of Service to be Provided (2)

0

Number of Unduplicated Individuals to be Served (2)

0

Average Number of Units of Service per Unduplicated Individual (2)

0

Average Cost of Service per Individual (2)

0

Are you proposing the City of Columbia or Boone County purchase this service? (2)

Amount Requested (2)

\$0.00

Proposed Number of Units of Service (2)

0

Program Service 3

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (3) (100 character limit)

Unit Rate (3)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (3)

If yes, source of publicly available rate (3) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (3) (600 character limit)

Number of Units of Service to be Provided (3)

0

Number of Unduplicated Individuals to be Served (3)

0

Average Number of Units of Service per Unduplicated Individual (3)

0

Average Cost of Service per Individual (3)

0

Are you proposing the City of Columbia or Boone County purchase this service? (3)

Amount Requested (3)

\$0.00

Proposed Number of Units of Service (3)

0

Program Service 4

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter,

etc.) (4) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (4) (100 character limit)

Unit Rate (4)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (4)

If yes, source of publicly available rate (4) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (4)(600 character limit)

Number of Units of Service to be Provided (4)

0

Number of Unduplicated Individuals to be Served (4)

0

Average Number of Units of Service per Unduplicated Individual (4)

0

Average Cost of Service per Individual (4)

0

Are you proposing the City of Columbia or Boone County purchase this service? (4)

Amount Requested (4)

\$0.00

Proposed Number of Units of Service (4)

0

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (5) (100 character limit)

Unit Rate (5)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (5)

If yes, source of publicly available rate (5) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (5) (600 character limit)

Number of Units of Service to be Provided (5)

0

Number of Unduplicated Individuals to be Served (5)

0

Average Number of Units of Service per Unduplicated Individual (5)

0

Average Cost of Service per Individual (5)

0

Are you proposing the City of Columbia or Boone County purchase this service? (5)

Amount Requested (5)

\$0.00

Proposed Number of Units of Service (5)

0

Totals

Total Amount of City of Columbia or Boone County Funding Requested for the Proposed Program

Service(s):

191231.44

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

System Fields

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Consumer Demographics

Consumer Demographics Instructions

Instructions:

The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program services. All counts are for Unduplicated Individuals. The totals for all sub-sections should be identical.

Information provided in the Consumer Demographic Information Section should correlate with the information provided in the:

- Program Overview Section
- Program Budget Section
- Program Service Section (POS Only)
- Program Performance Measures Section

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

2928

City of Columbia

2928

Other Counties

0

Residence Total

2928

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

2010

Black or African American (alone)

828

Native American Indian or Alaskan Native (alone)

14

Asian (alone)

20

Native Hawaiian or other Pacific Islander (alone)

8

Multiple Races

48

Some Other Race

0

Subtotal - Non-Hispanic

2928

HISPANIC

Of all races

0

Race/Ethnicity Total

2928

Gender**Female**

772

Male

2152

Other Gender

4

Gender Total

2928

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

2196

Over 200% of Federal Poverty Level

732

Income Total

2928

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

0

5-18 years

0

19-59 years

2408

60 years and over

520

Age Total (1)

2928

System Fields**Linked 'Interim POS Report' Records****Link Instructions****Linked 'Final POS Report' Records****Linked 'Interim Pilot Report' Records (1)**

Linked 'Final Pilot Report' Records

Program Performance Measures

Program Performance Instructions

Instructions:

The purpose of this section is to provide performance measurement information for each proposed program service. For each program service included in the Program Service Section, a performance measurement logic model will appear below. Each logic model has been partially auto-populated with program service and output information based on information provided in the Program Service Section.

PLEASE NOTE: The Program Service Section **MUST** be completed before completing this Program Performance Measures Section.

In the fields provided, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement for each proposed program service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Click [here](#) to access helpful information about performance measures.

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

*Indicates Required Field

Link to Program Service Records

Click **Add** to link to the Program Service record for this program application to auto-populate the Service, Units and Unduplicated Individuals for each Program Service.

Link to Program Service

Program Service	Record Lock	Link Info
Indicate Proposed Service (...)		Active Date
Outpatient Substance Abuse Counseling		Added on 06/11/2015

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

Program Service 1

Service (1)

Outpatient Substance Abuse Counseling

Program Service 1 - Outputs

Units (1)	Unit Measure (1)	Unduplicated Individuals (1)
52270	One hour of individual counseling for one Boone County resident	2928

Program Service 1 - Outcomes

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Participants will report a decrease in the use of alcohol.	The number of participants reporting alcohol use will decrease from 60% at intake to 25% at 6 month follow up.	The agency conducts GPRA surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.
Additional Outcome (1-	Additional Indicator (1-2)	Additional Method (1-2)

2)
Participants will report a decrease in the use of drugs.

The number of participants reporting drug use will decrease from 53% at intake to 10% at 6 month follow up.

The agency conducts GPRA surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (1-3)

Participants will report an increase in the use of self-help programs for long term recovery.

Additional Indicator (1-3)

The number of participants reporting attendance at self-help groups will increase from 14% at intake to 40% at 6 month follow up.

Additional Method (1-3)

The agency conducts GPRA surveys on every client in the program at intake. At 6 month follow up clients are contacted again for follow up data collection.

Additional Outcome (1-4)

Additional Indicator (1-4)

Additional Method (1-4)

Additional Outcome (1-5)

Additional Indicator (1-5)

Additional Method (1-5)

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit)

Each outcome is attributed to the program goals in order to see each participant succeed and progress in their substance abuse treatment and recovery.

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

N/A

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

Measurement of the outcomes will be collected using the GPRA core client outcomes survey. It will be administered at intake and at 6 month follow up to measure change in the participants.

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

Government Performance and Results Act (GPRA) core outcomes data will be collected in order to measure outcomes for the evidence based treatment program.

Program Service 2

Service (2)

Program Service 2 - Outputs

Units (2)

0

New Unit Measure Auto Populate2

Unduplicated Individuals (2)

0

Program Service 2 - Outcomes

Outcome (2-1)

Indicator (2-1)

Method of Measurement (2-1)

Additional Outcome (2-2)

Additional Indicator (2-2)

Additional Method (2-2)

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Program Service 2 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (2) (600 character limit)

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

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

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

Program Service 3

Service (3)

Program Service 3 - Outputs

Units (3)

New Unit Measure Auto Populate3

Unduplicated Individuals (3)

0

0

Program Service 3 - Outcomes

Outcome (3-1)

Indicator (3-1)

Method of Measurement (3-1)

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (3) (600 character limit)

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

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

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

Program Service 4

Service (4)

Program Service 4 - Outputs

Units (4)

New Unit Measure Auto Populate4

Unduplicated Individuals(4)

0

0

Program Service 4 - Outcomes

Outcome (4-1)

Indicator (4-1)

Method of Measurement (4-1)

Additional Outcome (4-2)

Additional Indicator (4-2)

Additional Method (4-2)

Additional Outcome (4-3)

Additional Indicator (4-3)

Additional Method (4-3)

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (4) (600 character limit)

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

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

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

Program Service 5

Service (5)

Program Service 5 - Outputs

Units (5)

New Unit Measure Auto Populate5

Unduplicated Individuals (5)

0

0

Program Service 5 - Outcomes

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (5) (600 character limit)

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

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

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

System Fields

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Michael Trapp
~~Michael Trapp~~, Interim Executive Director 6/4/15
Printed Name - Agency Executive Director/President/CEO Date

Ma J
Signature - Agency Executive Director/President/CEO 6/4/15
Date

Nelly Roach
Printed Name - Agency Board Chair 6/4/15
Date

Nelly Roach
Signature - Agency Board Chair 6/4/15
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

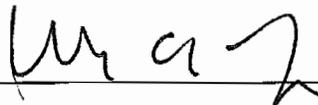
(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Michael Trapp, Interim Executive Director

Name and Title of Authorized Representative

Signature



6/4/15

Date



Employment Eligibility Verification



Welcome
Mindy Stuck

User ID
MSTU0856

Last Login
08:23 AM - 05/02/2014 Log Out

Click any for help

- Home
- My Cases
 - New Case
 - View Cases
 - Search Cases
- My Profile
 - Edit Profile
 - Change Password
 - Change Security Questions
- My Company
 - Edit Company Profile
 - Add New User
 - View Existing Users
 - Close Company Account
- My Reports
 - View Reports
- My Resources
 - View Essential Resources
 - Take Tutorial
 - View User Manual
 - Share Ideas
 - Contact Us

Company Information

Company Name: Phoenix Programs, Inc.

[View / Edit](#)

Company ID Number: 304583

Doing Business As (DBA) Name:

DUNS Number:

Physical Location:

Address 1: 90 E. Leslie Lane

Address 2:

City: Columbia

State: MO

Zip Code: 65202

County: BOONE

Mailing Address:

Address 1:

Address 2:

City:

State:

Zip Code:

Additional Information:

Employer Identification Number: 431047634

Total Number of Employees: 20 to 99

Parent Organization:

Administrator:

Organization Designation:

Employer Category: None of these categories apply

NAICS Code: 624 - SOCIAL ASSISTANCE

[View / Edit](#)

Total Hiring Sites: 1

[View / Edit](#)

Total Points of Contact: 1

[View / Edit](#)

[View MOU](#)



Employment Eligibility Verification

Welcome
Mindy Stuck

User ID
MSTU0856

Last Login
08:10 AM - 05/02/2014

Log Out



Click any for help

- Home
- My Cases
- New Case
- View Cases
- Search Cases
- My Profile
- Edit Profile
- Change Password
- Change Security Questions
- My Company
- Edit Company Profile
- Add New User
- View Existing Users
- Close Company Account
- My Reports
- View Reports
- My Resources
- View Essential Resources
- Take Tutorial
- View User Manual
- Share Ideas
- Contact Us

Points of Contact Summary List

Previous Next

First Name	Last Name	Middle Name	Phone Number	Fax Number	E-mail Address
Mindy	Stuck	S	(573) 875 - 8880 ext. 2143	(573) 442 - 8095	mstuck@phoenixpro

Previous Next



Company ID Number: 304583

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **Phoenix Programs, Inc.** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304583

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative

Company ID Number: 304583

nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.
 - B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.
5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
 - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304583

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking

Company ID Number: 304583

adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as

Company ID Number: 304583

authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304583

contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

Company ID Number: 304583

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible

Company ID Number: 304583

after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take

Company ID Number: 304583

mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304583

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Phoenix Programs, Inc.

Judy Prevo

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/16/2010

Date



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 304583

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Phoenix Programs, Inc.

Company Facility Address: 90 E. Leslie Lane

Columbia, MO 65202

Company Alternate
Address:

County or Parish: BOONE

Employer Identification

Number: 431047634

North American Industry
Classification Systems

Code: 624

Parent Company:

Number of Employees: 20 to 99

Number of Sites Verified

for: 1

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

- MISSOURI 1 site(s)

Company ID Number: 304583

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

Name:	Judy A Prevo		
Telephone Number:	(573) 875 - 8880 ext. 2143	Fax Number:	(573) 442 - 8095
E-mail Address:	jprevo@phoenixprogramsinc.org		



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) then \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

c. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

d. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

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

OFFEROR has examined **Addendum #1** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: Phoenix Programs, Inc.

Address: 90 E. Leslie Ln. Columbia, MO 65202

Phone Number: 573-875-8880 Fax Number: 573-442-3830

E-mail: mtrapp@phaenixhealthprograms.com

Authorized Representative Signature: MAJ Date: 6-4-15

Authorized Representative Printed Name: Michael Trapp

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN'S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family & Children's Services	815-9955
3.	Mable J Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Brunning	Cd/Boone Public Health Home Services	874-7343
6.	MICHAEL WILES	Boone PHTS	874-6331
7.	Meg Bartlett	Marye Johnston Community Learning	449-5600
8.	Kim Harvey	Hartshorn Early Learning Center	815-5959
9.	Steve Bellis	City/County PHTS	776-7487
10.	Robert Easley	Presbyterian Children's Home, Inc.	314-581-1727
11.	Christine Cronin	Lutheran Family & Children's Services	314-754-2231
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

**PROPOSAL OPENING
RFP - 25-15JUN15 - PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN'S SERVICES FUND,
2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Putnam Community Health	573-480-4781
3.	Consuelo Johnson	Two City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHHS	573-874-7232
6.	Wendy Ell	Univ. of MO - Dept. of Psychology	573 673-4057
7.	Yvelochy Boling	Univ. of MO Dept of Psychology	573- 673-4057
8.	LYNCHIA CHAPMAN	The Salvation Army	573 442-3229 X222
9.	Shelly Lock	Child Care Alliance of MO	573-4455437
10.	Nicole Ogan	BCCC	573 874 1690
11.	Nicole Elliott	Central Missouri Foster Care Adoption Assn	575 299 6654
12.	Dan Reilly	MO Wellness Resource Ctr	573 884-7634
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbit	Boone County Purchasing	886-4391
2.	Nova Kelleher	Epworth Methodist Church	314-918-3321
3.	Adam Saunders	Columbia Center for Urban Agriculture	573-356-9372
4.	Kathy Becker	Missouri Ends Taxis	513-642-5345
5.	Nick Foster	Voluntary Station Center	573-874-2273
6.	PAM LEAHE	PREFERRED FAMILY HC	573 680 1908
7.	Vividy Lane	Larson Home	573-474-6600
8.	Nicole Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Karla Lynn Miller	Deep 4 Girls Club	573-834-8334
11.	KEVIN DRUNKER	EPWORTH	314-918-3338
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jans	Youth Empowerment Zone	(607) 697-5215
3.			
4.			
5.	Becky Mark	Child Income Services	573-443-2586
6.	Cathy O'Richard	Boone Co. Public Admin	573-886-7190
7.	Cherie Starvo	Rainbow House	573-474-6600
8.	Janie Bakuta	Rainbow House	573-474-6600
9.	Scott Clardy	Boone Co. Pub. Adm. Serv.	573-441-5560
10.	Rebecca Korman	Boone Co. Public Admin	573-444-4757
11.	Carole Sauer	mu Bridge	573-268-4129
12.			
13.			
14.			
15.			



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: Phoenix Programs, Inc.
Address: 90 E. Leslie Ln. Columbia, MO 65202
Phone Number: 573-875-8880 Fax Number: 573-442-3830
E-mail: mtrapp@phoenixhealthprograms.com
Authorized Representative Signature: Michael Trapp Date: 6-4-15
Authorized Representative Printed Name: Michael Trapp



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #3 - Issued June 11, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. Clarification regarding Budget completion:

If an agency is proposing funds for two years, then complete the budget for two years (even though the budget says "proposed year").

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

OFFEROR has examined Addendum #3 to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: Phoenix Programs

Address: 90 E. Leslie Ln. Columbia, MO 65202

Phone Number: 573-875-8880 Fax Number: 573-447-3830

E-mail: mtrapp@phoenixhealthprograms.com

Authorized Representative Signature: Michael Trapp Date: 6-11-15

Authorized Representative Printed Name: Michael Trapp



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

ADDENDUM #3 - Issued June 11, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. Clarification regarding Budget completion:

If an agency is proposing funds for two years, then complete the budget for two years (even though the budget says "proposed year").

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

OFFEROR has examined **Addendum #3** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

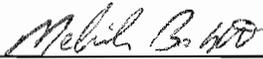
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# 26-15JUN15 – *Purchase of Service and Pilot Program Contracts for the Community Health Fund*, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) than \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

c. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

d. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

By: 
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Bruning	Co/Boone Public Health Home Services	874-7343
6.	MICHELLE SWALES	Boone PHS	874-6331
7.	Meg Barrett	Maryland Center Community Learning	449-5600
8.	Kim Harvey	Marshall University Early Learning Center	875-5959
9.	Jane Hillis	City of Boone PHS	774-7489
10.	Robert Coyle	Presbyterian Children's Home, Boone	314-381-1727
11.	Christine Cooney	Lutheran Family Services	314-754-2231
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN'S SERVICES FUND,
2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Pertinway Community Health	573-480-4781
3.	Carolee Johnson	Fun City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHS	573-874-7632
6.	Wendy Ell	Univ. of MO - Dept. of Psychology	573 673-4057
7.	Melody Bosting	Univ. of MO Dept of Psychology	573- 673-4057
8.	CYNTHIA HARSH	The Salvation Army	573-442-3229 x222
9.	Shelly Lock	Child Care Assoc of MO	573-445-5437
10.	Nicole Ann	BOCC	573 824-1697
11.	Michelle Elliott	Central Missouri Foster Care-Adoption Assoc	573-244-0855
12.	Dan Reilly	MO Wellness Project	573 884-7534
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kelleher	Epworth Children's Center	314-918-3321
3.	Alan Saunders	Columbia Center for Urban Agriculture	573-356-7392
4.	Kathy Becker	Missouri Ends Trench	513-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEAHE	PREFERRED FAMILY HC	573 680 1705
7.	Judy Lane	Lanier House	573-474-6600
8.	Niide Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1813
10.	Caro Lynn Mitchell	Deepsouth Child	573-234-8334
11.	KEVIN DRUMMER	EPWORTH	314-918-3308
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jones	Youth Empowerment Zone	(573) 697-5215
3.			
4.			
5.	Becky Markt	CITA Low-Income Services	573-443-2556
6.	Cathy Richards	Boone County Public Admin	573-886-7190
7.	Claire Slama	Rainbow House	573-474-6000
8.	Janis Bakute	Rainbow House	573-474-6600
9.	Scott Clardy	Columbia/Boone Co. Pub. Adm. & Mgmt	573-441-5560
10.	Rebecca Kressler	Col/Boone Co Public Admin	573-424-4757
11.	Carole Schmitz	mu Bridge	573-268-4129
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 26-15JUN15
Purchase of Service and Pilot Program Contracts
Boone County Community Health/Medical Fund
2015 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 5, 2015
Written Questions Due By	mbobbitt@boonecountymo.org	May 13, 2015 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 18, 2015 1:00 p.m. Central Time
Response Submission Deadline	Apricot by CTK® on-line system	June 15, 2015 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 16, 2015 9:30 a.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 26-15JUN15

A pre-proposal conference has been scheduled for **Monday, May 18, 2015, at 1:00 p.m.** central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. central time on Monday, June 15, 2015** via the on-line application system, Apricot by CTK®.

The Request for Proposal is scheduled to be **opened shortly after 9:30 a.m. on Tuesday, June 16, 2015** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 26-15JUN15

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by CTK[®] until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP.
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals: The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 16, 2015 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2015 Bid Tabulations".
- c) Proposal responses are due by Monday, June 15, 2015 at 5:00 p.m. No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Project Information and Requirements
 - 4) Application Information
 - 5) Organization Information – on-line
 - 6) Organization Financial Information and Budget Narrative - online
 - 7) Program Overview – on-line
 - 8) Program Services – on-line
 - 9) Program Budget Worksheet and Narrative – on-line
 - 10) Program Consumer Demographics – on-line
 - 11) Program Performance Measures Information Section – on-line
 - 12) Attachment A - Agency Assurance Sheet
 - 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 13, 2015. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1. To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 18, 2015 at 1:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

2.4. Term; Termination of Contract Agreement:

- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Hospital's Community Health Needs Assessment:
http://assets.thehcn.net/content/sites/boone/Boone_Hospital_Center_CHNA.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2015/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<http://gocolumbiamo.com/Health/PublicHealthandHumanServicesPublications.php>
- Community Input Report created for Boone County Children's Services Board:
http://www.showmeboone.com/communityservices/common/pdf/Community_Input_Report_Final.pdf

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000.00 available for purchase of services and pilot programs that address community health needs. Organizations should apply for funds under the Community Health Fund Purchase of Service application if the organization's program services may be purchased at a fixed unit measurement and rate. Applications for funding for purchase of services should expand availability of services currently offered in Boone County or make available a service that does not currently exist in Boone County. Organizations may apply under the Community Health Fund Pilot Program application if the organization is able to initiate, implement and achieve program outcomes within a two-year time period.

For Pilot Programs, Indirect expenses will be considered up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service or Pilot Program** as outlined in the information required in the following online application:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel.
- 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service.
- 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.
- 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
- 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.

3.8. Contractor Agency Requirements:

- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this

contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.

4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2015

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

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

PRODUCER Winter-Dent & Company Columbia Branch P.O. Box 1046 Jefferson City, MO 65102 Steve M Tade	CONTACT NAME: Susie Edwards Account Manager
	PHONE (A/C, No, Ext): 573-449-8100
	FAX (A/C, No): 573-449-3430
	E-MAIL ADDRESS: susie@winterdent.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Philadelphia Insurance Company
INSURED Phoenix Programs Inc 90 E Leslie Lane Columbia, MO 65202	NAIC # 23850
	INSURER B: MO Employers Mutual Ins. Co.
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	PHPK1320369	04/22/2015	04/22/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1320369	04/22/2015	04/22/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			PHUB497584	04/22/2015	04/22/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	MEM0004213	09/16/2014	09/16/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liab			PHPK1320369	04/22/2015	04/22/2016	Occurrence 1,000,000 Aggregate 3,000,000

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

CERTIFICATE HOLDER <p style="text-align: right;">COUNT18</p> County of Boone - Missouri 613 E Ash Street, Room 110 Columbia, MO 65201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



AGREEMENT FOR PURCHASE OF SERVICES Basic Needs and Emergency Services

THIS AGREEMENT dated the 12TH day of November, 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County", and **Voluntary Action Center**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as VAC.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

WHEREAS, the VAC has submitted a complete Request for Funding Proposal Application to the County detailing the services and other supports to be provided along with the expected cost to VAC thereof; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY VAC

VAC is expected to the greatest extent possible to maximize funding from all other sources. VAC shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. VAC shall only request reimbursement for services not reimbursable by any other source. VAC shall not invoice the County for units of service invoiced to another funding source. VAC shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund is not a duplication of reimbursement from any other source of funding.

1. **Contract Documents.** This agreement shall consist of the Request for Proposal #26-15JUN15 (Purchase of Services) and VAC's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the VAC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

2. **Purchase.** The County agrees to purchase from the VAC and the VAC agrees to furnish **Basic Needs and Emergency Services** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the VAC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$34,000.00** unless compensation for specific identified additional services is authorized and approved by County in writing in advance of rendition of such services for which additional compensation is requested.

3. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through December 31, 2016 subject to the provisions for termination specified below. This contract may at the sole discretion of the County and with the agreement of VAC be renewed for an additional two (2) one-year periods. VAC agrees and understands that the County may require supplemental information to be submitted by VAC prior to any renewal of this agreement.

4. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit costs for services are the mutually agreed upon rates as follows:

Service (1)			
Screening to provide co-pay assistance for prescriptions, medical visits, eyeglass services, and other medical needs; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.			
Unit Measurement (1)	Unit Rate (1)	Proposed # of Units (1)	Total Amount Requested (1)
15 minutes	\$10.00	2000	\$20,000.00
Service (2)			
Screening to provide rent assistance for homelessness prevention or rapid rehousing; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.			
Unit Measurement (2)	Unit Rate (2)	Proposed # of Units (2)	Total Amount Requested (2)
15 minutes	\$10.00	1000	\$10,000.00

536-2015

Service (3)			
Screening to provide uniforms or other clothing for work; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.			
Unit Measurement (3)	Unit Rate (3)	Proposed # of Units (3)	Total Amount Requested (3)
15 minutes	\$10.00	200	\$2,000.00
Service (4)			
Screening for provision of infant car seats; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.			
Unit Measurement (4)	Unit Rate (4)	Proposed # of Units (4)	Total Amount Requested (4)
15 minutes	\$10.00	200	\$2,000.00

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

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

REPORTING, MONITORING, AND MODIFICATION

6. **Reporting.** The County shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by VAC to monitor service delivery and program expenditures. VAC agrees to submit to the County an Interim Report by July 29, 2016 for the period beginning with the date of contract execution to June 30, 2016 and a Year End Final Report by January 31, 2017, for the period of the term of the contract. Variations on this date may be requested by VAC and, if so stipulated, are noted on this contract document. Payments may be withheld from VAC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization’s outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. VAC agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

✓ 7. **Audits.** VAC also agrees to make available to the County a copy of its annual audit within four months after the close of VAC's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the County requires that the management report of any audit as it relates to County program activities be made available to County as part of the required audit. Payment may be withheld from VAC, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

8. **Monitoring.** VAC agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County to monitor, survey and inspect VAC's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, VAC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of Community Health Funds and all other matters set forth in the contract.

9. **Modification or Amendment.** In the event VAC requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County Commission for approval. A board resolution from VAC may be required with the request.

OTHER TERMS OF THIS CONTRACT

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

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

12. **Community Health Fund to be used for Services Provided.** VAC agrees that the Community Health Funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to VAC's provision of such services.

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

14. **Conflict of Interest.** VAC agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and VAC, and this shall include any transaction in which VAC is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

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

16. **Employment of Unauthorized Aliens Prohibited.** VAC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. VAC shall require each subcontractor to affirmatively state in its Agreement with the VAC that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide VAC a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

18. **Board Ownership.** If VAC ceases to be funded by the County or ceases to provide programs and services to address community health needs pursuant to this contract, all capital equipment, materials, and buildings purchased with Community Health Funds shall be returned to Boone County unless so otherwise approved by a majority vote of the County. In addition, if

536-2015

VAC no longer uses capital equipment, materials, or buildings purchased with Community Health Funds for its original intent, VAC will need County approval to re-direct the use of such.

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

20. **Termination.** County may terminate this agreement at will by giving at least 30 days prior written notice to the VAC. This agreement may be terminated by the County upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. County may terminate this agreement should the VAC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

21. **Indemnification.** To the extent permitted under Missouri law, VAC agrees to hold harmless, defend and indemnify the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of VAC (meaning anyone, including but not limited to consultants having a contract with the VAC or subcontractor for part of the services), or anyone directly or indirectly employed by VAC, or of anyone for whose acts VAC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

22. **Publicity by the Organization.** VAC shall notify the County of contact with the media regarding Community Health Fund funded programs or profiles of participants in Community Health Fund funded programs. VAC will acknowledge the County as a funding source whenever publicizing Community Health Fund funded programs. VAC will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. VAC agrees to acknowledge the Community Health Fund as a funding source on all

536-2015

written and electronic publications including brochures, letterhead, annual reports and newsletters.

23. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the County and VAC. The County does not recognize any of the VAC's employees, agents or volunteers as those of the County.

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

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

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

27. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

Any written notice or communication to the VAC shall be mailed or delivered to:

Voluntary Action Center
Nick Foster, Executive Director
403A Vandiver Dr.
Columbia, MO 65202

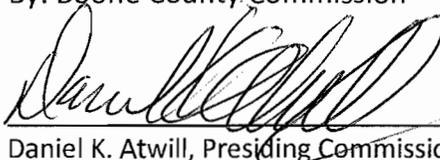
IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

Voluntary Action Center

Boone County, Missouri

By: Boone County Commission

By: 
Signature


Daniel K. Atwill, Presiding Commissioner

By: Nick Foster / Executive Director
Printed Name / Title

APPROVED AS TO FORM:

[Signature] for CS Agency
County Counselor

ATTEST:

[Signature]
Wendy S. Noren, 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.)

[Signature] 11/02/2015 (2130/71106/\$34,000)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Organization Profile

Basic

Organization Profile Instructions

New Users:

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

Returning Users:

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

Organization User Information

Primary Information

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

Voluntary Action Center

DBA:

Federal EIN Number:

23-7120750

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

403A Vandiver Dr

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Phone Number:

573-847-2273

Website:

www.vacmo.org

Head of Organization

Nick Foster

Head of Organization Phone:

573-874-2273

Address

403A Vandiver Dr

City

Columbia, MO

State

Missouri

County

Boone

Zip

65202

Organization Fax Number:

573-874-9172

Email:

dir@vacmo.org

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

Executive Director

Head of Organization Email:

dir@vacmo.org

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

Local Organization Name:

Local Organization Fax:

Address

Address

City
State
County
Zip

City
State
County
Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose):

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

To help low-income individuals and families bridge the gaps between crisis and stability and improve quality of life in Boone County.

Organization History:

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

Volunteers who identified the need for a central volunteer coordination agency and an information bureau founded Voluntary Action Center in Columbia, Missouri in 1969. As the agency grew, emphasis shifted from volunteer-related services to information, referral, and advocacy. The agency continued to identify gaps in service and as a result, began providing emergency assistance in areas of basic need such as food, shelter, clothing, transportation, and prescriptions. Today, VAC is an established social service agency, essential to clients, agencies, and the community as a whole.

Brief Statement of Organization's Major Goals:

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

VAC seeks to provide services that assist low-income residents of Boone County to meet basic needs in the areas of health, employment, education, and housing. The agency seeks also to remain flexible and creative in responding to new opportunities that will contribute, in partnership with others, to an effective network of services adequate to the needs of our clients.

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

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1433859001_30405_VACArticlesofIncorporation.pdf/

Organizational Chart (must be for the entire organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1433859238_30406_VACOrganizationalChart.pdf/

Service Area:

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

Boone County

Population Served:

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

Boone County residents whose family income must be under 200% of Federal poverty guidelines.

Governing Board

Organization Governing Board:

Please include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member

[Link Info](#)

Name	Board Position:	Address:	Active	Date
Shawn Barnes	Immediate Past President	Williams-Keepers LLC 2005 W Broadway #100 Columbia, MO 65203	✓	Added on 07/24/2015
Denise Whitworth	Board Member	Landmark Bank 109 E Nifong Blvd Columbia, MO 65202	✓	Added on 07/20/2015
Barbie Banks	Board Member	Columbia Public Schools	✓	Added on 06/08/2015
Bob Fisher	Treasurer	Callaway Bank 1600 Chapel Hill Rd Columbia, MO 65203	✓	Added on 06/08/2015
Michelle Zvanut	Secretary	Boone Hospital Center 1600 E Broadway Columbia, MO 65279	✓	Added on 06/08/2015
Andrea Benna	President	MU Intercollegiate Athletics 200 Mizzou Arena Columbia, MO 65211	✓	Added on 06/08/2015
Billy Borgmeyer	Board Member	3817 Dublin Ave. Columbia, MO 65203	✓	Added on 06/08/2015
Robert Churchill	Board Member	1119 Northshore Drive Columbia, MO 65203	✓	Added on 06/08/2015
Brian Cunningham	Board Member	Moresource, Inc. 401 Vandiver Drive Columbia, MO 65202	✓	Added on 06/08/2015
Kari Laudano	Board Member	Logistique Studio PO Box 1488 Columbia, MO 65205	✓	Added on 06/08/2015
Sara Emily LaMone	Board Member	Little Dixie Construction 3316 Lemone Industrial Blvd. Columbia, MO 65201	✓	Added on 06/08/2015
Carol McEntyre	Board Member	First Baptist Church 1112 East Boradway Columbia, MO 65203	✓	Added on 06/08/2015
Kelsey Meyer	Board Member	Influence & Co. 807 East Green Meadows Rd Apt 305 Columbia, MO 65201	✓	Added on 06/08/2015
Chris Rosskopf	Board Member	Boone County National Bank PO Box 678 Columbia, MO 65205	✓	Added on 06/08/2015
Diamond Scott	Board Member	Influence & Co. 5029 S Providence Road, Apt D Columbia, MO 65203	✓	Added on 06/08/2015
Scott Sutherland	Board Memeber	Forum Christian Church 3900 Forum Columbia, MO 65203	✓	Added on 06/08/2015
Ted Webber	Board Member	RE/MAX Boone Realty 33 East Broadway Suite 200 Columbia, MO 65203	✓	Added on 06/08/2015

Total Active Links:17, Total Deactivated Links:3, Current Active Links:17, Current Deactivated Links:3

Advisory Board (if applicable)

Organization Advisory Board (if applicable):

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

Advisory Board Member

Financial Information

Organization

Fiscal Year:

January - December

IRS Tax Exempt Status Determination Letter:

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

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

/document/download/filename/1433859238_29953_VAC501%28c%29%283%29Letter.pdf/

Financial Statement:

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

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1437749621_29954_VAC2014AuditReport.pdf/

IRS 990 or 990 EZ:

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

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1437750359_29955_VAC2014IRSform990TaxReturn.pdf/

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

Voluntary Action Center has an in-depth Financial Policy which defines the procedures and policies for all financial aspects of the agency. The Financial policies of the Voluntary Action Center are adopted by the Board of Directors to guide the financial operation of the agency. The Board of Directors adopts the annual budget as developed by the Finance Committee. The Board of Directors has oversight of the purchasing, salaries, gifts, reserves, and endowments that the agency engages in. VAC's financial statements are presented and reviewed each month at the monthly board meetings.

Employees Compensation

Top Five Compensated Employees:

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

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.) FTE = number of direct program service hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

If more than one employee is employed in the same position and the level of compensation is not identical, please list each of those employees separately.

Click +New to add Employee Compensation information.

Employees

Employees Compensation					Link Info
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active Date
Executive Director	B.A., B.S., M.P.A. or M.B.A.	1.00	\$60,560.00	\$4,730.00	Added on 06/09/2015

Social Services Specialist	B.A., B.S., or M.S.W.	1.00	\$34,448.00	\$4,330.00	✓	Added on 06/09/2015
Social Services Specialist	B.A., B.S., or M.S.W.	1.00	\$32,476.00	\$3,836.00	✓	Added on 06/09/2015
Social Services Specialist	B.A., B.S., or M.S.W.	1.00	\$32,295.00	\$3,836.00	✓	Added on 06/09/2015
Finance Administrator	H.S., B.A., B.S.	1.00	\$40,907.00	\$2,029.00	✓	Added on 06/09/2015

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

Accreditation:

Accreditation:

If your organization is currently accredited by one or more recognized accrediting body, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation, most recent dates of accreditation (including expiration date)

Description 1 (600 character limit):

Description 2 (600 character limit):

Description 3 (600 character limit):

Description 4 (600 character limit):

Description 5 (600 character limit):

Certifications:

Certifications:

Please indicate that the above named organization:

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

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

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

n/a

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

yes

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

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Active	Date
Voluntary Action Center	Community Health/Medical Fund - POS	Boone County	RFP #26-15JUN15	Basic Needs and Emergency Services	<input checked="" type="checkbox"/>	Added on 06/09/2015

(1 hidden)

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

System Fields

Record ID

12687

Modification Date

07/24/2015 10:06 am CDT

Modified By

Voluntary Action Cen ORG

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

Voluntary Action Center

Fund Source

Community Health/Medical Fund - POS

Funder

Boone County

Funding Cycle

RFP #26-15JUN15

Name of Program or Project

Basic Needs and Emergency Services

Amount of Request

\$34,000.00

Amount Awarded

\$0.00

Program Information

Program Website (will default to Organization website)

www.vacmo.org

Address

403A Vandiver Dr

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Name

Nick Foster

Phone Number

573-874-2273

Address

403A Vandiver Dr

City

Columbia, MO

State

Missouri

County

Boone

Zip

65202

Program Administrator Title

Executive Director

Email

dir@vacmo.org

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1434144469_30421_AttachmentAVAC.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1433881033_30420_AttachmentBVAC.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1434144469_30419_AttachmentCVAC.pdf/

Addendums

/document/download/filename/1434147548_30418_AddendumsVAC.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Voluntary Action Center	403A Vandiver Dr	Nick Foster	<input checked="" type="checkbox"/>	Added on 06/09/2015

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)
23-7120750

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Budget

Program Budget Instructions

For each item for which figures are entered, please complete the corresponding narrative field.
 *Indicates Required Field.

Program Budget

PROGRAM REVENUE	PROPOSED YEAR	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A \$63,840.00	1A % 19
B. Other United Ways (300 character limit)	1B \$0.00	1B % 0
C. Capital Campaigns (300 character limit)	1C \$0.00	1C % 0
D. Grants (non-governmental) (300 character limit)	1D \$0.00	1D % 0
E. Fund Raising & Other Direct Support (300 character limit)	1E \$137,500.00	1E % 41
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A \$34,000.00	2A % 10
B. Boone County - Community Health Funding (300 character limit)	2B \$0.00	2B % 0
C. Boone County- Other Funding (300 character limit)	2C \$0.00	2C % 0
D. Funding from Other Counties (300 character limit)	2D \$0.00	2D % 0
E. City of Columbia - Social Service Funding (300 character limit)	2E \$70,000.00	2E % 21
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F \$0.00	2F % 0
G. City of Columbia - CHDO Funding (300 character limit)	2G \$0.00	2G % 0
H. City of Columbia - Other Funding (300 character limit)	2H \$600.00	2H % 0
I. Funding from Other Cities (300 character limit)	2I \$0.00	2I % 0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J \$2,100.00	2J % 1
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K \$0.00	2K % 0
L. Other (Schools, Courts, etc.) (300 character limit)	2L \$0.00	2L % 0
3. Program Service Fees (300 character limit)	3. \$0.00	3 % 0

4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$200.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$25,000.00	8
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	333240	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$230,000.00	69
2. Non-Personnel	2.	2. %
	\$103,240.00	31
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	333240	

System Fields

Record ID

16148

Modification Date

09/25/2015 09:41 am CDT

Modified By

Apricot Subsystem

Linked 'Program Overview' Records

Link Instructions

Program Overview

Record Lock	a. Will program consumers b...	b. Will the program utilize...	Total Number of Unduplicate...	Link Info
				Active Date
No			2025	✓ Added on 06/15/2015

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Linked 'Final POS Report' Records

Linked 'Final Pilot Report' Records

Program Overview

Program Overview Instructions

The purpose of this section is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Each narrative response should be clear and succinct.

Respond as if the reviewers have no prior knowledge of the program and service(s).

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant, information and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this section. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

PLEASE NOTE: In order to complete the Program Service Levels sub-section, you must first complete and link to Program Budget Section.

Information provided in the Program Overview Section should correspond with the information provided in the:

Program Budget

Program Service (POS Only)

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Statement of Issue Being Addressed

Instructions: Include information pertaining to the overall, community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.) The issue(s) should be tied to the organization's major goal(s), as stated in the Organization Information form, as well as the program goal(s), as stated in the Program Goal(s) sub-section below.

a. Describe and document the issue(s) to be addressed by the proposed program. (1500 character limit)

Through this program VAC will address issues related to health, employment, housing, and personal safety, providing immediate supports that help low-income families and individuals maintain or gain stability. Past experience indicates the continued need for these services. In 2014, VAC services included the following: 13,578 health services for 7,175 individuals in 2,543 households, including co-pays for prescriptions and medical visits, 358 fans, and 86 air conditioners; 3,238 employment services for 1,590 individuals in 669 households, including 127 work uniforms and 18 clothing vouchers; and 156 housing services for 298 individuals in 102 households, including 119 occasions of support for rent, fees, and utilities. Additionally, VAC provided information and referral services on more than 7,250 occasions, helping people find their way to needed resources. In all, VAC provided 28,892 units of service to the Boone County Community in 2014. (Citation 1) The program will address concerns regarding access to health services, adequate employment, safe and affordable housing, (Citation 2) the improvement of performance scores in key essential services, (Citation 3) health disparities for racial minorities, (Citation 4) and injury prevention. (Citation 5)

b. Describe and document the population affected by the issue(s) to be addressed by the proposed program including demographics and characteristics. (1500 character limit)

The U.S. Census Bureau reports that the percentage of Boone County residents living at or below the federal poverty guidelines in 2013 was 19.8%. (Citation 6) That describes a significant increase from 2008, when the percentage was 18%, and a slight increase from 2011 at 19.5%. This is higher than the reported poverty rate in Missouri as a whole - 16.2%, and the national rate - 15.9%. (Citation 7) This means that in 2013, approximately 33,800 Boone County residents were living below Federal poverty guidelines (Citation 8), with an estimate of childhood poverty being 17.4%, almost 6,125 of them children (Citation 9). 38.1% of Columbia Public School students qualify for free and reduced-price lunch, an increase from 34.1% in 2009. (Citation 10) In 2014, 66% of VAC clients were from racial minorities and 67% were unemployed, 34% were single-parent households, and 12% of households were homeless. (Citation 11)

c. Describe how the City of Columbia or Boone County community is affected by the issue(s) to be addressed by the proposed program. (1500 character limit)

The entire community is strengthened when those most vulnerable are able to gain or maintain stability, particularly in matters of health and income. Early interventions are shown to have impact later on, particularly in reducing the cost to the community of such things as delayed health care, services to homeless persons, and support for the unemployed. Beyond such immediately practical implications, every community is also strengthened in self-image and pride when the care for others is expressed in this way. VAC's program to meet basic needs for low-income households in Boone County is a direct expression of community values identified in the Columbia/Boone County Community Health Assessment. In particular, this program addresses the top three described values of that study - Access, Caring, and Excellence (Citation 12) - as well as an identified community strength - that "people care for one another, [are] friendly, involved. (Citation 13)

Program Consumers

a. Describe the consumers which will be served by the proposed program including characteristics and demographics. (1500 character limit)

Services will be provided to residents of Boone County whose household income is at or below 200% of Federal poverty guidelines. VAC does not discriminate on the basis of race or ethnic background, gender, age, sexual orientation, household size, or employment status.

b. Why will these consumers be served? (1500 character limit)

VAC's intent in providing services is described in the agency's new mission statement, adopted in the fall of 2012: "To help low-income individuals and families bridge the gaps between crisis and stability and improve quality of life in Boone County." VAC believes that families and individuals who achieve personal stability experience a better quality of life, and, as a result, the entire community benefits. All of VAC's services are intended to support a household through an immediate and/or short-term need.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Challenges come from the limitations clients experience. Transportation is often a problem, along with demands on personal time, and limitations in functional capacity. Circumstances are complicated by each shortcoming, sometimes resulting in the instability VAC services seek to address. A lack of information can also lead to complications and even the inability to provide services. VAC strongly encourages clients to call before visiting our office to be informed about possible qualification for services and to learn what documents are required at every visit.

Program Goal

Instructions: The program goal(s) should correspond to the organization's major goal(s) (as stated in the Organization Information section), the issue(s) the proposed program is intended to address (as stated in the Statement of the Issue Being Addressed sub-section above), and the consumers of the proposed program (as indicated in the Program Consumers sub-section above).

State the goal(s) of the proposed program. (300 character limit)

To provide services that specifically address and meet needs for assistance with health, employment, housing, and safety for low-income Boone County residents.

Program Description

Instructions: The information provided in this section should include information for each program service indicated in the Program Service section.

a. Provide a detailed description of the proposed program. (3000 character limit)

VAC's Basic Needs and Emergency Services Program will provide services in the areas of health, employment, rent assistance, and injury prevention. Health services will include co-payments for medical prescriptions and equipment, medical visits and procedures, eyeglasses, dental visits, bus tickets and gas for medical visits, fans, and air conditioner exchange. In most cases, households will be limited to \$50 cash assistance in a twelve-month period. Some supports, such as fans and air conditioner window units, may fall outside this limit. Employment assistance will be in the form of work uniforms (also subject to the \$50 household limit) and vouchers to local providers for other types of required work attire. Rent assistance will be provided primarily using guidelines from HUD and FEMA and will be subject to prescribed limits from each. This assistance will include rent, utility deposits and arrears, fees, etc. Injury prevention assistance will take the form of screening and referral for the provision of car seats for children.

To receive services, clients must present - on every visit - proof of residency in Boone County, official identification for each household member, and proof of any and all household income. Income must fall at or below 200% of Federal poverty guidelines. In the case of rent assistance, however, ESG homelessness prevention funds are available only to households with incomes below 30% of Average Median Income.

For services provided by outside vendors - such as a pharmacy for prescriptions, a retail outlet for a work uniform, or a gas station - either a voucher or check will be given to the client to take to the vendor. Records of provided services will be kept in VAC's Client Database. Each client's record will be reviewed upon each visit or phone call to help determine service qualification and availability.

It is important to note that VAC clients often receive more than one service at a single office visit. In this way individual services are leveraged to greater effect of other services received, and the amount of time required to provide a single service can be reduced. Additionally, because VAC provides extensive information and referral services as well, clients are often given information regarding other available services in the area, enhancing received services all the more.

b. For each location in which the proposed program service(s) will be provided, indicate the street address and the days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.). If the proposed program service(s) are to be delivered off-site, describe the environment in which they will be provided (e.g. in homes, street outreach, etc.) (600 character limit)

403A Vandiver Drive, Columbia, MO 65202, Monday - Friday, 9:00 a.m. to noon and 1:00 to 4:00 p.m.

c. Describe the eligibility criteria (e.g. income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

VAC serves residents of Boone County whose income is at or below 200% of Federal Poverty Guidelines.

d. Describe any external requirements of the proposed program such as licensing, minimum standards, etc. (600 character limit)

There are none.

e. Is the proposed program currently accredited by one or more recognized accrediting body?

No

If yes, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation:

Current accreditation period:

Description: (600 character limit)

f. Are there best practices for the proposed program service(s)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed program. (600 character limit)

VAC uses a proprietary database to maintain information on each client served. Clients are tracked by Social Security Number across all members of households to prevent fraud. Each service provided is logged into the database by date and type. Most services are limited within a twelve month period in order to assist as many households as possible. Payments in the form of checks or vouchers are made to vendors, such as pharmacies, health providers, or landlords. Clients are never given money directly. VAC's staff works closely, often consulting with one another to make effective decisions.

g. Is there evidence to support the efficacy of the proposed program and/or program service(s)?

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit)

VAC Client Surveys show that well over 90% of clients who receive services indicate the services met their basic need. Additionally, informal reports from many other social service agencies in the community indicate that VAC supports are often effective in enhancing the services of the other agencies, providing services that further stabilize their clients, and augmenting the services they provide.

If No - Provide rationale for utilizing the proposed program services(s). (1500 character limit)

h. Describe any unique or innovative aspects of the proposed program that will enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

During the past two years, VAC's Board of Directors and staff have carried out a review of services to determine the quality and effectiveness of provided supports and to evaluate services by the measure of the agency's relatively new mission statement: "To help low-income individuals and families bridge the gaps between crisis and stability and improve quality of life in Boone County." First, Board members were assigned to four task forces to examine services in the areas of health, employment, education, and housing. Staff members were assigned to each task force to facilitate their deliberations. The Board retreat in July 2014 was taken up with reports and evaluation of the process and intermediate decisions were made. The process continued in the fall of 2014 at the staff retreat, using a process of evaluation similar to that of the Board. This review continues.

VAC implemented a new client database in 2014 to better collect data and provide more options in reporting that data.

The agency has also reviewed client surveys to better insure the effectiveness of services. This review has resulted in a new survey instrument being produced and a more systematic approach to surveys put in place. This process is also ongoing with small adjustments being made as the survey is used.

i. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

VAC's value to the community is especially expressed in the way that VAC services intersect with the services of others to meet needs of shared clients. The clients of other agencies are often sent to VAC for provision of services not offered by the other agency. This not only meets individual needs but enhances the services provided by the other agencies. While there is no formal agreement in place for these interactions, there is a tacit understanding, based on years of previous experience, that VAC will provide such services. Among the many agencies with whom VAC works in this way are Phoenix Health Programs, Family Health Center, Family Dental Center, Burrell Behavioral Health, Parents as Teachers, City of Columbia Health Department, Lutheran Child and Family Services, The Wardrobe, various food pantries, Job Point, Love INC, Columbia Housing Authority, Columbia Public Schools, Boone County Family Resources, McCambridge Center, Coyote Hill Christian Home, Rainbow House, Great Circle, Central Missouri Community Action, Welcome Home, True North, Turning Point, Harbor House, Services for Independent Living, Centro Latino, Refugee and Immigration Services, Salvation Army, Family Impact Center, Big Brothers Big Sisters, Fun City, many local faith communities, and others.

VAC's staff also meets with a number of local groups in order to maintain connections. These include Basic Needs Coalition, Youth Community Coalition, Safe Kids, Networking for Early Childhood, and more.

If MOUs or contracts/agreements related to the proposed program are in place, please upload these documents (1) PDF Format:

If MOUs or contracts/agreements related to the proposed program are in place, please upload these documents (2) PDF Format:

If MOUs or contracts/agreements related to the proposed program are in place, please upload these documents (3) PDF Format:

Program Personnel 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 program. 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)

Program Personnel

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	SALARY RANGE FROM: (wages, social security and Medicare)	SALARY RANGE TO:
P1 Social Services Specialist	MQ1 B.A., B.S. or M.S.W.	FTE1 1.00	SR1 FROM 0.00	SR1 TO
P2 Social Services Specialist	MQ2 B.A., B.S. or M.S.W.	FTE2 1.00	SR2 FROM 0.00	SR2 TO
P3 Social Services Specialist	MQ3 B.A., B.S. or M.S.W.	FTE3 1.00	SR3 FROM 0.00	SR3 TO
P4	MQ4	FTE4 0.00	SR4 FROM 0.00	SR4 TO
P5	MQ5	FTE5 0.00	SR5 FROM 0.00	SR5 TO
P6	MQ6	FTE6 0.00	SR6 FROM 0.00	SR6 TO
P7	MQ7	FTE7 0.00	SR7 FROM 0.00	SR7 TO
P8	MQ8	FTE8 0.00	SR8 FROM 0.00	SR8 TO
P9	MQ9	FTE9 0.00	SR9 FROM 0.00	SR9 TO
P10	MQ10	FTE10 0.00	SR10 FROM 0.00	SR10 TO

Program Personnel Narrative

Provide a rationale for the minimum qualifications and salary range for each position indicated above. (600 character limit)

Minimum educational requirements are deemed to be necessary to insure an adequate background and understanding of the work VAC does. These degrees also indicate a basic level of personal and mental capacity also necessary to function in the position.

Program Service Fee

a. Will program consumers be charged a fee for the proposed program service(s)?

No

If No - Provide a rationale for why no fees will be charged for the program service(s). (600 character limit)

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals.

If Yes - Provide a description of and rationale for the program service fee. (600 character limit)

Program Service Levels

Click Add to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

Link to Program Budget

Program Budget			Record Lock	Link Info
TOTAL REVENUE	2.	TOTAL EXPENSES		Active Date
333240	\$103,240.00	333240		Added on 06/15/2015

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Total Number of Unduplicated Individuals to be served by the Proposed Program

2025

Average Cost per Individual

164.56

Program Service Need**a. Are other organizations/businesses in the City of Columbia or Boone County currently providing the proposed program service(s)?**

Yes

Indicate the organizations/businesses currently providing the proposed program service(s). (600 character limit)

The Columbia/Boone County Department of Public Health and Human Services provides assistance with prescriptions, but does not support purchase of certain drug classes. Rent assistance is provided by Phoenix Health Programs and Columbia Housing Authority.

b. State the reason why the proposed program is needed in the City of Columbia or Boone County. (1500 character limit)

Many local residents face uncertain and emergency circumstances that put their household stability at risk. Without interventions that address the immediate, often emergency, needs of low-income households, these individuals and families are put at risk. Even a small need left unmet can lead to further complications, threatening health, employment, education, and housing for the household. Stress, particularly for heads of households, can become overwhelming, taxing personal energies and spreading resources thin. Especially for children, these outcomes can lead to life-long struggles in maintaining an adequate and sustaining lifestyle. The supports provided through VAC's Basic Needs and Emergency Services Program offer opportunity for families and individuals to gain or regain stability. The City of Columbia and Boone County have an interest in supporting all residents of our community. All Columbia and Boone County citizens benefit from infrastructure, education, fire and police protection, and other services provided by local government. But for low-income residents with limited resources, providing for personal needs can be challenging, especially in times of greater stress. When local governments provide support in such circumstances, individuals experience a better quality of life, and the entire community benefits as a result.

Funding Request Justification**a. Provide a justification for the requested level of funding from the City of Columbia or Boone County. (600 character limit)**

Both the City of Columbia and Boone County have provided foundational funding for Voluntary Action Center for many years. In conjunction with support from a variety of other sources, this funding is essential to the agency's ongoing activities. The current request represents an increase from previous years, reflecting current needs, especially in light of reduced funding from some sources and flat funding from others, all in light of expenses that continue to increase.

b. Describe how funding from the City of Columbia or Boone County for the proposed program will expand program service capacity, fill a gap in or loss of funding from other funding sources, and/or enable the organization to access funding from other funding sources. (600 character limit)

VAC continues to experience challenges related to funding, including flat funding over time from some sources and reduced funding from others, such as United Way. This has required an increased attention to fund raising events and individual donor development. While these efforts are fruitful, the temptation is to apply less focus to services. To the contrary, while the efforts of VAC's board of directors, executive director, and staff have increased to meet greater funding needs, VAC's services have continued without reduction and in fact have expanded, as with rent assistance.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

1. Voluntary Action Center Client Database. Retrieved in February 2015.
2. Roadmap to a Vibrant, Diverse, and Healthy Community. Columbia/Boone County Community Health Assessment, pp. 4, 5, and 13.
3. Ibid., p. 10.
4. BOONE HOSPITAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION PLAN 2013, p. 16.
5. BOONE HOSPITAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION PLAN 2013, p. 17.
6. U.S. Census. Small Area Income and Poverty Estimates. Retrieved from http://www.census.gov/did/www/saie/data/interactive/saie.html?s_appName=saie&map_yearSelector=2013&map_geoSelector=aa_c_.
7. Alemayehu Bishaw and Kayla Fontenot. (September 2014). Poverty: 2012 and 2013: American Community Survey Briefs, p. 3. Retrieved from <http://www.census.gov/content/dam/Census/library/publications/2014/acs/acsbr13-01.pdf>

8. U.S. Census, American Fact Finder. Total population by age retrieved from <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

9. U.S. Census. Small Area Income and Poverty Estimates. Retrieved from http://www.census.gov/did/www/saipe/data/interactive/saipe.html?s_appName=saipe&map_yearSelector=2013&map_geoSelector=u18_c&s_measures=u18_snc

10. Kids Count Data Center (2014) Students Enrolled in Free/Reduced Price Lunch. Retrieved on January 29, 2015 from <http://datacenter.kidscount.org/data/tables/1965-students-enrolled-in-free-reduced-price-lunch?loc=27&loc2=5#detailed/5/4158/false/36,868.867,133,38/any/4134>

11. Voluntary Action Center Client Database. Retrieved in June 2015.

12. Roadmap to a Vibrant, Diverse, and Healthy Community. Columbia/Boone County Community Health Assessment, p.4.

13. Phase Five: Formulating Goals and Strategies. Columbia/Boone County Community Health Assessment, p. 15.

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records

Linked 'Interim POS Report' Records

Link Instructions (2)

Linked 'Final Pilot Report' Records

Program Service

Program Service Instructions

The purpose of this section is to provide detailed information about the proposed program service(s). Services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in the proposed program. This includes services for which you are not requesting City of Columbia or Boone County funding.

Information provided in the Program Service Section should correlate with the information provided in the:

Program Overview

Program Budget

Consumer Demographics

Program Performance Measures

* Indicates Required Field

Program Service 1

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (1) (1000 character limit)

Screening to provide co-pay assistance for prescriptions, medical visits, eyeglass services, and other medical needs; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (1) (100 character limit)

15 minutes

Unit Rate (1)

\$10.00

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, etc.) Is the proposed rate tied to an established public funding unit rate? (1)

No

If yes, source of publicly available rate (1) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

The rate is based on similar rates determined in previous contracts with the City and County.

Number of Units of Service to be Provided (1)

2250

Number of Unduplicated Individuals to be Served (1)

1150

Average Number of Units of Service per Unduplicated Individual (1)

1.96

Average Cost of Service per individual (1)

19.57

Are you proposing the City of Columbia or Boone County purchase this service? (1)

Yes

Amount Requested (1)

\$20,000.00

Proposed Number of Units of Service (1)

2000

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (250 character limit)

Screening to provide rent assistance for homelessness prevention or rapid rehousing; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (2) (100 character limit)

15 minutes

Unit Rate (2)

\$10.00

Is the proposed rate tied to an established public funding unit rate? (2)

No

If yes, source of publicly available rate (2) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)

The rate is based on similar rates determined in previous contracts with the City and County.

Number of Units of Service to be Provided (2)

2500

Number of Unduplicated Individuals to be Served (2)

450

Average Number of Units of Service per Unduplicated Individual (2)

5.56

Average Cost of Service per Individual (2)

55.56

Are you proposing the City of Columbia or Boone County purchase this service? (2)

Amount Requested (2)

\$10,000.00

Proposed Number of Units of Service (2)

1000

Program Service 3

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (250 character limit)

Screening to provide uniforms or other clothing for work; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (3) (100 character limit)

15 minutes

Unit Rate (3)

\$10.00

Is the proposed rate tied to an established public funding unit rate? (3)

No

If yes, source of publicly available rate (3) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (3) (600 character limit)

The rate is based on similar rates determined in previous contracts with the City and County.

Number of Units of Service to be Provided (3)

250

Number of Unduplicated Individuals to be Served (3)

125

Average Number of Units of Service per Unduplicated Individual (3)

2

Average Cost of Service per Individual (3)

20

Are you proposing the City of Columbia or Boone County purchase this service? (3)

Yes

Amount Requested (3)

\$2,000.00

Proposed Number of Units of Service (3)

200

Program Service 4

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (250 character limit)

Screening for provision of infant car seats; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (4) (100 character limit)

15 minutes

Unit Rate (4)

\$10.00

Is the proposed rate tied to an established public funding unit rate? (4)

No

If yes, source of publicly available rate (4) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (4)(600 character limit)

The rate is based on similar rates determined in previous contracts with the City and County.

Number of Units of Service to be Provided (4)

300

Number of Unduplicated Individuals to be Served (4)

150

Average Number of Units of Service per Unduplicated Individual (4)

2

Average Cost of Service per Individual (4)

20

Are you proposing the City of Columbia or Boone County purchase this service? (4)

Yes

Amount Requested (4)

\$2,000.00

Proposed Number of Units of Service (4)

200

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (250 character limit)

Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (5) (100 character limit)

Unit Rate (5)

\$0.00

Is the proposed rate tied to an established public funding unit rate? (5)

If yes, source of publicly available rate (5) (600 character limit)

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rationale is given for charging a different amount. Provide a justification for the proposed rate. (5) (600 character limit)

Number of Units of Service to be Provided (5)

0

Number of Unduplicated Individuals to be Served (5)

0

Average Number of Units of Service per Unduplicated Individual (5)

0

Average Cost of Service per Individual (5)

0

Are you proposing the City of Columbia or Boone County purchase this service? (5)

Amount Requested (5)

\$0.00

Proposed Number of Units of Service (5)

0

Totals

Total Amount of City of Columbia or Boone County Funding Requested for the Proposed Program Service(s):

34000

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures

Link Info

Record Lock Outcome (1-1)

Active Date

System Fields

Record

Modification Date

Modified By

Creation Date

Created By

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Consumer Demographics

Consumer Demographics Instructions

Instructions:

The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program services. All counts are for Unduplicated Individuals. The totals for all sub-sections should be identical.

Information provided in the Consumer Demographic Information Section should correlate with the information provided in the:

- Program Overview Section
- Program Budget Section
- Program Service Section (POS Only)
- Program Performance Measures Section

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

2025

City of Columbia

1700

Other Counties

0

Residence Total

2025

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

910

Black or African American (alone)

870

Native American Indian or Alaskan Native (alone)

20

Asian (alone)

20

Native Hawaiian or other Pacific Islander (alone)

5

Multiple Races

120

Some Other Race

20

Subtotal - Non-Hispanic

1965

HISPANIC

Of all races

60

Race/Ethnicity Total

2025

Gender

Female

1400

Male

615

Other Gender

10

Gender Total

2025

Income

At or below 200% of Federal Poverty Level

2025

Over 200% of Federal Poverty Level

0

Income Total

2025

Age (City-Social Services/County-Health Fund RFP)

Under 5 years

405

5-18 years

405

19-59 years

810

60 years and over

405

Age Total (1)

2025

System Fields

Record	Modification Date	Modified By	Creation Date	Created By
--------	-------------------	-------------	---------------	------------

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Performance Measures

Program Performance Instructions

Instructions:

The purpose of this section is to provide performance measurement information for each proposed program service. For each program service included in the Program Service Section, a performance measurement logic model will appear below. Each logic model has been partially auto-populated with program service and output information based on information provided in the Program Service Section.

PLEASE NOTE: The Program Service Section **MUST** be completed before completing this Program Performance Measures Section.

In the fields provided, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement for each proposed program service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Click [here](#) to access helpful information about performance measures.

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

*Indicates Required Field

Link to Program Service Records

Click Add to link to the Program Service record for this program application to auto-populate the Service, Units and Unduplicated Individuals for each Program Service.

Link to Program Service

Program Service

Indicate Proposed Service (...)

Link Info

Record Lock	Active	Date
-------------	--------	------

Screening to provide co-pay assistance for prescriptions, medical visits, eyeglass services, and other medical needs; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.

Added on 06/13/2015

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Program Service 1

Service (1)

Screening to provide co-pay assistance for prescriptions, medical visits, eyeglass services, and other medical needs; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.

Program Service 1 - Outputs

Units (1)

2250

Unit Measure (1)

15 minutes

Unduplicated Individuals (1)

1150

Program Service 1 - Outcomes

Outcome (1-1)

The essential need of medical and prescription co-pays, and medical equipment will be met.

Indicator (1-1)

100% of individuals will report that the service provided met their basic medical need.

Method of Measurement (1-1)

VAC Client Survey completed up to 3 months after service provision.

Additional Outcome (1-2)

The essential need of transportation for medical visits will be met.

Additional Outcome (1-3)

The essential need of eyeglass services will be met.

Additional Outcome (1-4)

The essential need of cooling assistance through fans and window air conditioners will be met.

Additional Outcome (1-5)**Additional Indicator (1-2)**

100% of individuals will report that the service provided met their basic need for transportation assistance.

Additional Indicator (1-3)

100% of individuals will report that the service provided met their basic need for eyeglass services

Additional Indicator (1-4)

100% of individuals will report that the service at least partially met their basic need for cooling equipment.

Additional Indicator (1-5)**Additional Method (1-2)**

VAC Client Survey completed up to 3 months after service provision.

Additional Method (1-3)

VAC Client Survey completed up to 3 months after service provision.

Additional Method (1-4)

VAC Client Survey completed up to 3 months after service provision.

Additional Method (1-5)**Program Service 1 - Narrative****Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit)**

These outcomes indicate how provided services address and meet needs for assistance with specific health needs, helping individuals and households to be healthy and, as a result, more stable.

Describe and document any external factors or variables which may affect the proposed outcome(s) (1) (600 character limit)

Occasionally a client will not, for unknown reasons, follow through with the acquisition of an item. These occasions become evident when the agency discovers that a voucher has not been used or a check has either not been canceled or is returned.

Provide a rationale for the measurement level(s) for each indicator (1) (600 character limit)

These services are offered in circumstances in which needs are current and effects are immediate. Indicators for effectiveness of provided services reflect the immediate results.

Provide a rationale for each method of measurement (1) (600 character limit)

Client surveys are conducted directly with clients by phone, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Program Service 2**Service (2)**

Screening to provide rent assistance for homelessness prevention or rapid rehousing; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.

Program Service 2 - Outputs**Units (2)**

2500

New Unit Measure Auto Populate2

15 minutes

Unduplicated Individuals (2)

450

Program Service 2 - Outcomes**Outcome (2-1)**

The essential need for permanent housing will be met.

Indicator (2-1)

100% of individuals will report that the service provided met their basic housing need.

Method of Measurement (2-1)

VAC Client Survey completed at or soon after 3 months of service provision.

Additional Outcome (2-2)**Additional Indicator (2-2)****Additional Method (2-2)****Additional Outcome (2-3)****Additional Indicator (2-3)****Additional Method (2-3)****Additional Outcome (2-4)****Additional Indicator (2-4)****Additional Method (2-4)****Additional Outcome (2-5)****Additional Indicator (2-5)****Additional Method (2-5)****Program Service 2 - Narrative****Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview**

section (2) (600 character limit)

This outcome indicates how the provided service addresses and meets the need for permanent housing, helping individuals and households to be more stable.

Describe and document any external factors or variables which may affect the proposed outcome(s) (2) (600 character limit)

Clients receiving this services are often at risk for factors beyond housing. Though services are provided for clients deemed capable of maintaining rental payments, their basic instability could threaten housing again.

Provide a rationale for the measurement level(s) for each indicator (2) (600 character limit)

These services are offered in circumstances in which needs are current and effects are immediate. Indicators for effectiveness of provided services reflect the immediate results.

Provide a rationale for each method of measurement (2) (600 character limit)

Client surveys are conducted directly with clients by phone, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Program Service 3

Service (3)

Screening to provide uniforms or other clothing for work; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.

Program Service 3 - Outputs

Units (3)	New Unit Measure Auto Populate3	Unduplicated Individuals (3)
250	15 minutes	125

Program Service 3 - Outcomes

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
The essential need of clothing for work will be provided.	100% of individuals will report that the service provided met their basic need for essential work apparel.	VAC Client Survey completed up to 3 months after service provision.
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (3) (600 character limit)

This outcome indicates how the provided services address and meet needs for assistance with necessary work-related clothing upon beginning new employment and, as a result, helping individuals and households to be more stable.

Describe and document any external factors or variables which may affect the proposed outcome(s) (3) (600 character limit)

Occasionally a client will not, for unknown reasons, follow through with the acquisition of an item. These occasions become evident when the agency discovers that a voucher has not been used or a check has either not been canceled or is returned. This is very rare for this service.

Provide a rationale for the measurement level(s) for each indicator (3) (600 character limit)

These services are offered in circumstances in which needs are current and effects are immediate. Indicators for effectiveness of provided services reflect the immediate results.

Provide a rationale for each method of measurement (3) (600 character limit)

Client surveys are conducted directly with clients by phone, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Program Service 4

Service (4)

Screening for provision of infant car seats; counseling to determine additional client needs, then provision of services and/or information and referral to meet additional needs.

Program Service 4 - Outputs

Units (4)	New Unit Measure Auto Populate4	Unduplicated Individuals(4)
300	15 minutes	150

Program Service 4 - Outcomes

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
The essential need of a auto car seat for children will be met.	100% of individuals will report that the service provided their basic need for their child's safer transportation.	VAC Client Survey completed up to 3 months after service provision.
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (4) (600 character limit)

These outcomes indicate how the provided service addresses and meets a specific item that assists with injury prevention for children.

Describe and document any external factors or variables which may affect the proposed outcome(s) (4) (600 character limit)

A client may be delayed if an appointment to receive a car seat is not kept.

Provide a rationale for the measurement level(s) for each indicator (4) (600 character limit)

This service is offered in circumstances in which needs are current and effects are immediate. Indicators for effectiveness of provided services reflect the immediate results.

Provide a rationale for each method of measurement (4) (600 character limit)

Client surveys are conducted directly with clients by phone, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

Program Service 5

Service (5)

Program Service 5 - Outputs

Units (5)	New Unit Measure Auto Populate5	Unduplicated Individuals (5)
0		0

Program Service 5 - Outcomes

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (5) (600 character limit)

Describe and document any external factors or variables which may affect the proposed outcome(s) (5) (600 character limit)

Provide a rationale for the measurement level(s) for each indicator (5) (600 character limit)

Provide a rationale for each method of measurement (5) (600 character limit)

System Fields

Record	Modification Date	Modified By	Creation Date	Created By
--------	-------------------	-------------	---------------	------------

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET
(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Agency Strategic Plan
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Nick Foster
Printed Name - Agency Executive Director/President/CEO

6/10/15
Date

[Signature]
Signature - Agency Executive Director/President/CEO

6/10/15
Date

Andrea Benna
Printed Name - Agency Board Chair

6/10/15
Date

Andrea Benna
Signature - Agency Board Chair

6/10/15
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Nick Foster, Executive Director
Name and Title of Authorized Representative


Signature

6-9-15
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
State of Missouri)ss

My name is Nick Foster. I am an authorized agent of Voluntary Action Center (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

[Signature] 6-9-15
Affiant Date

Nick Foster
Printed Name

Subscribed and sworn to before me this 9 day of June, 2015.

DEBORAH A. JONES
Notary Public - Notary Seal
State of Missouri
Commissioned for Boone County
My Commission Expires: January 04, 2018
Commission Number: 13819504

[Signature]
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – *Purchase of Service and Pilot Program Contracts for the Community Health Fund*

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) then \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

- c. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

- d. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

By: Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: Voluntary Action Center
Address: 403A Vandiver, Columbia, MO 65203
Phone Number: 573/874-2273 Fax Number: 573/874-9172
E-mail: dir@vacmo.org
Authorized Representative Signature: [Signature] Date: 6-12-15
Authorized Representative Printed Name: Nick Foster



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.
- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# 26-15JUN15 – *Purchase of Service and Pilot Program Contracts for the Community Health Fund*, receipt of which is hereby acknowledged:

Company Name:

Voluntary Action Center

Address:

403A Vandiver Dr., Columbia, MO 65203

Phone Number:

573/874-2273

Fax Number:

573/874-9172

E-mail:

dir@vacmo.org

Authorized Representative Signature:

Nick Foster

Date: 6-12-15

Authorized Representative Printed Name:

Nick Foster



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #3 - Issued June 11, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. Clarification regarding Budget completion:

If an agency is proposing funds for two years, then complete the budget for two years (even though the budget says "proposed year").

By: Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# 26-15JUN15 – *Purchase of Service and Pilot Program Contracts for the Community Health Fund*, receipt of which is hereby acknowledged:

Company Name: Voluntary Action Center
Address: 403A Vandiver Dr., Columbia, MO 65203

Phone Number: 573/874-2273 Fax Number: 573/874-9172
E-mail: dir@vacmo.org

Authorized Representative Signature: Nick Foster Date: 6-12-15

Authorized Representative Printed Name: Nick Foster



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

ADDENDUM #3 - Issued June 11, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. Clarification regarding Budget completion:

If an agency is proposing funds for two years, then complete the budget for two years (even though the budget says "proposed year").

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.

- II. The County received the following question and is providing a response:
 - a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) than \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

c. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

d. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

By: 
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Brunning	Ad/Boone Public Health Home Services	874-7343
6.	Wendell Smith	Boone P.H.S.	774-10331
7.	Meg Bartlett	Maryland Jonston Community Learning	449-5600
8.	Kim Harvey	Christiana Early Learning Center	875-5959
9.	Jane Kellis	City/County P.H.S.	774-7487
10.	Robert Longley	Presbyterian Children's Home Care	314-881-727
11.	Christina Givonia	Lutheran Family Children's Services	314-754-2231
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

**PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS
FOR BOONE COUNTY CHILDREN’S SERVICES FUND,
2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Putnam Community Health	573-480-4781
3.	Carolee Johnson	Fun City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHS	573-874-7632
6.	Nindy Ell	Univ. of MO - Dept. of Psychiatry	573 673-4057
7.	Melody Boring	Univ. of MO Dept of Psychiatry	573- 573 -11
8.	JANIA CHAMBERLAIN	The Salvation Army	573-442-3229 X222
9.	Shelly Lock	Child Care Assoc of MO	573-4455437
10.	Nicole Ann	BECC	573 624 1699
11.	Micole Elliott	Central Missouri Foster Care Adoption Assoc	573 624 0051
12.	Dan Reilly	MO Wellness Project	573 884-7534
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kellner	Epworth Children's Center	314-918-3321
3.	Alan Saunders	Columbia Center for Urban Agriculture	573-356-9392
4.	Kathy Becker	Missouri Expts Farm	573-442-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEYHE	PREFERRED FAMILY HC	573 680 1905
7.	Vendy Lane	Lambert Home	573-474-6600
8.	Nicole Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Carolyn M. Hester	Becky's Child Care	573-834-8334
11.	KEVIN DRUNKER	EPWORTH	314-918-3338
12.			
13.			
14.			
15.			

**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN’S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jaws	Youth Empowerment Zone	(607) 697-3215
3.			
4.			(578) 446-2670
5.	Becky Markt	CITA Low Income Services	573 443 2586
6.	Cathy O'Rourke	Boone County Public Admin	573-886-7190
7.	Clarie Slama	Rainbow House	573-474-6600
8.	Janie Bakutee	Rainbow House	573 474 6600
9.	Scott Clardy	Blount Co. Boone Co. Pub. Adm. & Mgmt.	573-441-5560
10.	Rebecca Kressler	Calliterra Co Public Admin	578 424 4115
11.	Carole Schatz	mu Budge	573-268-4129
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 26-15JUN15
Purchase of Service and Pilot Program Contracts
Boone County Community Health/Medical Fund
2015 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 5, 2015
Written Questions Due By	mbobbitt@boonecountymo.org	May 13, 2015 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 18, 2015 1:00 p.m. Central Time
Response Submission Deadline	Apricot by CTK® on-line system	June 15, 2015 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 16, 2015 9:30 a.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 26-15JUN15

A pre-proposal conference has been scheduled for **Monday, May 18, 2015, at 1:00 p.m.** central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. central time on Monday, June 15, 2015** via the on-line application system, Apricot by CTK®.

The Request for Proposal is scheduled to be **opened shortly after 9:30 a.m. on Tuesday, June 16, 2015** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymmo.org. A copy may also be down loaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 26-15JUN15

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by CTK[®] until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP.
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals: The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 16, 2015 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2015 Bid Tabulations".
- c) Proposal responses are due by Monday, June 15, 2015 at 5:00 p.m. No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Organization Information – on-line
- 6) Organization Financial Information and Budget Narrative - online
- 7) Program Overview – on-line
- 8) Program Services – on-line
- 9) Program Budget Worksheet and Narrative – on-line
- 10) Program Consumer Demographics – on-line
- 11) Program Performance Measures Information Section – on-line
- 12) Attachment A - Agency Assurance Sheet
- 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 13, 2015. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1. To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 18, 2015 at 1:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

2.4. Term; Termination of Contract Agreement:

- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Hospital's Community Health Needs Assessment:
http://assets.thehcn.net/content/sites/boone/Boone_Hospital_Center_CHNA.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2015/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<http://gocolumbiamo.com/Health/PublicHealthandHumanServicesPublications.php>
- Community Input Report created for Boone County Children's Services Board:
http://www.showmeboone.com/communityservices/common/pdf/Community_Input_Report_Final.pdf

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000.00 available for purchase of services and pilot programs that address community health needs. Organizations should apply for funds under the Community Health Fund Purchase of Service application if the organization’s program services may be purchased at a fixed unit measurement and rate. Applications for funding for purchase of services should expand availability of services currently offered in Boone County or make available a service that does not currently exist in Boone County. Organizations may apply under the Community Health Fund Pilot Program application if the organization is able to initiate, implement and achieve program outcomes within a two-year time period.

For Pilot Programs, Indirect expenses will be considered up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service or Pilot Program** as outlined in the information required in the following online application:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel.
- 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service.
- 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.
- 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
- 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.
- 3.8. Contractor Agency Requirements:**
- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this

contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The Application Narrative must be completed on the on-line system Apricot by CTK® and can be accessed by clicking on the following link: https://ctk.apricot.info/document/edit/id/new/form_id/23 to create an Organizational Profile and submit RFP responses. If you do not already have a username and password for the system, complete the following:

- a) Copy and paste the following link into your internet browser, preferably Google Chrome:
https://ctk.apricot.info/auth/autologin/org_id/1975/hash/365efb9c0edf7fddf3652ecd2de1868058db6b53
- b) Fill in the required information and select save.
- c) You will be redirected to a login screen where you will be able to complete the Organizational Profile and Proposal Forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET
(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Agency Strategic Plan
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Printed Name - Agency Executive Director/President/CEO _____
Date

Signature - Agency Executive Director/President/CEO _____
Date

Printed Name - Agency Board Chair _____
Date

Signature - Agency Board Chair _____
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

