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**COUNTY OF BOONE - MISSOURI**

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**REQUEST FOR PROPOSAL (RFP) #: 28-24JUN14**

**Pilot Programs that Provide Innovative Services**

**Boone County Children’s Services Fund**

**2014 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 9, 2014** |
| Written Questions Due By | [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org) | **May 21, 2014**  **12:00 p.m. Central Time** |
| Pre-Proposal Conference - Information Session | Boone County Commission Chambers  801 E. Walnut  Columbia, MO 65201 | **May 23, 2014**  **11:00 a.m. Central Time** |
| Response Submission Deadline | Boone County Purchasing  613 E. Ash St, Room 110  Columbia, MO 65201 | **June 24, 2014**  **9:15 a.m. Central Time** |
| Proposal Opening – Names of Offerors Read Aloud | Boone County Commission Chambers  801 E. Walnut  Columbia, MO 65201 | **June 24, 2014**  **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](mailto:mbobbitt@boonecountymo.org)

1. **Overview**

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.

1. **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. To that end, the Board intends to invest its funding ***appropriated for services*** in the following general categories:

* Pilot programs that provide innovative services
* Purchase of service programs
* Match funding opportunities
* Strategic opportunities
* Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for pilot programs that provide innovative services. 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 agencies that demonstrate substantive and ongoing collaboration with other agencies.

1. **Minimum Eligibility Criteria**

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

1. **Funding Available**

Applications for funding will be accepted to fund pilot programs that provide innovative services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute.

The proposed pilot programs may involve the creation of definitions for a class of children, youth and families, the creation of definitions for evidence-based services, and the creation of techniques to evaluate effectiveness. This may be a collaborative effort with other stakeholders to provide services that can make a meaningful impact on children that are not currently being provided. These programs could include funding to build capacity among appropriate service providers to provide these new, evidence-based practices.

For pilot programs the Board will consider **indirect expenses** 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.

1. **Application**

The Application Narrative cannot exceed 20 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department

Attn: Melinda Bobbitt, CPPO, CPPB

Director of Purchasing

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

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later then 9:15 a.m. central time, June 24, 2014.Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 24, 2014 and before 11:30 p.m. June 24 in Microsoft Word or PDF format to: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 24, 2014.

1. **Contracting Agency Requirements**

**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 $1,000,000.00 each employee, $1,000,000.00 each accident, and $1,000,000.00 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.

**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.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service 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.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

1. **Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

* + - If you have obtained this proposal 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 addenda if we do not have you on our Vendor list for this proposal.
    - 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.
    - 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.
    - 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.

**Ambiguity, Conflict, or Other Errors in the RFP:**

* + - If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, 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.
    - The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
    - 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.
    - 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.

**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-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**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.

* + - Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm’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.
    - 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 24, 2014 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](http://www.showmeboone.com). Select “Purchasing”, then “2014 Bid Tabulations”.
    - Proposal responses are due by Tuesday, June 24, 2014 at 9:15 p.m. No late proposals will be accepted.

**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:

* + - **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.

**Guidelines for Written Questions:** 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 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and 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.

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](mailto:mbobbitt@boonecountymo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 11:00 a.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

* + - 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.
    - 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.

**Term; Termination of Contract Agreement:**

* + - The initial term of the resulting contract agreement from this Pilot Programs that Provide Innovative Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
    - 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 60 days prior written notice to the Contractor.

**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:

* + - Negotiations may be conducted in person, in writing, or by telephone.
    - 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.
    - 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.
    - 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.
    - 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.
    - The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror’s performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN’S SERVICES FUND**

**2014 APPLICATION NARRATIVE FOR FUNDING:**

**PILOT PROGRAMS THAT PROVIDE INNOVATIVE SERVICES**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature: Date:**

1. **AGENCY AND PROGRAM INFORMATION**
   1. **Background Information:**
      1. Provide a summary of your agency, including your agency’s mission statement.
      2. Attach a list of your agency’s Board of Directors.
      3. Describe why your agency is interested in implementing a pilot program to provide innovative services to children, youth and families in Boone County.
   2. **Target Population:** 
      1. Describe the pilot program’s target population.
      2. Discuss the rationale for selection of this target population for a pilot program.
      3. Please state the statutorily eligible service area (see page 2) the target population falls within.
   3. **Innovative Service Idea:** 
      1. Discuss the issue or problem the pilot program seeks to address.
      2. Provide a detailed description of the idea for innovative services to be developed or that has been developed into a pilot program.
      3. Discuss what other agencies you have collaborated with in the development of the idea for the innovative service(s).
   4. **Implementation:** 
      1. Describe how and with what agencies you will collaborate with to implement the pilot program.
      2. Discuss the plan for the implementation of the pilot program including how the requested funds will be used for the program in the implementation process.
      3. Outline the timeline for key steps in the implementation process.
2. **EVALUATION**
   1. **Performance Information:**
      1. Attach a Program Performance Measures Worksheet (see Attachment A).
   2. **Outcomes:** 
      1. Describe the outcomes of the pilot program (outcomes need to be measurable and time specific).

* 1. **Indicators:**
     1. Identify and describe the indicators which will measure the pilot program outcomes.
     2. Identify your agency’s performance target of these indicators.
  2. **Measurement:** 
     1. Discuss who will be responsible for the accomplishment of each of the outcome goals.
     2. Discuss how the data will be collected.
     3. Identify your agency’s timeline for each outcome.
     4. Describe the approach that will be used to evaluate the pilot program.
     5. Describe the approach that will be used to evaluate the effectiveness of the program.
     6. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.
  3. **Input**
     1. **Clinical Expertise:** 
        1. Discuss the capacity of your agency to execute the proposed program.
        2. Provide a list of key staff responsible for implementing the program.
     2. **Program Activity:** 
        1. Describe the innovative interventions and/or activities that will be implemented through the pilot program.
        2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.
        3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.
  4. **Output:**
     1. Service to be provided.
     2. Unit measurement, if applicable.
     3. Unit cost, if applicable.
     4. Amount requested.
     5. Number of individuals to be served.

1. **BUDGET**
   1. **Budget Worksheets to be Attached:**
      1. Agency Financial Worksheet (see Attachment B).
      2. Program Budget Worksheet (see Attachment C).
   2. **Budget Narrative**
      1. Please explain each line of the budget worksheets from Attachments B and C.
   3. **Staff Positions:** 
      1. Provide a list of staff positions for the project, including direct and indirect.
      2. State the role of each position and their qualifications.
      3. State the proposed salary for each position.
2. **AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children’s Services Fund.

**ATTACHMENT A**

**Program Performance Measures Information Worksheet**

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Activity** | **Output** | **Outcome** | **Indicator** | **Method of Measurement** |
| **Synonyms** | *Activity* = Service | *Output* = Product | *Outcome* = Change | *Indicator* = Measure | *Method of Measurement* = Information gathering instrument or technique |
| **Definitions** | An *Activity* is the program service or sub service being provided | An *Output* is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided | An *Outcome* describes a beneficial CHANGE in people | An *Indicator* is the specific item of information by which a program’s LEVEL OF SUCCESS is measured | A *Method Of Measurement* is the instrument or technique used to gather the information needed to measure the program’s success. |
| **Example** | Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring | 150 hours of tutoring sessions for 30 children | Child’s academic performance improves | Number and percent of participants who receive better grades following participation in program as compared to period prior to participation | Utilize school report card data pre and post participation in the program. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Output(s)** | **Outcome(s)** | **Indicator(s)** | **Method of Measurement** |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| **ATTACHMENT B** | | | | | |
| **AGENCY FINANCIAL INFORMATION** | | | | | |
| **AGENCY NAME:** |  |  |  |  |  |
|  |  |  |  |  |  |
| **AGENCY REVENUE** | PRIOR YEAR ACTUAL | CURRENT YEAR | PROPOSED YEAR | % OF PROPOSED TOTAL | % CHANGE CURRENT TO PROPOSED |
| 1. DIRECT SUPPORT |  |  |  |  |  |
| A. Heart of Missouri United Way |  |  |  |  |  |
| B. Other United Ways |  |  |  |  |  |
| C. Capital Campaigns |  |  |  |  |  |
| D. Grants (non-governmental) |  |  |  |  |  |
| E. Fund Raising & Other Direct Support |  |  |  |  |  |
| TOTAL DIRECT SUPPORT (sub-totals) |  |  |  |  |  |
| 2. GOVERNMENT CONTRACTS/SUPPORT: |  |  |  |  |  |
| A. Boone County - Social Service Funding |  |  |  |  |  |
| B. Boone County - Other |  |  |  |  |  |
| C. Other Counties |  |  |  |  |  |
| D. City of Columbia - Social Service Funding |  |  |  |  |  |
| E. City of Columbia - Other |  |  |  |  |  |
| F. Other Cities |  |  |  |  |  |
| G. Federal (Medicaid, Title III, etc.) |  |  |  |  |  |
| H. State (Purchase of Services, Grants, etc.) |  |  |  |  |  |
| I. Other (Schools, Courts, etc.) |  |  |  |  |  |
| TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals) |  |  |  |  |  |
| 3. Program Service Fees |  |  |  |  |  |
| 4. Investment Income (realized & unrealized) |  |  |  |  |  |
| 5. Other Revenue Items |  |  |  |  |  |
| **TOTAL AGENCY REVENUE** |  |  |  |  |  |
| **AGENCY EXPENSES** | PRIOR YEAR ACTUAL | CURRENT YEAR | PROPOSED YEAR | % OF PROPOSED TOTAL | % CHANGE CURRENT TO PROPOSED |
| Expenses for Program Services |  |  |  |  |  |
| Expenses for Management and General |  |  |  |  |  |
| Expenses for Fundraising |  |  |  |  |  |
| **TOTAL AGENCY EXPENSES** |  |  |  |  |  |
| % of Management and Fundraising Expenses |  |  |  |  |  |
| **NET ASSETS** | PRIOR YEAR ACTUAL | CURRENT YEAR | PROPOSED YEAR | % CHANGE CURRENT TO PROPOSED |  |
| Net Assets, End of Year |  |  |  |  |  |
| **CASH FLOWS** | PRIOR YEAR ACTUAL | CURRENT YEAR | PROPOSED YEAR | % CHANGE CURRENT TO PROPOSED |  |
| Cash, End of Year |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ATTACHMENT C** | | | | | |
| **PROGRAM BUDGET WORKSHEET** | | | | | |
| **PROGRAM NAME:** |  |  |  |  |  |
|  |  |  |  |  |  |
| TOTAL PROGRAM REVENUE | PRIOR YEAR ACTUAL | CURRENT YEAR | PROPOSED YEAR | % OF PROPOSED TOTAL | % CHANGE CURRENT TO PROPOSED |
| 1. DIRECT SUPPORT |  |  |  |  |  |
| A. Heart of Missouri United Way |  |  |  |  |  |
| B. Other United Ways |  |  |  |  |  |
| C. Capital Campaigns |  |  |  |  |  |
| D. Grants (non-governmental) |  |  |  |  |  |
| E. Fund Raising & Other Direct Support |  |  |  |  |  |
| 2. GOVERNMENT CONTRACTS/SUPPORT: |  |  |  |  |  |
| A. Boone County - Social Service Funding |  |  |  |  |  |
| B. Boone County - Other |  |  |  |  |  |
| C. Other Counties |  |  |  |  |  |
| D. City of Columbia - Social Service Funding |  |  |  |  |  |
| E. City of Columbia - Other |  |  |  |  |  |
| F. Other Cities |  |  |  |  |  |
| G. Federal (Medicaid, Title III, etc.) |  |  |  |  |  |
| H. State (Purchase of Services, Grants, etc.) |  |  |  |  |  |
| I. Other (Schools, Courts, etc.) |  |  |  |  |  |
| 3. Program Service Fees |  |  |  |  |  |
| 4. Investment Income (realized & unrealized) |  |  |  |  |  |
| 5. Other Revenue Items |  |  |  |  |  |
| **TOTAL PROGRAM REVENUE** | **$0** | **$0** | **$0** |  |  |
|  | | | | |  |
| PROGRAM EXPENSES | PRIOR YEAR ACTUAL | CURRENT YEAR | PROPOSED YEAR | % OF PROPOSED TOTAL | % CHANGE CURRENT TO PROPOSED |
| 1. Personnel |  |  |  |  |  |
| 2. Non-Personnel |  |  |  |  |  |
| **TOTAL PROGRAM EXPENSES** | **$0** | **$0** | **$0** |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| NUMBER OF DIRECT PROGRAM STAFF (FTE) | ACTUAL | CURRENT | PROPOSED |  |  |
| *FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)* |  |  |  |  |  |

**ATTACHMENT D**

**2014 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:

* Proof of 501(c)(3)
* Certificate of Corporate Good Standing
* Most Recent 990 Federal Form
* Agency Strategic Plan
* Copies of Agency Accreditations
* Most Recent Agency Independent Audit
* Agency Policy of Non-Discrimination
* Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
* Agency Statement of Confidentiality
* Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ 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 E**

**(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 |

**ATTACHMENT F**

**WORK AUTHORIZATION CERTIFICATION**

**PURSUANT TO 285.530 RSMo**

**(FOR ALL AGREEMENTS IN EXCESS OF $5,000.00)**

County of \_\_\_\_\_\_\_\_\_\_ )

)ss

State of \_\_\_\_\_\_\_\_\_\_\_ )

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am an authorized agent of \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

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