

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

December Session of the October Adjourned

Term. 20 15

County of Boone

In the County Commission of said county, on the

29th

day of

December

20 15

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

Now on this day the County Commission of the County of Boone does hereby receive and accept the following subdivision plat and authorize the Presiding Commissioner to sign it:

- CRB Plat 2. S19-T50N-R11W. A-2. Rodney and Stephanie Anderson, owners. James R. Jeffries, surveyor.

Done this 29th day of December, 2015.

ATTEST:

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

Daniel K. Atwill
Daniel K. Atwill
Presiding Commissioner

Karen M. Miller
Karen M. Miller
District I Commissioner

Janet M. Thompson
Janet M. Thompson
District II Commissioner

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

December Session of the October Adjourned

Term. 20 15

County of Boone

} ea.

In the County Commission of said county, on the

29th

day of

December

20

15

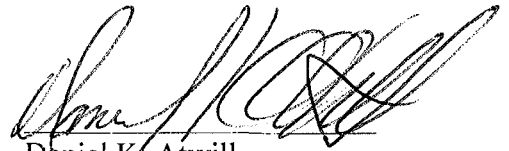
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby **approve** a petition submitted by Hunter's Creek Farms LLC to vacate and re-plat Nature Trails Ranchettes 1st Plat, except Lots 1, 2, 3, 9 and the right-of-way and easements for Hatton Chapel Rd, as shown in Plat Book 11, Page 281; and Nature Trails Ranchettes 2nd Plat as shown in Plat Book 11, Page 306, both of Boone County Records, located on Hatton Chapel Rd., Columbia.

Done this 29th day of December, 2015.

ATTEST:

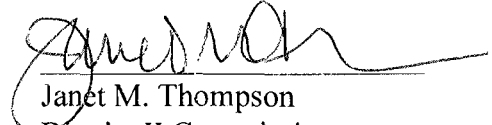
Wendy S. Noren
Wendy S. Noren
Clerk of the County Commission



Daniel K. Atwill
Presiding Commissioner



Karen M. Miller
District I Commissioner



Janet M. Thompson
District II Commissioner

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
 County of Boone } ea.

December Session of the October Adjourned

Term. 20 15

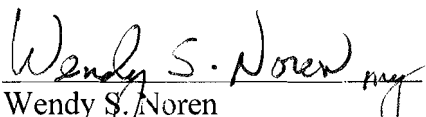
In the County Commission of said county, on the 29th day of December 20 15
 the following, among other proceedings, were had, viz:

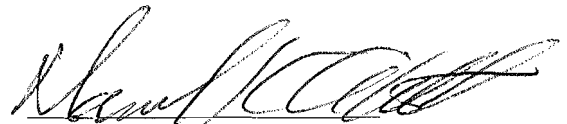
Now on this day the County Commission of the County of Boone does hereby **approve** the request by Gara W. Toalson Revocable Trust and Williams N. Toalson, owners, to rezone from A-1 (Agriculture) to A-2P (Planned Agriculture) on 81.99 acres, more or less, located at 4505 W Rte K, Columbia and also **approves** a review plan for Toalson Estates on 81.99 acres, more or less, located at 4505 W Rte K, Columbia with the following conditions:

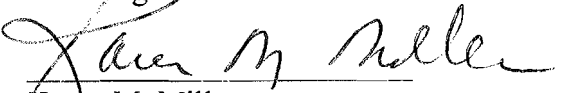
1. Plans for the private road must be approved by the Director of Resource Management and the Boone County Fire Protection District prior to the approval of the Final Plan.
2. The road maintenance agreement must be approved by the Director of Resource Management prior to approval of the Final Plan.
3. The private road must be constructed prior to approval and recording of the Final Plat.
4. A cul-de-sac or similar turnaround must be placed at the end of the private road and at the end of Nursery Road.
5. The private road must be of uniform width for its entire length.
6. Allow the developer the ability to place infrastructure security, as authorized by statute, and in an amount determined sufficient by the Director of Resource Management, in lieu of applying asphalt to said private road until such time as foundations are poured on the eight (8) lots that access the private road or such earlier time as the Developer chooses in order to limit costs associated with the required infrastructure security.

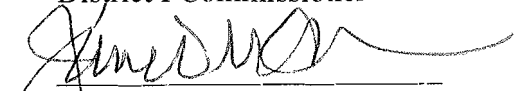
Done this 29th day of December, 2015.

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

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

December Session of the October Adjourned

Term. 20 15

In the County Commission of said county, on the 29th day of December 20 15

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

Now on this day the County Commission of the County of Boone does hereby **deny** the request by Phillip and Brice Hanberry on behalf of Beacon Street Properties LLC to rezone from A-2 (Agriculture) to A-RP (Planned Agriculture Residential) on 49.91 acres, more or less, located at 7770 S High Point Lane, Columbia.

Done this 29th day of December, 2015.

ATTEST:

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

[Signature]
Daniel K. Atwill
Presiding Commissioner

[Signature]
Karen M. Miller
District I Commissioner

[Signature]
Janet M. Thompson
District II Commissioner

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

December Session of the October Adjourned

Term. 20 15

County of Boone

29th

day of

December 20 15

In the County Commission of said county, on the

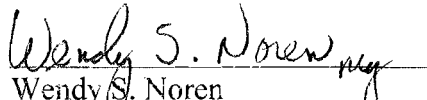
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the attached Road & Bridge Improvement/Repair Cooperative Agreement between Boone County and the Town of Harrisburg regarding the distribution of certain road sales tax and property tax revenues.

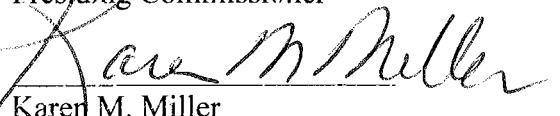
It is further ordered the Presiding Commissioner is hereby authorized to sign said Road & Bridge Improvement/Repair Cooperative Contract.

Done this 29th day of December, 2015.

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 ROAD & BRIDGE IMPROVEMENT/REPAIR
COOPERATIVE AGREEMENT
APPLICATION ENTITIES¹**

THIS AGREEMENT, dated this 29th day of December, 2015, is made and entered into by and between **Boone County**, a first class non-charter county and political subdivision of the State of Missouri by and through its County Commission, herein "County" and the **Town of Harrisburg**, a municipal corporation, herein "City".

WHEREAS, County has, in Commission Order 249-2011, adopted updated policies regarding the distribution of certain road sales tax and property tax revenues, the terms and conditions of which are incorporated herein by reference; and

WHEREAS, City is an "Application Entity" as described in the aforementioned Commission Order; and

WHEREAS, City has been classified as an Application Entity that will receive an annual amount as described in Commission Order 609-2012, the terms and conditions of which are incorporated herein by reference; and

WHEREAS, County is willing to enter into a cooperative agreement with the City for the improvement and/or repair of City's road system under certain terms and conditions; and

WHEREAS, the parties are empowered to enter into cooperative agreement(s) for the purposes herein stated pursuant to section 70.220 and section 229.040 RSMo.

NOW, THEREFORE, IN CONSIDERATION of the mutual undertakings and agreements herein contained, the parties agree as follows:

1. **PURPOSE.** The purpose of this Agreement is to effectuate the Application-Based Funding from the County to the City as contemplated in County's policies on distributing road sales tax revenue and road property tax revenues. The terms and conditions of Commission Order 249-2011 & 609-2012 are incorporated into this agreement by reference.
2. **COUNTY AGREEMENTS:**
 - a. County will pay to the City the sum of **Thirteen Thousand One Hundred Seven Dollars and Twenty-Two Cents (\$13,107.22)** as determined by the formula for Year 3 of the 6-year cycle as described in the aforementioned Commission Order

¹ Application entities are: Harrisburg, Hartsburg, Huntsdale, McBaine, Pierpont, Rocheport and Sturgeon.

609-2012, for use solely in the completion of road improvement and/or repair projects.

3. CITY AGREEMENTS.

- a. City agrees to use the funds that it receives from County pursuant to this Agreement solely for improving and maintaining its roads and bridges in accordance with its Boone County Road & Bridge Improvement/Repair Cooperative Agreement General Agreement for funding, certified by Commission Order 463-2011 which is incorporated herein by reference.
- b. City agrees that it shall submit to an audit by the County or its designated auditor upon request for purposes of determining whether the funds received by the City from the County under this agreement have been expended in compliance with this agreement.
- c. City agrees that it shall reimburse the County for any funds paid to it under this agreement which are expended in violation of this agreement or applicable law, rule or regulation, within ninety (90) days of notification of such a finding by County.
- d. City agrees to timely provide any documentation or information reasonably requested by County which relates in any way to this Agreement.
- e. City agrees that it will be liable for, and agrees to be liable for, and shall indemnify, defend and hold the County of Boone harmless from all claims, suits, judgments or damages, including court costs and attorney's fees, arising out of or in the course of the operation of this agreement. Notwithstanding the foregoing, nothing herein is intended to waive either the City's or the County's sovereign immunity as to any third party.
- f. City agrees that, for any work not performed by the City's own employees, City will comply with any and all applicable competitive bidding statutes or ordinances, the state Prevailing Wage law, domestic products purchase laws and such other laws, rules and regulations which are applicable to the City in letting and carrying out contracts for "public works" as that term is defined in applicable statutes, rules, regulations, and ordinances.

4. **PAYMENTS IN EXCESS OF LEGAL OBLIGATIONS.** City represents that the payments from County to City contemplated herein are in excess of any legal obligations imposed on County by virtue of applicable Missouri law, including RSMo §137.556 and the ballot language presented to voters authorizing the current Road & Bridge Sales Tax Levy under RSMo §67.547.
5. **TIMING OF PAYMENTS.** The payments from County to City contemplated herein will occur one time per year, near the beginning of the fourth quarter of the calendar year, and after receipt of the fully executed annual agreement.
6. **REPORTING.** City shall file a written report with County, at least annually, detailing the road and bridge improvement projects funded in whole or in part with the funding received herein, as well as provide a summary of any planned, future projects that are anticipated to be funded with current or future funding from the County. Said reports shall be in sufficient detail so as to allow County to document what specific portions of any City project were funded or are contemplated to be funded with funds received from the County.
7. **ASSIGNMENT.** Neither party may assign or transfer any of its rights or obligations under this Agreement to any other person or entity without the prior, written consent of the other party.
8. **SOLE BENEFIT OF PARTIES.** This Agreement is for the sole benefit of City and County. Nothing in this Agreement is intended to confer any rights or remedies on any third party.
9. **RELATIONSHIP OF PARTIES.** Nothing herein shall be deemed or construed by the parties hereto, nor by any third party, as creating the relationship of principal and agent, or of partnership, or of joint venture, between the parties hereto.
10. **TERM.** This Agreement shall be in effect from its execution until January 1 of the following calendar year.
11. **TERMINATION.** Either party may terminate this Agreement upon thirty (30) days written notice directed to the other party.
12. **NONAPPROPRIATION.** The payments from County contemplated herein are conditioned upon there being a sufficient, unencumbered fund balance budgeted for that purpose. The County's obligations hereunder shall not in anyway be construed to be a

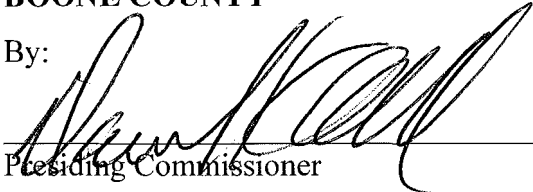
debt of the County in contravention of any applicable constitutional or statutory limitation or requirement concerning the creation of indebtedness by the County, nor shall anything contained herein constitute a pledge of the general credit, tax revenues, funds or moneys of the County beyond that which is specifically required by state law. Notwithstanding any provision of this Agreement, the decision whether or not to budget or appropriate funds, or to extend this Agreement for any subsequent fiscal year, is solely within the discretion of the then-current governing body of the County, it being understood that adjustments to an appropriation may be made by the County in accordance with its Economic Development Adjustment policies adopted as part of its policies relating to the distribution of road sales taxes and road property taxes.

13. **GOVERNING LAW AND VENUE.** This Agreement shall be governed by the laws of the State of Missouri, and any action relating to the same shall be brought in the Circuit Court of Boone County, Missouri.
14. **BINDING ON SUCCESSORS.** The covenants, agreements, and obligations herein contained shall extend to, bind, and inure to the benefit of the parties hereto and their respective successors and approved assigns.
15. **COUNTERPARTS.** This Agreement may be executed by the parties in several counterparts, each of which shall be deemed an original instrument.
16. **COMPLETE AGREEMENT.** All negotiations, considerations, representations, and understandings between the parties are incorporated herein, shall supersede any prior agreements, and may be modified or altered only in writing signed by the parties hereto.
17. **AUTHORITY OF SIGNATORIES.** Each of the persons signing this Agreement on behalf of either party represent that he/she has been duly authorized and empowered, by order, ordinance or otherwise, to execute this Agreement and that all necessary action on behalf of said party to effectuate said authorization has been taken and done.

IN WITNESS WHEREOF the parties hereto have caused this Agreement to be executed by their duly-authorized officers on day and year indicated by their signature below.

BOONE COUNTY

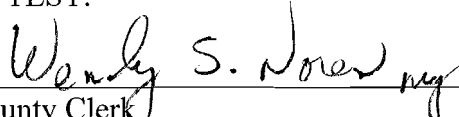
By:



Presiding Commissioner

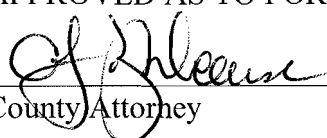
Date: 12-29-15

ATTEST:



County Clerk

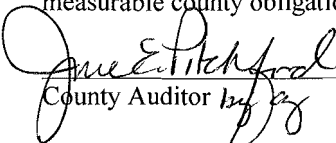
APPROVED AS TO FORM:



County Attorney

Boone County Auditor Certification:

I hereby certify that a sufficient, unencumbered appropriation balance exists and is available to satisfy the obligation 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.)



County Auditor

12/10/15 2049-71452
Date

TOWN OF HARRISBURG

By:



Authorized City Representative

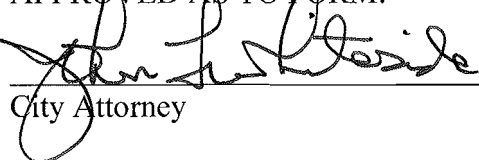
Date: _____

ATTEST:



City Clerk

APPROVED AS TO FORM:



City Attorney

2015 Road & Bridge Sales Tax Distribution

Period: March 2014 - February 2015

Tax Year	R & B Tax Lr Ceiling Rat	Actual Road & Bridge Tax Levy Rate:
1997	0.27	0.05
1998	0.28	0.05
1999	0.28	0.05
2000	0.28	0.05
2001	0.28	0.05
2002	0.28	0.05
2003	0.28	0.05
2004	0.28	0.05
2005	0.2601	0.0475
2006	0.2601	0.0475
2007	0.2601	0.0475
2008	0.2601	0.0475
2009	0.2632	0.0475
2010	0.2649	0.0475
2011	0.2657	0.0475
2012	0.2677	0.05
2013	0.2677	0.05
2014	0.2677	0.05

FY 2014 R&B Sales Tax Revenue:

13,754,106.70

Less: Total Property Tax Reduction Due to Voluntary Rollback:

(5,562,095.66)

0.40

Net Additional Sales Tax Revenue:

8,192,011.04

0.60

82.25% Retained by County

6,737,929.07

1.00% Allocated to Application Entities:

81,920.11

13.00% Allocated to Formula Entities based on AV%—A

1,064,961.44

2.25% Allocated to Formula Entities (excl Columbia)—B

184,320.25

1.50% Allocated to CSRD

122,880.17

100.00%

8,192,011.04

A= Distribution Frequency = Annual
M= Distribution Frequency= Monthly
C= Distribution Frequency determined by Contractual Terms

Entity	Classify for Formula	Actual AV at 31-Dec	AV% (A)	Actual AV at 31-Dec	AV% (B)	Property Tax Pass Thru to CSRD Fund 700	Statutory Dist. To Cities Actual R&B Prop Tx	Sales Tax Needed to Cover PropTax Roll Back	Total	
Cities, Towns, Villages:										
Ashland	Formula	51,803,505	2.7%	51,803,505	44.3%	6,239.86	A	27,168.99	A	
Centralla	Formula	48,995,944	2.5%	48,995,944	41.9%	6,143.93	A	26,751.40	A	
Columbia	Formula	1,813,684,109	93.9%	n/a	n/a	225,645.97	A	982,483.53	A	
Hallsville	Formula	16,172,328	0.8%	16,172,328	13.8%	1,955.18	A	8,513.20	A	
Harrisburg	Application	n/a	n/a	n/a	n/a			304.08	A	1,324.03
Hartsburg	Application	n/a	n/a	n/a	n/a			108.72	A	473.35
Rocheport	Application	n/a	n/a	n/a	n/a			345.38	A	1,503.84
Sturgeon	Application	n/a	n/a	n/a	n/a			846.66	A	3,686.51
Huntsdale	Application Pool	n/a	n/a	n/a	n/a			22.66	A	98.67
McBaine	Application Pool	n/a	n/a	n/a	n/a			5.74	A	25.00
Pierpont	Application Pool	n/a	n/a	n/a	n/a			131.88	A	574.15
SubTotal All Cities, Towns, Villages:						241,750.06		1,052,602.67		
Road District										
CSRD		64,536,311	n/a	n/a		26,402.66	M			114,148.70
Grand Total						26,402.66		241,750.06		1,166,751.37

0.01	0.13	0.0225	0.015	
Sales Tax Distribution To Application Entities	Sales Tax Distribution To Formula Entities (A)	Sales Tax Distribution To Formula Entities (B)	Sales Tax Distribution To CSRD	Total
Per CO#609-2012 Year 3 of 6				
n/a	28,575.13	81,630.25	n/a	143,614.23
n/a	27,026.46	77,206.18	n/a	137,127.97
n/a	1,000,439.10	n/a	n/a	2,208,568.60
n/a	8,320.75	25,483.82	n/a	44,872.95
13,107.22	n/a	n/a	n/a	14,735.33
9,830.41	n/a	n/a	n/a	10,412.48
15,564.82	n/a	n/a	n/a	17,414.04
39,321.65	n/a	n/a	n/a	43,854.82
	n/a	n/a	n/a	121.33
	n/a	n/a	n/a	30.74
	n/a	n/a	n/a	706.03
4,096.01	n/a	n/a	n/a	4,096.01
81,920.11	1,064,961.44	184,320.25		2,625,554.53
n/a	n/a	n/a	122,880.17	263,431.53
81,920.11	1,064,961.44	184,320.25	122,880.17	2,888,986.06

General Ledger Accounts:
Office Preparing Payment Requisition:

7000-86890	2049-71350	2049-71405	2049-71452	2049-71451	2049-71453
Treasurer	Resource Mngt	Resource Mngt	Resource Mngt	Resource Mngt	Resource Mngt
			2049-71452	2049-71451	2049-71453

CERTIFIED COPY OF ORDER

TATE OF MISSOURI



ea.

December Session of the October Adjourned

Term. 20 15

County of Boone

In the County Commission of said county, on the

29th

day of

December

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:

Harrisburg Early Learning Center
School Age and Early Childhood Services
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$35,000.00

Nora Stewart Early Learning Center
Case Management Services
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$63,980.80

Central Missouri Foster Care & Adoption Association
Monthly Respite Program
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$15,939.00

First Chance for Children
Boone County PAT+Program
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$191,000.00

Community Playground of Columbia, Inc. d/b/a Fun City Youth Academy
Fun City Youth Academy
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$80,000.00

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 29th day of December, 2015.

CERTIFIED COPY OF ORDER

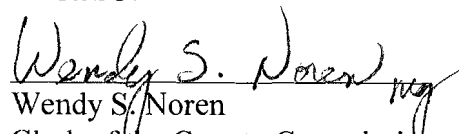
STATE OF MISSOURI }
County of Boone } ea.

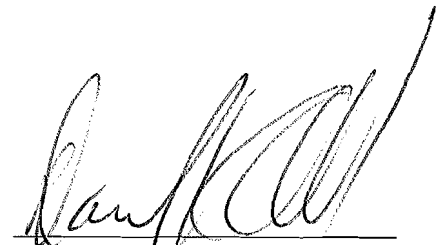
Term. 20

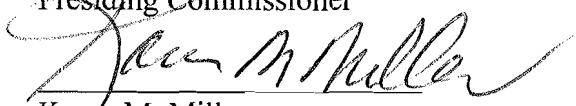
In the County Commission of said county, on the
the following, among other proceedings, were had, viz:

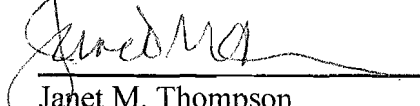
day of 20

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

622-2015

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: December 16, 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. The first round of contracts was awarded on commission order 535-2015.

Harrisburg Early Learning Center
School Age and Early Childhood Services
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$35,000.00

Nora Stewart Early Learning Center
Case Management Services
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$63,980.80

Central Missouri Foster Care & Adoption Association
Monthly Respite Program
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$15,939.00

First Chance for Children
Boone County PAT+Program
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$191,000.00

Community Playground of Columbia, Inc. d/b/a Fun City Youth Academy

622-2015

Fun City Youth Academy

Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$80,000.00

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



AGREEMENT FOR PURCHASE OF SERVICES School Age and Early Childhood Services

THIS AGREEMENT dated the 29th day of December, 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 **Harrisburg Early Learning Center**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **HELIC**.

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 HELIC 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 HELIC 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 HELIC

HELIC is expected to the greatest extent possible to maximize funding from all other sources. HELIC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. HELIC shall only request reimbursement for services not reimbursable by any other source. HELIC shall not invoice the Children's Services Fund for units of service invoiced to another funding source. HELIC 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. HELIC will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. HELIC 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 HELC’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 HELC’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 HELC and HELC agrees to furnish **School Age and Early Childhood Services** 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 HELC’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 **\$35,000** 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 HELC be renewed for an **additional two (2) one-year periods**. HELC agrees and understands that the BCCSB may require supplemental information to be submitted by HELC 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
Social/emotional screenings, developmental screenings, and social skills testing to measure the effectiveness of the Emerging Language and Literacy (ELLC) and Positive Behavior Support (PBS)	1 hour	\$27.21	174	\$4,734.54
School Age Summer Enrichment Programming	1 hour	\$1.82	4600	\$8,372.00

School Age Before and After School Youth Enrichment Programming and Tutoring	1 hour	\$2.46	8900	\$21,894.00
--	--------	--------	------	-------------

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 HELC, 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 HELC to monitor service delivery and program expenditures. HELC 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 HELC and, if so stipulated, are noted on this contract document. Payments may be withheld from HELC 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. HELC agrees to submit its reports through the Apricot by CTK[®] funding management system or another format if requested.

8. **Audits.** HELC also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of HELC'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 HELC, 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.** HELC 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 HELC'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, HELC 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 HELC 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 HELC 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 HELC's policies and procedures and in accordance with any local/state/federal regulations. HELC 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. HELC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** HELC 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.** HELC 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 HELC'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.** HELC 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 HELC, and this shall include any transaction in which HELC 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.** HELC may enter into subcontracts for components of the contracted service as HELC 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 HELC 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.** HELC 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. HELC shall require each subcontractor to affirmatively state in its Agreement with the HELC 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 HELC 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.** HELC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against HELC or any individual acting on the HELC's behalf, including subcontractors, which seek to enjoin or prohibit HELC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If HELC 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 HELC no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, HELC will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event HELC, 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 HELC 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 HELC. 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 HELC 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, HELC 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 HELC, (meaning anyone, including but not limited to consultants having a contract with the HELC or subcontractor for part of the services), or anyone directly or indirectly employed by HELC, or of anyone for whose acts HELC 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.** HELC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. HELC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. HELC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. HELC 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 HELC. The BCCSB does not recognize any of the HELC'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.** HELC 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 HELC shall be mailed or delivered to:

Harrisburg Early Learning Center
Kim Harvey
450 West Sexton St.
Harrisburg, MO 65256

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

Harrisburg Early Learning Center

By: Kim Harvey
Signature

By: Kim Harvey, Executive Director
Printed Name/ Title

Boone County, Missouri

By: [Signature]
Daniel K. Atwill, Presiding Commissioner

By: [Signature]
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature] Francis J. Klose
County Counselor

ATTEST:

Wendy S. Noren
Wendy S. Noren, County Clerk

School Age

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) The Organization Profile had an audit uploaded that had an issue date of April 30, 2014. Is there a more recent audit? If so please upload the most current audit.
- 2) The Program Budget does not list any other funding sources except for the Children's Services Fund. Will this project be supported by any other revenue streams? (i.e. Heart of Missouri United Way, fundraising, and/or Missouri Department of Social Services child care subsidy). If so please include these funds in your budget along with a very detailed description of how these funds will be utilized.
- 3) Provide a more concise Program Goal that corresponds to the organization's major goal(s), the issue(s) the proposed program is intended to address, and the consumers of the proposed program.
- 4) In the Program Description section in the Program Overview Section, provide a more detailed description of the proposed program. This narrative should include specific, detailed information on each of the School Age Program and the Early Childhood Services programs separately. Each one of the program descriptions should ensure information is given about how these programs operate to accomplish the outlined goal.
- 5) Provide an explanation why school-age teachers would be trained in ASQ when this screening stops at the age of 5.5/6.
- 6) Provide an updated Unit Rate for each service provided.
- 7) Provide the number of unduplicated individuals to be served. The Program Service Levels section in the Program Overview section states there will be 43 unduplicated individuals served and the Program Performance Measures states there will be 61 unduplicated individuals to be served. These numbers should match.
- 8) The Program Budget Request is for \$35,000 but the Program Services Section total is \$20,375.14. The total for all the units of service at a fixed rate should equal the Program Budget Request. Provide updated service definitions along with an updated fixed unit rate. The total for all the services should equal the Program Budget Request total of \$35,000.
- 9) Please review and realign the Outcomes/Indicators based on the logic model in the Program Performance Measures Instructions section and the information provided in the Program Services Section. An Outcome describes the beneficial change (knowledge, behavior, or condition) in the people being served. An example of an outcome is, "increased knowledge in parenting". The

Indicators are the specific items of information by which a service's level of success in affecting the desired outcomes are measured. An example of an indicator is, "90% (n=27) of participants will have a 50% increase in knowledge of parenting".

- 10) Please review the Method of Measurement in each one of the services. A Method of Measurement is the instrument or technique used to gather information needed to measure the service's success. An example of this is a pre and post test or survey.

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: Harrisburg Early Learning Center

Address: 450 W. Sexton St.
Harrisburg, MO 65256

Telephone: (573) 875-5959 Fax: (573) 449-3389

Federal Tax ID (or Social Security #): 431203415

Print Name: Kim Harvey Title: Executive Director

Signature: Kim Harvey Date: 8/6/15

E-mail: uwdaycare@centurytel.net

ANSWERS TO CLARIFICATION FORM #1:

1. The uploaded audit issued on April 30, 2014, is our most recent audit. Gerding, Korte & Chitwood is currently in the process of having our 2014 financials audited. We can provide these once they are completed and available.
2. The project is not being supported by any other revenue sources. We do receive child care subsidies from the Missouri Department of Social Services. These child care subsidies go directly into the family accounts to pay their tuition payments. We also receive funding from the Heart of Missouri United Way. The funding from United Way assists with financial support for our families that do not qualify for DFS and provides support for our Early Childhood Program expenses. We have fundraising events to help with overhead costs and expenses.
3. The goals for our School Age programs are to provide quality and structured before and after school programming and to provide structured summer enrichment programming. In the School Age Before and After School Program, our goal is to provide tutoring and homework help to assist with our children's academic success in the public school. In our School Age Summer Program, our goal is to provide enrichment activities such as cooking, learning new languages, science activities, and preparing for the upcoming school session. One of our main goals in the Early Childhood Program is to prepare them for entry into Kindergarten and ready to succeed in school.
4. Our Early Childhood Program serves children ages 3 weeks to 13 years old. In 2010, we adopted a new curriculum, *Emotional Beginnings: Partners in Care*, in our infant, toddler and two's classrooms. We chose this curriculum as it is a research-based curriculum. The mission of *Emotional Beginnings: Partners in Care* is to enhance the quality of care giving by improving the emotional availability and relationship building skills of the caregiver.

The Emerging Language and Literacy Curriculum is implemented in our preschool classroom with our three to five year olds. Harrisburg Early Learning Center has been implementing this research-based curriculum for five years now and is very pleased with the progress and results our children have shown over the years that they have participated in this program. The children in our preschool program are exposed to a print rich environment and a daily routine that includes shared reading time, morning and afternoon circle times, learning center time, and outdoor/gross motor time.

The classroom includes eleven learning centers: art, technology, math/science, reading, listening, tactile, dramatic play, construction, language and literacy, writing, and create-a-book. Thematic units are introduced to the children every two weeks and during these two week units, the children are exposed to twenty new vocabulary words relating to the unit and stories read to them during that theme. Phonological groups are conducted twice a week and during this time, the children have small group sessions with their teacher where they are introduced to a target letter and the sound it makes. They create alliteration lists based on the target letter and practice rhyming words they hear in the stories relating to their thematic unit.

Ongoing progress monitoring is conducted by our preschool teaching staff to ensure our children are showing improvement following baseline testing. The checklists we use to track the progress of our children include pre-academic skills, phonological awareness skills, literacy skills, oral language skills, motor skills, prewriting skills, and social skills. The checklist data we collect helps us determine what areas we need to focus on to better prepare our children for kindergarten and where we need to individualize certain goals for different children.

Our School Age Summer Program serves children ages 5 years old to 13 years old. The summer program implements the Summer Bridge Activities curriculum. Pre-tests are conducted the second week of the summer program. Based on the children's test results, we provide more lessons to increase the children's knowledge in Math, Science, Language, and Social Studies. At the end of the summer, the children are given post tests to see how they compared to the pre-tests.

Our Before and After School Age Program serves children ages 5 years old to 13 years old. With the public schools being in session four days a week, we provide structured programming on Mondays that allows time for one on one tutoring and assistance with the children's homework. The children also have daily tutoring after school on Tuesday through Friday.

Positive Behavior Support (PBS) is implemented in all of the programs at Harrisburg Early Learning Center. With the implementation of this model, we will better prepare our children for entry into kindergarten as the Harrisburg School District also implements the Positive Behavior Support model.

5. Our school age teachers are trained in the ASQ and ASQ-SE due to the fact that we serve children ages 5 and 6 years old in our school age classroom. In order to meet our agency needs, we have teachers fill in and teach in other classrooms and have them trained in all aspects of the programs. We also implement Positive Behavior Support in our School Age Programs and have our teachers trained to properly implement.
6. Updated unit rate for Program Service 1 is \$27.21.
Updated unit rate for Program Service 2 is \$1.82
Updated unit rate for Program Service 3 is \$2.46
7. We project that a total of 45 unduplicated children will be served by our agency in all of our programs. 43 of these children reside in Boone County. The 43 children mentioned in the Program Overview is the correct number. The 61 children in our performance measures include 29 children in the Early Childhood Program and 16 in the School Age Program. The same 16 children are expected to be counted as the children attending the Summer School Program. The two children residing outside of Boone County were not counted as children receiving services.
8. When calculating the unit rate, the personnel budget of \$20,375.14 was used and did not include the non-personnel budget. After adding the non-personnel expenses, the unit rates changed to reflect as follows:

Program Service 1 is $\$27.21 \times 174$ units of service = \$4,734.54

Program Service 2 is $\$1.82 \times 4600$ units of service = \$8,372.00

Program Service 3 is $\$2.46 \times 8900$ units of service = \$21,894.00

These rates total \$35,000.54. The service definitions did not change.

9. Revised outcomes/indicators:

Program Service 1 – Outcomes

Outcome (1-1): Children in the Early Childhood Program will exhibit age-appropriate positive social behaviors when interacting with their peers and teachers.

Indicator (1-1): 95% of children in program will exhibit age-appropriate positive social behaviors when interacting with their peers and teachers.

Method of Measurement (1-1): ELLC social skills checklist, ASQ, ASQ-SE

Additional Outcome (1-2): Children in the Early Childhood Program will demonstrate an age-appropriate understanding of social routines and follow directions.

Additional Indicator (1-2): 95% of children in program will demonstrate an age-appropriate understanding of social routines and follow directions.

Additional Method (1-2): ELLC social skills checklist, ASQ, ASQ-SE

10. Please see the revised method of measurement in the answer to #9.

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):

Harrisburg Early Learning Center

DBA:

Federal EIN Number:

431203415

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

450 West Sexton St.

City

Harrisburg

State

Missouri

County

Boone

Zip

65256

Organization Phone Number:

573-875-5959

Website:

www.harrisburgearlylearningcenter.com

Head of Organization

Kim Harvey

Head of Organization Phone:

573-875-5959

Address

450 West Sexton St.

City

Harrisburg

State

Missouri

County

Boone

Zip

65256

Organization Fax Number:

573-449-3389

Email:

uweekdaycare@centurytel.net

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

Executive Director

Head of Organization Email:

uweekdaycare@centurytel.net

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)**
The mission of Harrisburg Early Learning Center (HELC) is to provide quality and affordable early childhood education for the children of northern Boone County, regardless of social or economic status, in an environment that is safe, as well as educationally and developmentally appropriate.

Organization History: **Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**
HELC (formerly Harrisburg Preschool) began operations in April 1980 in a small home in Harrisburg, Missouri. In July 1980, Harrisburg Preschool became the first non-profit preschool recognized by the State of Missouri in northern Boone County. During that time, the center was operated to care for preschool age children and provided after school care for the children attending public school. In 2001, the Board of Trustees recognized a need for infant and toddler care in the community and expanded the facilities and services to provide care for them.

Brief Statement of Organization's Major Goals: **Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**
Providing early childhood education to the children of northern Boone County.
Preparing our children for entry into kindergarten.
Involving parents in the early education of their children.
Providing quality and structured before and after school programming.
Providing quality and structured summer enrichment programming.

Articles of Incorporation: **Articles of Incorporation (MUST BE IN PDF FORMAT)**
/document/download/filename/1433281883_30405_ArticlesofIncorporation.pdf/
Provide a copy of the organization's Articles of Incorporation.

Organizational Chart: **Organizational Chart (MUST BE IN PDF FORMAT)**
/document/download/filename/1433281883_30406_organizationalchart.pdf/
(must be for the entire organization):

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
The geographic area that our agency serves includes the counties of Boone, Howard, Randolph, and Cooper.

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
Our agency serves children ages three weeks to thirteen years old.

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
Lisa Baker	Trustee	176 Co. Rd. 409 A Harrisburg, MO 65256	<input checked="" type="checkbox"/>	Added on 06/02/2015
Marie Bradshaw	Trustee	7100 W. Hwy. 124 Harrisburg, MO 65256	<input checked="" type="checkbox"/>	Added on 06/02/2015
Dawn Stephenson	Treasurer	7820 W. Hwy. 124 Harrisburg, MO 65256	<input checked="" type="checkbox"/>	Added on 06/02/2015
Rhonda Voorheis	Secretary	10877 N. Hwy. J Harrisburg, MO 65256	<input checked="" type="checkbox"/>	Added on 06/02/2015
Ginny Sparks	Vice-President	21821 N. Devils Washboard Clark, MO 65243	<input checked="" type="checkbox"/>	Added on 06/02/2015
Kimberly Strawn	President	13625 N. Route E Harrisburg, MO 65256	<input checked="" type="checkbox"/>	Added on 06/02/2015

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:
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/1433281883_29953_IRStaxexemptletter.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/1433281883_29954_2013auditcommletter.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/1433281883_29955_2013990taxes.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 Trustees reviews bank statements and financial statements presented at monthly board meetings. An annual audit is conducted each year by Gerding, Korte, & Chitwood.

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
Teacher		0.50	\$12,090.00	\$0.00	<input checked="" type="checkbox"/>	Added on 06/05/2015
Teacher		0.50	\$13,923.00	\$0.00	<input checked="" type="checkbox"/>	Added on 06/05/2015
Teacher	CDA	1.00	\$19,000.00	\$0.00	<input checked="" type="checkbox"/>	Added on 06/02/2015
Assistant Director	B.S.	1.00	\$24,960.00	\$0.00	<input checked="" type="checkbox"/>	Added on 06/02/2015
Executive Director	B.S.	1.00	\$43,400.00	\$0.00	<input checked="" type="checkbox"/>	Added on 06/02/2015

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
Harrisburg Early Learning Center	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	School Age and Early Childhood Services - RG 2	Added on 06/05/2015

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

System Fields

Record ID

12700

Modification Date

06/15/2015 11:00 am CDT

Modified By

Harrisburg Early Lea ORG

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

Harrisburg Early Learning Center

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

School Age and Early Childhood Services - RG 2

Amount of Request

\$35,000.00

Amount Awarded

\$35,000.00

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

Prevention programs which promote healthy lifestyles among children and youth and strengthen families
Mental health screenings

Program Information

Program Website (will default to Organization website)

www.harrisburgearlylearningcenter.com

Address

450 West Sexton St.

City

Harrisburg

State

Missouri

County

Boone

Zip

65256

Program Administrator Name

Kim Harvey

Phone Number

573-875-5959

Address

450 West Sexton St.

City

Harrisburg

State

Missouri

County

Boone

Zip

65256

Program Administrator Title

Executive Director

Email

uweekdaycare@centurytel.net

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

[/document/download/filename/1433874466_30421_AttachmentA.pdf/](#)

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

[/document/download/filename/1433973167_30420_AttachmentB.pdf/](#)

Attachment C Work Authorization Certification

[/document/download/filename/1433978388_30419_AttachCMOU.pdf/](#)

Addendums

[/document/download/filename/1434148978_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

Harrisburg Early Learning Center

450 West Sexton St.

Kim Harvey



Added on
06/05/2015

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

Federal EIN Number (will auto-populate)

431203415

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) \$20,375.14 - 2 personnel for School Age program and other personnel to receive trainings and administer ASQ's and ASQ-SE's \$14,624.86 - non-personnel expenses for program supplies and materials, maintenance, insurance, utilities, marketing	2A \$35,000.00	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	
	35000	

PROGRAM EXPENSES

1. Personnel	1.	1 %
	\$20,375.14	58
2. Non-Personnel	2.	2 %
	\$14,624.86	42
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	35000	

System Fields

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

43

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

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)

The issues to be addressed by the proposed program include mental health screenings to be conducted twice a year for our children in the early childhood program. We implement Positive Behavior Support in all of our classrooms for our children ages three weeks to thirteen years old. It is important to address mental health issues to prevent children from having difficulties with school success. We also want to address the need for before and after school programming, as well as full-time summer care for our children ages five to thirteen years old to prevent them from being left alone at home and to provide a safe and secure environment where they can be provided with nutritional meals and structured activities and curriculum to assist with their academic success. By providing tutoring and homework help, we also assist with reducing the stress of their families that work all day and do not have time to sit down and work with their children after picking them up at the end of the work day. We provide these services, such as tutoring and homework help, so that our families can enjoy their family time at the end of the day.

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 addressed by the proposed program will include children ages three weeks to thirteen years old in the northern Boone County area. 49% of the children we serve are at or below 200% of the Federal poverty level.

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)

Without proper mental health screenings, children struggle to succeed in school. We want to prevent these issues at an early age and find the proper treatments and plans for children if they need referrals to a professional that can address these behaviors. Our community, located in a rural area in northern Boone County, does not have any businesses or agencies providing these services that we are proposing. The Harrisburg School District does not offer before and after school programming and they do not have a full-time summer program.

Program Consumers

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

Harrisburg Early Learning Center's proposed program will serve children ages three weeks to thirteen years old. We will serve children and families in Boone County, as well as surrounding counties such as Howard, Cooper, and Randolph.

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

We have a high need for child care being located in a rural area in northern Boone County. The majority of our families work in Boone County with many

of them working in the city of Columbia. Currently, 100% of the families we serve are employed in Boone County and their children are enrolled in the Harrisburg School District. The school district does not offer services for school age children before and after school or during the entire summer. We also have a high need in our community for child care for infants, toddlers and preschool children with only having one or two home day cares in our area.

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

One of the challenges we face is having to place families on a waiting list for care. Our school age program operates at full capacity and we are only licensed to serve up to 15 school age 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)

Providing early childhood education to the children of Boone County, preparing children for entry into kindergarten, involving parents in the education of their children, providing quality & structured before and after school programming, providing quality & structured summer enrichment programming.

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 School Age and Early Childhood Services program will provide mental health screenings to be administered twice a year for our children ages three weeks to five years old. By monitoring our children's screenings, we will be able to determine whether or not further assistance is needed through referrals. The proposed program will also provide full-time summer care and before and after school care for our children ages five to thirteen years old. Three years ago, the Harrisburg School District adopted a four day school week. We provide care for children all day Monday, as well as before and after school care Tuesday through Friday.

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 proposed program will be served at 450 West Sexton Street, Harrisburg, MO 65256. The hours of operation will be Monday through Friday from 6:30 am to 6:00 pm.

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

Standing by our mission to provide affordable care for our children (ages three weeks to thirteen years old) regardless of social or economic status, we utilize a sliding fee scale to assist with payment schedules for our families.

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

Harrisburg Early Learning Center is licensed by the Missouri Department of Health and Senior Services Child Care Regulation. We are licensed to care for up to sixty children ages three weeks to thirteen years old.

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)

The proposed programs utilize best practices by having trained staff that receive professional development trainings throughout the year, maintaining appropriate staff/child ratios at all times, providing age appropriate activities and curriculum for the children we serve, tracking our children's performance measures, and having a high rate of family involvement.

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)

Studies show that at least half of the educational achievement gaps between poor and non-poor children already exist at kindergarten entry. With our program contracting with other agencies, partnering with community collaborations, and providing subsidized child care, we assist in closing that gap

among children. All children in our agency, regardless of socioeconomic status, receive the same high quality care and programming from three weeks to thirteen years old. Children will not enter school ready to learn unless families, schools, and communities provide the environments and experiences that support the physical, social, emotional, language, literacy, and cognitive development of infants, toddlers, and preschool children. (www.rkidscount.org)

HELC recognizes the importance of before and after school programming, as well as summer programming for our school age children. Children need a safe and supervised environment that provides enrichment activities, healthy snacks and meals, and supportive mentors to assist with homework and tutoring. A large body of evidence exists that confirms quality after school programs help children become more engaged in school, reduce their likelihood of taking part in at-risk behaviors or acting out in school, and help raise their academic performance. (www.afterschoolalliance.org, 2014)

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)

The staff at Harrisburg Early Learning Center will attend yearly trainings on the ASQ and ASQ-SE to administer these screenings. We also have a collaboration with Boone County Project LAUNCH to implement Positive Behavior Support (PBS) for our children in all of our classrooms. Our staff attends weekly meetings to discuss PBS and they all attend full day trainings each year offered by Boone County Project LAUNCH to further their knowledge in implementing PBS.

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

Our partnerships and collaborations include Nora Stewart, Mary Lee Johnston Community Learning Center, Heart of Missouri United Way, Harrisburg School District and Boone County Project LAUNCH.

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 School Age Teacher	MQ1 College courses	FTE1 0.76	SR1 FROM 12672.00	SR1 TO
P2 School Age Teacher	MQ2 12 hrs. of professional development training	FTE2 0.20	SR2 FROM 3162.00	SR2 TO
P3 Infant/Toddler Teacher	MQ3 12 hrs. of professional development training	FTE3 0.02	SR3 FROM 396.00	SR3 TO
P4 Infant/Toddler Teacher	MQ4 12 hrs. of professional development training	FTE4 0.02	SR4 FROM 372.00	SR4 TO
P5 Two Year Old Teacher	MQ5 12 hrs. of professional development training	FTE5 0.02	SR5 FROM 368.00	SR5 TO
P6 Preschool Teacher	MQ6 12 hrs. of professional development training	FTE6 0.03	SR6 FROM 505.00	SR6 TO
P7 Preschool Teacher	MQ7 12 hrs. of professional development training	FTE7 0.03	SR7 FROM 627.00	SR7 TO
P8 Preschool Teacher	MQ8 12 hrs. of professional development training	FTE8 0.03	SR8 FROM 524.00	SR8 TO
P9 Assistant Director	MQ9 H. S. diploma or GED plus a minimum of 24 hours in early childhood education or a child-related field.	FTE9 0.03	SR9 FROM 636.00	SR9 TO
P10 Executive Director	MQ10 B. S.	FTE10 0.03	SR10 FROM 1113.00	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 at Harrisburg Early Learning Center are required to be 18 years or older and have a positive background check in order to be employed. We prefer that some of our positions have certain qualifications. For example, the Executive Director must have at least a B.S. Degree. The assistant director must have a high school degree or GED with at least a minimum of 24 hours of college courses relating to early childhood or a related field. The salaries are determined by education and experience of the staff.

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)

Parents will only be charged a tuition fee for child care services provided to the children. We will not be charging the parents and families any extra fees for mental health screenings or fees to cover personnel salaries.

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			Link Info	
TOTAL REVENUE	2.	TOTAL EXPENSES	Record Lock	Active Date
35000	\$14,624.86	35000		Added on 06/14/2015

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

43

Average Cost per Individual

813.95

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)

Nora Stewart and Mary Lee Johnston Community Center are two licensed child care centers that provide mental health screenings. They are both located in the city of Columbia. There are also before and after school programs offered in the city of Columbia.

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

The proposed program is needed for the rural community we provide services in. Our agency is located in a rural area in northern Boone County located 23 miles north of the city of Columbia. In our rural location, there are no other businesses offering the proposed program service that we provide.

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 level of funding requested would allow personnel (including ten staff members) to receive salaries for their trainings, meetings, tutoring, and to administer mental health screenings. The amount requested for personnel is \$20,375.14. The non-personnel expenses total \$14,624.86 to cover an increase in insurance to meet Boone County requirements, utilities, maintenance, marketing, materials and program supplies.

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 Boone County will enable our program to continue with providing mental health screenings, training for our staff, and providing salaries for our two personnel teaching the before and after school programs, as well as the summer program.

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)

(n.d.). Retrieved from <http://www.rikidscount.org/matriarch/documents/Getting%20Ready%20-%20Full%20Report.pdf>

Afterschool Alliance (2014). Taking a Deeper Dive into Afterschool: Positive Outcomes and Promising Practices. Retrieved from http://www.afterschoolalliance.org/documents/Deeper_Dive_into_Afterschool.pdf

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)

Children will receive social emotional screenings, developmental screenings and social skills testing to measure the effectiveness of the Emerging Language and Literacy Curriculum (ELLCC) and Positive Behavior Support (PBS).

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)

\$27.21

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 rational is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

The unit rate was based on the number of staff administering mental health screenings, the time they train for implementation and the hours involved to administer each screening. The total of all salaries was divided by the number of unduplicated children to receive these services and the number of units of service to be provided.

Number of Units of Service to be Provided (1)

174

Number of Unduplicated Individuals to be Served (1)

29

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

6

Average Cost of Service per individual (1)

163.26

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

Yes

Amount Requested (1)

\$4,734.54

Proposed Number of Units of Service (1)

174

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (250 character limit)

School Age children will receive summer enrichment programming.

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

One hour

Unit Rate (2)

\$1.82

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)**

The unit rate was determined by the amount to pay two staff members for the summer enrichment programming. The salaries of these two teachers was then divided by the number of units of service to be provided.

Number of Units of Service to be Provided (2)

4600

Number of Unduplicated Individuals to be Served (2)

16

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

287.5

Average Cost of Service per Individual (2)

523.25

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

Yes

Amount Requested (2)

\$8,372.00

Proposed Number of Units of Service (2)

4600

Program Service 3**Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (250 character limit)**

School age children will receive before and after school youth enrichment programming and tutoring.

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

One hour

Unit Rate (3)

\$2.46

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)**

The unit rate was determined by the amount to pay two staff members for before and after school youth enrichment programming and tutoring. The salaries of these two teachers was then divided by the number of units of service to be provided.

Number of Units of Service to be Provided (3)

8900

Number of Unduplicated Individuals to be Served (3)

16

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

556.25

Average Cost of Service per Individual (3)

1368.38

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

Yes

Amount Requested (3)

\$21,894.00

Proposed Number of Units of Service (3)

8900

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):

35000.54

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

Please enter values into the city of columbia field; this requirement will be satisfied when you do

Value not entered

Boone County (includes City of Columbia residents)

43

City of Columbia

0

Other Counties

2

Residence Total

45

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

42

Black or African American (alone)

1

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

0

Subtotal - Non-Hispanic

43

HISPANIC**Of all races**

2

Race/Ethnicity Total

45

Gender**Female**

24

Male

21

Other Gender

0

Gender Total

45

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

22

Over 200% of Federal Poverty Level

23

Income Total

45

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)**

9

Preschool (3 years – 5 years)

18

School Age (6 years – 11 years)

16

Middle School (12 years – 14 years)

2

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)
0
Parent/Guardian (age 20 and over)
0
Age Total (2)
45

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
-------------	--------	------

Children will receive social emotional screenings, developmental screenings and social skills testing to measure the effectiveness of the Emerging Language and Literacy Curriculum (ELLC) and Positive Behavior Support (PBS).

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)

Children will receive social emotional screenings, developmental screenings and social skills testing to measure the effectiveness of the Emerging Language and Literacy Curriculum (ELLC) and Positive Behavior Support (PBS).

Program Service 1 - Outputs

Units (1)

174

Unit Measure (1)

One hour

Unduplicated Individuals (1)

29

Program Service 1 - Outcomes

Outcome (1-1)

Children in the preschool classroom (ages 3-5 years old) will exhibit positive social behaviors when interacting with their peers and teachers.

Indicator (1-1)

95% of children in program will show an increase in positive social behaviors (from baseline testing to testing thereafter) when interacting with their peers and

Method of Measurement (1-1)

ELLC social skills checklist upon enrollment and quarterly

Additional Outcome (1-2)

Children in the Early Childhood Program (ages infant to 5 years old) will be screened for social emotional development.

Additional Outcome (1-3)

Children in the Early Childhood Program (ages infant to 5 years old) will be screened for developmental delays (in the areas of communication, gross motor, fine motor, problem solving, and personal-social).

Additional Outcome (1-4)**Additional Outcome (1-5)**

teachers.

Additional Indicator (1-2)

100% of children in the Early Childhood Program will be screened for social emotional development.

Additional Indicator (1-3)

100% of children in the Early Childhood Program will be screened for developmental delays (in the areas of communication, gross motor, fine motor, problem solving, and personal-social).

Additional Indicator (1-4)**Additional Indicator (1-5)**

thereafter.

Additional Method (1-2)

Ages & Stages Questionnaire - Social Emotional (ASQ-SE) conducted twice a year, or more as needed.

Additional Method (1-3)

Ages & Stages Questionnaire - 3 (ASQ-3) conducted twice a year, or more as needed.

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)**

Children in the Early Childhood Program will be exposed to PBS and receive mental health screenings. The outcomes we strive to achieve will assist in preparing our children for kindergarten and allow their parents to be involved by working with the teachers and providing their views on their child's mental health and social emotional behaviors.

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

The proposed outcomes may be affected by poor attendance in the program or if a child leaves the program.

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

We want to see a high percentage of children in our program to achieve the outcomes we proposed.

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

The ELLC Social Skills checklist monitors behaviors, the ASQ screenings will allow teachers and parents to determine child behaviors and classroom observations notes will be used to track each child's progress.

Program Service 2**Service (2)**

School Age children will receive summer enrichment programming.

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

4600

New Unit Measure Auto Populate2

One hour

Unduplicated Individuals (2)

16

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

Children will show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies.

Additional Outcome (2-2)**Additional Outcome (2-3)****Additional Outcome (2-4)****Additional Outcome (2-5)****Indicator (2-1)**

80% of the children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies.

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

Pre and post tests in the areas of Math, Science, Language, and Social Studies.

Additional Method (2-2)**Additional Method (2-3)****Additional Method (2-4)****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)**

Our goal is for our children to show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies. One of the goals we have for our program is to provide quality and structured summer enrichment programming.

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

The proposed outcomes may be affected by poor attendance in the program or if a child leaves the program.

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

We want to see a high percentage of children in our program to achieve the outcomes we proposed.

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

Children will be given a pre test at the beginning of the summer and a post test at the end of the summer program to determine whether or not they have gained knowledge in school subjects such as Math, Science, Language, and Social Studies.

Program Service 3**Service (3)**

School age children will receive before and after school youth enrichment programming and tutoring.

Program Service 3 - Outputs**Units (3)**

8900

New Unit Measure Auto Populate3

One hour

Unduplicated Individuals (3)

16

Program Service 3 - Outcomes**Outcome (3-1)**

Family stress will be reduced by providing tutoring as well as time for children to complete homework.

Indicator (3-1)

90% of families will report reduction in stress by children receiving tutoring as well as time to complete homework.

Method of Measurement (3-1)

Yearly surveys completed by families.

Additional Outcome (3-2)

Children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, English, and Reading.

Additional Indicator (3-2)

80% of children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, English, and Reading.

Additional Method (3-2)

Report cards shared by families at the end of the second quarter and the end of the fourth quarter.

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)**

We want to assist our children by tutoring subjects such as Math, Science, English, and Reading. We also want our families to experience less stress by providing time for their children to complete their homework and receive tutoring. By doing these things, we are providing quality and structured before and after school programming.

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

The proposed outcomes may be affected by poor attendance in the program or if a child leaves the program.

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

We want to see a high percentage of children in our program to achieve the outcomes we proposed.

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

We welcome input from our families on how our programs are operating. The parent surveys and evaluations allow parents to voice their opinions and give feedback on whether or not their stress is reduced by providing these services. The report cards show us if the children are increasing their knowledge in school subjects such as Math, Science, English, and Reading. If we see a child's report card showing areas of concern, we can spend more time working with that child one on one and provide extra assistance with tutoring.

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

Link Instructions (1)

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

Kim Harvey
Printed Name - Agency Executive Director/President/CEO

6-8-15
Date

Kim Harvey
Signature - Agency Executive Director/President/CEO

6-8-15
Date

Kimberly Strawn
Printed Name - Agency Board Chair

6-8-15
Date

Kimberly Strawn
Signature - Agency Board Chair

6-8-15
Date

Company ID Number: 254598

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 **Harrisburg Early Learning Center** (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: 254598

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 **Harrisburg Early Learning Center**

Kerri B McBee-Black

Name (Please Type or Print)

Title

Electronically Signed

Signature

09/18/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

09/18/2009

Date

Company ID Number: 254598

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Harrisburg Early Learning Center

Company Facility Address: 450 W Sexton St

Harrisburg, MO 65258

Company Alternate
Address:

County or Parish: BOONE

Employer Identification

Number: 431203415

North American Industry
Classification Systems

Code: 611

Parent Company:

Number of Employees: 10 to 19

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: 254598

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

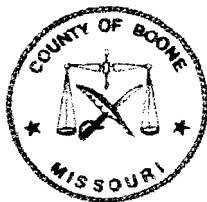
Name: **Kim Harvey**
Telephone Number: **(573) 875 - 5959** Fax Number: **(573) 449 - 3389**
E-mail Address: **uweekdaycare@centurytel.net**

Name: **Kerri B McBee-Black**
Telephone Number: **(573) 875 - 5959** Fax Number: **(573) 449 - 3389**
E-mail Address: **uweekdaycare@centurytel.net**

Name: **Laura E McBee**
Telephone Number: **(573) 875 - 5959** Fax Number: **(573) 449 - 3389**
E-mail Address: **uweekdaycare@centurytel.net**

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: Harrisburg Early Learning Center
Address: 450 W. Sexton St. Harrisburg, MO 65256
Phone Number: (573) 875-5959 Fax Number: (573) 449-3389
E-mail: uwdaycare@centurytel.net
Authorized Representative Signature: Kim Harvey Date: 6-12-15
Authorized Representative Printed Name: Kim Harvey



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:

Harrisburg Early Learning Center

Address:

450 W. Sexton St. Harrisburg, MO

Phone Number:

(573) 875-5959

Fax Number:

(573) 449-3389

E-mail:

uwdaycare@centurytel.net

Authorized Representative Signature:

Kim Harvey

Date: 6-12-15

Authorized Representative Printed Name:

Kim Harvey



BOONE COUNTY, MISSOURI

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

ADDENDUM #2 - Issued May 28, 2015

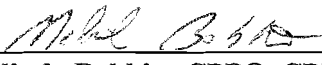
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*.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

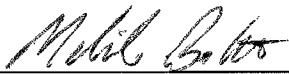
- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

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	315-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Brunning	Col/Boone Public Health (Health Services)	874-7343
6.	John W. [unclear]	Millers [unclear]	734-3331
7.	Meg Brattlett	Boone County Emergency Learning	449-5000
8.	Kim Harvey	Boone County Early Learning	815-5959
9.	[unclear]	[unclear]	[unclear]
10.	Rita [unclear]	Boone County [unclear]	54-83-727
11.	[unclear]	Lutheran Family & Children's Services	315-9955
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	Pertinence Community Health	573-480-4781
3.	Carolee Johnson	Two 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.	Wendy Ell	Univ. of MO - Dept. of Psychiatry	573 573 4531
7.	Yvonne Kelly	University of MO Dept of Psychiatry	573
8.	Jessica Simpson	The Salvation Army	573 442-3229 x222
9.	Shelly Lock	Chick Core Assoc of MO	573 4455431
10.	Wendy	BOCC	573 674 1690
11.	Michelle Elliott	Central Missouri Foster Care Adoption Assoc	573 373 3333
12.	Dan Reilly	MO Wellness Research	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 & Family	314-918-3721
3.	Alan Saunders	Children's Center for Children	573-354-7572
4.	Kathy Becka	Missouri Child Trust	573-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEAHE	PREFERRED FAMILY HC	573-680-6908
7.	Wendy Jones	Family Trust	573-114-6601
8.	Nicole Danner	First Circle	573-412-8221
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Carolyn Mitchell	Deep River Girls Club	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.	Betsy Martin	COA Social Services	573-443-2556
6.	Cathy R. Hub	Home Start Public Schools	573-886-1170
7.	Clare Diana	Rainbow House	573-474-6600
8.	Janie Bakutek	Rainbow House	573-474-6600
9.	Scott Clardy	Wanda Home, Ltd. PA, LLC	573-441-5566
10.	Karen Kistner	Boone County Purchasing	573-441-5566
11.	Carole Sauer	mu Budge	573-268-4029
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



HARRI-5

OP ID: B4

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/05/2015

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).

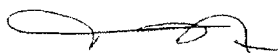
PRODUCER Naught-Naught/Columbia 3928 S. Providence Columbia, MO 65203 Ruth Stone/Cody Thorne	CONTACT NAME: Ruth Stone/Cody Thorne	
	PHONE (A/C, No., Ext): 573-874-3102	FAX (A/C, No): 866-779-8102
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : First Comp Insurance		27626
INSURED Harrisburg Early Learning Center, Inc. 450 West Sexton Rd. Harrisburg, MO 65256	INSURER B :	
	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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N <input type="checkbox"/> N/A		WC014683703	07/14/2015	07/14/2016	E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Waiver of subrogation applies were applicable by law.

CERTIFICATE HOLDER <p style="text-align: center;">BOONE12</p> County of Boone - Missouri 613 E Ash Street 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 
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/4/2015

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 (417)869-2550 Ext. Bohrer, Croxdale & McAdoo, Inc. House Account P.O. Box 2760 Springfield, MO 65801-2760	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED HARRISBURG EARLY LEARNING CENTER, INC. 450 W SEXTON SREET HARRISBURG, MO 65256-9351	INSURER A : CAPITOL INDEMNITY CORPORATION	
	INSURER B :	
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	Y	BP00321341-09	04/01/15	04/01/16
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ INCLUDED
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS					\$
	NON-OWNED AUTOS					
a	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	Y	BP00321341-09	10/29/15	04/01/16
	DED RETENTION \$					AGGREGATE \$ 1,000,000
						PROD-COMP OPS \$ INCLUDED
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	EMPLOYMENT PRACTICES LIABILITY		BP00321341-09	04/01/15	04/01/16	AGGREGATE 100,000
						DEDUCTIBLE 10,000
						RETRO DATE 4/1/2007

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Hired and Non-Owned Auto included per BP 0404 (01/10). Child Care Profession Liability included per CPB 1137 (06/09).

Effective 10/29/15, certificate holder is added as additional insured with Waiver of Subrogation. 30-day cancellation notice. 10-day cancellation notice for nonpayment.

TH/SG

CERTIFICATE HOLDER COUNTY OF BOONE - MISSOURI 613 E ASH STREET 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 Case Management Services

THIS AGREEMENT dated the 29th day of December, 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 **Nora Stewart Early Learning Center**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **NSELC**.

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 NSELC 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 NSELC 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 (ORGANIZATION INITIALS)

NSELC is expected to the greatest extent possible to maximize funding from all other sources. NSELC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. NSELC shall only request reimbursement for services not reimbursable by any other source. NSELC shall not invoice the Children’s Services Fund for units of service invoiced to another funding source. NSELC 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. NSELC will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. NSELC

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 NSELC'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 NSELC'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 NSELC and NSELC agrees to furnish **Case Management Services** 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 NSELC'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 **\$63,980.80** 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 NSELC be renewed **for an additional two (2) one-year periods**. NSELC agrees and understands that the BCCSB may require supplemental information to be submitted by NSELC 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
Case Management (Bachelors)	15 minutes	\$7.69	8320	\$63,980.80

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 NSEL, 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 NSEL to monitor service delivery and program expenditures. NSEL 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 NSEL and, if so stipulated, are noted on this contract document. Payments may be withheld from NSEL 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. NSEL agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

8. **Audits.** NSEL also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of NSEL'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 NSEL, 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.** NSEL 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 NSEL'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, NSEL 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 NSELC 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 NSELC 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 NSELC's policies and procedures and in accordance with any local/state/federal regulations. NSELC 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. NSELC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** NSELC 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.** NSELC 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 NSELC'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.** NSELC 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 NSELC, and this shall include any transaction in which NSELC 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.** NSELC may enter into subcontracts for components of the contracted service as NSELC 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 NSELC 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.** NSELC 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. NSELC shall require each subcontractor to affirmatively state in its Agreement with the NSELC 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 NSELC 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.** NSELC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against NSELC or any individual acting on the NSELC's behalf, including subcontractors, which seek to enjoin or prohibit NSELC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If NSELC 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 NSELC no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, NSELC will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event NSELC, 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 NSELC 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 NSELC. 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 NSELC 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, NSELC 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 NSELC, (meaning anyone, including but not limited to consultants having a contract with the NSELC or subcontractor for part of the services), or anyone directly or indirectly employed by NSELC, or of anyone for whose acts NSELC 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.** NSELC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. NSELC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. NSELC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. NSELC 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 NSELC. The BCCSB does not recognize any of the NSELC'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.** NSELC 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 NSELC shall be mailed or delivered to:

Nora Stewart Early Learning Center
Cheryl Howard
505 E. Ash 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.

Nora Stewart Early Learning Center

Boone County, Missouri

By: Cheryl Howard
Signature

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

By: Cheryl Howard/Executive Director
Printed Name/ Title

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

APPROVED AS TO FORM:

by: [Signature]
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.)

Jane Pitchford by jj 12/18/2015 (2161/71106/\$63,980.80)
Signature Date Appropriation Account

Call

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@boonecountymmo.org

July 27, 2015

Nora Stewart Early Learning Center
Attn: Cheryl Howard
505 East Ash St.
Columbia, MO 65201
E-mail: cherylhoward@norastewart.com

RE: Clarification to 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund


Dear Ms. Howard:

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@boonecountymmo.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@boonecountymmo.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) The Organization Profile was not complete. Login to the Apricot system and complete the following information:
 - a. Brief statement of Organization's Major Goals
 - b. Upload a copy of the Articles of Incorporation
 - c. Description of the Geographic Service Area
 - d. Description of the Population Served
 - e. Information on the Governing Board Member's Profile
 - f. Organization's Fiscal Year
 - g. Upload a copy of the Financial Statement (the organization's most recent audit)
 - h. Upload a copy of the 990/990 EZ form
 - i. Narrative describing the Organization's Financial Policies and Procedures
 - j. Information on the Top Five Compensated Employees
- 2) The Program Budget does not list any other funding sources except for the Heart of Missouri United Way fund for \$103,740. The budget should only reflect funding sources that support this proposed program, including the funds requested from the Children's Services fund. If other revenue sources like Heart of Missouri United Way, fundraising, and/or Missouri Department of Social Services child care subsidy do support this program; the amount must be listed along with a detailed explanation of how these funds will be utilized for this project. Provide an updated Program Budget with the required fields thoroughly completed.
- 3) In the Program Personnel section of the Program Overview Section Narrative states that the proposed Family Coordinator position is required to hold a Masters in Child Development or related field and have early childhood and assessment experience. The proposed salary seems extremely high for some one with these qualifications. This individual would not have the necessary credentials to provide any type of mental health counseling. Encourage the program to review the model that Head Start uses for their Family Resource Provider and then provide an updated narrative describing the job description and salary for this individual.
- 4) Complete the narrative questions in the Program Service Need Section.
- 5) Review the answers provided in the Funding Request Justification Section. Provide narrative answers that correspond to the questions.
- 6) The Program Service Section has many services listed in the box. Each one of these services needs to be separated out with its own distinct Unit Rate. Provide an updated Program Service Section with each service separated into its own Program Service.

- 7) Please review and realign the Outcomes/Indicators based on the logic model in the Program Performance Measures Instructions section. An Outcome describes the beneficial change (knowledge, behavior, or condition) in the people being served. An example of an outcome is, "Increased knowledge in parenting". The Indicators are the specific items of information by which a service's level of success in affecting the desired outcomes are measured. An example of an indicator is, "90% (n=27) of participants will have a 50% increase in knowledge of parenting". Provide an updated Outcomes and Indicator section.
- 8) Please review the Method of Measurement in each one of the services. A Method of Measurement is the instrument or technique used to gather information needed to measure the service's success. An example of this is a pre and post test or survey. This section in the proposal lists a variety of different measurement tools (screenings and assessments). Provide an updated Method of Measurement section.
- 9) Describe any costs for the purchase of and the training of all of these measurement tools that would be utilized in this proposal.
- 10) There are quite a few statutorily eligible services marked on the Apricot Program Cover Sheet. This proposal does not cover all these services. Review the proposal and provide an updated list of statutorily services provided in this proposal.

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: Nora Stewart Early Learning Center

Address: 505 E. Ash
Columbia Mo. 65201

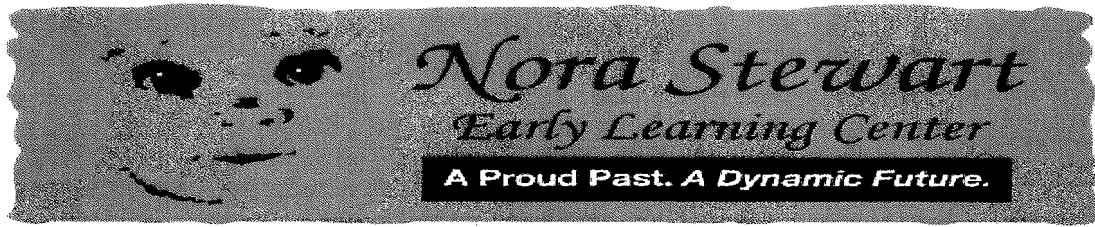
Telephone: 573-449-5981 Fax: 573-

Federal Tax ID (or Social Security #): _____

Print Name: Cheryl Howard Title: Executive Director

Signature: Cheryl Howard Date: 8-5-15

E-mail: Cherylhoward@norastewart.com



Answers to Clarification Form #1

1. Uploaded in the Apricot system.
2. \$0
3. **The licensed social worker/psychologist** will be responsible for administering all assessments and obtaining the necessary demographic information. This will be used to guide assessments and inform evidence-based intervention practices with all families. All services will be person-centered, empowerment focused, and family driven. In collaboration with school staff such as teachers and director and other pertinent stakeholders in the community, the professional will create a multidisciplinary team to assist in meeting the individualized and developmentally appropriate goals for each NSELC family. Data will be collected by the administration of the indicator measures listed above. The data will be collected pre and post for each family to measure how services have changed family functioning and access to health and mental health care services. School staff such as teachers may be asked to provide classwork artifacts for the child(ren) to better inform the assessment and intervention process for the professional. With funding, we are excited about the opportunity to meet additional educational and mental health needs of our families. We are equally delighted to act as a liaison and/or advocate for our families when working with other community-based agencies. This creates an opportunity to develop interdisciplinary methodologies and interagency relationships to better meet the needs of our families. As additional services are offered at no additional cost to families and provided either in their home or conveniently in the community, we foresee no barriers extending our services to all families at Nora Stewart Early Learning Center (NSELC). NSELC seeks to provide on-site mental health care services for families with children enrolled. Additionally, NSLEC hopes to act as a liaison to the Division of Family Services and other pertinent agencies to receive timely responses and appropriate services. The purpose of NSELC's proposed services is to strengthen families by alleviating the burden of accessing services within the community to meet their most basic needs so they may focus on their health and mental health. The proposed social worker or psychologist would facilitate the accessing of community-based services as well as utilize evidence-based practices and assessments to collect information

about the needs of the families NSELC serves. If warranted, the mental health professional/social worker would provide timely mental health care to families to improve and sustain family functioning. The goals of our proposed service is to (1) address barriers in accessing health and mental health care for families of NSELC; (2) inform families of community-based services to meet basic, health, and mental health care needs; (3) offer mental health services that are carried out in the family's home or at a private location at NSELC, which would include parenting skills, individual, couples, and/or family counseling; lastly (4) offer psychoeducational assessments and interventions to assist in the child(ren)'s transition into school thereby improving school readiness and fostering socioemotional well-being.

4. Nora Stewart Early Learning Center (NSELC) serve families in the Boone County community that are below poverty and low-income. Approximately 90% of the families that attend NSELC are below poverty and the remaining families are low-income. Additionally, 78% of our families are Latino or African American with the majority of children living with a single parent. We are delighted to offer quality services to such a diverse population, but there are needs that still go unmet for our families. Limited resources, lack of transportation, and availability of services are some of the barriers for our families when they seek to access timely, affordable, and quality services in the community. Our target population are all currently enrolled NSELC families. At any given time, we serve an average 48 families. With additional staff and resources in place, our capacity to serve 62 families may be possible.

State the Statutorily Eligible Service Area(s) for Target Population

Our target population would be able to qualify under a number of service areas. These areas include: home-based and community-based family intervention programs; prevention programs which promote healthy lifestyles among children and youth and strengthen families; individual, group or family professional counseling and therapy service; psychological evaluations; and/or mental health screenings. All services will be tailored and individualized to meet the needs of each family. Additionally, all services will be delivered in a developmentally appropriate and culturally competent fashion.

Segment of Population Agency is Unable to Serve

With funding, we are excited about the opportunity to meet additional educational and mental health needs of our families. Mental health disorders are a serious and growing public health concern. The number of children and adolescents with one or more diagnosable mental health disorders parallels that of adults. Studies conducted by the National Institute for Health Care Management Foundation and other agencies have indicated that one out of every five children and adolescents or 7.7 to 12.8 million individuals, has a diagnosed or diagnosable mental health disorder (NIHCM Foundation, 2005; National Mental Health Association, 2006). Additionally, recent studies have illustrated that parents of children and adolescents, aged 4-17 years old, often

seek mental health services from a health professional. In 2010, this figure reached 49.3% when parents surveyed disclosed they sought services for their child(ren) with mental health concerns in a given year (ChildStats.gov, 2012). In addition, 25.7% of school age youth are currently receiving special education services for serious behavioral and/or emotional disorders (ChildStats.gov, 2012). We will be the only licensed childcare facility in Boone County to offer a licensed social work/mental health professional to work directly with our families.

5. The need for evidence-based strategies and informed practices is of the utmost importance to foster overall wellness. We are delighted to act as a liaison and/or advocate for our families when working with other community-based agencies. This creates an opportunity to develop interdisciplinary methodologies and interagency relationships to better meet the needs of our families. As additional services are offered at no additional cost to families and provided either in their home or conveniently in the community, we foresee no barriers in extending our services to all families at Nora Stewart Early Learning Center (NSELC). However, barriers that may rise from those receiving services that may preclude engaging in services may include: apprehension about mental health services in general, lack of knowledge of the role of the professional, family legal issues, and potential conflicts of interests. To alleviate some doubt about confidentiality, avoid conflicts of interests, and to establish rapport and trust with families, the professional will need to be well qualified as previously indicated.

Currently, staffing, monetary resources, and physical space are impediments in providing additional services to our families. With funding, we hope to create additional space for a psychologist/social worker to provide individual and/or family therapy, case management, and psychoeducational evaluation services on-site. Though, the professional will be based out of the Center if possible

6. Program Service 1 – **Case Management**

7. **Input** - Upon hiring the social worker/mental health professional who will be responsible for delivering mental health services and linking families to social services in the community, NSELC will create a multidisciplinary team that will use a three prong approach to meeting the needs of children and families.

The first prong is to ensure that the professional is qualified to deliver services. This professional will be an licensed clinical social worker (LCSW) with early childhood experience and assessment experience; post-doctoral psychologist (Ph.D.) working under a licensed psychologist who has had their license for over 2 years or a licensed psychologist with at least 2 years of documented experience in early childhood development, assessment, and interventions.

The second prong is dedicated to staff development and training to assist staff in conducting structured and semi-structure classroom observations. These strength-based observations will serve to identify children and families who may need additional support, resources and services. Additionally, staff development and training will facilitate the process of creating positive, collaborative partnerships with families.

The third prong is to create an interagency approach to meeting the needs of children and families. This will include NSELC working closely with our partners, such as United Way, JumpStart and Mid-Missouri Food Bank. To effectively and efficiently link families to needed services. This interagency approach will also include collaboration with the Division of Family services to meet the families' most basic needs so they may focus more on parenting as well as their health and mental health. Additionally, using theoretical principals from Bronfrenbrenner's Ecological Modal and Multisystemic Therapy (MST) family systems model, we hope to incorporate evidence-based family systems principals and strategies to guide assessments and interventions with our families

Outputs - The table attached combines input activities, services, and respective outputs for each activity that the professional will perform. Additionally, all activities and associated outputs are informed by the needs assessment data reported in the Service Need section of this grant.

Below are expected service outcomes:

By the end of services, which will vary by age of the child at the time of enrollment, family functioning will be improved through parenting strategies and family basic needs being met. This will be measured using the Family Adaptability and Cohesion Evaluation Scale (FACES).

Within 2 months of the family's voluntary entry into services at NSELC, the family will have increased knowledge of and access to health, mental health, and social services within the community as measured by the family's report and NSELC service questionnaire as measured pre and post services.

Within 6 to 8 months of the family's voluntary entry into services at NSELC, the family will exhibit improved health outcomes with referrals and accessibility to quality and timely health care services as measured by the CDC's NHANES survey for youth and families.

Within 6 to 8 months of the family's voluntary entry into services at NSELC, the family will exhibit improved family functioning by the professional assessing and determining the needs of the family and lastly providing needed mental health services. This outcome will be measured by the Achenbach System of

Empirically Based Assessment for preschool children (ASEBA)* for parent and teacher reports about the child; Beck Depression Inventory (BDI)* for adult caregivers; the Beck Anxiety Inventory (BAI)* for adult caregivers; the Kinetic Family Drawing (KFD)* assessment for the child(ren); and the Family Adaptability and Cohesion Evaluation Scale (FACES)* for all family members 8 years of age and above.

Within 3 months of the child(ren) transitioning to the public school system, the family will be a part of multidisciplinary team that will discuss how the child is performing. A transitional plan for school readiness assessment will be administered to determine the strengths and areas of improvement for the child(ren). Assessment tools will include the Phonological Awareness Literacy Screening (PALS)*, Wechsler Preschool and Primary Scale of Intelligence-Fourth Edition (WPPSI-IV), and Brigance-Early Childhood.*

** All assessments referenced are evidence-based and norm-referenced measures for health, cognitive, psychoeducational and psychological functioning. Kits will be purchased for the Center's continued use.*

Indicators:

The indicators that will determine if there is a need for the family and if the outcome has been achieved is a pre and post battery of cognitive, psychological, health, and psychoeducational assessments. They include the quality indicators that NSELC is striving for given the novelty of the proposed program. The following table describes the indicators and how it relates to showing the achievement of the proposed outcomes. Additionally, the table summarizes the time frame to achieve the outcomes and measurement to be utilized. It should be noted that due to the age of child upon entrance into the NSELC and ultimately services, the professional may follow the child for a number of years. This is to ensure developmentally appropriate supports are delivered and school readiness interventions are implemented prior to transitioning to public school. Actual intervention time may vary by the age of the child at enrollment as there are developmental stages that require different interventions.

Table 2

Outcomes	Indicators	Time Frame	Measurements
Knowledge of community-based health and mental health services	85% of NSELC families will be knowledgeable about community resources for health and mental health care.	Upon entrance into NSELC, exit of NSELC, and completion of the kindergarten	Needs assessment questionnaire (Pre and post), Family report

		school year	
Improved family functioning and cohesion	50% or better of NSELFC families will experience improved family functioning.	6 to 8 months	FACES-IV and Kinetic Family Drawing (Pre and post)
Improved mental health (behavioral and sociocmotional functioning)	50% or better of NSELFC families will experience improved mental health	6 to 8 months	ASEBA for parents and teachers, BDI, KFD, BAI, BASC-2 for children (Pre and post)
Improved school readiness	80% or better of NSELFC families will experience improved school readiness and have a plan for educational programming in public schools.	3 months of transitioning to public school	PALS and Brigance (Pre and post) and the WPPSI-IV (upon exit)
Improved health outcomes include accessibility to timely and quality care	50% or better of NSELFC families will experience improved health outcomes through the utilization of health services	6 to 8 months	NHANES (Pre and post)

8. FACES-IV- The Family Adaptability and Cohesion Evaluation Scale-Fourth

Edition is an evidence-based assessment for family members aged 8 to older adults. This will be administered to parents and older siblings of the family. This tool was selected because it is used by the Multisystemic Therapy (MST) program as a indicator measure of family cohesion. MST is a evidence-based, model program under Blueprints for systemic interventions and family improvements.

PALS- The Phonological Awareness Scale is also an evidence-based, standardized measure of academic functioning for preschool children. This will be given as a pre-post measure for school readiness. This tool may be given within a relatively brief period of time as the attention span for preschoolers are limited.

ASEBA-The Achenbach System of Empirically Based Assessment is a relatively brief self-report measure of psychological functioning for children as reported by caregivers and teachers. It was selected for its brevity and its evidence-based and standardized assessment of functioning among a variety of psychological dimensions. Those dimensions include AD/HD, depression, and anxiety in children and adults

Beck Depression Inventory-Second Edition (BDI-II)- The inventory is a brief measure of depressive symptoms in adults. It was selected due to its reliability to accurately measure depression and related symptoms.

Beck Anxiety Inventory (BAI)-The inventory is a brief measure of anxiety symptoms in adults. It was selected because of its brevity and strong reliability to detect anxiety and related symptoms.

Brigance-Early Childhood-The Brigance is a preschool educational assessments that will be used to measure school readiness. It is a standardized, norm-referenced, and

evidence-based tool. It was selected for its relatively brief administration time for attention span, yet it does not compromise standardized results that may inform interventions and recommendations during the transition process.

KFD- The Kinetic Family Drawing is a projective measure used with younger children to ascertain their perspective of family functioning and cohesion. It was selected as there are a limited number of tools for preschool children that effectively measure their perceptions of family functions.

NHANES- The National Health and Nutrition Examination Survey was created by the Center for Disease Control to examine the utilization of health services and the ability to meet the health and nutritional needs of family members. This tool was selected for its history with publications that have compiled a comprehensive inspection of various health outcomes of individuals across the nation.

NSELC Demographic and Needs Assessment Questionnaire-The NSELC questionnaire was created as a 2-3 minute survey for families to indicate their unmet needs and service utilization preferences. The tool was selected as it indicates the barriers to access of services and whether those services will be utilized if offered by a social worker/psychologist.

Wechsler Preschool and Primary Scale of Intelligence-Fourth Edition (WPPSI-IV)- The WPPSI-IV is a standardized measure of intelligence for preschool children that assesses a number of developmentally appropriate problem solving skills, memory, and processing speeds. The WPPSI-IV touts strong reliability and validity numbers. It has age-based norms for performance comparisons.

9. Test kits and protocols for Social Worker/Mental Health Professional uses

WPPSI-IV = \$2,635.50

BDI-II = \$345.00

BAI = \$345.00

ASEBA = \$770.00

KFD = \$266.00

FACES = \$95.00

PALS = \$190.00

Brigance = \$1,838.00

Total = \$6,484.50

10. Home-based and community-based family intervention programs

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Individual, group, or family professional counseling and therapy services

Psychological evaluations

Search for Salaries Jobs
Enter a job title

Browse Salaries

Enter a city or postal code

Follow Us

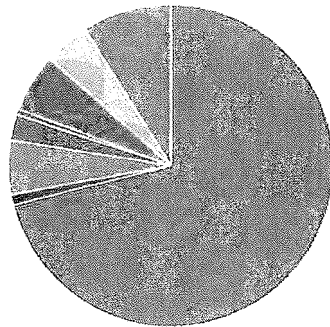
- @Salary
- RSS Feed
- Podcast
- Facebook
- LinkedIn
- YouTube

Salary Job Search Education Career Development Work & Life Features Business

Counseling Psychologist - Higher Ed.
Organizational Psychologist

Salary Salary + Bonus Benefits Similar Jobs Statistics Job Openings

Averages for Columbia, MO Psychologist



- Base Salary
- Bonuses
- Social Security
- 401k/403b
- Disability
- Healthcare
- Pension
- Time Off

Healthcare Business Criminal Justice Human Services
Medical Billing Technology Video Game Design Computer Science
Find A Program!

Core Compensation	Median	% of Total	Core Compensation is based on averages for this job and does not reflect personal factors used to determine your projected salary range.
Base Salary	\$79,736	71.0%	
Bonuses	\$1,146	1.0%	
Value of Benefits			
Social Security	\$6,188	5.5%	Value of Benefits indicates the employer's expected contribution and paid time off.
401K/403B	\$2,912	2.6%	
Disability	\$728	0.6%	Use the Benefits Calculator to compare your benefits with the industry average.
Healthcare	\$6,592	5.9%	
Pension	\$5,096	4.5%	
Time Off	\$9,955	8.9%	
Total Compensation	\$112,352	100%	

Ads by Google related to: Psychologist

capella.edu **Psychology Degree Online**
Earn Your MS or PhD Online in **Psychology** From Capella University.
Save Time And Money - Scholarships Available
1,413 people follow Capella University on Google+
Master Programs PhD Programs
Inquire Now Bachelor Programs
FlexPath Program

jimhertelphd.com **Licensed Psychologist**
Counseling for Adults, College Students, Couples in Columbia MO
1316 Old 63 S #101, Columbia, Missouri

ONLINE DEGREES
CLICK HERE FOR TOP ONLINE SCHOOLS
Choose From:
Associate's Programs Doctoral Programs
Bachelor's Programs M.A. Programs
Certificate Programs Master's Programs
education connection **Start Here!**

Psychologist Jobs & Careers Openings

Clinical Psychologist

COLUMBIA, MO

Search for Salaries Jobs

Browse Salaries

Follow Us

- @Salary
- RSS Feed
- Podcast
- Facebook
- LinkedIn
- Twitter

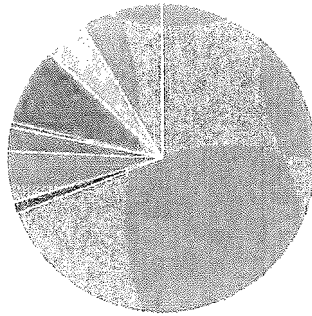
Enter a job title

Enter a city or postal code

Home | About Us | Contact Us | Privacy Policy | Terms of Use | Advertise | Feedback

- Licensed Physical Therapist Assistant
- Licensed Physical Therapist Asst. - Nursing Home
- Licensed Practical Nurse
- Licensed Practical Nurse - Home Care
- Licensed Practical Nurse - Long-Term Care
- Licensed Practical Nurse - Medical Management
- Licensed Practical Nurse - Nursing Home
- Licensed Practical Nurse - Occupational Health
- Licensed Practical Nurse - Outpatient Clinic
- Licensed Professional Counselor
- [View More](#)

Averages for Columbia, MO
Licensed Clinical Social Worker



- Base Salary
- Bonuses
- Social Security
- 401k/403b
- Disability
- Healthcare
- Pension
- Time Off

Core Compensation	Median	% of Total
Base Salary	\$56,273	69.1%
Bonuses	\$1,009	1.2%
Value of Benefits		
Social Security	\$4,382	5.4%
401K/403B	\$2,062	2.5%
Disability	\$516	0.6%
Healthcare	\$6,592	8.1%
Pension	\$3,609	4.4%
Time Off	\$7,050	8.7%
Total Compensation	\$81,492	100%

Core Compensation is based on averages for this job and does not reflect personal factors used to determine your projected salary range.

Value of Benefits indicates the employer's expected contribution and paid time off.

Use the [Benefits Calculator](#) to compare your benefits with the industry average.

Ads by Google related to: Licensed Clinical Social Worker

Clinical MSW Programs
Top Ranked Social Work. CWRU's MSSA Covers the MSW Foundation and More!
CSWE Accredited - No GRE Required - 100% Online

Affordable BA Social Work
Enhance the Well-Being of Families, Individuals & Communities
\$6,000 Scholarship - Move Up Scholarship
135 people follow Brandman University on Google+
Apply Today Arts & Sciences Programs

Licensed Clinical Social Worker Jobs & Careers Op

Social Worker COLUMBIA, MO
Description: For the vast majority of social workers, their career choice is based on one simple ideal: a deep desire to help others help themselves. Serving as a social worker ...
HospitalJobsOnline- U.S. Army 5th Medical Recruiting Battalion- 27 days ago

Clinical Social Worker COLUMBIA, MO

THE 2015 MAZDA6
TEST-DRIVE IT TODAY. #DRIVINGMATTERS
LOCATE A DEALER SEARCH INVENTORY REQUEST A QUOTE
MazdaUSA.com

Medical
Medical Billing
Technology
Video Game Design
Computer Science
Find a Program

ONLINE DEGREES
Choose From:
Associate Programs Doctoral Programs
Bachelor Programs M.B.A. Programs
Certificate Programs Master Programs
Start Here!

\$8,000
ONLINE BASED
DATA ANALYSIS
PROGRAM

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

November 20, 2015

Nora Stewart Early Learning Center
Attn: Cheryl Howard
505 East Ash St.
Columbia, MO 65201
E-mail: cherylhoward@norastewart.com

RE: Clarification to 25-15JUN15 – Purchase of Service Contracts for the Children's Services Fund


Dear Ms. Howard:

Following our meeting yesterday, 9/1/15, a clarification letter is being sent out to communicate what the Boone County Community Services Department would like to see in your response. This form must be completed, signed by an authorized representative of your organization, and returned once the Apricot System has been updated. Please notify us; by email mbobbitt@boonecountymo.org once updating has been completed. We would prefer a 48-24 hours notice prior to a monthly Boone County Community Services Board meeting, to review the submitted material.

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, Director of Community 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 an update in the Apricot System for the following requests.

- 1) Update the Proposal Cover Sheet with the Amount of Request
- 2) Update the Program Budget – this should be just a reflection of this program.
- 3) Update the Program Overview Section
 - Statement of Issue Being Addressed (a. and c.)
 - Program Goal
 - Program Description
 - Program Personnel
 - Program Personnel Narrative
 - Program Service Levels
 - Program Service Need
 - Funding Request Justification
- 4) Provide an updated Program Service Section that provides the following details for each service proposed:
 - Proposed Service (e.g. case management)
 - Unit Measure (e.g. 15 min, 1 hour, 1 day)
 - Unit Rate
 - If this Unit Rate is taken from an established public funding unit rate (e.g. St. Louis County Children's Services Fund, DMH, DESE). If taken from a public funding rate indicate which one and why. If not taken from a public funding rate explain why not.
 - Number of Units of Service to be Provided
 - Number of Unduplicated Individuals to be Served
 - Amount Request
- 5) Provide an updated Consumer Demographics Section detailing the number of children to be served and their break down in each category.
- 6) Provide an updated Program Performance Measures Section. Each service listed above should include an Outcome, Indicator, and Method of Measurement.

Please note: Each new Proposed Service must have its own Unit Measure, Unit Rate, Number of Units of Services to be Provided, Number of Unduplicated Individuals to be Served, Amount Requested, Outcomes, Indicators, and Unit of Measure.

Notes from meeting on 9/1/15:

- Collaborate with mental health services already provided in the community.
- This contract is based on a reimbursement model.
- Family Coordination may use a family survey if appropriate.
- A good resource to compare services, rates and unit measurement is the St. Louis County Children's Services Fund.

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: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-mail: _____

From: Joanne Nelson
To: Cheryl Howard
CC: Kelly Wallis; Melinda Bobbitt
Date: 8/21/2015 4:08 PM
Subject: RFP #25 - 15JUN15 Follow Up

Hi Cheryl,

The Boone County Children's Services Board recently reviewed all the proposals and clarifications. The Board has requested that Kelly, Melinda, and I meet with you to discuss a few points specifically regarding the amount of the request and the scope of work. We would like to set up a time to meet with you to discuss these items. Could you give me some possible dates and times over the next couple of weeks that we can meet?

Thanks-

Joanne

Joanne Nelson

Program Manager
Community Services Department
Boone County, Missouri
605 E. Walnut, Ste. A
Columbia, MO 65201
(573) 886-4298
jnelson@boonecountymo.org

Notes from negotiation meeting with Nora Stewart on 9/01/15 from RFP 25-15JUN15

Attendees: Nora Stewart, Dr. Day, Dr. Davies, Kelly, Joanne, Melinda

1) Some aspects the Board is interested in funding and some they want tweaked on. In the program overview in the general proposal, it gives a brief description of the program. "The purpose is to strengthen the family.....If warranted, mental health is provided...." The last sentence is what we want to parse out. Want to fund without the mental health services from the family coordinator. The board already funds many programs with direct mental health. Want your coordinator to work with the providers of direct mental services.

Response: We added the mental health coordinator for someone to provide assessments. What the data was on the finding of why that person was in that position. We can delete that but I want you to understand what I was looking for with that person.

Kelly - I thinking parsing that out more would be helpful. We have counseling in there as the same unit measurement rate as referrals. Very different types of services that can be at different prices: unit measure and unit cost. If that could be parsed out more, then there might be opportunity to get some of that counseling service purchased. What is different about our contracts then for example United Way, we do a reimbursement model. Kind of like your childcare subsidy. Assessments can be done at various places and on-site with other contracts that we're currently working on. It's with MU Department of Psychiatry - Dr. Laine Walker.

Response: How do we refer to that if it's not yet in place? As long as we have access to those assessment tools and someone that can implement them when needed, then we have no problem with partnership.

Kelly: We write into a contract that we expect collaboration when we see it's a possibility, but let the provider coordinate their program services. That communication between the different organizations has been very beneficial.

2) There were a number of different assessment tools and screenings. The family coordinator could still help to collect that data.

Response: We can take that out now that we know about the MU service.

3) Take the same frame of mind with the outcomes and how those might be measured with family coordination. There might be an appropriate place for a family survey. Needs identified, were they connected with referrals that benefited their needs, what are the family outcomes looking like once they've received the coordination.

Response: Yes, that makes perfect sense to put an outcome on the measurement.

4) So parsing out that direct delivery and that coordinator collaborates with other existing resources, provide a brief explanation of how that would be done by the family coordinator. i.e. Lutheran Family

has a home visiting program for children 0-5 falling into high risk. There might be a good coordination possibly. Burrell Family Health Program has a home visitation component. This would reach those families not Medicaid eligible. Look at FSA for a very similar thing.

Response: We do 6 weeks to 8 years of age. No afterschool program, but can't say we won't have this year. I have problems when you need to justify the hours for the units of measure - could use some help there.

Kelly: There are resources for that. St. Louis County Children's Services Fund did an independent study on unit cost and unit measurement - look on their web site for their booklet that defines the services, the unit measurement and the unit rate. So when we are looking for services to be tied to an established rate, that is one source. That would be a good resource for you to compare rates. St. Louis is different, it's a lot bigger, but we've seen the prices are comparable with this being a University town.

Like you said you've not done this before, so this is the optimal amount the family coordinator would work with the families, so we understand this is a best guess. That's why the reimbursement model works. A lot of the programs we fund, it is the first time the program has been done so hard to make those guesses.

Response: So I understand that we need to redo measurement, outcome and description of program.

Kelly: Look at Program Service Section - you can pull that up in Apricot but not change. Parse out unit rate and measurement. Look at rates to reimburse: case management vs. counseling rate. Updating the Program Service, on consumer demographics, on the race, ethnicity, take a second look at performance measures in relation to each program service so each service would have its own outcomes and measurements. Add a family survey. Take a look at the Head Start Family Coordinator position.

No deadline for this. Once we get information back, we have to take it to the board. They meet once a month, next meeting is September 10. Would like your response 24-48 hours before the board meeting. Can submit the same way on paper, not through the Apricot system. Include the new amount of the request. We need to be transparent to the community with the taxpayer money. Need to be able to report back to the board and the community; we need to be able to say here is what you purchased and here are the outcomes for the youth and families for Boone County.

Response: Once contracts are in place are there yearly performance reports?

Kelly: We do an interim report and a final report. As soon as the contract is approved, it will go through December 2016...could be 14 months on initial term with the opportunity for two, one-year renewals. In the initial term, and subsequent terms, you do a report in the middle of the year. A check-in report, how's it going, are you going to meet your outcomes. We typically do a site visit. And then at the end of the year, there will be a final report on the outcomes and the actual data: we served this many families, this many are more aware of mental health services, etc.

Response: Is there guidance on how to sustain it?

Kelly: That's something that we are looking for organizations to look into. How will this program be sustained if not funded by Children's Services? In our policy we expect maximization of money. We expect you to apply for grants, drawing down funds from as many sources as possible. When evaluating proposals, we look at how many sources are there to sustain this program. As you get your program up and going, you might find some of your services are billable to Medicaid or another program. We are hoping to help programs get started and hope they find another way to sustain.

Proposal Content that mentions providing mental health services to children and families of NSELC:

1. Program Overview- Statement of Issue Being Addressed

c. "providing mental health care directly" should be omitted. Sentence should read, "NSELC hopes to provide timely access to quality health and mental health care services for children and families by linking them to family support services in the community through coordinated intake assessment and referral processes."

2. Program Overview-Program Consumers

c. *Overall Section Paragraph Revision*- "Currently we do not have office space to house the Family Coordinator position. Although the nature of the position requires much travel to home and other community service sites, office space is needed for a centralized location from which to hold interpersonal meetings, store and track student and family information (such as the individual family support plans), conduct intake assessment, and host individual and small group meetings (with teachers, supervisor, other social service and health care providers, and families)."

- See revised budget itemized breakdown of non-personnel expense for supplies (office space rental)

3. Program Goal

Overall Section Paragraph Revision- The goals of family coordination services are to:

- Assist NSELC families by determining the community services and supports that are best for the families' particular needs. This requires establishing trusting relationships with NSELC families and local wrap around service providers, in order to effectively meet needs such as food, healthcare, housing, and human services.
- Establish a coordinated process of intake assessment, development of individual family support plans, referral, and information tracking to decrease barriers experienced by NSELC families to accessing information and community resources
- The ultimate goals of family coordination services are to increase parent engagement in early childcare education and to improve cognitive and socio-emotional student outcomes to foster school readiness

4. Program Description

a. *Omit* "If warranted, the coordinator would provide timely mental health care to families". The Coordinator would only be responsible for referral and follow up for mental health services.

5. Program Description

i. *Omit* "Additionally, using Bronfenbrenner's Ecological Model and Multisystem Therapy (MST) family systems model, we hope to incorporate evidence-based family systems principles and strategies to guide assessments and interventions with our families". More information regarding collaborative partnerships includes: "Currently we have established relationships with diverse community partners to provide NSELC program support and referrals to Project Launch, The Health Dept. , VAC, First Steps, Parent Link, The Food Bank, CPS Early Learning Screening, YMCA, Jumpstart, Minority Men's Network, Kiwanis, Cradle to Career Alliance, Heart of Missouri United Way, Child Care Aware, and The Columbia Housing Authority."

6. Program Personnel Narrative

Omit: "provide counseling for family and individual".

Clarification on education and experience requirements:

Program Description

d. *Overall Revision*: Family Coordinator Position Description: "The family service coordinator position requires having a minimum of a bachelor's degree in social work, human services or a similar discipline. (Although it is common for workers to have a master's degree, depending on their position and agency). Experience without the required degree is not accepted to qualify. Due to the nature of the work, family service coordinators should have patience, compassion and a strong desire to help those with disabilities,

disadvantages or other health or social needs. It's key for these professionals to be able to communicate and listen effectively as well as maintain organization. Additionally, family service coordinators must be able to navigate through and discern information and resources specific to the specialty area of need. Certification is not mandatory, although Missouri does have an optional Professional Service Coordinator Certification that is preferred.

Itemized Breakdown of non-personnel expenses for Travel:

1. Travel includes mileage reimbursement at the state rate of **.575/mile** to cover family services coordinator travel between office and home and community partner site visits. Travel also includes transportation support (vouchers or incentives) to increase family attendance of NSELC events designed to increase parent engagement. Travel for position estimated at **200 miles (\$115.00 per month, or \$1380.00 annually)**. Transportation vouchers or incentives to increase participation in family engagement events is estimated for **20 instances at \$25.00 each, annually. (\$500.00 annually)**. NSELC has had to provide no more than 20 instances of this type of support to increase attendance, historically.

The total estimate for these described expenses is \$1880.00

2. This estimate is for professional development-related costs. One preferred conference that the family services coordinator attend is the NAEYC & Families annual training conference. This amount includes travel, hotel, registration, and food, and is priced at **\$1908.00**. The conference promotes excellence in early childhood education for educators, parents, and communicators. We request to include an additional **\$1000.00** to pay for continuing education opportunities for this position, which might include college credit, CEUs, or other local trainings to increase awareness of related community issues and responses. The total requested amount for Professional Development=**\$2908.00**. This might be better categorized as a miscellaneous, rather than travel expense.

Itemized Breakdown of non-personnel expenses for Supplies:

1. **Revise Office Space Estimated Amount:** We looked at cost to rent office space nearby within the first floor of 105 East Ash St. Suite 100 and estimated cost based on The Heart of Missouri United Way rate of **\$1.50 per square foot for a 16x16 space=\$384. Including utility fees, we estimate \$500.00 a month for this office space rental, which totals \$6,000.00 annually.**

2. PALS Kits cost **\$189.00 each**. We expect **12 students graduate= revised amount of \$2,268.00 annually**

3. **We confirmed that EC-PBS will cover all training expenses related to the ASQ, so we no longer request this amount.**

4. **See above- we've included this explanation in #2**

Itemized Breakdown of non-personnel expenses for Miscellaneous:

1. Reasoning for "Orientation, receptions, and informal gatherings" is to encourage family engagement. The coordinator will host several health and education awareness events, flu shots for families, orientations which will be open for parent discussions and trainings for volunteers who engage directly with our children. He/she will work with the director and staff to provide holiday meals for our families some who may not otherwise receive a meal during the holidays.

2. We moved and clarified this item in the non-personnel expenses for travel portion above, please see **#1.**

Joanne Nelson - RE: RESPONSE NEEDED: Re: Follow Up Information Requested for CSF Proposal

From: Joanne Nelson
To: Cheryl Howard
Date: 11/19/2015 4:42 PM
Subject: RE: RESPONSE NEEDED: Re: Follow Up Information Requested for CSF Proposal

Cheryl,

I just caught an error below. I wanted to let you know that instead of 2080 Proposed # of Units, this should be 8320 Proposed number of units. I have this corrected on the Contract you will receiving. Let me know if you have any other questions.

Joanne

Joanne Nelson

Program Manager
Community Services Department
Boone County, Missouri
605 E. Walnut, Ste. A
Columbia, MO 65201
(573) 886-4298
jnelson@boonecountymo.org

>>> Joanne Nelson 11/19/2015 10:37 AM >>>

Good Morning Cheryl,

I wanted to follow up on the information you presented below. Kelly and I have done some research on the most comparable public rate available for services similar to what you described in your proposal. We found a comparable rate, for Case Management services for an individual that has a Bachelor's degree, in the St. Louis County Children's Services Fund - List of Approved Units of Service for \$7.69/15 minutes of service. The Boone County Children's Services Board (BCCSB) has agreed on this rate and would like to purchase case management services as described in our correspondence. Please remember that pursuant to statute we can't pay for travel vouchers for families.

Below is what the BCCSB will be purchasing:

Service Description - Case Management
Unit Measurement - 15 Minutes
Unit Rate - \$7.69
Proposed # of Units - 2080
Total Amount of Request - \$63,980.80

If this is agreeable to you and your Board, I will draft up a contract and get that to you as soon as possible. Look forward to hearing from you!

Joanne Nelson

Program Manager
Community Services Department
Boone County, Missouri
605 E. Walnut, Ste. A
Columbia, MO 65201
(573) 886-4298
jnelson@boonecountymo.org

>>> "Cheryl Howard" cherylhoward@norastewart.com> 11/11/2015 12:43 PM >>
Hi Joanne

Hope this is what you are needing as always if you have any other questions please let me know.

Thanks

Cheryl Howard
Executive Director
Nora Stewart Early Learning Center
505 E. Ash
Columbia, Mo 65201
Phone: 573-449-5981
Fax: 573-875-5276

From: Joanne Nelson [<mailto:jnelson@boonecountymo.org>]
Sent: Wednesday, November 4, 2015 10:56 AM
To: Cheryl Howard <cherylhoward@norastewart.com>; Sharon Halter <sharonwinterhalter@norastewart.com>
Cc: Kelly Wallis <KWallis@boonecountymo.org>
Subject: RESPONSE NEEDED: Re: Follow Up Information Requested for CSF Proposal

Hi Cheryl,

Kelly and I have both reviewed the updated proposal information sent to us. There are a few things that we need to follow up on:

Questions/Comments from Itemized breakdown of non-personnel expenses for Travel:

1. We will need some clarification on the expense of \$3,500 for "Travel to site and home visits @ .575/mile (state rate). What is travel to site? What specific reasons would this individual travel?
2. We also need clarification for the \$3,000 budgeted for professional research and presenting at a national conference. We will need to know more about the specific type of research and which national conference.

Questions/Comments from Itemized breakdown of non-personnel expenses for Supplies:

1. Please clarify the reason for the expense of Office space rental of \$12,000? What percentage of the total rent is this?
2. Provide us with more information about the PALS expense of \$2,000. We will need more information on how the figure of \$2000 was derived.
3. Explain the cost of \$500 for ASQ? We were under the belief the EC-PBS program provides you with this training. Please clarify.
4. Explain the Staff Training Kits. What are the these?

Questions/Comments from Itemized breakdown of non-personnel expenses for Miscellaneous:

1. Explain the reason for "Orientation, receptions, and informal gatherings".
2. Explain with more detail, "travel voucher for family incentives". Confused that 20 families will each get a travel voucher for \$500, please explain.

Need clarification on places in the proposal that mention providing mental health services to children and families of NSELC:

1. Program Overview - Statement of Issue Being Addressed (c.) - We will need you to further define "by providing mental health care directly to children and families".
2. Program Overview - Program Consumers (c.) - We need clarification on the statement, "With funding, we hope to create additional space for a family coordinator to provide individual and/or family therapy, case management, and psychoeducational evaluation services . . ."
3. Program Goal - "Offer mental health services"
4. Program Description (a.) - "the coordinator would provide timely mental health care to families ..."
5. Program Description (i.) - "Bronfrenbrenner's Ecological Model and Multisystem Therapy (MST) family systems model, we hope to incorporate evidence-based family systems principles and strategies to guide assessments and interventions with our families".
6. Program Personnel Narrative - "provide counseling for family and individual."

****This Family Coordinator position does not have the expertise to provide mental health care to children and/or family.

Need clarification on education and experience requirements:

Program Description (d.) - States that the "Family Coordinator must obtain a Bachelors level degree in related child development field or has 5 years experience" and in Program Personnel Narrative is states that "Family Development Coordinator must attain a Bachelors degree or 5 years experience in a child development field." From this description it sounds like this individual does not need to have a bachelor's degree but must working towards a degree **OR** just has 5 years experience. We will need further explanation on this.

Do not worry about logging into the Apricot System. Please provide us with a narrative response to all the items listed above no later than noon on 11/11/12. We have a board meeting on 11/12/15 and we don't want to wait another month for approval. Feel free to contact me with any further questions.

Thanks-
Joanne

Joanne Nelson
Program Manager

Community Services Department
Boone County, Missouri
605 E. Walnut, Ste. A
Columbia, MO 65201
(573) 886-4298
jnelson@boonecountymo.org

>>> Joanne Nelson 10/8/2015 2:30 PM >>>

Hello Cheryl,

Kelly and I have reviewed your proposal and we do have a few comments and items that need follow up:

1. Program Budget - Please update the Program Revenue section in the Apricot system to include the funds you are requesting from the Children's Services Funds.
2. Non-Personnel Expenses - We will need an itemized breakdown of how these funds (\$40,084.50) are to be utilized. This contract is a reimbursement contract based on the services offered, the only service offered in the proposal is for personnel expenses.
3. Program Overview - We will need you to further define "direct mental health services" in your proposal. There were a couple of times in this section where you refer to the family coordinator providing timely mental health care to families and children.
4. Program Overview (c.) - We need clarification on the statement, "With funding, we hope to create additional space for a family coordinator to provide. . ." Please explain further in the Apricot system.
5. Program Overview (c.) - Is a bachelor's level staff qualified to offer individual/family therapy?
6. Program Description (d.) - States that the Family Coordinator must obtain a Master's Level degree but in Program Personnel it states that the Family Development Coordinator holds a Bachelors degree **OR** has 5 years experience. Please clarify and correct in the Apricot System.

Just a reminder: This is a reimbursement contract. We only reimburse you on the services that were previously offered. We look forward to hearing from you soon.

Thanks-

Joanne Nelson

Program Manager
Community Services Department
Boone County, Missouri
605 E. Walnut, Ste. A
Columbia, MO 65201
(573) 886-4298
jnelson@boonecountymo.org

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):

Nora Stewart Early Learning Center

DBA:

Federal EIN Number:

43-0662460

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

505 E Ash St

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Phone Number:

573-449-5981

Website:

<http://www.norastewart.com>

Head of Organization

Cheryl Howard

Head of Organization Phone:

Address

505 E Ash St

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Fax Number:

573-875-5276

Email:

cherylhoward@norastewart.com

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

Executive Director

Head of Organization Email:

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

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

County

Zip

Local Contact Name:

Local Contact Email:

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 primary purpose of Nora Stewart Early Learning Center is to operate a child care facility while providing an affordable and educational training center for children ages 6 weeks to 8 years. To accomplish this, the center works collaboratively with various educational, public and private welfare organizations in the community who are interested in the furtherance of early childhood education and the improvement of family life.

Organization

History:

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

Nora Stewart Early Learning Center (NSELC) provides developmentally appropriate educational and social emotional care to children ages 6 weeks to 8 years of age in Boone County. NSELC is proud of its historical presence in the Boone County community. Using the High Scope curriculum, we aim to prepare students for and ease transitions into the Columbia Public School system. Since 1933, we have met the needs of children from families in Boone County by making our services affordable with a sliding fee scale and easily accessible as we are located in the heart of the community.

Brief

Statement of

Organization's

Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

The goals of our proposed service is to address barriers in accessing health and mental health care for families; inform families of community-based services to meet basic, health, and mental health care needs; offer mental health services that are carried out in the family's home or at private location; lastly offer psychoeducational assessments and interventions to assist in the child(ren)'s transition into school thereby improving school readiness and fostering socioemotional well-being.

Articles of

Incorporation:

Provide a copy

of the

organization's

Articles of

Incorporation.

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1438187119_30405_ArticlesofIncorporation.pdf/

Organizational

Chart

(must be for

the entire

organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1438116152_30406_NSELCOrganizationChart.pdf/

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Our target population would be able to qualify under a number of service areas. These areas include: home-based and community-based family intervention programs; prevention programs which promote healthy lifestyles among children and youth strengthen families; individual, group or family professional counseling and therapy service; psychological evaluations; and/or mental health screenings. All services will be tailored and individualized to meet the needs of each family.

Population

Served:

Briefly describe the population(s) served by your organization. (600 character limit)

NSELC serve families in the Boone County community that are below poverty and low-income. Approximately 90% of the families that attend NSELC are below poverty and the remaining families are low-income. Additionally, 78% of our families are Latino or African American with the majority of children living with a single parent. We are delighted to offer quality services to such a diverse population, but there are needs that still go unmet for our families. Limited resources, lack of transportation, and availability of services are some of the barriers for our families.

Governing Board

Organization Governing Board:

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

Governing Board Member

Governing Board Member

Name	Board Position:	Current Board Term (Beginni...	Address:	Employer:	Link Info	
					Active	Date
Pamela Nunnelly	Vice President		812 Maplewood Drive Columbia, MO 65203	Columbia Public Schools	✓	Added on 06/09/2015
Mable Grimes	Member		522 Huntridge Drive Columbia, MO 65201	Retired	✓	Added on 06/09/2015
William Crum	Member		801 Sandy Court Columbia, MO 65202	Retired	✓	Added on 06/09/2015
NaTashua Davis	President		7101 Stanwood Drive Columbia, MO	University of Missouri	✓	Added on 06/09/2015
Sherry Waddill	Treasurer		Central Bank of Boone County P.O. Box 678 Columbia, MO 65205	Central Bank of Boone County	✓	Added on 06/09/2015
Caren Moore	Secretary		5006 Chesapeake Ln Columbia, MO 65202	Columbia Public Schools	✓	Added on 07/28/2015
Amanda Atkins	Member		108 Pinewood Dr Columbia, MO 65203	Great Circle	✓	Added on 06/09/2015

Total Active Links:7, Total Deactivated Links:0, Current Active Links:7, Current Deactivated Links:0

Advisory Board (if applicable)

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

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

Advisory Board Member

Financial Information

Organization Fiscal Year:

January 1, 2013 - December 31, 2013

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/1438267577_29953_TaxExemptLetter.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/1438267577_29954_FinancialStatement.pdf/

IRS 990 or 990 EZ:

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

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1438267577_29955_990Form2013.pdf/

Financial Policies and Procedures:

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

The duties of the Treasurer shall be to monitor all financial transactions of NSELC. The Board of Directors requires that the Treasurer and Bookkeeper be bonded to protect the funds of NSELC. Finance and Budget Committee shall have the authority to make recommendations to the Board of Directors regarding the proper investment of funds of NSELC, and this committee shall prepare and recommend to the Board of Directors an annual budget of expected income and expenses, as well as propose fiscal policy.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

General Liability Insurance:

Upload current proof of general liability insurance.

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
Teacher/Cook	Early Childhood Education Experience	1.00	\$27,040.00	\$0.00	✓	Added on 07/29/2015
Office Manager	Accounting	1.00	\$22,880.00	\$0.00	✓	Added on 07/29/2015
Lead Teacher	Bachelor of Arts	1.00	\$22,880.00	\$0.00	✓	Added on 07/29/2015
Lead Teacher	CDA	1.00	\$24,960.00	\$0.00	✓	Added on 07/29/2015
Executive Director	Master in Education/Counseling	1.00	\$45,500.00	\$0.00	✓	Added on 07/29/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Licensure (If applicable):

Licensure: Provide the name of the licensing body, the name of the licensure, period of current licensure (including expiration date), and a brief description of the licensure..

Licensure 1:

Licensure 2:

Licensure 3:

Accreditation (If applicable):

Accreditation: Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

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

County Children's Services, County Community Health, City Social Services, City CDBG/HOME, HMUW					Link Info	
Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Active	Date
Nora Stewart Early Learning Center	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Nora Stewart - RG 2	<input checked="" type="checkbox"/>	Added on 06/08/2015

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

System Fields

Record ID

15983

Modification Date

07/30/2015 10:08 am CDT

Modified By

Nora Stewart Early Learning Center ORG

Creation Date

06/08/2015 03:14 pm CDT

Created By

Organization AutoLogin

Linked 'New Proposal' Records

County Children's Services, County Community Health, City Social Services, City CDBG/HOME, HMUW

Proposal Request Information

Organization Name (will auto-populate)

Nora Stewart Early Learning Center

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

Nora Stewart - RG 2

Amount of Request

\$85,084.50

Amount Awarded

\$0.00

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

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
 Individual, group, or family professional counseling and therapy services
 Psychological evaluations
 Mental health screenings

Program Information

Program Website (will default to Organization website)

<http://www.norastewart.com>

Address

505 E Ash St

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Name

Cheryl Howard

Phone Number

573-449-5981

Address

505 E Ash St

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Title

Executive Director

Email

cherylhoward@norastewart.com

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1443469159_30421_AttachmentA.pdf/

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

/document/download/filename/1443469159_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1443469159_30419_AttachmentC.pdf/

Addendums

/document/download/filename/1443469159_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

Nora Stewart Early Learning Center

505 E Ash St

Cheryl Howard

Added on
06/08/2015

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

Federal EIN Number (will auto-populate)

43-0662460

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) Proposed funding	2A \$63,980.80	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. \$0.00	3 % 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	
	63980.8	

PROGRAM EXPENSES

1. Personnel	1.	1 %
	\$45,000.00	68
2. Non-Personnel	2.	2 %
	\$20,980.80	32
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	65980.8	

System Fields

Record ID

16059

Modification Date

11/20/2015 04:25 pm CST

Modified By

Apricot Subsystem

Creation Date

06/09/2015 12:45 pm CDT

Created By

Nora Stewart Early Learning Center ORG

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		144	✓ Added on 06/09/2015

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 purpose of NSELC's proposed services is to strengthen families by alleviating the burden of accessing services within the community to meet their most basic needs so they may focus on their health and mental health. The proposed family coordinator would facilitate the accessing of community-based services as well as utilize evidence-based practices and assessments to collect information about the needs of the families NSELC serves. If warranted, the family coordinator would provide timely mental health care to families to improve and sustain family functioning.

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 Department of Mental Health statistics for Substance Abuse and Mental Health Problems, for Boone County, in 2011, there were approximately 1,083 individuals that used the Emergency Room with no hospitalization for mental health care and 1172 individuals that used the Emergency Room for mental health services that resulted in hospitalization (http://dmh.mo.gov/ada/countylinks/boone_link.htm). These figures demonstrate how families are utilizing services from hospitals rather than a primary care physician or mental health professional. Resultantly, Boone County residents appear to have difficulty accessing timely and quality health and mental health care services. In fact, for most mental health providers in Boone County, the wait to receive services can be relatively long, sometimes in excess of a month or two, and even then most low-income and minority families lack health insurance to adequately cover associated charges such as medication and office fees (Division of Family Services, personal communication, 2014; Assessment Consultation Clinic, personal communication, 2014). Navigating through the Department of Social Services department can be cumbersome and confusing.

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)

Navigating through the Department of Social Services department can be cumbersome and confusing. In Boone County, there is a shortage of workers processing applications that may result in other counties handling claims for residents in Boone County (Boone County Division of Family Services, personal communication, 2014). Additionally, health care services may be limited to certain populations such as pregnant women, disabled individuals, and children (see <http://dss.mo.gov/mhd/>). Fortunately, the new Affordable Health Care Act is changing the face of accessibility to quality health care; however, the rules, regulations, and procedures that involve enrolling in a plan may prove to be confusing or unclear to lay persons. Furthermore, there may be an associated cost for those services depending on family income (see <http://dss.mo.gov/mhd/>). NSELC hopes to provide timely access to quality health and mental health care by providing mental health care directly to children and families of NSELC or linking them to services in the community, including those offered through the Division of Family Services, Boone County Health Department, and other public agencies.

Program Consumers

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

Nora Stewart Early Learning Center (NSELC) serve families in the Boone County community that are below poverty and low-income. Approximately 90% of the families that attend NSELC are below poverty and the remaining families are low-income. Additionally, 78% of our families are Latino or African American with the majority of children living with a single parent.

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

We are delighted to offer quality services to such a diverse population, but there are needs that still go unmet for our families. Limited resources, lack of transportation, and availability of services are some of the barriers for our families when they seek to access timely, affordable, and quality services in the community.

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

Currently, staffing, monetary resources, and physical space are impediments in providing additional services to our families. With funding, we hope to create additional space for a family coordinator to individual and/or family therapy, case management, and psychoeducational evaluation services on-site. Though, the family coordinator will be based out of the Center, they are free to travel within the community to assist families as needed. Additionally, NSELC recognizes that its population of families may be apprehensive in receiving and/or accessing mental health services in general.

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 address barriers; Inform families; Offer mental health services and interventions to assist in the child(ren)'s transition into school thereby improving school readiness and fostering socioemotional well-being.

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 purpose of NSELC's proposed services is to strengthen families by alleviating the burden of accessing services within the community to meet their most basic needs so they may focus on their health and mental health. The proposed family coordinator would facilitate the accessing of community-based services as well as utilize evidence-based practices and assessments to collect information about the needs of the families NSELC serves. If warranted, the coordinator would provide timely mental health care to families to improve and sustain family functioning.

The goals of our proposed service is to (1) address barriers in accessing health and mental health care for families of NSELC; (2) inform families of community-based services to meet basic, health, and mental health care needs; (3) offer interventions to assist in the child(ren)'s transition into school thereby improving school readiness and fostering social emotional well-being.

NSELC anticipates that it will observe outcomes that involve (1) improvement in family functioning by assisting the family in meeting its basic needs and (2) facilitate smooth transitions into the public school system for children and families. NSELC families will be equipped with a "tool-box" of strategies and community supports to assist in maintaining achievements. (3) The coordinator will initiate and maintain regular contact with families to support follow through with their healthcare needs and to follow through with recommendations. Lastly, NSELC seeks to (4) foster positive relationships with families to improve children social emotional well-being to prepare them for school.

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 to be provided at NSELC address 505 E Ash St. Columbia, MO 65202 as well as individual home locations from 8 am to 5 pm on a regular basis but some evenings

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

Our target population would be able to qualify under a number of service areas. These areas include: home-based and community-based family intervention programs; prevention programs which promote healthy lifestyles among children and youth and strengthen families; individual, group or family professional counseling and therapy service; psychological evaluations; and/or mental health screenings. All services will be tailored and individualized to meet the needs of each family. Additionally, all services will be delivered in a developmentally appropriate and culturally competent fashion.

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

Family coordinator must have obtained a Bachelors level degree in a related child development field or has 5 years experience.

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)?

No

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

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

No

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

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

Providers of the services proposed in this grant are limited in Boone County to the best of NSELC's knowledge to a small number of organizations. Organizations such as Central Missouri Community Action (CMCA) offer energy assistance and utility assistance referrals, job readiness skills and associated reimbursements, referrals to child care assistance within the Department of Social Services and housing assistance. Boone County Family Resources along with Pathways and Burrell offer mental health resources for individuals with significant emotional or behavioral issues. Additionally, some of these organizations offer residential care for adolescents and adults with severe mental health issues and co-occurring cognitive impairment disorders. In contrast, NSELC is proposing a home- and community-based service delivery model for health, mental health and social services for low-income and minority families with an emphasis on early childhood learning and school readiness.

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 need for evidence-based strategies and informed practices is of the utmost importance to foster overall wellness. We are delighted to act as a liaison and/or advocate for our families when working with other community-based agencies. This creates an opportunity to develop interdisciplinary methodologies and interagency relationships to better meet the needs of our families. As additional services are offered at no additional cost to families and provided either in their home or conveniently in the community, we foresee no barriers in extending our services to all families at Nora Stewart Early Learning Center (NSELC). However, barriers that may rise from those receiving services that may preclude engaging in services may include: apprehension about mental health services in general, lack of knowledge of the role of the professional, family legal issues, and potential conflicts of interests. To alleviate some doubt about confidentiality, avoid conflicts of interests, and to establish rapport and trust with families, the professional will report to the Board of Directors for administrative issues and an off-site Clinical Director/Supervisor who is a licensed psychologist for peer supervision and consultation.

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

This program is designed to create an interagency approach to meeting the needs of children and families. This will include NSELC working closely with our partners, such as United Way, JumpStart and Mid-Missouri Food Bank. To effectively and efficiently link families to needed services. This interagency approach will also include collaboration with the Division of Family services to meet the families' most basic needs so they may focus more on parenting as well as their health and mental health. Additionally, using theoretical principals from Bronfrenbrenner's Ecological Model and Multisystemic Therapy (MST) family systems model, we hope to incorporate evidence-based family systems principals and strategies to guide assessments and interventions with our families.

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 Family Development Coordinator	MQ1 Bachelors or 5 years experience	FTE1 1.00	SR1 FROM 45000.00	SR1 TO
P2	MQ2	FTE2 0.00	SR2 FROM 0.00	SR2 TO
P3	MQ3	FTE3	SR3 FROM	SR3 TO

		0.00	0.00	
P4	MQ4	FTE4	SR4 FROM	SR4 TO
		0.00	0.00	
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	0.00	
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	0.00	
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		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)

Family Development Coordinator must attained a Bachelors degree or 5 years experience in a child development field. Job duties include to work closely with director of center, provide counseling for family and individual.

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)

Seeking funds through this proposal to off set any charge towards consumers.

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	2.	TOTAL EXPENSES	Record Lock	Link Info
TOTAL REVENUE				Active Date
63980.8	\$20,980.80	65980.8		Added on 06/09/2015

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

144

Average Cost per Individual

458.2

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)

The position of the family development coordinator is greatly needed at NSELG to create a smooth and active relationship with all facets involved for the furtherance of social emotional and continued education 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)

With funding, we are excited about the opportunity to meet additional educational and mental health needs of our families. Mental health disorders are a serious and growing public health concern. The number of children and adolescents with one or more diagnosable mental health disorders parallels that of adults which effects the family functioning in our community.

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)

The need for evidence-based strategies and informed practices is of the utmost importance to foster overall wellness. We are delighted to act as a liaison and/or advocate for our families when working with other community-based agencies. This creates an opportunity to develop interdisciplinary methodologies and interagency relationships to better meet the needs of our families. As additional services are offered at no additional cost to families and provided either in their home or conveniently in the community, we foresee no barriers in extending our services to all families.

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)

NIHCM Foundation, 2005; National Mental Health Association, 2006

ChildStats.gov, 2012

http://dmh.mo.gov/ada/countylinks/boone_link.htm

Division of Family Services, personal communication, 2014; Assessment Consultation Clinic, personal communication, 2014

Boone County Division of Family Services, personal communication, 2014

<http://dss.mo.gov/mhd/>

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)

Case Management

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

15 mins

Unit Rate (1)

\$7.69

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)

Based on the St. Louis County Case Management (Bachelor's degree) rates

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)

8320

Number of Unduplicated Individuals to be Served (1)

144

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

57.78

Average Cost of Service per individual (1)

444.31

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

Yes

Amount Requested (1)

\$63,980.80

Proposed Number of Units of Service (1)

8320

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (250 character limit)

11/20/2019 County Children's Services, County Community Health, City Social Services, City CDD&HOML, HMO&V
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):

63980.8

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures

Record Lock

Outcome (1-1)

Knowledge of community-based health and mental health services

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

Link Info

Active Date

Added on
06/09/2015

System Fields

Record ID

Modification Date

Modified By

Creation Date

Created By

16079

11/20/2015 04:25 pm CST

Apricot Subsystem

06/09/2015 01:43 pm CDT

Nora Stewart Early Learning Center 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)

144

City of Columbia

144

Other Counties

0

Residence Total

144

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

25

Black or African American (alone)

56

Native American Indian or Alaskan Native (alone)

0

Asian (alone)

2

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

5

Some Other Race

0

Subtotal - Non-Hispanic

88

HISPANIC

Of all races

56

Race/Ethnicity Total

144

Gender**Female**

72

Male

72

Other Gender

0

Gender Total

144

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

115

Over 200% of Federal Poverty Level

29

Income Total

144

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)**

8

Preschool (3 years – 5 years)

40

School Age (6 years – 11 years)

40

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

10

Parent/Guardian (age 20 and over)

46

Age Total (2)

144

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
16061	11/20/2015 04:25 pm CST	Apricot Subsystem	06/09/2015 12:58 pm CDT	Nora Stewart Early Learning Center 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

Case Management

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)

Case Management

Program Service 1 - Outputs

Units (1)

8320

Unit Measure (1)

15 mins

Unduplicated Individuals (1)

144

Program Service 1 - Outcomes

Outcome (1-1)

Knowledge of community-based health and mental health services

Indicator (1-1)

85% of NSELFC families will be knowledgeable about community resources for health and mental health care

Method of Measurement (1-1)

Needs assessment questionnaire (Pre and post), Family report, Strengths and Difficulty Questionnaire (SDQ)

Additional Outcome

Additional Indicator (1-2)

Additional Method (1-2)

(1-2)
Improved family functioning and cohesion

50% or better of NSELC families will experience improved family functioning

Parent Stress Index (PSI) Pre and Post

Additional Outcome (1-3)
Improved mental health (behavioral and socioemotional functioning)

Additional Indicator (1-3)
50% or better of NSELC families who received referrals will experience improved mental health

Additional Method (1-3)
ASQ's, PALS, and working directly with Boone County ECPBS

Additional Outcome (1-4)
Improved school readiness

Additional Indicator (1-4)
80% or better of NSELC families will experience improved school readiness and have a plan for educational programming in public schools

Additional Method (1-4)
PALS and working directly with Columbia Public school system and other community resources

Additional Outcome (1-5)
Improved health outcomes include accessibility to timely and quality care

Additional Indicator (1-5)
50% or better of NSELC families will experience improved health outcomes through utilization of health services

Additional Method (1-5)
Completion of Pre and Post referral questionnaire

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)

NSELC anticipates that it will observe outcomes that involve (1) improvement in family functioning by assisting the family in meeting its basic needs and (2) facilitate smooth transitions into the public school system for children and families. NSELC families will be equipped with a "tool-box" of strategies and community supports to assist in maintaining gains achieved through the accessibility to and efficacy of the mental health professional. Additionally, families will be encouraged to (3) initiate and maintain regular contact and appointments with their health care providers.

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

Illegal immigrants, language barrier and people not wanting services delivered in their home environments, people being fearful of legal outcomes (DFS and Police)

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

The indicators that will determine if there is a need for the family and if the outcome has been achieved is a pre and post battery of cognitive, psychological, health, and psychoeducational assessments. They include the quality indicators that NSELC is striving for given the novelty of the proposed program. It should be noted that due to the age of child upon entrance into the NSELC and ultimately services, the professional may follow the child for a number of years.

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

All measurements will be person-centered, empowerment focused, and family driven. In collaboration with school staff such as teachers and executive director as well as other pertinent stakeholders in the community, the professional will create a multidisciplinary team to assist in meeting the individualized and developmentally appropriate goals for each NSELC family.

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)
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**

16080

11/20/2015 04:25 pm CST

Apricot Subsystem

06/09/2015 01:54 pm CDT

Nora Stewart Early Learning Center 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

Cheryl Howard

Printed Name - Agency Executive Director/President/CEO

9-23-15

Date

Cheryl Howard

Signature - Agency Executive Director/President/CEO

9-23-15

Date

Pamela Nunnally

Printed Name - Agency Board Chair

9-24-15

Date

Pamela Nunnally

Signature - Agency Board Chair

9-24-15

Date

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: Nora Stewart Early Learning Center

Address: 505 E Ash, Columbia, MO 65201

Phone Number: 573-449-5981

Fax Number: 573-875-5276

E-mail: cherylhoward@norastewart.com

Authorized Representative Signature: *Cheryl Howard* Date: 5-27-15

Authorized Representative Printed Name: Cheryl Howard



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

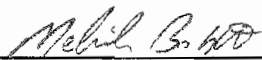
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. 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: Nora Stewart Early Learning Center
Address: 505 E Ash St, Columbia, MO 65201

Phone Number: 573-449-5981 Fax Number: 573-875-5276
E-mail: cherylhoward@norastewart.com

Authorized Representative Signature: Cheryl Howard Date: 6-3-15

Authorized Representative Printed Name: Cheryl Howard



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

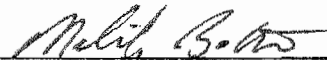
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. 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: Nora Stewart Early Learning Center

Address: 505 E Ash St, Columbia, MO 65202

Phone Number: 573-449-5981 Fax Number: 573-875-5276

E-mail: cherylhoward@norastewart.com

Authorized Representative Signature:  Date: 6.12.15

Authorized Representative Printed Name: Cheryl Howard

BOONE COUNTY - MISSOURI

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

CLARIFICATION FORM #2

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 an update in the Apricot System for the following requests.

- 1) Update the Proposal Cover Sheet with the Amount of Request
- 2) Update the Program Budget – this should be just a reflection of this program.
- 3) Update the Program Overview Section
 - Statement of Issue Being Addressed (a. and c.)
 - Program Goal
 - Program Description
 - Program Personnel
 - Program Personnel Narrative
 - Program Service Levels
 - Program Service Need
 - Funding Request Justification
- 4) Provide an updated Program Service Section that provides the following details for each service proposed:
 - Proposed Service (e.g. case management)
 - Unit Measure (e.g. 15 min, 1 hour, 1 day)
 - Unit Rate
 - If this Unit Rate is taken from an established public funding unit rate (e.g. St. Louis County Children's Services Fund, DMH, DESE). If taken from a public funding rate indicate which one and why. If not taken from a public funding rate explain why not.
 - Number of Units of Service to be Provided
 - Number of Unduplicated Individuals to be Served
 - Amount Request
- 5) Provide an updated Consumer Demographics Section detailing the number of children to be served and their break down in each category.
- 6) Provide an updated Program Performance Measures Section. Each service listed above should include an Outcome, Indicator, and Method of Measurement.

Please note: Each new Proposed Service must have its own Unit Measure, Unit Rate, Number of Units of Services to be Provided, Number of Unduplicated Individuals to be Served, Amount Requested, Outcomes, Indicators, and Unit of Measure.

Notes from meeting on 9/1/15:

- Collaborate with mental health services already provided in the community.
- This contract is based on a reimbursement model.

- Family Coordination may use a family survey if appropriate.
- A good resource to compare services, rates and unit measurement is the St. Louis County Children's Services Fund.

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: Nora Stewart Early Learning Center

Address: 505 E. Ash
Columbia, MO. 65201

Telephone: 573-449-5981 Fax: 573-875-5276

Federal Tax ID (or Social Security #): 430662460

Print Name: Cheryl Howard Title: Executive Director

Signature: Cheryl Howard Date: 9-23-15

E-mail: cherylhoward@norastewart.com



BOONE COUNTY, MISSOURI

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

ADDENDUM #2 - Issued May 28, 2015

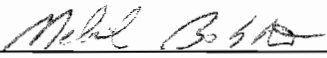
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. 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 Brunning	Co/Boone Public Health Human Services	574-7343
6.	M. J. ...	...	731-331
7.	Meg Bartlett	...	444-6000
8.	Kim Harvey	...	815-5959
9.	...	...	...
10.	...	...	54-85-727
11.	...	...	54-231
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	886-4391
2.	Brian Martin	Putnam Community Health	577-430-4781
3.	Carolee 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	573 633-7151
7.	Yvonne Bostick	Univ. of MO Dept of Psychology	573
8.	ANITA CHARMIN	The Johnson Family	573 442-3229 x222
9.	Shelley Lock	Child Care Au. of MO	573 4455431
10.	Wendy Ell	PHHS	573 874 1690
11.	Michelle Ellich	Central Missouri First Child Development Center	573-874-7534
12.	Dan Reilly	MO Wellness Research	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.	Neva Kellcher	Epworth Lutheran Church	514-915-3361
3.	Alexa Sanders	Chesapeake Community Center	773-356-1976
4.	Kathy Decker	Missouri Exp. Fair	573-642-5345
5.	Nick Foster	Volunteers for Seniors Center	573-874-2273
6.	PAM LEYHE	PREPARED FAMILY HC	573 680 1905
7.	Ursula Jones	Senior Center	573-447-6600
8.	Nicole Dimeas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-771-1815
10.	Carolyn Mitchell	Boys & Girls Club	573-237-8334
11.	Kevin Drunice	EPWORTH	314-918-3503
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	(503) 627-5215
3.			
4.			
5.	Becky Markit	Child Welfare Services	573-423-2526
6.	Cathy OR the b	Boone County Public Health	573-886-1170
7.	Clare Sierra	Boone County	573-474-6000
8.	Janis Bakute	Rainbow House	573-474-6600
9.	Joan Hardy	Boone County, Mt. Vernon, Mo	573-474-5566
10.	Rachel Kessler		
11.	Carole Schaefer	Miss Grubbe	573-268-4029
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/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 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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/03/2015

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 Rita George, CIC	CONTACT NAME: Rita George, CIC PHONE (A/C, No, Ext): 573-875-4800 FAX (A/C, No): 573-875-4514 E-MAIL ADDRESS: rgeorge@theinsurancegrp.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B: Accident Fund Insurance</td> <td>10166</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Insurance Co.		INSURER B: Accident Fund Insurance	10166	INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Philadelphia Insurance Co.														
INSURER B: Accident Fund Insurance	10166													
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Nora Stewart Early Learning Center 505 E. Ash 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 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"/> E & O GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		PHPK1309085	05/08/2015	05/08/2016	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1309085	05/08/2015	05/08/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB493342	05/08/2015	05/08/2016	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		N/A	WCV6044291	05/13/2015	05/13/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 County of Boone is an Additional Insured for General Liability only as their interest appears

CERTIFICATE HOLDER Boone County Melinda Bobbit 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>Rita George</i>
--	--



AGREEMENT FOR PURCHASE OF SERVICES Monthly Respite Program

THIS AGREEMENT dated the 29th day of December, 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 **Central Missouri Foster Care & Adoption Association**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **CMFCAA**.

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 CMFCAA 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 CMFCAA 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 CMFCAA

CMFCAA is expected to the greatest extent possible to maximize funding from all other sources. CMFCAA shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CMFCAA shall only request reimbursement for services not reimbursable by any other source. CMFCAA shall not invoice the Children's Services Fund for units of service invoiced to another funding source. CMFCAA 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. CMFCAA will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. CMFCAA

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 CMFCAA'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 CMFCAA'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 CMFCAA and CMFCAA agrees to furnish **Monthly Respite 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 CMFCAA'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 **\$15,939** 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 CMFCAA be renewed for an **additional two (2) one-year periods**. CMFCAA agrees and understands that the BCCSB may require supplemental information to be submitted by CMFCAA 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
Monthly Respite Program	1 hour	\$17.71	900	\$15,939

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 CMFCAA, 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 CMFCAA to monitor service delivery and program expenditures. CMFCAA 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 CMFCAA and, if so stipulated, are noted on this contract document. Payments may be withheld from CMFCAA 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. CMFCAA agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

8. **Audits.** CMFCAA also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of CMFCAA'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 CMFCAA, 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.** CMFCAA 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 CMFCAA'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, CMFCAA 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 CMFCAA 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 CMFCAA 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 CMFCAA's policies and procedures and in accordance with any local/state/federal regulations. CMFCAA 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. CMFCAA must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** CMFCAA 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.** CMFCAA 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 CMFCAA'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.** CMFCAA 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 CMFCAA, and this shall include any transaction in which CMFCAA 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.** CMFCAA may enter into subcontracts for components of the contracted service as CMFCAA 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 CMFCAA 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.** CMFCAA 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. CMFCAA shall require each subcontractor to affirmatively state in its Agreement with the CMFCAA 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 CMFCAA 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.** CMFCAA agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against CMFCAA or any individual acting on the CMFCAA's behalf, including subcontractors, which seek to enjoin or prohibit CMFCAA from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If CMFCAA 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 CMFCAA no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, CMFCAA will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event CMFCAA, 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 CMFCAA 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 CMFCAA. 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 CMFCAA 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, CMFCAA 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 CMFCAA, (meaning anyone, including but not limited to consultants having a contract with the CMFCAA or subcontractor for part of the services), or anyone directly or indirectly employed by CMFCAA, or of anyone for whose acts CMFCAA 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.** CMFCAA shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. CMFCAA will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. CMFCAA will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. CMFCAA 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 CMFCAA. The BCCSB does not recognize any of the CMFCAA'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.** CMFCAA 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 CMFCAA shall be mailed or delivered to:

Central Missouri Foster Care & Adoption Association
DeAnna Alonso
PO Box 1505
Jefferson City, MO 65102

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

Central Missouri Foster Care and Adoption Association

Boone County, Missouri

By: DeAnna Alonso
Signature

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

By: DeAnna Alonso, Executive Director
Printed Name/ Title

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

APPROVED AS TO FORM:

[Signature]
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.)

June Pitchford by jj 12/18/2015 (2161/71106/\$15,939)
Signature Date Appropriation Account

Monthly

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@boonecountymmo.org.

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

- 1) There is a discrepancy in funds requested. The amount in the Program Budget and the Program Services Section state the request is for \$17,745 and the amount in the Program Overview/Funding Request Justification states that the total cost of the respite program is \$15,945. Please clarify.
- 2) Proposal response states transportation is no longer a barrier. Please explain.
- 3) Goals appear lofty for three hours of respite every other month. Please justify these goals.
- 4) Need better explanation why the Activities and Recreation Center (ARC) would be a better place to do respite care than some other place.
- 5) Need more information on what professionals and their qualifications would be onsite during the respite times working with ARC personnel.
- 6) Proposal response states that parents will have an 85% greater knowledge of the effects of neglect, however parents aren't receiving services beyond the respite. Please explain.
- 7) Explain the source of referrals, process for obtaining respite care, and how a family qualifies for this respite program.
- 8) Board skewed heavily towards Cole County. Provide information how the Board may gain more Boone County members.

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: Central Missouri Foster Care & Adoption Association

Address: 809 Swifts Hwy
Jefferson City, MO 65109

Telephone: 573-298-0958 Fax: 573-298-0258

Federal Tax ID (or Social Security #): 80-0519145

Print Name: DeAnna Alonso

Title: Executive Director

Signature: DeAnna Alonso

Date: 7-31-15

E-mail: deanna@ccfosteradopt.com

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@boonecountymg.org.

I.

CLARIFICATION - please provide a response to the following requests.

- 1) There is a discrepancy in funds requested. The amount in the Program Budget and the Program Services Section state the request is for \$17,745 and the amount in the Program Overview/Funding Request Justification states that the total cost of the respite program is \$15,945 . Please clarify.**

The Program Overview/Funding Request Justification amount of \$15,945 is CMFCAA's requested amount. In one of the sections of Apricot, each time we entered our requested number, a link that we could not identify would formulate the \$17,745 into all other proposal requests. This could have been user error. CMFCAA thought we had resolved the discrepancy.

The requested amount is \$15,945.

- 2) Proposal response states transportation is no longer a barrier. Please explain.**

CMFCAA's current respite program is operating monthly in Cole and Camden counties, and twice a year in Miller, Morgan, Moniteau counties. Boone county families would have to drive quite a distance to experience respite. With the opportunity to host a respite program in Boone County, the families in that area will not have to experience the additional time and cost of travel.

- 3) Goals appear lofty for three hours of respite every other month. Please justify these goals.**

The goals that are listed are as follows:

"The monthly respite program goals are to decrease family stress and disruption, and increase social skills and relationship building. Children and youth served will be able to label emotions and feelings non-violently in a healthy environment, while families will be decreasing stress levels."

In the June 2013 edition of "AdoptUSKids: Taking a Break, Creating Foster, Adoptive, and Kinship Respite Care in Your Community", researchers reported that "Foster, adoptive, and kinship families who find creative ways to schedule respite into their lives are often better able to handle the stress of parenting children with special needs and keep their relationships healthy. Proactive, planned respite care can help keep relationships functional and even prevent a family crisis.

The dual purpose of respite care is to:

- Provide thoughtful, safe, short-term care with enough structure, content, support, and nurturing to meet children's special needs
- Provide caregivers with a break.

Planned respite care is most effective if it equally serves the needs of both the children and the caregivers. Good respite care:

- Honors the integrity of the loving bond they are forming with their child
- Is convenient for everyone
- Allows the child and parents to pursue and interest, develop a skill, build a relationship, or just have fun
- Helps children build healthy relationships, self-esteem, and social skills
- Gives parents time off from parenting and a chance for renewal"

CMFCAA believes that this respite program opportunity will provide the opportunities for the goals listed above to be accomplished. Parents using our similar respite opportunity in Cole County have reported that even a short respite one time a month has made a encouraging difference in their children and in their ability as parents to control their stress levels (reported in annual CMFCAA respite survey). The fact that it is a planned event gives the families something to look forward to. This allows for mental encouragement in challenging situations when there is a break coming.

Because the respite is done in a group setting with other children/youth, the opportunity to develop normal childhood play and social skills will be especially available. Having the event at the ARC will allow children to develop specific physical skills that they may not have the opportunity to develop otherwise.

4) Need better explanation why the Activities and Recreation Center (ARC) would be a better place to do respite care than some other place.

It is not that the ARC is the best place, but the ARC is a place that was willing to do a similar respite event as our current functional YMCA Cole County partnership, at a cost that was approachable to our budget needs. ARC is a local, familiar place to Boone county residents with years of good reputation of family services.

The ARC also allows for more variety in activity, children who have faced past traumas need a multitude of activities available to them. Some activities may cause past triggers to appear and the ARC has various outlets for children to engage in, rather than just one sole activity for the time period. The ARC staff are also willing to replicate the time schedule and process that the YMCA staff have found most successful with our current respite programming in Jefferson City.

5) Need more information on what professionals and their qualifications would be onsite during the respite times working with ARC personnel.

DeAnna Alonso is the Executive Director of CMFCAA. She is a former foster child, a former foster parent, and an adoptive parent of three former foster children. She also holds a Bachelors Degree in Social Work. DeAnna has many years working with children with traumatic backgrounds similar to her own. She will be working alongside ARC personnel directly with the children in play situations. She has personal understanding and has had much professional development with working with behavioral struggles in children and older youth. She has worked with foster and adoptive families for seven years.

Nicole Elliott is the Program Director of CMFCAA. She holds a Bachelors Degree in Human Development and Family Studies, with a specialization in Diverse Leadership. Nicole has been implementing a similar respite event in partnership with the YMCA of Jefferson City for 18 months in Cole County. She works directly with the YMCA personnel, the CMFCAA volunteers, and the children and families that participate in the respite events. She will do the same type of partnership work with the ARC personnel. Nicole has had professional development training with working with children who have experienced trauma and training with working with volunteers. She has worked with foster and adoptive families for three years.

Amanda Towns is the Office Manager of CMFCAA. She is the adoptive mother of four former foster children. She works directly with the Program Director to organize the respite events. She is also available to work directly with the children at the respite events in play situations. Amanda has received professional development is working with children who have experienced trauma. She has worked with foster and adoptive families for six years.

Each of the above employees will rotate working with ARC personnel at the respite events. The ARC will provide one Recreational Supervisor/Specialist and one Recreational Worker. CMFCAA will provide an additional 5-10 volunteers for each event. All CMFCAA volunteers will have passed a background screening and have participated in a volunteer orientation with the CMFCAA Program Director.

6) Proposal response states that parents will have an 85% greater knowledge of the effects of neglect, however parents aren't receiving services beyond the respite. Please explain.

The proposal states this:

"Respite services are needed due to the increase of children entering the Missouri foster care system, kinship/guardianship care, and to support post-adoption services. Respite services completed the support package for those stepping in the trenches and care for Missouri's abused and neglected children. The developmental delays, emotional instability, behavioral needs and complex trauma issues require innovative approaches to encourage healing. The more specialized opportunities our communities offer for "special needs" children, the more healthy and happy families we will see. Giving families who care for these amazing children a break from time to time lets them know the community cares and are grateful for their service to our most vulnerable.

Even more, critical data resulting from CMFCAA surveys explains: 90% of parents will have an 85% greater knowledge on the effect neglect can have on children's emotional and mental development. (from Cole County CMFCAA respite survey)

Through the use of structured respite events, children will learn how to regulate their emotions through coping, communication tactics, conflict resolution and behavior modification. Children and youth will be able to start building trust and create boundaries with peers and the outside world: safeguarding our most vulnerable from secondary abuse and trauma."

Yes, this one program does only provide respite. The survey from the Cole County respite was provided to families who do use a multitude of our services locally. We do offer other services in Boone County to the same families who will be using the respite services.

CMFCAA has expanded many of our services into Boone County. Currently CMFCAA is offering in-

service training in an educational and support style training method to the foster parents. This provides families the opportunity to learn about trauma and the effects of neglect. Therefore, reaching the 85% greater knowledge in neglect will be achievable. The in-service trainings are also a networking opportunity for families and give new and existing families the opportunity to learn about other CMFCAA programs, such as respite.

Families who have built a trusting network of peers are more inclined to use respite opportunities when they know other families see the event as safe, trustworthy, and beneficial. When families use respite on a routine basis and take the much-needed breaks along the way, the effects of neglect are significantly less evident. The 85% marker can be achieved even if the families only attend the respite events and not the in-service trainings. The effects of trauma and neglect are seen daily when working with children who are recovering from abuse. Gaining knowledge in neglect does not have to only take place in a literal learning environment. The effects of neglect can be learned in teaching coping skills, daily living with neglect, examining emotional and behavior behaviors. Respite, with or without the attendance of in-service, will give parents are greater knowledge of creating resiliency and building proactive measures to decrease the effects of neglect within their home.

7) Explain the source of referrals, process for obtaining respite care, and how a family qualifies for this respite program.

Referrals will come through our contact list of Boone county foster families, the Boone County Children's Division, and Boone County Great Circle office.

The process will be an email announcement to the families about the respite opportunity. Families will be asked to submit a respite reservation request to the CMFCAA Program Director via email or phone. Reservations will be taken until all available spots are filled for that event. (This is the effective method currently in place with the Cole County respite events)

Qualification to participate in the respite will be that the children must be between the ages of 4-18, must be currently under the care, custody and control of the Missouri Department of Social Services or foster care case management agency. They may also be members of an adoptive family. The families that participate will be able to provide documentation foster/adoptive status either through their foster licensure, adoption contract, or direct recommendation of the childrens' case managers.

8) Board skewed heavily towards Cole County. Provide information how the Board may gain more Boone County members.

The CMFCAA Board of Directors currently has three available spots for Board members. They have specifically set a committee to search for members in the Boone county area.

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):

Central Missouri Foster Care & Adoption Association(CMFAA)

DBA:

Federal EIN Number:

80-0519145

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

809 Swifts Highway

City

Jefferson City

State

Missouri

County

Cole

Zip

65109



Organization Phone Number:

573-298-0258

Website:

<http://www.ccfosteradopt.com>

Address

PO Box 1505

City

Jefferson City

State

Missouri

County

Cole County

Zip

65102



Organization Fax Number:

573-298-0258

Email:

ccfosteradopt@gmail.com

Head of Organization

DeAnna C. Alonso

Head of Organization Phone:

573-298-0258

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

Executive Director

Head of Organization Email:

deanna@ccfosteradopt.com

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)**

The Central Missouri Foster Care & Adoption Association is a not-for-profit agency that educates, supports and advocates for foster and adoptive children, youth and families in central Missouri by offering services and partnering with community and governmental agencies to develop healthy and self-sufficient individuals and families.

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 2007 by a former foster youth, foster parents, and adoptive parents, the CMFCAA is the only community service organization in the Central Missouri area that provides for the needs of our foster and adoptive children, youth and families beyond what the state provides. Currently, we are assisting over 640 foster families, over 1400 foster children, over 400 adopted children and over 200 adoptive families in the Central Missouri area. Our goal is to be a support to the families, children and youth in this area, and we work tirelessly to provide much needed services to them.

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

The CMFCAA major goals:

-Assist in finding adoptive homes for foster children lingering in the states foster care system and
-Educate, support and advocate for foster, kinship, adoptive (both domestic and international) children, youth and families. We do this by providing a multi-faceted program model in order to reduce stress, eliminate barriers, and provide support in order to deter disruptions in the home. CMFCAA offers respite services, professional training, in-service training, older youth services, advocacy and crisis services, direct servicing (food and clothing) and much more.

Articles of**Incorporation:****Provide a copy****of the****organization's****Articles of****Incorporation.****Articles of Incorporation (MUST BE IN PDF FORMAT)**

/document/download/filename/1432159573_30405_ArticlesofIncorporation.pdf/

Organizational**Chart****(must be for****the entire****organization):****Organizational Chart (MUST BE IN PDF FORMAT)**

/document/download/filename/1432159573_30406_OrganizationalChart2015.docx/

Service Area:**Briefly describe the geographic area in which your organization provides services. (600 character limit)**

The CMFCAA serves the central region of Missouri. Counties currently served are: Boone, Audrain, Callaway, Osage, Cole, Miller, Morgan, Moniteau, Camden, Laclede, Phelps, Pulaski and Maries counties.

Population**Served:****Briefly describe the population(s) served by your organization. (600 character limit)**

The CMFCAA provides services to a targeted population. The target population includes kinship, foster, guardianship and adoptive children, youth and families.

The children assisted through CMFCAA services range from 0-19 years of age.

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
Larry Lambert	Member	111 W. Texas Ave. Columbia, MO 65202	✓	Added on 06/12/2015
Carlos Graham	Member	2304 Liberty Lane Jefferson City, MO 65109	✓	Added on 06/12/2015
Tisha Spencer	Member	1140 Booneville Rd. Jefferson City, MO 65109	✓	Added on 06/12/2015
Kurt Hafley	Member	700 Maywood Dr. Jefferson City, MO 65109	✓	Added on 06/12/2015
Joy Sweeney	Member	2842 Foxdale Dr. Jefferson City, MO 65109	✓	Added on 06/12/2015
Mike Pirtle	Member	1127 Darlene Jefferson City, MO 65109	✓	Added on 06/12/2015
Danelle Cord	Member	2018 Heartland Ridge Jefferson City, MO 65109	✓	Added on 06/11/2015
Kirk Duncan	Member	205 Kent St. Jefferson City, MO 65109	✓	Added on 06/11/2015
Scott Hamblin	Member	PO Box 456 Jefferson City, MO 65102	✓	Added on 06/11/2015
Stacia Carr	Member	5129 Walnut Acres Rd Lohman, MO 65053	✓	Added on 06/11/2015
Bunnie Trickey Cotten	Secretary	2509 Plymouth Rock Jefferson City, MO 65109	✓	Added on 06/11/2015
Tom McKee	Treasurer	1703 Vieth Dr. Jefferson City, MO 65109	✓	Added on 06/11/2015
Sarah Little	Vice-President	1409 Chestnut St. Jefferson City, MO 65101	✓	Added on 06/11/2015
Heidi N Lucas	President	1927 Hayselton Dr. Jefferson City, MO 65109	✓	Added on 06/11/2015

Total Active Links:14, Total Deactivated Links:0, Current Active Links:14, 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:

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/1432158803_29953_501c3.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/1432159573_29954_2013FinancialAuditcopy.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/1432159573_29955_2013990ez.pdf/

Financial Policies and Procedures:

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

CMFCAA Finances are overseen by the CMFCAA Board Treasurer and the Executive Director. At this time, the Office Manager maintains records utilizing Quickbooks. The Executive Director verifies paid invoices. The Board Treasurer verifies deposits, expenses, account balances, bank reconciliation, and other financial needs. CMFCAA Board of Directors is currently creating a specific financial policies and procedures.

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
Program Director	B.S.	1.00	\$25,000.00	\$4,800.00	✓	Added on 06/12/2015
Administrative Assistant		1.00	\$26,000.00	\$4,800.00	✓	Added on 06/12/2015
Executive Director	B.S.	1.00	\$30,000.00	\$6,000.00	✓	Added on 06/12/2015

Total Active Links:3, Total Deactivated Links:0, Current Active Links:3, 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
Central Missouri Foster Care & Adoption Association(CMFCAA)	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Monthly Respite Program - RG 1	✓	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

15531

Modification Date

09/21/2015 11:34 am CDT

Modified By

Central Missouri Foster Care and Adoption ORG

Creation Date

05/20/2015 04:53 pm CDT

Created By

Organization AutoLogin

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

Central Missouri Foster Care & Adoption Association(CMFCAA)

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

Monthly Respite Program - RG 1

Amount of Request

\$17,745.00

Amount Awarded

\$0.00

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

Respite care services

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)

<http://www.ccfosteradopt.com>

Address

809 Swifts Highway

City

Jefferson City

State

Missouri

County

Cole

Zip

65109

Program Administrator Name

Nicole Elliott

Phone Number

573-298-0258

Address

PO Box 1505

City

Jefferson City

State

Missouri

County

Cole County

Zip

65102

Program Administrator Title

Program Director

Email

nicole@ccfosteradopt.com

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1433977687_30421_BooneAttachmentA.pdf/

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

/document/download/filename/1433961255_30420_BooneAttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1434145342_30419_BooneAttachmentC.pdf/

Addendums

/document/download/filename/1433961255_30418_BooneAddendums.pdf/

Link to Organization Profile Record

<https://ctk.apricot.info/document/printrecords/>

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Link Info

Active Date

Central Missouri Foster Care & Adoption Association(CMFCAA)

PO Box 1505

DeAnna C. Alonso

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)

80-0519145

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 \$17,745.00	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. \$0.00	3 % 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	
	17745	
PROGRAM EXPENSES		
1. Personnel	1.	1. %
	\$1,980.00	11
2. Non-Personnel	2.	2. %
	\$15,765.00	89
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	17745	

System Fields
Record ID 15534
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
	No	No	300	Active Date Added on 06/12/2015
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)

CMFCAA's monthly respite program in partnership with the Activity and Recreation Center (ARC) is a whole family approach that addresses the ongoing stress and disruption issues that cause barriers to kinship, guardianship, foster care and adoption families. Families offered the following reasons when asked why they do not use respite care:

- The type of respite services offered doesn't match families' needs,
- Families may fail to take advantage of respite because they do not trust respite providers (traditional respite),
- Parents who used respite services found that caregivers not properly trained to care for their children. (Taking A Break, 2008, p. 10)

CMFCAA provides training on trauma to volunteers and the ARC staff. The monthly respite is a unique respite program that partners with an agency already trusted by Boone county residents. ARC provides healthy play and enrichment programming, including sports and aquatics. This type of respite program is an innovate approach to building strong relationships and reducing stress for the whole family. Looking through the lens of foster care, adoption and kinship/guardianship care the most notable discovery will be that support systems are small. The program offers a support system that is consistent, ongoing and friendly. This type of service is best described through the feelings of an adoptive parent, "First date my wife and I have had in two years.Thank you! Can't wait till next respite Saturday." (adoptive father of 7)

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 target population served through the monthly respite programming is children between the ages of 4-17 that are currently in the care, custody and control of the Missouri Department of Social Services or a Foster Care Case Management Agency or adopted (internationally or domestic). The target population is considered "special needs" and have complex trauma, developmental delays and have experienced abuse or neglect. Foster, kinship and adopted children by no fault of their own enter a system that is riddled with funding cuts and exhausted workers. Missouri's foster care system is steadily increasing and currently cares for over 13,220 kids in LS1 status (out of home resource care). The need for support services require agencies to be create by removing barriers and providing free programs to families already strapped by multiple placements in their homes and age/policy restrictions to current community programs.

CMFCAA conducted a respite survey regarding the benefits our monthly respite programming in 2014. The survey indicated:

- 92% of caregivers reported reduced stress
- 84% reported increased family cohesion

Even more, reports explain the collaboration between public agencies and parent support organizations can work together and remain committed to helping adoptive, foster, and kinship families succeed. CMFCAA believes the collaboration with the County of Boone, the ARC and other licensing agencies strengthens the familial bond.

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 Boone County area is CMFCAA's largest service area. The county has over 325 children in foster, kinship, or guardianship care, and approximately 185 adopted children. There are currently six agencies providing respite services. However, these agencies have age/policy restrictions and offer traditional in-home or Department of Social Services subsidized overnight respite services (in a resource providers home). The CMFCAA monthly respite program is an event/themed based respite offering 50 individual spots, six times a year for a three hour respite opportunity in partnership with the ARC.

Program Consumers

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

CMFCAA consumers served through the monthly respite program represent these demographics and characteristics; foster care, kinship care, guardianship and the adoption community ranging in the age of 4-18 years old.

Each individual served through the monthly respite program is currently under the care of the Missouri Department of Social Services or Foster Care Case Management agencies in Boone County. The individuals who participate in the monthly respite program have experienced either abuse, sexual abuse, neglect, abandonment or a combination of these four. CMFCAA's respite program is in partnership with the Activities and Recreation Center(ARC) in Columbia, Missouri. The ARC is in its 12th year of operation and offers a variety of programs to all ages. The MO Department of Social Services, Great Circle and other licensing agencies provide referrals to the monthly respite program.

According to the Adopt US Kids publication Taking A Break (2013), planned respite strengthens relationships, can deter a family crisis from occurring and prevent unnecessary disruptions. Disruptions results in multiple moves for our already traumatized children. This fosters broken relationships, stress, complex trust issues and secondary trauma. Planned respite care is most effective if it equally serves the needs of both the children and the caregivers. Good respite care is convenient for everyone, and helps children build healthy relationships, self-esteem, and social skills.

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

Children who have experienced physical abuse, sexual abuse, neglect and drug exposure require complex care and tailored services. The day-to-day supervision and behavioral interventions required by traumatized children can leave caretakers vulnerable and experiencing compassion fatigue. "Many foster children waiting for adoption—and the children already adopted from foster care—have special physical, mental health, and developmental needs. Studies show that these children are at heightened risk of moderate to severe health problems, learning disabilities, developmental delays, physical impairments, and mental health difficulties. A survey of families who adopted foster children in the 1980s found that 84 percent of the children met their state's definition of having a "special need." Surveyed families also reported that 26 percent of their adopted children had a disabling condition. Families reported that:

- 58 percent of their children needed specialized health care
- 68 percent had an educational delay
- 69 percent exhibited misconduct
- 83 percent exhibited some other kind of serious behavioral problem" (Taking A Break, 2013. p.3)

Respite services are a category #8 need as stated in the BCCSB Community Input Report and is identified as an impactful service providing measured success. The respite needs for Boone county residents will address the critical barriers surrounding Missouri's foster, kinship, guardianship and adopted children and youth.

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

The current respite services provided in Boone County include six agency providers outlined in the Inventory of Boone County Service Providers. (Truman School of Public Affairs) However, the difference between those agencies and CMFCAA's respite programming is that CMFCAA will provide out-of-home respite services at the same location that will include a meal and enrichment programming six times a year at no cost to the families. The respite program is in partnership with the Activities and Recreation Center (ARC) in Columbia.

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 monthly respite program goals are to decrease family stress and disruption and increase social skills and relationship building. Children and youth served will be able to label emotions and feelings non-violently in a healthy environment, while families will be decreasing stress levels.

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 monthly respite program in partnership with the Activities and Recreation Center (ARC) in Boone County will offer:

- Six themed respite events annually; meal provided.
- The respite program offers evening activities including games, gymnasium sports, arts and crafts, swimming and physical activities.
- The program will offer 50 maximum spaces for children/youth between the ages of 4-18 per event.

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 CMFCAA monthly respite program will be provided during the months of September, November, January, March, May and July. The program will be provided at the City of Columbia, Activity & Recreation Center (ARC) located at 1701 W. Ash Street, Columbia MO 65203. Each event will be held on a Friday evening between the hours of 6-9 p.m.

The program will be advertised through the CMFCAA newsletter, Facebook page, local in-service trainings and caregivers groups, adoption groups, word of mouth and through the Department of Social Services and other licensing agencies.

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

Eligibility for individuals utilizing respite programming, include:

- Currently under the care, custody and control of the Missouri Department of Social Services or Foster Care Case Management agency and/or receiving an adoption subsidy and/or have a current Hague adoption agreement/contract
- Between the ages of 4-18.

There are no income requirements to participate in the monthly respite programming.

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

Each volunteer assisting with the monthly respite program will undergo a background check and Child Abuse and Neglect (CAN) check. The ARC supervision has bachelor and master degrees in recreation, administration, program management and are certified in CPR and First Aid.

CMFCAA Executive Director holds a BSSW and CMFCAA Program Director holds a BA in Human Development. CMFCAA Administrative Assistant holds an Associates Degree and is certified in Quickbooks, non-profit budgeting and is currently enrolled in continuing financial education courses with a local accounting firm.

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:

Central Missouri Adoption Resource Center

Current accreditation period:

Description: (600 character limit)

CMFCAA is recognized by the Department of Social Services as the Central Missouri Adoption Resource Center. CMFCAA was added two years ago to the Missouri budget as an agency that provides post-adoption services to the central Missouri area. We, however are not a governmental agency.

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)

AdoptUsKids explains the keys to success and best practices are keys to the success of respite programming. These best practices include:

- Strong Collaboration
- Involvement of Stakeholders and
- Leadership and Commitment. (Lessons From The Field, 2012)

CMFCAA provides all three levels of best practices as outlined by AdoptUsKids. These best practices allow CMFCAA to wraparound families who are caring for children with "special needs"; offering an opportunity for families to catch a break, reduce stress, reconnect with their spouse, increase family preservation and encourage attachment.

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 Central Missouri Foster Care & Adoption Association has conducted a similar program in our Cole County service area for the past three years. In the past year and half, CMFCAA collaborated and partnered with the YMCA. The program model for the Boone County service area is modeled after our pilot program in Cole. We are continuing to provide monthly respite with the YMCA and other local businesses around the central Missouri area.

CMFCAA measures program evidence through the Parental Stress Index and Child Behavior Checklist. Outcomes are measured each respite event from parent and child.

In 2010, AdoptUSKids granted CMFCAA a \$5,000 seed grant to start a respite program. CMFCAA has sustained the program by collaborating with more partners. The AdoptUSKids grant also allowed us to leverage additional funding from corporations and foundations. In 2014, due to the AdoptUSKids extensive research in the area of respite care CMFCAA was able to offer over 90 (7 1/2 hours a month) hours of respite for 217 families; which is 779 children. This is a great deal of children who have started to heal through peer-to-peer support, positive play, and attachment.

The Boone County monthly respite program will continue providing opportunities to decrease parental stress while increasing child social skills and healthy relationships.

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)

Keck explains, "Anger prevents healing. Angry parenting will keep the mean child mean, the wild child wild, the scared child scared and the hurt child hurt. Hurt children get better when their pain is soothed, their anger reduced, their fears quelled, and their environment is contained." (Keck, 2009) The monthly respite events promote healing through stress reduction and improves the overall family connections. Having a short-term break allows for deep breaths, reflection and a deeper sense of gratitude. The short term break also promotes family preservation; while decreasing the inability to navigate the

struggles of caring for abused and neglected children. CMFCAA's respite programming also promotes self-esteem and the ability to raise the "stigma" around children in foster care. The opportunity for children to connect with others validates their worth. One foster child profoundly admitted, "I began to think of myself as the bag girl. Whenever I moved, all my belongings were stuffed into a plastic bag." (Crosson-Tower, 2009) These kids feel alienated from their peers and continue feel to alone without the support and connection to others who can express the same type of experience, strength and hope as them.

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

The monthly respite program collaborates with the Activities and Recreation Center (ARC) in Columbia, Missouri Department of Social Services, Great Circle and other licensing agencies to provide out of home respite programming unique to the current type of respite services provided in the Boone County area. The strong collaboration with the above mentioned agencies brings years of experience, expertise and safety for the children we serve. The program also provides respite that is packed with positive play experiences, peer-to-peer connections, new experiences, obesity prevention, stress reduction, increasing social skills and increasing healthy relationships.

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

/document/download/filename/1434144550_29425_ARCMOU.pdf/

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

/document/download/filename/1434141359_29426_LettertoMissouri%283%29.docx/

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

/document/download/filename/1434141359_29427_gc8330%40socket.net_20150610_172850.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 BSSW	FTE1 1.00	SR1 FROM 30.00	SR1 TO
P2 Program Director	MQ2 BA	FTE2 1.00	SR2 FROM 25.00	SR2 TO
P3 Administrative Assistant/Financial Director	MQ3 Associates	FTE3 1.00	SR3 FROM 25.00	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)

Providing services for abused and neglected children requires a level of professionalism and expertise. The minimum qualifications for Executive and Program Director are in sync with providing a high level of care to traumatized children. The ability to navigate the myriad of emotional, behavioral and complex trauma issues also require ongoing continuing education and professional development.

Administrative Assistant/Financial Director holds an Associates Degree and attends continuing education in the area of finance and non-profit administration.

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 State of Missouri is currently 47th in comparison with all the states in Meeting Adequate Rates for Children. Missouri. In order to meet adequate rate we will need to increase 130% to meet the ongoing support for children and youth with "special needs." (Hitting the M.A.R.C. 2007) Our goal is to alleviate any additional barriers for families who provide 24/7 care for special needs children. The consumer expenditures for out of home childcare or specialized camps to serve these special needs children are few. When families do find these services, they are out of their financial realm.

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			Link Info	
TOTAL REVENUE	2.	TOTAL EXPENSES	Record Lock	Active Date
17745	\$15,765.00	17745		Added on 06/12/2015

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

59.15

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)

- American Home Care Columbia Office-Children's in-home respite care
- Coyote Hill Christian Children's Home-Children's in-home respite care
- Great Circle/Boys and Girls Town-Children's in-home respite care
- Lutheran Family and Children's Services-Children's out-of-home respite care
- Rainbow House-Crisis nurseries/child care

These respite services are restrictive to age and use traditional in-home and out of home (resource providers home). Three are subsidized through the state at the respite unit cost. They have 12 (24-hour) units available each year for this type of respite service.

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

Respite services are needed due to the increase of children entering the Missouri foster care system, kinship/guardianship care and to support post-adoption services. Respite services completed the support package for those stepping in the trenches and caring for Missouri's abused and neglected children. The developmental delays, emotional instability, behavioral needs and complex trauma issues require innovative approaches to encourage healing. The more specialized opportunities our communities offer for "special needs" children the more healthy and happy families we will see. Giving families who care for these amazing children a break from time to time let's them know the community cares and are grateful for their service to our most vulnerable.

Even more, critical data resulting from CMFCAA surveys explains:

-90% of parents will have a 85% greater knowledge on the effect neglect can have on children's emotional and mental development. (from Cole County CMFCAA respite survey)

Through the use of structured respite events, children will learn how to regulate their emotions through coping, communication tactics, conflict resolution and behavior modification. Children and youth will be able to start building trust and able to create boundaries with peers and the outside world; safeguarding our most vulnerable from secondary abuse and trauma.

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 of the CMFCAA respite program in partnership with the ARC will be \$15,945. The breakdown of the cost is the following:

Respite (non acute) Unit cost per youth: \$14.85 per hour
Unit cost per youth per three hour event: \$44.55

Annual cost for 300 youth (50 youth per 6 events): \$13,365.00 (activities, food, etc.)
Annual cost for nonconsumable supplies: \$600.00 (supplies, paper goods, etc.)
Administrative cost: \$1,980.00 (15% of staff designated respite salary)
Satellite Office in Boone County: \$1,800.00
Total cost of respite program: \$15,945.00

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)

CMFCAA is currently able to fund a similar respite program in partnership with the YMCA in Jefferson City, Cole County, Missouri. The respite is available to all CMFCAA service families. However, Boone county families must travel to attend the respite event. Funding for the Boone County respite will allow an additional barrier for families in that county to be removed. Travel time and costs associated with travel will no longer be an issue.

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)

Crosson-Tower, Cynthia, (2009). Exploring Child Welfare. 325
Hitting the M.A.R.C., (2007). Establishing Minimum Adequate Rates for Children. 1(1), 5-9.
Keck, G. (2002). Parenting the Hurt Child. Colorado Springs Colorado:Pinon Press.
Lessons from the Field, AdoptUsKids, (2012). Respite Lowers Parents' Stress, Creating and Sustaining Effective Respite Services. 1, 11-11
Perspectives from Family & Staff, (2007). Barriers and success Factors from Child in Foster Care, 1(1), 21-46.
St. Louis Children's Service Fund, (2015). List of Approved Units of Service. 1(1), 31-35
Taking A Break, AdoptUsKids, (2013). Creating Foster, Adoptive and Kinship Rspite Care in Your Community. 1, 3-41.

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)

Monthly Respite Program

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)

\$17.71

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 Respite per beneficiary rate was calculated by using the St. Louis Children's Service List of Approved Units of Service report for Respite (Non-Acute) services.

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)

900

Number of Unduplicated Individuals to be Served (1)

300

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

3

Average Cost of Service per individual (1)

53.13

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

Yes

Amount Requested (1)

\$15,939.00

Proposed Number of Units of Service (1)

900

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)

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)

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)

No

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)

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)

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)

No

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 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) (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):

15939

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures

Link Info

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)

275

City of Columbia

230

Other Counties

25

Residence Total

300

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

125

Black or African American (alone)

85

Native American Indian or Alaskan Native (alone)

0

Asian (alone)

10

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

80

Some Other Race

0

Subtotal - Non-Hispanic

300

HISPANIC

Of all races

0

Race/Ethnicity Total

300

Gender**Female**

165

Male

135

Other Gender

0

Gender Total

300

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

245

Over 200% of Federal Poverty Level

55

Income Total

300

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)

40

School Age (6 years – 11 years)

110

Middle School (12 years – 14 years)

110

High School (15 years – 19 years)

40

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total (2)

300

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 (...)

Monthly Respite Program

Record Lock

Link Info

Active Date

Added on
06/08/2015

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

Program Service 1

Service (1)

Monthly Respite Program

Program Service 1 - Outputs

Units (1)

900

Unit Measure (1)

One hour.

Unduplicated Individuals (1)

300

Program Service 1 - Outcomes

Outcome (1-1)

Decrease in foster and adoptive family (all members, including children) stress and disruption of family placement

Indicator (1-1)

85% of foster and adoptive families will report that they are better able to manage stress and anxiety related to emotions effectively; while addressing the emotions effectively and in a non-destructive, healthy setting.

Method of Measurement (1-1)

Parental Stress Index survey will be given to foster and adoptive families at pre-participation and post-participation.

Additional Outcome (1-2) Increase in social skills and relationship building within foster and adoptive children and youth in each family unit.	Additional Indicator (1-2) 70% (210) Children and youth will be able to build trust and communication with peers, have secure attachments rather than anxious, avoidant, disorganized, or ambivalent emotions, and be able to create boundaries with peer groups.	Additional Method (1-2) Child Behavior Checklist (CBCL) will be given to foster and adoptive parents pre-participation and post-participation to be completed on behalf of or with children and youth in each family unit.
Additional Outcome (1-3) Increase in family (foster and adoptive) support and prevention of disruption of placement	Additional Indicator (1-3) 85% of foster and adoptive families will be able to express the increase in placement of support systems that allow them to manage stress and maintain healthy family relationships without the threat of disruption of child placement in their home.	Additional Method (1-3) Family Support Program Outcome Survey will be given to foster and adoptive families pre-participation and post-participation.
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)

As stated in the Program Overview goal section, CMFCAA has two major goals for the monthly Respite program. One goal is centered on the family system unit as a whole. The second goal is focused directly on the child and their emotional, physical, and mental stability. The above chart addresses each goal and correlating outcome.

Goals for the CMFCAA Respite program are modeled from the AdoptUSKids, a service of the Children's Bureau which published guides to assist parent group leaders on how to fully implement respite programs; Taking A Break and Lessons From The Field.

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

Most foster children who are in currently in care are considered special needs. The complexity and variety of these needs varies from child to child. It is vital that children in foster care or adoption seek professional counseling services at some point to address any past traumas. CMFCAA, in partnership with C.A.S.E and funded through Missouri Foundation for Health is currently training 15 mental health professionals through a 13-month cohort to become adoption competent.

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

Based on CMFCAA Respite outcome survey from a previous CMFCAA respite program, families reported decreases in family stress, increased family cohesion, increased community support. 92% of families felt significantly less stressed, 75% of families reported decrease in negative behaviors, 84% families increased family cohesion/less likely to disrupt. Therefore, CMFCAA is confident that 85% of foster and adoptive families will report less internal and external stress symptoms, and 85% of families will be less likely to disrupt the placement of children in their home.

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

- The Parental Stress Index measures family-based outcomes & programmatic goals. PSI evaluated the magnitude of stress in the parent-child system; a 120-item inventory focusing on three major stress domains: child characteristics, parent characteristics, and situational/demographic life stress.
- The Child Behavior Checklist (CBCL) measurement tool tracks growth within child & measures outcomes achieved especially relating to the child. CBCL tracks occurrences of behaviors that correlate in the DSM.
- The Family Support Program Outcome Survey measures the overall accessibility and quality.

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

DeAnna Alonso - Executive Director
Printed Name - Agency Executive Director/President/CEO

6-10-15
Date

DeAnna Alonso
Signature - Agency Executive Director/President/CEO

6-10-15
Date

Heidi N. Lucas - Board President
Printed Name - Agency Board Chair

6-10-15
Date

Heidi N. Lucas
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.

DeAnna Alonso, Executive Director
Name and Title of Authorized Representative

DeAnna Alonso
Signature

6-10-15
Date

ATTACHMENT C

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

County of Cole)
)ss
State of Missouri)

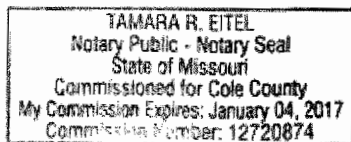
My name is DeAnna Alenso I am an authorized agent of CMFCAA
_____ (Bidder). This business is enrolled and participates in a federal work
authorization program for all employees working in connection with services provided to the
County. This business does not knowingly employ any person that is an unauthorized 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.

DeAnna Alenso 6-12-15
Affiant Date

DeAnna Alenso
Printed Name

Subscribed and sworn to before me this 12th day of June, 2015.



Tamara R Eitel
Notary Public

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

Company ID Number: 728166

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 Central Missouri Foster Care and Adoption Association (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 or to verify the entire workforce if the contractor so chooses.

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 with the FAR E-Verify clause") 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

Company ID Number: 728166

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 non-citizens 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 employees 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 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 make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials 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 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 employees' 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

Company ID Number: 728166

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 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.

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 photocopy must be of sufficient quality to allow for verification of the photo

Company ID Number: 728166

and written information. 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.

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 good faith 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 and E-Verify system 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 the Form I-9 has 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, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. 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. 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 the E-Verify system for any purpose other than as authorized by this MOU, the Employer

Company ID Number: 728166

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 in private of the finding and providing them written notice of the findings, 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 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, as applicable, 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).

Company ID Number: 728166

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 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 WITH THE FAR E-VERIFY CLAUSE

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. 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 with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify 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 with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time

Company ID Number: 728166

of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify 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. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify 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 with the FAR E-Verify clause 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.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause 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 with the FAR E-Verify clause 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.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause 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 new employees and those existing 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.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt 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

Company ID Number: 728166

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 Supplemental Guide for Federal Contractors. 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 with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, 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 notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

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.

Company ID Number: 728166

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 E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

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. The Employer must review the tentative nonconfirmation with the employee in private.

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 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 (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

ARTICLE IV

SERVICE PROVISIONS

Company ID Number: 728166

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 E-Verify, 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, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause 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 with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause 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 participants that are not Federal contractors with the FAR E-Verify clause, 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 with the FAR E-Verify clause, 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

Company ID Number: 728166

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: 728166

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 Central Missouri Foster Care and Adoption Association

Mary Towns

Name (Please Type or Print)

Title

Electronically Signed

11/15/2013

Signature

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

11/15/2013

Signature

Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: **Central Missouri Foster Care and Adoption Association**

Company Facility Address: **1119 Jefferson St.**

Jefferson City, MO 65101

Company Alternate

Address: **P.O. Box 1505**

Jefferson City, MO 65102

County or Parish: **COLE**

Employer Identification

Number: **800519145**

Company ID Number: 728166

North American Industry
Classification Systems

Code: 624

Administrator:

Number of Employees: 1 to 4

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)

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

Name:	Mary A Towns	Fax Number:
Telephone Number:	(573) 298 - 0258	
E-mail Address:	ccfosteradopt@gmail.com	

Name:	DeAnna C Alonso	Fax Number:
Telephone Number:	(573) 298 - 0258	
E-mail Address:	ccfosteradopt@gmail.com	

ATTACHMENT C

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

County of Cole)
)ss
State of Missouri)

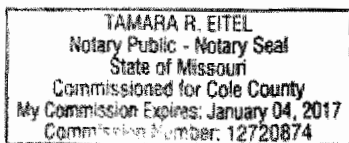
My name is DeAnna Alonso. I am an authorized agent of CMFCAA
_____ (Bidder). This business is enrolled and participates in a federal work
authorization program for all employees working in connection with services provided to the
County. This business does not knowingly employ any person that is an unauthorized 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.

DeAnna Alonso 6-12-15
Affiant Date

DeAnna Alonso
Printed Name

Subscribed and sworn to before me this 12th day of June, 2015.



Tamara R Eitel
Notary Public

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

Company ID Number: 728166

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 Central Missouri Foster Care and Adoption Association (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 or to verify the entire workforce if the contractor so chooses.

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 with the FAR E-Verify clause") 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

Company ID Number: 728166

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 non-citizens 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 employees 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 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 make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials 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 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 employees' 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

Company ID Number: 728166

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 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.

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 photocopy must be of sufficient quality to allow for verification of the photo

Company ID Number: 728166

and written information. 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.

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 good faith 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 and E-Verify system 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 the Form I-9 has 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, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. 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. 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 the E-Verify system for any purpose other than as authorized by this MOU, the Employer

Company ID Number: 728166

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 in private of the finding and providing them written notice of the findings, 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 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, as applicable, 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).

Company ID Number: 728166

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 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 WITH THE FAR E-VERIFY CLAUSE

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. 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 with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify 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 with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time

Company ID Number: 728166

of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify 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. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify 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 with the FAR E-Verify clause 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.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause 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 with the FAR E-Verify clause 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.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause 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 new employees and those existing 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.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt 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

Company ID Number: 728166

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 Supplemental Guide for Federal Contractors. 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 with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, 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 notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

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.

Company ID Number: 728166

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 E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

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. The Employer must review the tentative nonconfirmation with the employee in private.

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 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 (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

ARTICLE IV

SERVICE PROVISIONS

Company ID Number: 728166

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 E-Verify, 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, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause 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 with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause 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 participants that are not Federal contractors with the FAR E-Verify clause, 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 with the FAR E-Verify clause, 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

Company ID Number: 728166

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: 728166

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 **Central Missouri Foster Care and Adoption Association**

Mary Towns

Name (Please Type or Print)

Title

Electronically Signed

Signature

11/15/2013

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

11/15/2013

Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: **Central Missouri Foster Care and Adoption Association**

Company Facility Address: **1119 Jefferson St.**

Jefferson City, MO 65101

Company Alternate Address: **P.O. Box 1505**

Jefferson City, MO 65102

County or Parish: **COLE**

Employer Identification Number: **800519145**

Company ID Number: 728166

North American Industry
Classification Systems
Code: 624

Administrator:

Number of Employees: 1 to 4

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)

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

Name:	Mary A Towns	Fax Number:
Telephone Number:	(573) 298 - 0258	
E-mail Address:	ccfosteradopt@gmail.com	

Name:	DeAnna C Alonso	Fax Number:
Telephone Number:	(573) 298 - 0258	
E-mail Address:	ccfosteradopt@gmail.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

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: Central Missouri Foster Care & Adoption Association

Address: 809 Swifts Hwy

Phone Number: 573-298-0258 Fax Number: 573-298-0258

E-mail: deanna@ccfosteradopt.com

Authorized Representative Signature: DeAnna Alms Date: 6-10-15

Authorized Representative Printed Name: DeAnna Alms



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: Central Mo Foster Care & Adoption Association

Address: 809 Swifts Hwy

Phone Number: (573) 298-0258 Fax Number: (573) 298-0258

E-mail: deanna@centralmoadopt.com

Authorized Representative Signature: DeAnna Alvers Date: 6/8/15

Authorized Representative Printed Name: DeAnna Alvers



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	Col/Edm. Public Health Human Services	874-7343
6.	M. A. W. W. W.	M. A. W. W. W.	811-3331
7.	Meg Barthel	Peace Junction Community Learning	449-5000
8.	Kim Harvey	Peace Junction Community Learning	815-5759
9.	Rue Bell	Peace Junction Community Learning	777-3000
10.	Rita - [unclear]	Peace Junction Community Learning	815-81-1727
11.	[unclear]	Lutheran Family Children's Services	815-9955
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	573-480-4787
3.	Consuela Johnson	For 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	573 673-4251
7.	Yvonne Chy Babin	Univ. of MO Dept of Psychology	573
8.	JANIA CHAPMAN	The Johnson Learning	573 442-3229
9.	Shelley Lock	Child Care Au. Univ. of MO	573-4455431
10.	Wendy Ell	BCCC	573 674 1699
11.	MICHELLE ELIOTT	Central Missouri First Step and Adaptation Assoc	573-374-2855
12.	Dan Reilly	MO Wellness Research	573 884-7531
13.			
14.			
15.			

230-
~~573~~
 573
 X222
 573-374-2855

**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.	N. va. Kellcher	Epworth ^{Edna} Boone ^{Boone}	314-915-3321
3.	Alexa Saunders	Edna Boone ^{Boone}	573-356-7372
4.	Kathy Becka	Missouri Exp. Team	513-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEHKE	PREFERRED FAMILY HC	573 680 1905
7.	Verde Lane	Lawson Lane	293-474-6600
8.	Nicole Daimers	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Caro Lynn Miller	Boone ^{Boone} Boone ^{Boone}	573-234-8334
11.	KEVIN DRUMCELL	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	(513) 627-5215
3.			
4.			
5.	Becky Mark	Boone County Human Services	513-443-2586
6.	Cathy O'Rourke	Boone County Public Health	513-886-1170
7.	Clare Slama	Rainbow House	513-474-6600
8.	Janie Bakute	Rainbow House	513-474-6600
9.	Joy H. Clardy	Boone County Public Health	513-441-5562
10.	Rachel Kessler	Boone County Public Health	513-441-5562
11.	Carolee Schatz	Blue Bridge	513-268-4129
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/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

ATTACHMENT C

**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.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/10/2015

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 Naught-Naught / Jefferson City 1441 Christy Drive P O Box 1768 Jefferson City, MO 65102 Daniel J. Klindt	CONTACT NAME: Daniel J. Klindt PHONE (A/C, No, Ext): 573-634-2727 FAX (A/C, No): 866-779-8102 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Central Missouri Foster Care & Adoption Assn PO Box 1505 Jefferson City, MO 65102	INSURER A : Secura Insurance Company NAIC # 22543	
	INSURER B : First Comp Insurance 27626	
	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	ADDD 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:	X	X	CP3192121	04/23/2015	04/23/2016	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 1,000,000
							PRODUCTS - COMP/OP AGG \$ EXCLUDED
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<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						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 \$ 10,000			CU3237214	04/23/2015	04/23/2016	EACH OCCURRENCE \$ 2,000,000
							AGGREGATE \$ 2,000,000
							\$
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	WC016320901	06/12/2015	06/12/2016	PER STATUTE 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)

Project: #25-15JUN15, Respite Program w/ARC in Columbia; County of Boone is additional insured on the General Liability & Auto Liability policies with a waiver of subrogation in their favor w/respects to work performed by the insured when required by written contract. 30 day notice of cancellation has been endorsed.

CERTIFICATE HOLDER

CANCELLATION

COUNTY 1 County of Boone 613 E. Ash St. 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 Boone County PAT+ Program

THIS AGREEMENT dated the 29th day of December, 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 **First Chance for Children**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **FCFC**.

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 FCFC 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 FCFC 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 FCFC

FCFC is expected to the greatest extent possible to maximize funding from all other sources. FCFC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. FCFC shall only request reimbursement for services not reimbursable by any other source. FCFC shall not invoice the Children's Services Fund for units of service invoiced to another funding source. FCFC 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. FCFC will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. FCFC 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 FCFC’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 FCFC’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 FCFC and FCFC agrees to furnish **Boone County PAT+ 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 FCFC’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 **\$191,000** 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 FCFC be renewed **for an additional two (2) one-year periods**. FCFC agrees and understands that the BCCSB may require supplemental information to be submitted by FCFC 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
Home visitation PAT+ Boone County School Partnerships	1 visit	\$128.00	900	\$115,200.00
Home visitation service FCFC in-house services	1 visit	\$128.00	281.25	\$36,000.00
Infant/Toddler Devereux Early Childhood (DECA) Assessment Training	1 individual	\$300.00	32	\$9,600.00
Parents as Teachers (PAT) Teen Parent Training	1 individual	\$410.00	32	\$13,120.00

Online Strengthening Families Training from the National Children's Trust Fund	1 individual	\$75.00	32	\$2,400.00
Trauma Training	1 individual	\$15.00	32	\$480.00
Community Support and Crisis Services	1 hour	\$28.40	500	\$14,200.00

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 FCFC, 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 FCFC to monitor service delivery and program expenditures. FCFC 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 FCFC and, if so stipulated, are noted on this contract document. Payments may be withheld from FCFC 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. FCFC agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

8. **Audits.** FCFC also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of FCFC'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 FCFC, 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.** FCFC 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 FCFC'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, FCFC 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 FCFC 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 FCFC 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 FCFC's policies and procedures and in accordance with any local/state/federal regulations. FCFC 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. FCFC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** FCFC 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.** FCFC 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 FCFC'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.** FCFC 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 FCFC, and this shall include any transaction in which FCFC 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.** FCFC may enter into subcontracts for components of the contracted service as FCFC 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 FCFC 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.** FCFC 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. FCFC shall require each subcontractor to affirmatively state in its Agreement with the FCFC 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 FCFC 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.** FCFC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against FCFC or any individual acting on the FCFC’s behalf, including subcontractors, which seek to enjoin or prohibit FCFC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If FCFC 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 FCFC no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, FCFC will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event FCFC, 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 FCFC 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 FCFC. 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 FCFC 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, FCFC 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 FCFC, (meaning anyone, including but not limited to consultants having a contract with the FCFC or subcontractor for part of the services), or anyone directly or indirectly employed by FCFC, or of anyone for whose acts FCFC 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.** FCFC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. FCFC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. FCFC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. FCFC 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 FCFC. The BCCSB does not recognize any of the FCFC'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.** FCFC 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 FCFC shall be mailed or delivered to:

First Chance for Children
Jack Jensen
PO Box 1101
Columbia, MO 65205

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

First Chance for Children

By: Jack C Jensen
Signature

By: Jack C. Jensen Ex Director
Printed Name/ Title

Boone County, Missouri

By: Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

Sharon J. Johnson
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.)

June Pitchford by jg 12/18/2015 (2161/71106/191,000)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

PAT

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 mboobbitt@boonecountymmo.org.

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

- 1) In the Program Performance Section, review and update the Indicator text boxes based on the logic model in the Program Performance Measures Instructions section. Indicators are the specific items of information by which a service's level of success in affecting the desired outcomes are measured. An example of an indicator is, "90% (n=27) of participants will have a 50% increase in knowledge of parenting".
- 2) Please review the Method of Measurement in each one of the services. A Method of Measurement is the instrument or technique used to gather information needed to measure the service's success. An example of this is a pre and post test or survey.

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: First Chance For Children

Address: P.O. Box 1101
Columbia MO 65205

Telephone: 573-777-1815 ext. 207 Fax: 573-777-1816

Federal Tax ID (or Social Security #): 11-3662636

Print Name: Jack C. Jensen Title: Executive Director

Signature:  Date: 8/5/2015

E-mail: jensenj@firstchanceforchildren.org

First Chance for Children's Boone County PAT+ Program

25-15Jun15 – Purchase of Service Contracts for the Children's Service Fund

Thank you for giving us the opportunity to clarify in the requested areas of Indicators and Method of Measurement. In each Program Service Area you will find the original Outcome, Indicator and Method of Measurement. Indented you will find in italics the clarification for each Indicator and Method of Measurement.

Program Service 1 Home Visitation PAT+ Boone County School Partnership

Outcome 1-1

Parents will have fewer incidents of stress and or learn realistic developmental behavior of their children.

Indicator 1-1

Parents will be able to anticipate the child's behavior and report viable solutions for dealing with the behavior.

Clarification: 90% of parents (n= 75) will be able to anticipate the child's behavior and report viable solutions for dealing with the behavior

Method of Measurement 1-1

Parents will self-report less stress about parenting having been informed and educated about child development and typical childhood milestone/behaviors.

Clarification: Parents will self-report less stress about parenting, and their child's development as measured on the Everyday Stressors Index (ESI) and the Ages and Stages Questionnaire.

Outcome 1-2

Mothers will feel less anxiety/ stress about parenting.

Indicator 1-2

Mothers will score lower on the Edinburgh Postnatal Depression Scale.

Clarification: 75% (n=75) of the mothers will score lower on the Edinburg Postnatal Depression Scale. 100% (n=75) will be encouraged to share the results with their doctor at their next visit.

Method of Measurement 1-2

All participating mothers will complete the Edinburgh Postnatal Depression Scale.

Clarification: 100% of all new mothers will complete the Edinburgh Postnatal Depression Scale.

Outcome 1-3

Families will be less isolated.

Indicator 1-3

Families will participate in group events and Lending Libraries with their children

Clarification: 75% (n=75) of families will participate in group events and Lending Libraries activities with their children during as school year.

Method of Measurement 1-3

A census of all families participating in group events will be kept.

Clarification: Sign-in sheets will be used to monitor family participation in group events. Parents As Teachers Group Feedback Form will be used to evaluate effectiveness of events and get ideas for future events.

Outcome 1-4

Families will be more resilient and feel less stress as they develop protective factors.

Indicator 1-4

Progress made on self selected goals from family strengthening work in home visits, Measurements on the Every Day Stressor Index.

Clarification: 75% (n=75) of families will make progress on self selected goals from family strengthening work in home visits.

Method of Measurement 1-4

Tracking progress and achievement on family strengthening goals. The Every Day Stressor Index will be done at initial home visit and at 6 month intervals

Clarification: 100% of families will identify goals based on information gathered on the Everyday Stressors Index (ESI). 100% of families will develop and monitor progress on goals using the Family-Centered Assessment/Goal Plan.

Outcome 1-5

Parents will be better informed about the development of their child.

Indicator 1-5

Results will be shared with parents from the Ages and Stages: Social Emotional Questionnaires.

Clarification: *Results will be shared from the Ages and Stages: Social Emotional Questionnaires (ASQ-SE) with 100% (n=75) parents at 6 month intervals.*

Method of Measurement 1-5

Ages and Stages: Social/Emotional Questionnaires

Clarification: *The Ages and Stages: Social/Emotional Questionnaire (ASQ-SE) will be use to measure child development at 6 month intervals. Results will be shared with parents from the Ages and Stages: Social Emotional Questionnaires.*

Program Service 2 Home Visitation Service FCFC In-House Service

Outcome 2-1

Parents will have fewer incidents of stress and or learn realistic developmental behavior of their children.

Indicator 2-1

Parents will be able to anticipate the child's behavior and report viable solutions for dealing with the behavior.

Clarification: 90% of parents (n= 25) will be able to anticipate the child's behavior and report viable solutions for dealing with the behavior

Method of Measurement 2-1

Parents will self-report less stress about parenting having been informed and educated about child development and typical childhood milestone/behaviors.

Clarification: Parents will self-report less stress about parenting, and their child's development as measured on the Everyday Stressors Index (ESI) and the Ages and Stages Questionnaire.

Outcome 2-2

Mothers will feel less anxiety/ stress about parenting.

Indicator 2-2

Mothers will score lower on the Edinburgh Postnatal Depression Scale.

Clarification: 75% (n=25) of the mothers will score lower on the Edinburg Postnatal Depression Scale. 100% (n=25) will be encouraged to share the results with their doctor at their next visit.

Method of Measurement 2-2

All participating mothers will complete the Edinburgh Postnatal Depression Scale.

Clarification: 100% of all new mothers will complete the Edinburg Postnatal Depression Scale.

Outcome 2-3

Families will be less isolated.

Indicator 2-3

Families will participate in group events and Lending Libraries with their children

Clarification: *75% (n=25) of families will participate in group events and Lending Libraries activities with their children during the school year.*

Method of Measurement 2-3

A census of all families participating in group events will be kept.

Clarification: *Sign-in sheets will be used to monitor family participation in group events. Parents As Teachers Group Feedback Form will be used to evaluate effectiveness of events and get ideas for future events.*

Outcome 2-4

Families will be more resilient and feel less stress as they develop protective factors.

Indicator 2-4

Progress made on self selected goals from family strengthening work in home visits, Measurements on the Every Day Stressor Index.

Clarification: *75% (n=25) of families will make progress on self selected goals from family strengthening work in home visits.*

Method of Measurement 2-4

Tracking progress and achievement on family strengthening goals. The Every Day Stressor Index will be done at initial home visit and at 6 month intervals

Clarification: *100% of families will identify goals based on information gathered on the Everyday Stressors Index (ESI). 100% of families will develop and monitor progress on goals using the Family-Centered Assessment/Goal Plan.*

Outcome 2-5

Parents will be better informed about the development of their child.

Indicator 2-5

Results will be shared with parents from the Ages and Stages: Social Emotional Questionnaires.

***Clarification:** Results will be shared from the Ages and Stages: Social Emotional Questionnaires (ASQ-SE) with 100% (n=25) parents at 6 month intervals.*

Method of Measurement 2-5

Ages and Stages: Social/Emotional Questionnaires

***Clarification:** The Ages and Stages: Social/Emotional Questionnaire (ASQ-SE) will be use to measure child development at 6 month intervals. Results will be shared with parents from the Ages and Stages: Social Emotional Questionnaires.*

Program Service 3 Boone County PTA+ Mental Health and Support Training

Outcome 3-1

Parent Educators and Teachers will have a greater knowledge base related to mental health, stress, trauma, and strengthening families when working with at-risk families.

Indicator 3-1

All trained Parent Educators and Teachers will show improved scores on post tests after completing the 4 blocks of training.

Clarification: 100% (n=32) trained Parent Educators and Teachers will show improved scores on post tests after completing the 4 blocks of training.

Method of Measurement 3-1

Pre/post test will be administered to all Parent Educators and Teachers after each training session.

Clarification: Format of pre/post test is met

Program Service 4 Community Support and Crisis Services

Outcome 4-1

Families from rural, undeserved Boone Co. communities will participate in Community Awareness Events.

Indicator 4-1

Over 500 individuals will participate in Community Awareness Events

***Clarification:** Over 500 individuals will participate in community awareness events leading to better parenting skills and increased connections in their community. (Since the entire community will be invited it is difficult to determine a % or an initial "n")*

Method of Measurement 4-1

Sign in sheets and attendance records will be kept for each event. Evaluations of the events will be developed and used.

***Clarification:** Sign in sheets and attendance records will be kept for each event. Evaluations of the events will be developed and used to improve future events.*

Outcome 4-2

Families in crisis will receive services to reduce their stress and increase the well being of their children.

Indicator 4-2

Families in crisis will receive diapers, wipes, safety items, home health items, emergency items, and food vouchers.

***Clarification:** 100% (n=100) families in crisis will receive diapers, wipes, safety items, home health items, emergency items, and food vouchers.*

Method of Measurement 4-2

A complete inventory of items will be kept for all crisis items supplies to families including family name, item given and date of service. Antidotal notes will be kept to see if the assistance given helped meet the family's needs and relieved stress.

***Clarification:** A complete inventory of items will be kept for all crisis items supplies to families including family name, item given and date of service. Antidotal notes will be kept to see if the assistance given helped meet the family's needs and relieved stress. The Everyday Stressor Index will be used to measure changes in the family's level of stress.*

BOONE COUNTY - MISSOURI

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

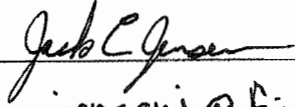
CLARIFICATION FORM #1

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 mboobbitt@boonecountymmo.org.

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

- 1) In the Program Performance Section, review and update the Indicator text boxes based on the logic model in the Program Performance Measures Instructions section. Indicators are the specific items of information by which a service's level of success in affecting the desired outcomes are measured. An example of an indicator is, "90% (n=27) of participants will have a 50% increase in knowledge of parenting".
- 2) Please review the Method of Measurement in each one of the services. A Method of Measurement is the instrument or technique used to gather information needed to measure the service's success. An example of this is a pre and post test or survey.

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: First Chance For Children
Address: P.O. Box 1101
Columbia MO 65205
Telephone: 573-777-1815 ext. 207 Fax: 573-777-1816
Federal Tax ID (or Social Security #): 11-3662636
Print Name: Jack C. Jensen Title: Executive Director
Signature:  Date: 8/5/2015
E-mail: jensenj@firstchanceforchildren.org

First Chance for Children's Boone County PAT+ Program

25-15Jun15 – Purchase of Service Contracts for the Children's Service Fund

Thank you for giving us the opportunity to clarify in the requested areas of Indicators and Method of Measurement. In each Program Service Area you will find the original Outcome, Indicator and Method of Measurement. Indented you will find in italics the clarification for each Indicator and Method of Measurement.

Program Service 1 Home Visitation PAT+ Boone County School Partnership

Outcome 1-1

Parents will have fewer incidents of stress and or learn realistic developmental behavior of their children.

Indicator 1-1

Parents will be able to anticipate the child's behavior and report viable solutions for dealing with the behavior.

Clarification: 90% of parents (n= 75) will be able to anticipate the child's behavior and report viable solutions for dealing with the behavior

Method of Measurement 1-1

Parents will self-report less stress about parenting having been informed and educated about child development and typical childhood milestone/behaviors.

Clarification: Parents will self-report less stress about parenting, and their child's development as measured on the Everyday Stressors Index (ESI) and the Ages and Stages Questionnaire.

Outcome 1-2

Mothers will feel less anxiety/ stress about parenting.

Indicator 1-2

Mothers will score lower on the Edinburgh Postnatal Depression Scale.

Clarification: 75% (n=75) of the mothers will score lower on the Edinburg Postnatal Depression Scale. 100% (n=75) will be encouraged to share the results with their doctor at their next visit.

Method of Measurement 1-2

All participating mothers will complete the Edinburgh Postnatal Depression Scale.

Clarification: *100% of all new mothers will complete the Edinburgh Postnatal Depression Scale.*

Outcome 1-3

Families will be less isolated.

Indicator 1-3

Families will participate in group events and Lending Libraries with their children

Clarification: *75% (n=75) of families will participate in group events and Lending Libraries activities with their children during as school year.*

Method of Measurement 1-3

A census of all families participating in group events will be kept.

Clarification: *Sign-in sheets will be used to monitor family participation in group events. Parents As Teachers Group Feedback Form will be used to evaluate effectiveness of events and get ideas for future events.*

Outcome 1-4

Families will be more resilient and feel less stress as they develop protective factors.

Indicator 1-4

Progress made on self selected goals from family strengthening work in home visits, Measurements on the Every Day Stressor Index.

Clarification: *75% (n=75) of families will make progress on self selected goals from family strengthening work in home visits.*

Method of Measurement 1-4

Tracking progress and achievement on family strengthening goals. The Every Day Stressor Index will be done at initial home visit and at 6 month intervals

Clarification: *100% of families will identify goals based on information gathered on the Everyday Stressors Index (ESI). 100% of families will develop and monitor progress on goals using the Family-Centered Assessment/Goal Plan.*

Outcome 1-5

Parents will be better informed about the development of their child.

Indicator 1-5

Results will be shared with parents from the Ages and Stages: Social Emotional Questionnaires.

Clarification: *Results will be shared from the Ages and Stages: Social Emotional Questionnaires (ASQ-SE) with 100% (n=75) parents at 6 month intervals.*

Method of Measurement 1-5

Ages and Stages: Social/Emotional Questionnaires

Clarification: *The Ages and Stages: Social/Emotional Questionnaire (ASQ-SE) will be use to measure child development at 6 month intervals. Results will be shared with parents from the Ages and Stages: Social Emotional Questionnaires.*

Program Service 2 Home Visitation Service FCFC In-House Service

Outcome 2-1

Parents will have fewer incidents of stress and or learn realistic developmental behavior of their children.

Indicator 2-1

Parents will be able to anticipate the child's behavior and report viable solutions for dealing with the behavior.

Clarification: 90% of parents (n= 25) will be able to anticipate the child's behavior and report viable solutions for dealing with the behavior

Method of Measurement 2-1

Parents will self-report less stress about parenting having been informed and educated about child development and typical childhood milestone/behaviors.

Clarification: Parents will self-report less stress about parenting, and their child's development as measured on the Everyday Stressors Index (ESI) and the Ages and Stages Questionnaire.

Outcome 2-2

Mothers will feel less anxiety/ stress about parenting.

Indicator 2-2

Mothers will score lower on the Edinburgh Postnatal Depression Scale.

Clarification: 75% (n=25) of the mothers will score lower on the Edinburg Postnatal Depression Scale. 100% (n=25) will be encouraged to share the results with their doctor at their next visit.

Method of Measurement 2-2

All participating mothers will complete the Edinburgh Postnatal Depression Scale.

Clarification: 100% of all new mothers will complete the Edinburg Postnatal Depression Scale.

Outcome 2-3

Families will be less isolated.

Indicator 2-3

Families will participate in group events and Lending Libraries with their children

***Clarification:** 75% (n=25) of families will participate in group events and Lending Libraries activities with their children during the school year.*

Method of Measurement 2-3

A census of all families participating in group events will be kept.

***Clarification:** Sign-in sheets will be used to monitor family participation in group events. Parents As Teachers Group Feedback Form will be used to evaluate effectiveness of events and get ideas for future events.*

Outcome 2-4

Families will be more resilient and feel less stress as they develop protective factors.

Indicator 2-4

Progress made on self selected goals from family strengthening work in home visits, Measurements on the Every Day Stressor Index.

***Clarification:** 75% (n=25) of families will make progress on self selected goals from family strengthening work in home visits.*

Method of Measurement 2-4

Tracking progress and achievement on family strengthening goals. The Every Day Stressor Index will be done at initial home visit and at 6 month intervals

***Clarification:** 100% of families will identify goals based on information gathered on the Everyday Stressors Index (ESI). 100% of families will develop and monitor progress on goals using the Family-Centered Assessment/Goal Plan.*

Outcome 2-5

Parents will be better informed about the development of their child.

Indicator 2-5

Results will be shared with parents from the Ages and Stages: Social Emotional Questionnaires.

***Clarification:** Results will be shared from the Ages and Stages: Social Emotional Questionnaires (ASQ-SE) with 100% (n=25) parents at 6 month intervals.*

Method of Measurement 2-5

Ages and Stages: Social/Emotional Questionnaires

***Clarification:** The Ages and Stages: Social/Emotional Questionnaire (ASQ-SE) will be use to measure child development at 6 month intervals. Results will be shared with parents from the Ages and Stages: Social Emotional Questionnaires.*

Program Service 3 Boone County PTA+ Mental Health and Support Training

Outcome 3-1

Parent Educators and Teachers will have a greater knowledge base related to mental health, stress, trauma, and strengthening families when working with at-risk families.

Indicator 3-1

All trained Parent Educators and Teachers will show improved scores on post tests after completing the 4 blocks of training.

Clarification: 100% (n=32) trained Parent Educators and Teachers will show improved scores on post tests after completing the 4 blocks of training.

Method of Measurement 3-1

Pre/post test will be administered to all Parent Educators and Teachers after each training session.

Clarification: Format of pre/post test is met

Program Service 4 Community Support and Crisis Services

Outcome 4-1

Families from rural, underserved Boone Co. communities will participate in Community Awareness Events.

Indicator 4-1

Over 500 individuals will participate in Community Awareness Events

***Clarification:** Over 500 individuals will participate in community awareness events leading to better parenting skills and increased connections in their community. (Since the entire community will be invited it is difficult to determine a % or an initial "n")*

Method of Measurement 4-1

Sign in sheets and attendance records will be kept for each event. Evaluations of the events will be developed and used.

***Clarification:** Sign in sheets and attendance records will be kept for each event. Evaluations of the events will be developed and used to improve future events.*

Outcome 4-2

Families in crisis will receive services to reduce their stress and increase the well being of their children.

Indicator 4-2

Families in crisis will receive diapers, wipes, safety items, home health items, emergency items, and food vouchers.

***Clarification:** 100% (n=100) families in crisis will receive diapers, wipes, safety items, home health items, emergency items, and food vouchers.*

Method of Measurement 4-2

A complete inventory of items will be kept for all crisis items supplies to families including family name, item given and date of service. Antidotal notes will be kept to see if the assistance given helped meet the family's needs and relieved stress.

***Clarification:** A complete inventory of items will be kept for all crisis items supplies to families including family name, item given and date of service. Antidotal notes will be kept to see if the assistance given helped meet the family's needs and relieved stress. The Everyday Stressor Index will be used to measure changes in the family's level of stress.*

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):

First Chance for Children (FCFC)

DBA:

First Chance for Children

Federal EIN Number:

11-3662636

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

PO Box 1101

City

Columbia

State

Missouri

County

Boone

Zip

65205

Organization Phone Number:

573-777-1815 x206

Website:

<http://www.firstchanceforchildren.org/>

Head of Organization

Jack Charles Jensen

Head of Organization Phone:

573-777-1815 x207

Address

PO Box 1101

City

Columbia

State

Missouri

County

Boone

Zip

65205

Organization Fax Number:

573-777-1816

Email:

director@firstchanceforchildren.org

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

Executive Director

Head of Organization Email:

jensenj@firstchanceforchildren.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)**

First Chance for Children (FCFC) is a leader at the local and state level advocating for high quality early childhood practices, programming and policy while providing resources to foster healthy families and high quality early childhood development programs and services.

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

In 2003, the 501c3 Boone Early Childhood Partners (BECF) was created with the purpose of coordinating services and building resources to improve school readiness in Boone County. In 2006, BECF formally changed its name to First Chance for Children (FCFC). From 2006 to current day, FCFC has coordinated numerous private, local, state and federal grants to further the cause of early childhood education in Central Missouri. Programming includes model child abuse and neglect prevention, an evidenced based home visitation program, and community outreach Lend and Learn Toy Libraries.

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

First Chance for Children's goal is, all children will arrive at school ready to learn and succeed in school and in life. Each of FCFC's programs has goals to help achieve school readiness.

**Articles of
Incorporation:
Provide a copy
of the
organization's
Articles of
Incorporation.****Articles of Incorporation (MUST BE IN PDF FORMAT)**

/document/download/filename/1442518968_30405_FCFCArticlesofIncorporation.pdf/

**Organizational
Chart
(must be for
the entire
organization):****Organizational Chart (MUST BE IN PDF FORMAT)**

/document/download/filename/1442518968_30406_OrganizationalChart.pdf/

Service Area:**Briefly describe the geographic area in which your organization provides services. (600 character limit)**

Boone County and all adjoining counties with the exception of Randolph. FCFC partners with Ashland, Hallsville, Centraia and Harrisburgs School Districts in Boone County for PAT+ services and serves the rest of the county directly with FCFC PAT+ educators.

**Population
Served:****Briefly describe the population(s) served by your organization. (600 character limit)**

FCFC's current programs serve families with children prenatal to age 3. Families must have income levels at/below 185% of poverty and at least one other identified risk factors. Lend and Learn Toy Libraries and community group events serve all families no matter what their income level.

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
Eliza Dadant Trumbower	Board Member	1305 English Dr. Columbia MO 65203	✓	Added on 05/27/2015
Cara Ownings	Board Member	613 Randy Lane Columbia MO 65201	✓	Added on 05/27/2015
Jess Berkey	Board Member	1013 Larail Dr. Columbia MO 65203	✓	Added on 05/27/2015
Tom Rose	Board Member	210 Keene St. Columbia MO 65201	✓	Added on 05/27/2015
Brooke E. Berkey	Board Member	720 E. Broadway, PO Box 678 Columbia MO 65205	✓	Added on 05/27/2015
Suzanne Cray	Board Member	4603 Shale Oaks Ave. Columbia MO 65203	✓	Added on 05/27/2015
Shann Siever	Board Member	101 N. Keene St. Columbia MO 65201	✓	Added on 05/27/2015
Kate Stull	Board Member	2102 White Gate Dr. Columbia MO 65202	✓	Added on 05/27/2015
Mary Humlicek	Board Member	1017 Hulen Dr. Columbia MO 65203	✓	Added on 05/27/2015
Robert Ross	Board Member	4602 Bolten Ct. Columbia MO 65202	✓	Added on 05/27/2015
Shelly DeVore	Treasure	4101 Fall Ridge Dr. Columbia MO 65203	✓	Added on 05/27/2015
Lynda Baumgartner	Secretary	1190 South Roby Farm RD Rocheport MO 65279	✓	Added on 05/27/2015
Christina E. Gilbert	President	2024 Cherry Hill Columbia MO 65203	✓	Added on 05/13/2015
Leanne Peace	Vice President	AP Green Building Suite 111 Columbia MO 65211	✓	Added on 05/27/2015

Total Active Links:14, Total Deactivated Links:0, Current Active Links:14, 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:**

FY-14

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/1442518968_29953_TaxExemptLetter.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

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1442518968_29954_2014AuditReport.pdf/

qualified third party and be 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/1442518968_29955_2014Form990%281%29.pdf

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

The board hires and supervises the executive director. They approve the yearly budget, any contracts FCFC enters into, monthly financial statements, any purchase over \$2000 and a yearly outside audit. Board members may not receive payment from or enter into contracts with FCFC.

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
Parent Educator 2	Bachelors degree in preferred field or certification as a parent educator. Experience working with young children and their families. Professional flexibility to accommodate the needs of families.	1.00	\$42,153.00	\$0.00	✓ Added on 05/28/2015
Parent Educator 1	Bachelors degree in preferred field or certification as a parent educator. Experience working with young children and their families. Professional flexibility to accommodate the needs of families.	1.00	\$42,580.00	\$0.00	✓ Added on 05/28/2015
Parent Educator Coordinator	Master's Degree in Early Childhood Development or a related area OR demonstrated work experience of five or more years of project management in an early childhood setting.	1.00	\$52,253.00	\$0.00	✓ Added on 05/28/2015
Fiscal Manager	Degree in accounting and experience in grant accounting	1.00	\$41,600.00	\$0.00	✓ Added on 05/28/2015
Executive Director	: A combination of at least 10 years of experience in nonprofit management, development, fiscal management and other relevant experience to directing a nonprofit agency. Bachelor's degree in early c	1.00	\$65,508.00	\$0.00	✓ 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):

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
First Chance for Children	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Boone County PAT+ Program - RG 2	<input checked="" type="checkbox"/>	Added on 05/13/2015

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

System Fields

Record ID

15332

Modification Date

09/17/2015 02:42 pm CDT

Modified By

First Chance For Children ORG

Proposal Cover Sheet

Proposal Request Information

Organization Name (will auto-populate)

First Chance for Children

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

Boone County PAT+ Program - RG 2

Amount of Request

\$191,000.00

Amount Awarded

\$0.00

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

Unmarried parent services

Home-based and community-based family intervention programs

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Mental health screenings

Program Information

Program Website (will default to Organization website)

<http://www.firstchanceforchildren.org/>

Address

PO Box 1101

City

Columbia

State

Missouri

County

Boone

Zip

65205

Program Administrator Name

Jack Charles Jensen

Phone Number

573-777-1815 x207

Address

PO Box 1101

City

Columbia

State

Missouri

County

Boone

Zip

65205

Program Administrator Title

Executive Director

Email

jensenj@firstchanceforchildren.org

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1433276173_30421_AttachmentAAgencyAssurance.pdf/

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

/document/download/filename/1433276173_30420_AttachmentBCert.Re.Debarment%2CSuspen.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1433276173_30419_AttachmentCWorkAuth.Cert..pdf/

Addendums

/document/download/filename/1434121254_30418_Addendum%231-2.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

First Chance for Children (FCFC)

PO Box 1101

Jack Charles Jensen



Added on
05/13/2015

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

Federal EIN Number (will auto-populate)

11-3662636

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) Funding for an expansion of First Chance's partnership with Boone County schools to supply PAT+ services that meet the needs of at risk children and their families.	2A \$191,000.00	2A % 22
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) Funding from two Department of Social Service grants allow First Chance to supply PAT+ home visitation services to at-risk children and their families.	2K \$686,684.00	2K % 77
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 %
FCFC Board Fund Raising	\$10,000.00	1
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	887684	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$452,541.00	51
2. Non-Personnel	2.	2. %
	\$435,143.00	49
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	887684	

System Fields

Record ID

15686

Modification Date

09/25/2015 10:46 am CDT

Modified By

Apricot Subsystem

Creation Date

06/02/2015 02:24 pm CDT

Created By

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			720	✓ Added on 06/12/2015

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)

Issues addressed by this program include those that families face when they have multiple risk factors as identified by the PAT model. For example, teen/single parent households often face child rearing without adequate family/community support. Also families living in poverty face issues that can result in toxic stress severely impacting their children's social and emotional development, and are unable to supply the environmental factors that lead to school readiness.

Another issue addressed by this program is depression since it is common in a many families living in poverty. While depression can occur in all family members, it is especially prevalent in single mothers. Ertel, Rich-Edwards, & Koenen (2011) found depressed mothers provide less stimulation, are less responsive to infants, and show more parenting difficulties.

A final issue addressed by this program is that parents need support in child rearing practices. Some parents do not have the background, experiences, or education to provide their children with an environment that leads to a happy, healthy childhood. The Robert Wood Johnson policy brief (2014) states, "Promoting the mental wellness of both children and parents together is clearly a strategy that pays multiple dividends." Finally the brief also states, "Supporting parental investment in child-rearing can be seen as an investment in the continued strength of our society."

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 populations affected by the issues addressed in this proposal are families with multiple risk factors as identified National and Missouri PAT. These include teen and single parent households, families in poverty, with mental illness, substance abuse issues, homeless, children and parents with disability and/or chronic health condition, low education level, military deployment, court appointed foster parents, incarcerated, recent immigration or refugee, very low birth rate, domestic violence and ESL/limited English. These issues are associated with children having social/emotional issues and not being ready for school.

The demographics of this population should be similar to the demographic of Boone County. It should be noted that families living in poverty are often more represented by minority populations. This program would also include mothers with depression due to the fact that more than 1 in 10 (10.2%) mothers suffer from depression in the last 12 months (Ertel, Rich-Edwards, & Koenen, 2011).

Using the same method as used by school district to estimate enrollment, an estimate can be made that there are 9,021 children age birth to 5. Of this total 3,587 would qualify for free and reduced lunch a common indicator of living in poverty. Less than 1/2 of this population currently received home visitation service as proposed in this program.

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)

According to Missouri Kids Count Boone Co. (2014), poverty in Boone County is on the rise. The percentage of students enrolled in free/reduced lunch has risen from 34.1% in 2009 to 38.1%. The same study reports children under the age of 6 in poverty went from 15% in 2000 to 20.9% in 2012. The study Boone County Issues Analysis, Children, Youth and Families (2011) reports in female-headed households the poverty rate jumped from 26.0% in 2000 to 40.8% in 2009.

Missouri Kids Count also shows the areas of child protection and safety, child deaths ages 1-14, child abuse/neglect & family assessments, and out-of-home placements, have gotten worse in Boone Co. The number of children receiving public mental health services increased from 272 in 2009 to 855 in 2013. The percentage of children living in single-parent families has increased from 25.6% in 2000 to 30.4% in 2012.

The Heart of Missouri United Way Community Need Assessment (2011) calls for increased access to programming. In the report, residents and community leaders believe there is "the need to address poverty through education," and "it's crucial to address the root causes of poverty." With that said, access to home visitation services has declined. PAT funding by the state was cut by 60% in 2010 leaving a huge hole in services provided to families.

These statistics all point to increased risks for families and children in Boone County and a lack of home visitation services to help alleviate these issues.

Program Consumers

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

The consumers served by this evidence-based home visitation program will be Boone County families with children ages birth to kindergarten (kdg). To qualify for the program families must have at least 2 identified risk factors from the National and Missouri Parents As Teachers (PAT) list of risk factors. There will be an emphasis on serving families with an income below 185% of the federal poverty level due to the impact of poverty on maternal depression and toxic stress in families. Other possible risk factors families could have include: teen parent, single parent, court appointed/foster, child abuse/neglect, parent mental illness, domestic violence, substance abuse, child or parent with disabilities/chronic health conditions, homeless, low birth weight, low education, incarcerated parent, death in immediate family, military family, recent Immigrant/Refugee, ESL/limited English.

While children's ages can be birth to kdg, emphasis will be on age 3 – kdg. FCFC currently has a DSS grant to serve ages birth to 3, so this program will allow for continuation of services and assist with the transition into kindergarten. The demographics of the program will be reflective of Boone County, with an emphasis on minority populations that are often under served.

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

Our consumers, in general families and children at 185% below the federal poverty level and families with identified risk factors, must be served to help prevent and alleviate stress during the critical developmental time for the child and as well as maternal depression. The Robert Wood Johnson Policy Brief (2014) states, "One rapidly developing area of research identifies overwhelming stress early in life as a primary risk factor for mental illness." It also states, "studies find that toxic stress, which may result from exposure to violence, family instability or severe economic deprivation, alters brain structure and function and negatively impacts children's cognitive and social skills." Maternal depression can also impact the healthy development of children, as seen in the research by Knitzer, Theberge, & Johnson (2008). These researchers found that low-income mothers experience high rates of depression that can affect the well-being and school readiness of their children.

Currently in Boone County, there are approximately 9,021 children from birth to age 5, with 3,587 of them living at 185% below the federal poverty level. The home visitation programs currently in place only serve a small fraction of this fragile population. These families must be served to help prevent and alleviate the issues that come along with stress and maternal depression so that all Boone County children have the opportunity to grow up healthy and ready for school.

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

Azzi-Lessing (2013) found, "Families at higher levels of risk often participate in home-visitaton programs at minimum levels and/or prematurely withdraw from program services than do families at lower levels of risk. This may be partly due to the degree to which highly vulnerable families are overwhelmed by stressful conditions under which they live; they also may be responding to a history of negative experiences with service providers, especially regarding child protective and other mandated services." FCFC has worked with school districts' PAT programs and they report similar experiences.

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 at-risk families with a home visitation program so they can be resilient through the development of protective factors. To help school systems develop a PAT+ program that meets these families needs. For children to enter school ready for success.

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)

Boone County PAT+ home visitation program works with at-risk families at the time they need it most. It is based on the PAT model of home visitation

designed to strengthen families by developing protective factors. The model addresses social/emotion competencies for children and parents making it a model that spans two generations.

The protective factors are parental resilience, social connections, knowledge of parenting/child development, concrete support in time of need, and social and emotional competency of children. A trained parent educator conducts the home visit in an intentional way. The visit is based on the family and children's developmental needs. Screenings are conducted in all areas of child development including social/emotional. Maternal depression and stress is monitored. Wellness and prevention is the focus of PAT+, and the family is supported if referrals for additional services are needed. Families receive visits monthly with additional support as needed. School district PATs, as well as a FCFC program coordinator, would conduct this part of the program.

Concrete support in time of need is a part of this program and is critical in stress reduction. It starts when a family is leaving the hospital and does not have the basic health and safety items they need to care for the baby. FCFC's Baby Bag and SAFE Cribs programs supply these needs and help recruit families that may be hesitant to accept services because of their home situation. Other examples of concrete support are diapers/wipes, books, strollers, formula, health care items, support for employment, and parenting classes. While these are simple things, they are stressors for families living in poverty. Group events and access to child related activities are an important part of the PAT program. At these events, families develop social connections as well as parenting skills. While events are designed for the PAT+ families they are open to all families in the school districts. Families have access to one group event monthly as well as the schools' Lend & Learn Libraries (resource rooms created by another FCFC grant).

Another key part of the program is the expertise/support FCFC supplies to the school districts. Small school districts struggle to operate PAT programs because of lack of funding from the state. Their PAT's often work alone. The FCFC program coordinator would provide support to the school districts PATs in recruitment of families, group activities, and in-service. In-service would focus on social/emotional training like, Devereux Early Childhood Assessment, Ages & Stages: Social/Emotional and Trauma Response.

Through this program Ashland, Hallsville, Harrisburg, and Centralia would get additional funds to serve more families. Currently, FCFC supports 75 families in Columbia. Sturgeon does not have a PAT program that would coordinate with the proposed Boone Co. PAT+ program, so FCFC program coordinator would work with them to serve families.

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)

This is a home visitation program, so the majority of the programming will be done in families' homes throughout Boone Co. If parents are homeless, or living in unstable housing conditions, visits will be conducted at alternate sites. The group events component of the program will occur at a school Lend & Learn Library sites (established by another FCFC grant) and in community locations (libraries, parks, etc.). Finally, in-service for home visitors will be conducted at the FCFC site, 1010 Fay St. Columbia Missouri, 65201 or school sites.

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

The program will serve families with children ages birth–kdg. Emphasis will be placed on children ages 3–kdg as FCFC has a state grant for birth–age 3. Families must have at least two at-risk factors as identified by Missouri and National PAT programs. Emphasis will be placed on low income families as defined by the free/reduce lunch standard at 185% of poverty. If a family does not meet the income standard, there will be careful review of the identified risk factors on a case-by-case basis.

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

The Boone Co. PAT+ program will use the evidence-based PAT Foundational Curriculum. Certified instructors from National PAT must train all home visitors in this curriculum before they provide services. The FCFC program coordinator (PC) must have a degree in early childhood education, social work, or a health related field and a minimum of 5 years experience working with children birth to kindergarten.

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)

Best practices are established by the PAT Foundational Curriculum Model. Home visits are based on a strengthening families approach planned around family needs. 45 to 90 minute visits occur monthly, or more often if needed. Families receive incentives to help alleviate stress factors and encourage child development. Group events are monthly and provide another opportunity for families to access child related information. Family health and development are monitored. Age appropriate screening is done on children and screenings for stress and depression in adults. Referrals are made when needed.

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 PAT home visitation model was found to be evidence-based by the Department of Health and Human Services (DHHS). DHHS launched Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent review of the home visiting research literature. HomVEE provides an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to kindergarten entry (that is, up through age 5). The PAT program was found to have moderate to high ratings in child development and school readiness, reductions in child maltreatment, positive parenting practices, and family economic self-sufficiency (Home Visiting Evidence of Effectiveness, n.d).

Zigler, Pfannenstiel, & Seitz (2008) found parents that participated in PAT programs read to their children more, were more likely to enroll their children in preschools, and had improved parenting practices in ways that promoted both school readiness and subsequent academic achievement.

FCFC has been providing home visitation services for at-risk families for 10 years. FCFC has also partnered with school districts in central Missouri to

support their PAT programs and supply them with the resources they need to work with at-risk populations for 10 years. In the 10 years, the only reason FCFC has lost services to a district is because of budget cuts at the state level.

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)

The Boone Co. PAT + program is based on the PAT home visitation evidenced-base model, but it goes much further. It starts with the fact the PAT home visitors are school district employees giving them the personal background and knowledge about their community and school. It also gives HVs access to the school districts resources that helps with the efficiency of the program.

HVs are often in small districts and generally do not have anyone to collaborate with. This is when the support of FCFC and the FCFC program coordinator (PC) come in. FCFC's staff is trained in the PAT model and has over 90 years of experience working with at-risk populations. The PC has expertise to help the local PAT especially in recruitment, retention of families, and group events. The PC has a family case load, keeping them in touch with the issues. The PC's case load allows FCFC to supply services in parts of the county that may not be a part of this program. The PC will be able to supply information about resources to PAT programs, especially about CSF programming. Being part of the Boone Co PAT+ program gives school districts access to the SAFE Cribs and Baby Bag programs, two model programs funded by the Children's Trust Fund to help prevent child abuse and neglect. It gives them access to financial resources that support at-risk families and help alleviate stress. It is amazing how supplying a family with a package of diapers/wipes can cut stress when they are out and do not have money.

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

FCFC currently has contracts with the Department of Social Services (DSS) to supply a PAT+ program throughout mid-Missouri. FCFC serves 150 families in Boone County through our FCFC HV programs and partnerships with Ashland, Hallsville, Centralia, and Harrisburg schools. The DSS grant is from birth to age 3, so funding the proposed program would allow for seamless HV services for at-risk children through kindergarten entry. Because the DSS program is in place, this grant could quickly be implemented.

FCFC works with the Boone County Health Department's WIC program to help identify potential families. We also have a good working relationship with the social work staff at both of the Boone County hospitals. They access our CTF Baby Bag and SAFE Cribs programs, so we would be able to refer families that qualify for this program to their local school district PAT+ programs. This partnership of the PAT+ program and these agencies has the potential to serve the families the day they bring their baby home, when they can best see the need for support. These programs, partnered with the proposed Boone County PAT+ program, could supply wrap around support from the day the child is born through the entrance of kindergarten.

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 Program Coordinator	MQ1 Early Childhood Degree, PAT Trained	FTE1 1.00	SR1 FROM 50.00	SR1 TO
P2 School PAT+ Educator	MQ2 Early Childhood Degree, PAT Trained	FTE2 0.50	SR2 FROM 15.00	SR2 TO
P3 School PAT+ Educator	MQ3 Early Childhood Degree, PAT Trained	FTE3 0.50	SR3 FROM 15.00	SR3 TO
P4 School PAT+ Educator	MQ4 Early Childhood Degree, PAT Trained	FTE4 0.50	SR4 FROM 15.00	SR4 TO
P5 School PAT+ Educator	MQ5 Early Childhood Degree, PAT Trained	FTE5 0.50	SR5 FROM 15.00	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	SR8 FROM	SR8 TO

P9	MQ9	FTE9	SR9 FROM	SR9 TO
		0.00	0.00	
		0.00	0.00	
P10	MQ10	FTE10	SR10 FROM	SR10 TO
		0.00	0.00	
		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)

For successful implementation of the program they will need a background in early childhood education and training in PAT. This is a reasonable rate of pay for duties required.

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)

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				Link Info	
TOTAL REVENUE	2.	TOTAL EXPENSES	Record Lock	Active	Date
887684	\$435,143.00	887684		<input checked="" type="checkbox"/>	Added on 06/12/2015

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

720

Average Cost per Individual

1232.89

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)

While there are other home visiting services, they do not have the range of services this program provides. Also, it is estimated less than 50% of eligible families in Boone County are receiving services by all the providers combined.

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

Our consumers, in general families and children at 185% below the federal poverty level and families with identified risk factors, must be served to help prevent and alleviate stress during the critical developmental time for the child and as well as maternal depression. The Robert Wood Johnson Policy Brief (2014) states, "One rapidly developing area of research identifies overwhelming stress early in life as a primary risk factor for mental illness." It also states, "studies find that toxic stress, which may result from exposure to violence, family instability or severe economic deprivation, alters brain structure and function and negatively impacts children's cognitive and social skills." Maternal depression can also impact the healthy development of children, as seen in the research by Knitzer, Theberge, & Johnson (2008). These researchers found that low-income mothers experience high rates of depression that can affect the well-being and school readiness of their children.

Currently in Boone County, there are approximately 9,021 children from birth to age 5, with 3,587 of them living at 185% below the federal poverty level.

The home visitation programs currently in place only serve a small fraction of this fragile population. These families must be served to help prevent and alleviate the issues that come along with stress and maternal depression so that all Boone County children have the opportunity to grow up healthy and ready for school.

Funding Request Justification

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

This level of funding will allow for additional at-risk families to be served in Boone County. The funding request unit cost are in line with a Department of Social Service Home Visitation PAT+ grant FCFC has to serve other school districts in Mid-Missouri.

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 funding will allow for expanded # of families to be served, as well as extending the age of children being served from birth -3 to birth - 5. It will allow the PAT+ program to help transition children into kindergarten. While it will not allow FCFC to access additional funds, this program will allow for our existing child abuse / neglect prevention programs, the Lend & Learn Toy Libraries and community group events to have a wider reach.

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)

Bacon, C., Pafford, E. (2011) Boone County Issues Analysis, Children, Youth and Families

Ertel, K. A., Rich-Edwards, J. W., & Koenen, K. C. (2011) Maternal Depression in the United States: Nationally Representative Rates and Risks

Heart of Missouri United Way Community Need Assessment. (2011)

Home Visiting Evidence of Effectiveness (n.d.) Retrieved from <http://homvee.acf.hhs.gov/Models.aspx>

Kitzen, J., Theberge S., & Johnson, K. (2008) Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework

Robert Wood Johnson Foundation (2014) Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nations Young People

Zigler, E., Pfannenstiel, J. C., & Seitz, V. (2008) Promoting School Readiness: The Role of the Parents as Teachers Program

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)

Online Strengthening Families Training from the National Children's Trust Fund

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

one individual

Unit Rate (1)

\$75.00

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)

Stipend to cover time completing training.

Number of Units of Service to be Provided (1)

32

Number of Unduplicated Individuals to be Served (1)

32

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

1

Average Cost of Service per individual (1)

75

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

Yes

Amount Requested (1)

\$2,400.00

Proposed Number of Units of Service (1)

32

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (250 character limit)

Trauma Training

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

one individual

Unit Rate (2)

\$15.00

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 rationale is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)

Training covers the compensation for mileage and incidentals.

Number of Units of Service to be Provided (2)

32

Number of Unduplicated Individuals to be Served (2)

32

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

1

Average Cost of Service per Individual (2)

15

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

Yes

Amount Requested (2)

\$480.00

Proposed Number of Units of Service (2)

32

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):

2880

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures		Link Info
Record Lock	Outcome (1-1)	Active Date
	Parent educators and teachers will complete and pass the Strengthening Families Protective Factors Framework in Multiple Settings training modules.	Added on 09/14/2015
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
10000	09/25/2015 10:46 am CDT	Apricot Subsystem	09/14/2015 02:42 pm CDT	First Chance For Children ORG

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)

Home visitation PAT+ Boone County School Partnerships

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

1 hour per contact with client

Unit Rate (1)

\$30.00

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)

FCFC proposes to use the PAT model to deliver our home visitation services to families. The DESE rate for reimbursement for at-risk or high needs families is \$55.00 per family visit. The FCFC model has two additional components. One being incentives/ crisis supplies and mental health services and the second being monthly family group events. For this reason our unit rate is slightly (\$ 5.00) higher than the DESE rate per visit. Our proposed rate is \$60 per family visit (\$30.00 per parent and \$30.00 per child)

Number of Units of Service to be Provided (1)

3840

Number of Unduplicated Individuals to be Served (1)

160

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

24

Average Cost of Service per individual (1)

720

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

Yes

Amount Requested (1)

\$115,200.00

Proposed Number of Units of Service (1)

3840

Program Service 2

01/20/2019 Proposal Cover Sheet
Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (2) (250 character limit)

Home visitation service FCFC in-house service

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

1 hour per contact with client

Unit Rate (2)

\$30.00

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 rationale is given for charging a different amount. Provide a justification for the proposed rate. (2) (600 character limit)

FCFC proposes to use the PAT model to deliver our home visitation services to families. The DESE rate for reimbursement for at-risk or high needs families is \$55.00 per family visit. The FCFC model has two additional components. One being incentives/ crisis supplies and mental health services and the second being monthly family group events. For this reason our unit rate is slightly (\$ 5.00) higher than the DESE rate per visit. Our proposed rate is \$60 per family visit (\$30.00 per parent and \$30.00 per child) FCFC's State DSS rate for similar services is \$161.00 per family per month.

Number of Units of Service to be Provided (2)

1200

Number of Unduplicated Individuals to be Served (2)

50

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

24

Average Cost of Service per Individual (2)

720

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

Yes

Amount Requested (2)

\$36,000.00

Proposed Number of Units of Service (2)

1200

Program Service 3

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (250 character limit)

Infant/Toddler DECA Training

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

one individual

Unit Rate (3)

\$300.00

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)

This is based off DECA National Training.

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)

32

Number of Unduplicated Individuals to be Served (3)

32

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

1

Average Cost of Service per Individual (3)

300

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

Yes

Amount Requested (3)

\$9,600.00

Proposed Number of Units of Service (3)

32

Program Service 4

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (250 character limit)

Community Support and Crisis Services

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

Community events and crisis services for families.

Unit Rate (4)

\$28.40

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)

FCFC will also sponsor and coordinate 10 community events throughout rural Boone County to raise awareness of early childhood social/emotional wellbeing. During these events, families will be able to enroll in PAT+ or just participate in family activities and information sessions intended to reduce stress and strengthen family resiliency/protective factors. 500 participants per year @ \$28.00 per participant to cover: food, incentive items, meeting space, emergency items and staff time.

Number of Units of Service to be Provided (4)

500

Number of Unduplicated Individuals to be Served (4)

500

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

1

Average Cost of Service per Individual (4)

28.4

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

Yes

Amount Requested (4)

\$14,200.00

Proposed Number of Units of Service (4)

500

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (250 character limit)

PAT Teen Parent Training

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

One individual

Unit Rate (5)

\$410.00

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)

Training rate as established by the National PAT Center.

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)

32

Number of Unduplicated Individuals to be Served (5)

32

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

1

Average Cost of Service per Individual (5)

410

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

Yes

Amount Requested (5)

\$13,120.00

Proposed Number of Units of Service (5)

32

Totals

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

188120

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures		Link Info	
Record Lock	Outcome (1-1)	Active	Date
	Parents learn realistic expectations for developmental behaviors of their children.	✓	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
	09/25/2015 10:46 am CDT	Apricot Subsystem	05/13/2015 12:21 pm CDT	First Chance For Children 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)

720

City of Columbia

72

Other Counties

0

Residence Total

720

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

597

Black or African American (alone)

61

Native American Indian or Alaskan Native (alone)

3

Asian (alone)

15

Native Hawaiian or other Pacific Islander (alone)

1

Multiple Races

20

Some Other Race

0

Subtotal - Non-Hispanic

697

HISPANIC

Of all races

23

Race/Ethnicity Total

720

Gender**Female**

468

Male

252

Other Gender

0

Gender Total

720

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

620

Over 200% of Federal Poverty Level

100

Income Total

720

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)**

200

Preschool (3 years – 5 years)

250

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)

50

Parent/Guardian (age 20 and over)

220

Age Total (2)

720

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
	09/25/2015 10:46 am CDT	Apricot Subsystem	05/13/2015 12:26 pm CDT	First Chance For Children 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
Online Strengthening Families Training from the National Children's Trust Fund		✓	Added on 09/14/2015

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

Program Service 1

Service (1)

Online Strengthening Families Training from the National Children's Trust Fund

Program Service 1 - Outputs

Units (1)	Unit Measure (1)	Unduplicated Individuals (1)
32	one individual	32

Program Service 1 - Outcomes

Outcome (1-1)

Parent educators and teachers will complete and pass the Strengthening Families Protective Factors Framework in Multiple Settings training modules.

Indicator (1-1)

100% (n=32) parent educators and teachers will receive certificates of completion once they passed the seven modules of training for Strengthening Families Protective Factors Framework in Multiple setting.

Method of Measurement (1-1)

Each module has a post test the educator will take at the completion of the training module. Certificates of completion are issued when the educator passes the post test.

Additional Outcome (1-2)

Additional Indicator (1-2)

Additional Method (1-2)

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)

Strengthening Families materials are directly tied to improving parenting skill. The protective factors developed by this curriculum are Parent Resilience, Knowledge of Parenting and Child Development, Social and Emotional Competency of Children, Social Connections and Concrete Support in Times of Need. Educators trained in this curriculum will have better ability to work with families that do not have adequate parenting skills. Improved parenting skill will lead to family resiliency and reduces stress in the home.

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

These 7 modules take about 2 hours each. Educators will be doing this on their own time with busy schedules.

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

Improvement on knowledge in a training session is a standard unit of measurement. The educators involved are motivated for improvement.

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

This training has been created by the National Children's Trust Fund, a leader in childhood neglect and prevention training. Completion of the modules and the post test will show growth by the educators.

Program Service 2

Service (2)

Trauma Training

Program Service 2 - Outputs

Units (2)

32

New Unit Measure Auto Populate2

one individual

Unduplicated Individuals (2)

32

Program Service 2 - Outcomes

Outcome (2-1)

Parent educators and teachers will complete training on the impact of trauma on families.

Indicator (2-1)

100% (n=32) Parent Educators and teachers will complete a 2 hour workshop on the effects of trauma on children and families.

Method of Measurement (2-1)

Post test at the end of the workshop will serve as proof of completion of training.

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 presentation will explore the prevalence and impact of trauma on children's brain development which then affects their emotional and behavioral regulation and their ability to have healthy relationships. The Adverse Childhood Experiences Study (ACES) first introduced us to the long term impact that trauma can have on social, emotional and health outcomes. The science around trauma has continued to grow to note how the brain functions and what we must do to help children and families recover from trauma.

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

Staff turnover is an ongoing issue when it comes to early childhood programming.

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

Improvement on knowledge in a training session is a standard unit of measurement. The educators involved are motivated for improvement.

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

The pre/post test format will give educators an understanding of their knowledge of trauma.

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

Record ID

Modification Date

Modified By

Creation Date

Created By

09/25/2015 10:46 am CDT

Apricot Subsystem

09/14/2015 02:52 pm CDT

First Chance For Children ORG

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	Record Lock	Link Info
Indicate Proposed Service (...)		Active Date
Home visitation PAT+ Boone County School Partnerships		✓ 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)

Home visitation PAT+ Boone County School Partnerships

Program Service 1 - Outputs

Units (1)	Unit Measure (1)	Unduplicated Individuals (1)
3840	1 hour per contact with client	160

Program Service 1 - Outcomes

Outcome (1-1)

Parents learn realistic expectations for developmental behaviors of their children.

Additional Outcome

Indicator (1-1)

90% of parents (n= 75) will be made aware of their child's behavior.

Additional Indicator (1-2)

Method of Measurement (1-1)

Ages and Stages SE Questionnaire establishing a baseline and every 6 months.

Additional Method (1-2)

01/20/2019

Proposal Cover Sheet

(1-2)

1. Mothers will be given the Edinburg Postnatal Depression Scale.

2. Mothers will report less stress / anxiety after services

1. 100% (n=75) mothers will be encouraged to share the results of the Edinburg Postnatal Depression Scale with their OBGYN at their next visit.

2. 75% (n=75) will show improvement on anxiety/stress as measured by the Every Day Stressors inventory on a 6 month basis.

1. Mothers will complete the Edinburg Postnatal Depression Scale with in one month of child's birth if applicable and share with their OBGYN.

2. The Every Day Stressor inventory administered at baseline and every 6 months.

Additional Outcome (1-3)

Families will have opportunity to interact with PAT Educators and other families in group events.

Additional Indicator (1-3)

75% (n=75) of families will participate in group events and Lending Libraries activities with their children during as school year.

Additional Method (1-3)

Sign-in sheets will be used to monitor family participation in group events. The Parents As Teachers Group Feedback Form will be used to evaluate the value of the families social interactions.

Additional Outcome (1-4)

Families will be more resilient and feel less stress as they develop protective factors.

Additional Indicator (1-4)

75% (n=75) of families will make progress on self selected goals from family strengthening work in home visits.

Additional Method (1-4)

Families will identify goals based on information gathered on the Everyday Stressors Index (ESI).

Families will develop and monitor progress on goals using the Family-Centered Assessment/Goal Plan.

Additional Outcome (1-5)

Parents will be better informed about the development of their child.

Additional Indicator (1-5)

100% (n=75) parents be informed at 6 month intervals about the child's development using the Ages and Stages: Social Emotional Questionnaires (ASQ-SE)

Additional Method (1-5)

The Ages and Stages: Social/Emotional Questionnaire (ASQ-SE) will be use to measure child development at 6 month intervals.

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)

Reduction in stress, maternal depression and development of protective factors are directly related to the goal of building family resiliency. Reducing isolation is tied to the protective factor of creating community ties. Parents being better informed about their child's development help them develop appropriate parenting behaviors.

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

At-risk families can be hard to engage. They may not see the importance of learning about how be engaged with their child and the child's development. Their lives are chaotic and it can be difficult to stay in contact with them. Homelessness makes it difficult to conduct visits.

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

On the Every Day Stressor Inventory, Ages and Stages: Social/Emotional Questionnaires, and the Edinburgh Postnatal Depression Scale baselines are established. Progress is measured against the baseline. Self reporting of stress helps to make the person aware it is present and impacting behavior. Census of groups events help evaluate it the event should be repeated and which families participated.

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

The Every Day Stressor Inventory, Ages and Stages: Social/Emotional Questionnaires, and the Edinburgh Postnatal Depression Scale are instruments commonly used and a part of the PAT Programming. Self reporting is an antidotal way to keep information that can be evaluated over time by the individual. Finally, the census information from group events is a way to get helpful information on an activity that cannot be standardized.

Program Service 2

Service (2)

Home visitation service FCFC in-house service

Program Service 2 - Outputs

Units (2)

1200

New Unit Measure Auto Populate2

1 hour per contact with client

Unduplicated Individuals (2)

50

Program Service 2 - Outcomes

Outcome (2-1)

Parents learn realistic expectations for developmental behaviors of their children.

Indicator (2-1)

90% of parents (n= 25)

Method of Measurement (2-1)

Ages and Stages SE Questionnaire establishing a baseline and every 6 months.

Additional Outcome

(2-2)

1. Mothers will be given the Edinburg Postnatal Depression Scale.

2. Mothers will report less stress / anxiety after services

Additional Indicator (2-2)

1. 75% (n=25) mothers will be encouraged to share the results of the Edinburg Postnatal Depression with their OBGYN at their next visit.

2. 75% (n=25) will show improvement on anxiety/stress as measured by the Every Day Stressors Inventory on a 6 month basis.

Additional Method (2-2)

1. Mothers will complete the Edinburg Postnatal Depression Scale with in one month of birth if applicable and share with their OBGYN.

2. The Every Day Stressor inventory administered at baseline and every 6 months.

Additional Outcome (2-3)

Families will have opportunity to interact with PAT Educators and other families in group events.

Additional Indicator (2-3)

75% (n=25) of families will participate in group events and Lending Libraries activities with their children during the school year.

Additional Method (2-3)

Sign-in sheets will be used to monitor family participation in group events. Parents As Teachers Group Feedback Form will be used to evaluate the value of the families social interactions.

Additional Outcome (2-4)

Families will be more resilient and feel less stress as they develop protective factors.

Additional Indicator (2-4)

75% (n=25) of families will make progress on self selected goals from family strengthening work in home visits.

Additional Method (2-4)

Families will identify goals based on information gathered on the Everyday Stressors Index (ESI).

Families will develop and monitor progress on goals using the Family-Centered Assessment/Goal Plan.

Additional Outcome (2-5)

Parents will be better informed about the development of their child.

Additional Indicator (2-5)

100% (n=25) parents will be informed at 6 month intervals about the child's development using the Ages and Stages: Social Emotional Questionnaires (ASQ-SE)

Additional Method (2-5)

The Ages and Stages: Social/Emotional Questionnaire (ASQ-SE) will be used to measure child development at 6 month intervals.

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)

Reduction in stress, maternal depression and development of protective factors are directly related to the goal of building family resiliency. Reducing isolation is tied to the protective factor of creating community ties. Parents being better informed about their child's development help them develop appropriate parenting behaviors

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

At-risk families can be hard to engage. They may not see the importance of learning about how be engaged with their child and the child's development. Their lives are chaotic and it can be difficult to stay in contact with them. Homelessness makes it difficult to conduct visits.

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

On the Every Day Stressor Inventory, Ages and Stages: Social/Emotional Questionnaires, and the Edinburgh Postnatal Depression Scale baselines are established. Progress is measured against the baseline. Self reporting of stress helps to make the person aware it is present and impacting behavior. Census of groups events help evaluate if the event should be repeated and which families participated.

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

The Every Day Stressor Inventory, Ages and Stages: Social/Emotional Questionnaires, and the Edinburgh Postnatal Depression Scale are instruments that commonly used and a part of the PAT Programming. Self reporting is an antidotal way to keep information that can be evaluated over time by the individual. Finally, the census information from group events is a way to get helpful information on an activity that cannot be standardized.

Program Service 3

Service (3)

Infant/Toddler DECA Training

Program Service 3 - Outputs

Units (3)

32

New Unit Measure Auto Populate3

one individual

Unduplicated Individuals (3)

32

Program Service 3 - Outcomes

Outcome (3-1)

Parent Educators and Teachers will have a greater knowledge base related to mental health, stress, trauma, and strengthening families when working with at-risk families.

Indicator (3-1)

100% (n=32) trained Parent Educators and Teachers will show improved scores on post tests after completing the 4 blocks of training.

Method of Measurement (3-1)

Pre/post test will be administered to all Parent Educators and Teachers

Additional Outcome (3-2)
Additional Outcome (3-3)
Additional Outcome (3-4)
Additional Outcome (3-5)

Additional Indicator (3-2)
Additional Indicator (3-3)
Additional Indicator (3-4)
Additional Indicator (3-5)

after each training session.
Additional Method (3-2)
Additional Method (3-3)
Additional Method (3-4)
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)

Mental Health, stress and maternal depressions issues are key factors impacting at-risk children well being and school readiness. The Strengthening Families materials are directly tied to improving parenting skills. These training blocks will help the PAT+ educators work with at-risk families.

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

Staff turn over is an on going issue when it comes to early childhood programming.

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

Improvement on knowledge in a workshop setting is a standard unit of measurement. The educators involved are motivated for improvement.

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

Pre/post test help the participant see the gains they have made and gives feedback on areas where work may still be needed.

Program Service 4

Service (4)

Community Support and Crisis Services

Program Service 4 - Outputs

Units (4)
500

New Unit Measure Auto Populate4
Community events and crisis services for families.

Unduplicated Individuals(4)
500

Program Service 4 - Outcomes

Outcome (4-1)

Families from rural, undeserved Boone Co. Communities will participate in Community Awareness events.

Indicator (4-1)

Over 500 individuals will participate in community awareness events leading to better parenting skills and increased connections in their community. (Since the entire community will be invited it is difficult to determine a % or an initial "n")

Method of Measurement (4-1)

Sign in sheets and attendance records will be kept for each event. Evaluations of the events will be developed and used to improve future events.

Additional Outcome (4-2)

Families in crisis will receive services to reduce their stress and increase the well being of their children.

Additional Indicator (4-2)

100% (n=100) families in crisis will receive services in the form of, diapers, wipes, safety items, home health items, emergency items, and food vouchers.

Additional Method (4-2)

A complete inventory of services will be kept for all families including family name, item given and date of service. Antidote notes will be kept to see if the assistance given helped meet the family's needs and relieved stress.

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 goal(s), as stated in the Program Overview section (4) (600 character limit)

Participation in the Community Awareness events is tied to better parenting and and developing protective factors. Making community connections is one of the protective factors and these events support that. It also can help with stress reduction as parents gain information about how their child's actions and development are like other children. Finally, supplying concrete items in time of need/crisis can help reduce stress and prevent child abuse/neglect.

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

It is difficult to get families who are in poverty to engage in these types of activities. Location is a key to making sure they are comfortable. Transportation and childcare for older children can be barriers.

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

These are not outcomes that lend themselves to standardized measurement. Tracking participation in activities helps evaluate if the topics were worthwhile for the families. Evaluations of the events can help with future planning. Finally, antidotal records when families receive concrete support can help to identify if the families needs have been met and relieved stress.

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

Antidotal records are a way to track families progress in times of crisis. Attendance records on activities help evaluate how well the event was attended and if it should be repeated. Evaluations of the events provide feedback on how the event can be improved.

Program Service 5**Service (5)**

PAT Teen Parent Training

Program Service 5 - Outputs**Units (5)**

32

New Unit Measure Auto Populate5

One individual

Unduplicated Individuals (5)

32

Program Service 5 - Outcomes**Outcome (5-1)**

Parent Educators and Teachers will complete training related to mental health, stress, trauma, and strengthening families when working with teen parents.

Indicator (5-1)

100% (n=32) will complete the two day course conducted by a certified instructor

Method of Measurement (5-1)

Certificates of completion will be issued to those who complete the requirements of the training.

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 goal(s), as stated in the Program Overview section (5) (600 character limit)**

Partnering With Teen Parents is designed to meet the unique needs and challenges of pregnant and parenting teens and young adults. Mental Health, stress and maternal depressions issues are key factors impacting at-risk children well being and school readiness. The Strengthening Families materials are directly tied to improving parenting skills. These training blocks will help the PAT+ educators work with teen parents and their children.

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

Working with teen parents has unique challenges because of the young age of the parent. Often housing, school, work are all in an uncertain state because of the parents age.

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

Improvement on knowledge in a workshop setting is a standard unit of measurement. The educators involved are motivated for improvement.

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

Training offers 13 professional development hours and/or 1.3 CEU credits, and is approved for continuing education credits for the Certified Family Life Educator program through the National Council on Family Relations.

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
	09/25/2015 10:46 am CDT	Apricot Subsystem	05/13/2015 12:30 pm CDT	First Chance For Children 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:

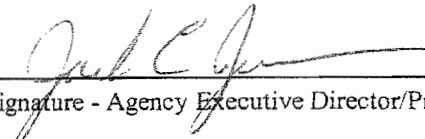
- Certificate of Corporate Good Standing
- Agency Strategic Plan
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Jack C. Jensen

5-28-2015

Printed Name - Agency Executive Director/President/CEO

Date


Signature - Agency Executive Director/President/CEO


5/28/2015
Date

Christina E. Gilbert

5-28-2015

Printed Name - Agency Board Chair

Date


Signature - Agency Board Chair

5/28/15
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.

Jack C. Jensen, Executive Director

Name and Title of Authorized Representative

Signature



5-28-2015

Date

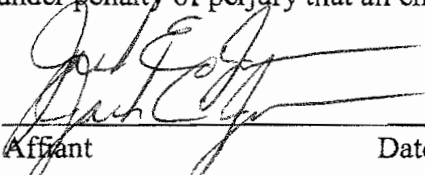
ATTACHMENT C

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

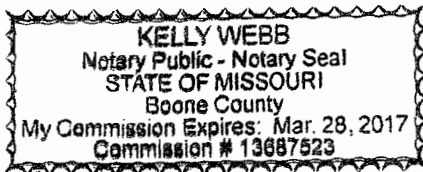
County of Boone)
)ss
State of Missouri)

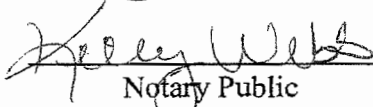
My name is Jack C. Jensen. I am an authorized agent of First Chance for Children (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person 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.

 6/2/2015
Affiant Date
Jack C. Jensen
Printed Name

Subscribed and sworn to before me this 2 day of June, 2015.




Notary Public

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

Company ID Number: 526866

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 First Chance For Children	
Jack Jensen Name (Please Type or Print)	Title
Electronically Signed Signature	03/27/2012 Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)	Title
Electronically Signed Signature	03/27/2012 Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	First Chance For Children
Company Facility Address:	1010 Fay Street
	Columbia, MO 65201
Company Alternate Address:	PO Box 1101
	Columbia, MO 65203
County or Parish:	BOONE
Employer Identification Number:	113662636

Company ID Number: 526866

North American Industry Classification Systems Code:	611
Administrator:	
Number of Employees:	5 to 9
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:	
<ul style="list-style-type: none">MISSOURI 1 site(s)	

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

Name:	Amy N Ayala	Fax Number:	(573) 777 - 1816
Telephone Number:	(573) 777 - 1815 ext. 206		
E-mail Address:	ayalaa@firstchanceforchildren.org		
Name:	Jack C Jensen	Fax Number:	(573) 777 - 1816
Telephone Number:	(573) 777 - 1815 ext. 207		
E-mail Address:	jensenj@firstchanceforchildren.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: First Chance For Children
Address: PO Box 1101 Columbia MO 65205

Phone Number: 573-777-1815 ext. 207 Fax Number: 573-777-1816

E-mail: director@firstchanceforchildren.org

Authorized Representative Signature:  Date: 6/12/15

Authorized Representative Printed Name: Jack C Jensen



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: First Chance For Children
Address: PO Box 1101, Columbia MO 65205

Phone Number: 573-777-1815 ext 207 Fax Number: 573-777-1816

E-mail: director@firstchanceforchildren.org

Authorized Representative Signature: Jack C Jensen Date: 6/12/15

Authorized Representative Printed Name: Jack C Jensen



BOONE COUNTY, MISSOURI

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

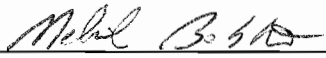
ADDENDUM #2 - Issued May 28, 2015

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	Cel/Berne Public Health Services	874-7343
6.	M. W. ...	MJBone ...	814-2331
7.	Meg Beckett	High ... Community ...	449-5060
8.	Kim Harvey	High ... Community ...	815-5459
9.	Kare ...	...	...
10.	Kate ...	...	517-89-727
11.	Christina ...	...	37-754 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	Putnam Community Health	573-480-4781
3.	Consuela Johnson	Two City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHTS	573-874-7224
5.	Andrea Wuner	Columbia Boone PHTS	573-874-7632
6.	Windy Ell	Univ. of MO - Dept. of Psychology	573 673-4257
7.	Yvette Kelly-Baker	University of Missouri Dept of Psychology	573- 333-3141
8.	Jenna C. Brown	The Salvation Army	573 442-3229 X222
9.	Shelley Lock	Child Care Agency of MO	573 4455431
10.	Nicole Ann	BOCC	573 624-1690
11.	Michelle Elliott	Central Missouri Foster Care Adoption Assn	573-818-0851
12.	Dan Reilly	MO Wellness Products	573 489-7534
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.	Nava Kelleher	Epworth Middle & Elementary	514-715-3521
3.	Alexandra Sowards	Columbia County Child Development Center	575-556-1572
4.	Kristy Becka	Missouri Child Care	573-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEHKE	PREFERRED FAMILY HC	573 680 6908
7.	Debra Jones	Lawrence House	504-411-6601
8.	Nicole Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Kara Lynn Minter	Deep Well Child Care	573-237-8334
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 Jones	Youth Empowerment Zone	(573) 697-5218
3.			
4.			
5.	Becky Mark	Citizen Income Services	573-443-2556
6.	Cathy R. Clark	Boone County Public Relations	573-886-7190
7.	Clare Slama	Rainbow House	573-474-6600
8.	Janice Bakute	Rainbow House	573-474-6600
9.	Scott Clardy	Boone County Public Relations	573-441-5566
10.	Renee Kirscht	Boone County Public Relations	573-441-5566
11.	Carole Sauer	Mid 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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/28/2015

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 Kasmann Insurance Agency P O Box 1111 Columbia MO 65205	CONTACT NAME: PHONE (A/C, No, Ext): (573) 442-1105 FAX (A/C, No): E-MAIL ADDRESS: bill@kasmanninsurance.com <hr/> INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Philadelphia Insurance Co INSURER B : Missouri Employers Mutual Insurance Co INSURER C : INSURER D : INSURER E : INSURER F :
INSURED First Chance for Children PO Box 1101 Columbia MO 65205	

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	ADDSUBR 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	X	PHPK1261245	12/10/2014	12/10/2015	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		Not written by agency			EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
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	MEM40039660	11/14/2014	11/14/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER County of Boone Attn: M Bobbitt Boone County Purchasing 913 E Ash St Room 109 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 <div style="text-align: right;"> <input checked="" type="checkbox"/> VP </div>
--	--

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/10/2015

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 Kasmann Insurance Agency P O Box 1111 Columbia MO 65205	CONTACT NAME: PHONE (A/C, No., Ext): (573) 442-1105 FAX (A/C, No): E-MAIL ADDRESS: bill@kasmanninsurance.com <hr/> INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Philadelphia Insurance Co INSURER B: Missouri Employers Mutual Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:
INSURED First Chance for Children PO Box 1101 Columbia MO 65205	

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	X	PHPK1261245	12/12/2015	12/12/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PHPK1261245	12/12/2015	12/12/2016	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 \$10,000		PHUB521261	12/12/2015	12/12/2016	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	MEM40039660	11/14/2015	11/14/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER County of Boone Attn: M Bobbitt Boone County Purchasing 913 E Ash St Room 109 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 <div style="text-align: right;"> L </div>
--	---



AGREEMENT FOR PURCHASE OF SERVICES
Fun City Youth Academy

THIS AGREEMENT dated the 29th day of December, 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 **Community Playground of Columbia, Inc. dba Fun City Youth Academy**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **FCYA**.

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 FCYA 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 FCYA 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 FCYA

FCYA is expected to the greatest extent possible to maximize funding from all other sources. FCYA shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. FCYA shall only request reimbursement for services not reimbursable by any other source. FCYA shall not invoice the Children’s Services Fund for units of service invoiced to another funding source. FCYA 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. FCYA will perform the services and carry

out the activities as set forth in the Request for Funding Proposal Application. FCYA 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 FCYA’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 FCYA’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 FCYA and FCYA agrees to furnish **Fun City Youth Academy** 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 FCYA’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 FCYA be renewed for an **additional two (2) one-year periods**. FCYA agrees and understands that the BCCSB may require supplemental information to be submitted by FCYA 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
Programming to improve mental health outcomes for youth	1 hour	\$10.27	2904	\$29,824.08
Programming that promotes healthy lifestyle choices amongst youth	1 hour	\$10.27	3969	\$40,761.63
Programming to help strengthen family units that include youth under the age of 19	1 hour	\$9.00	1046	\$9,414.00

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 FCYA, 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 FCYA to monitor service delivery and program expenditures. FCYA 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 FCYA and, if so stipulated, are noted on this contract document. Payments may be withheld from FCYA 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. FCYA agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

8. **Audits.** FCYA also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of FCYA'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 FCYA, 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.** FCYA 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 FCYA'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, FCYA 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 FCYA 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 FCYA 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 FCYA's policies and procedures and in accordance with any local/state/federal regulations. FCYA 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. FCYA must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** FCYA 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.

13. **CSF to be used for Services Provided.** FCYA 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 FCYA'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.** FCYA 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 FCYA, and this shall include any transaction in which FCYA 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.** FCYA may enter into subcontracts for components of the contracted service as FCYA 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 FCYA 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.** FCYA 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. FCYA shall require each subcontractor to affirmatively state in its Agreement with the FCYA 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 FCYA 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.** FCYA agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against FCYA or any individual acting on the FCYA's behalf, including subcontractors, which seek to enjoin or prohibit FCYA from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If FCYA 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 FCYA no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, FCYA will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event FCYA, 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 FCYA 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 FCYA. 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 FCYA 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, FCYA 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 FCYA, (meaning anyone, including but not limited to consultants having a contract with the FCYA or subcontractor for part of the services), or anyone directly or indirectly employed by FCYA, or of anyone for whose acts FCYA 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.** FCYA shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. FCYA will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. FCYA will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. FCYA 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 FCYA. The BCCSB does not recognize any of the FCYA'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.** FCYA 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 FCYA shall be mailed or delivered to:

Community Playground of Columbia, Inc. dba Fun City Youth Academy
Consuela Johnson
PO Box 1426
Columbia, MO 65205

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

**Community Playground of Columbia
dba Fun City Youth Academy**

Boone County, Missouri

By: Consuela Johnson
Signature

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

By: Consuela Johnson / 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. 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.)

Jane Pitchford by jj 12/18/2015 (2161/71106/\$80,000)
Signature Date Appropriation Account

you're

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) Describe why the organization is no longer receiving Children's Trust Fund (CTF) funds. June 30, 2016 ends the 4th year of a 5-year Children's Trust Fund prevention contract. The match from the Children's Trust Fund will be 25%, which is one half of the \$9,181 for the 2015-2016 year.

2) Update the Program Budget Section to ensure that only revenues that will fund the proposed program are included. Please include any funds received through the Missouri Department of Social Services child care subsidy.

Only revenues that will fund the proposed program are included in the budget of \$177,420 submitted in the Children's Services application. In preparation, all administrative costs were deducted from the overall 2016 budget of \$203, 970. As stated in the proposal, the goal of the two major Fun City programs is to provide low income children, who are at risk of developing poor health and mental health habits with negative lifetime outcomes, with the opportunities to learn about and be supported to adopt healthy lifestyles. The estimated **DSS child care subsidy** in 2016 is \$6,000, based on the 15 parents who qualified in 2015. Other income, also based on 2015 actual and projected revenues is:

Grants: \$ 5,000 each from, Boone Electric, U.S. Bank, Civic groups; \$2,500 each: Ameren, Veterans United; \$1,500 each: Wal-Mart,

Fundraising: \$15,000 each: Community Champions, individual contributors; \$1,500 CoMoGives;

City of Columbia Social Service Funding: \$20,000

Federal: 21st Century Grant: \$12,544

State: Children's Trust Fund: \$9,181.00; DSS child care subsidy: \$6,000

Program Service Fees: \$6,375

3) Update the Program Description narrative in the Program Overview Section to provide specific information on the proposed screening tools to be use in the program, whom will provide counseling and their qualifications, and when the counseling will be provided.

The Master's Level Counselor has worked with Fun City for 4 years as staff funded by the 21st Century Fund. She serves in many roles: as a person who observes the children's interactions with staff and other students and can successfully intervene before serious problems arise. She is the go-to person when staff need advice. She has been invaluable in being an on-site behavior management role model for staff and MU Service Learners who are volunteer staff for the Saturday Academy and she plays that role for staff and volunteers in the Summer Academy.

She also interacts with parents when they pick up the children after program and, as needed, makes home visits to discuss any behavior or mental health issues that she identifies. Her current

hours are limited to 8 hours a week but in the Children's Services budget, they would be increased to an average of 15, with fewer hours in the Saturday Academy during the school year and more in the 8 weeks of the Summer Academy.

For the few instances where services require more intensive counseling than can be provided by our counselor, we will continue to refer parents and their children to the Family Counseling Center.

If the need for services beyond those that can be provided in our program and that are related to substance abuse, Fun City has a Collaborative agreement with Phoenix Health Programs for youth 12 and up and their families. The following procedures would be followed:

Phoenix staff will use a variety of assessment tools to determine what issues are presented and to determine the type and level of services needed. All of the Counselors at Phoenix House are certified and licensed as mental health or substance abuse professionals by the Missouri Department of Mental Health.

Counseling will be provided at Phoenix House at day or evening hours that are convenient to the families.

4) Update the Program Personnel narrative to explain the rate of pay for staff members and justification for this rate.

The portion of the budget that is spent on salaries is by far the biggest investment that funders make in Fun City Youth Academies. The salaries do not reflect adequately the level of responsibility that goes with each position and with funding from the County Children's Services grant; we would look to improving pay for those positions.

Administrative staff work at a lower pay rate than persons in those positions make at similar nonprofit organizations.

Staff who deal directly with the students in the summer program are given the title teacher and paid at a higher rate than line staff in some nonprofit summer programs. While this is under the rate paid to the Columbia Public School teachers in the morning portion of the summer academy, 3 of the 5 teachers in the Fun City afternoon session were CPS teachers, because of their dedication to keep the students safe and engaged over the summer.

Program Personnel Narrative with averages from similar positions in Missouri

- Director – The rate of \$20/hour was established 5 years ago; The Executive Director MO average rate is \$32.69 an hour
- Saturday Coordinator – The rate of \$15/hour was established 4 years ago. MO average rate for Youth Development Program Coordinator is \$16.83 an hour
- Saturday Manager – This is a new position with the rate set at \$13.50/hour. MO average rate for Program Coordinator is \$16.83 an hour

- Administrative Assistant/Bookkeeper – The rate of \$15/hour was established 4 years ago. The MO average rate for Administrative Assistant is \$14.90 an hour; however it is a dual-role with bookkeeper duties.
- Principal: The rate of \$18.50 an hour has been raised several times in the past 4 hours. The rate of MO average rate for Youth Development Principal is \$18.75 an hour.
- Teacher – The rate of \$12.50/hour has been increased from \$10/hour over the past 4 years. Mo average rate for Youth Development Teacher is \$17.79 an hour.
- Support Aide – The rate of \$12.50/hour was established 2 years ago to hire an older male figure especially to serve as a positive role model for the boys. MO average rate for Non-profit Youth Development Support Staff is \$14.42 an hour.
- Master’s level Counselor – The rate of \$18.50/hour reflects the level of training and expertise needed for this part-time position. MO average rate is \$21 an hour.
- Parent Advocate - The rate of \$15/hour reflects the level or training and expertise needed for this part-time position. The MO average rate for Parent Educator is \$17.78 an hour.
- Van Driver - \$8.75/hour is set above minimum wage because of the characteristics required in this job. The Mo average rate is \$8.65.

5) Provide specific information on the SETCLAE and the MindUp pre/post tests.

The pre-post tests for the African American Heritage Course have been adapted from the SETCLAE tests, as we have adapted and updated that curriculum. Self Esteem Through Culture Leads to Academic Excellence (SETCLAE) was developed in the 1980’s to fill a vacuum because information about African American History and Culture was not available either to schools, youth development programs, or parents. We continue to use part of the curriculum, but have updated it reflect important changes that have occurred in the past 30 years. We have also updated and expanded the pre/post test based on our experience in using it over the past 4 years.

The MindUp pre-post tests were drawn from tests on the internet and questionnaires included in the purchased MindUp workbooks, as the cost of purchasing the full MindUp curriculum which includes their pre/post test is prohibitive. MindUp is a curriculum developed by the Goldie Hawn Foundation to provide schools and nonprofits with tools to teach students about brain function and how they can learn to control impulsive behaviors through problem solving and relaxation skills.

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: Community Playground of Columbia dba Fun City Youth Academy

Street Address: 318 Park Avenue
Columbia, MO 65201

Mailing address: P.O. Box 1426
Columbia, MO 65205

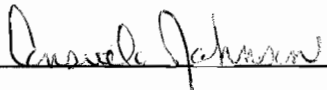
Telephone: 573-256-1436

Fax: 573-256-8641

Federal Tax ID (or Social Security#): 43-1009564

Print Name: Consuela Johnson

Title: Director

Signature:  _____

Date: 8-6-2015

E-mail: Consuela@funcityyouthacademy.org

Please provide a narrative that describes if any of the proposed Children's Services Funds services described in the Program Service Section are also being funded by the City Social Services Contracts.

Concerning the issue of funding the same Fun City Youth Academy programs through the City Social Services and the Boone County Children's Services Fund:

The City grant covers 5 curricula offered in the Fun City Summer Academy.

Reading (31 students), African American Heritage (17 students), Science (13 students), MindUp (12 Students) and Building Strong Families (13 students).

The low numbers are a reflection of the amount of the grant, which is \$20,000, not the number of students enrolled in the Summer Academy, which was 89 in Summer 2015.

The Children's Services Grant covers 7 curricula covered in both the Summer and the Fall-Spring Saturday Academies, which had a total of 149 students from September, 2014 through July, 2015.

The number of children proposed in the Children's Services grant is 100 in each category. There are 3 curricula that are given in both the Summer and Saturday Academies:

African American Heritage, MindUp, Building Strong Families. Based on the potential number of 149 for the year, there should be no over-lapping.

Curricula offered in the Summer Program that are not part of the City Grant include Gardening, Knowledge of Fresh Fruits and Vegetables, increased physical activity, and Caring Relationships.

Parent participation in the Parent version of Building Strong Families is only part of the Children's Services grant.

TOTAL STUDENTS ENROLLED (Fall 2014 & Spring/Summer 2015) – 149 children

- Summer 89 students
- Saturday 60 students

City of Columbia

Reading	31 students
African American Heritage	17 students
Science	13 students
Mind Up	12 students
Building Strong Families (Youth)	13 students

Boone County

African American Heritage	100 students
Mind Up	100 students
Building Strong Families (Youth)	100 students
Building Strong Families (Adult)	25 parents
Gardening	100 students
Knowledge fresh fruits & veggies	100 students
Increase physical activity	100 students
Caring relationships	100 students

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: Community Playground of Columbia dba Fun City Youth Academy

Street Address: 318 Park Avenue
Columbia, MO 65201

Mailing address: P.O. Box 1426
Columbia, MO 65205

Telephone: 573-256-1436

Fax: 573-256-8641

Federal Tax ID (or Social Security#): 43-1009564

Print Name: Consuela Johnson

Title: Director

Signature: 

Date: 8-6-2015

E-mail: Consuela@funcityyouthacademy.org

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):

Community Playground of Columbia, Inc. (ODM)

DBA:

Fun City Youth Academy

Federal EIN Number:

43-1009564

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

318 Park Ave

City

Columbia

State

Missouri

County

Zip

65201

Organization Phone Number:

573-256-1436

Website:

www.funcityyouthacademy.org

Head of Organization

Consuela D Johnson

Head of Organization Phone:

573-256-1436

Address

PO Box 1426

City

Columbia

State

Missouri

County

Zip

65205-1426

Organization Fax Number:

573-256-8641

Email:

consuela@funcityyouthacademy.org

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

Director

Head of Organization Email:

consuela@funcityyouthacademy.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)
 The mission of Fun City Youth Academy is to engage area youth and their parents in academic, cultural and recreational programs that promote academic achievement, self respect, and civic and social responsibility.

Organization History:
Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)
 FCYA was founded in 1970 at the grass roots level. Rev. and Mrs. Melvin West, Wynna Faye Elbert and Mrs. Beulah Ralph, established a program that would keep children from hanging out on the streets and getting into trouble. In July of 1973, it was incorporated as Community Playground of Columbia, Inc., a 501-3C non-profit organization that operates as the Fun City Youth Academy. In 2012, FCYA and Columbia Public Schools began to collaborate in a joint summer school at Ridgeway Elementary. The Saturday Youth Academy was created in 2003 and is held at the J. W. "Blind" Boone Community Center.

Brief Statement of Organization's Major Goals:
Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)
 To promote achievement among low income children through engagement in academic activities, and social skills development and stress management programs in order to improve their self-image/self-esteem
 To provide low-income parents another level of support through monthly Parent Empowerment Groups, referrals, home visits and visits to schools

Articles of Incorporation:
Provide a copy of the organization's Articles of Incorporation.
Articles of Incorporation (MUST BE IN PDF FORMAT)
 /document/download/filename/1434405060_30405_ArticlesofIncorporation_4pages.pdf/

Organizational Chart (must be for the entire organization):
Organizational Chart (MUST BE IN PDF FORMAT)
 /document/download/filename/1434404925_30406_OrganizationalChart.pdf/

Service Area:
Briefly describe the geographic area in which your organization provides services. (600 character limit)
 FCYA serves the City of Columbia/Boone County area.

Population Served:
Briefly describe the population(s) served by your organization. (600 character limit)
 The average population profile shows that 88% of FCYA students lived with a single parent. Of the single parent households, 93% were headed by single mothers. At least 12% of FCYA parents were high school dropouts. 90% of the FCYA student families had incomes below 200% of poverty level; 95 were eligible for free or reduced lunch. Although 92% of the students lived with at least one working adult, 90% lived in households considered underemployed and 85% of the families received at least one type of welfare benefit.

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
Larry Wagner	Member at large	3013 David Drive, Columbia MO 65202	✓	Added on 06/15/2015
Deb Swanegan	Member at Large	2308 Winchester Dr., Columbia, MO 65202	✓	Added on 06/15/2015
Michael Richardson	member at large	2611 Belfair Court, Columbia MO 65203	✓	Added on 06/15/2015
Nia Imani	Member at Large	215 W. Worley, Columbia, MO 65203	✓	Added on 06/15/2015
Michael Hayes	Member at Large	600 Rothwell Drive, Columbia MO 65203	✓	Added on 06/15/2015
James Gray	Member at Large	1806 N Charleston Circle, Columbia MO 65202	✓	Added on 06/15/2015
Pat Brown	Member at Large	2826 Melody Lane, Columbia MO 65203	✓	Added on 06/15/2015
Valencia Broadus	Member at Large	3133 Benton Avenue, Kansas City, MO 64128	✓	Added on 06/15/2015
Lynn Barnett	Treasurer	2012 Dearborn Circle, Columbia MO 65203	✓	Added on 06/15/2015
James E Patterson	Vice President	1301 Old Highway 63 South, Apt 905, Columbia MO 65202	✓	Added on 06/15/2015
Lisa Turner	Secretary	3406 W Broadway #10, Apt. 103, Columbia, MO 65203	✓	Added on 06/15/2015
George Norman, Jr.	President	2503 Feldspar Court, Columbia MO 65203	✓	Added on 06/09/2015

Total Active Links:12, Total Deactivated Links:0, Current Active Links:12, 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:**

January to 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/1442597799_29953_IRSTaxExemptLetter2015.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/1441232223_29954_FinancialReport2014.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/1441232223_29955_IRS9902014.pdf/

Financial Policies and

Procedures:

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

Board meets monthly to review program status and financial statements. The Treasurer reconciles bank account quarterly. All checks require two signatures. Board authorizes a financial review annually, which is done by a Certified Public Accountant. Board follows standard legal requirements.

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
Counselor	BS in counseling or related topic, 3 yrs of counseling experience	0.28	\$9,195.00	\$0.00	✓	Added on 06/14/2015
Principal	BS in education or related subject. 3 yrs teaching experience	0.27	\$10,360.00	\$0.00	✓	Added on 06/14/2015
Saturday Manager: Site 2	2 yrs college. 10 hrs education or child development, 1 yr childcare experience	0.24	\$10,200.00	\$0.00	✓	Added on 06/14/2015
Administrative Assistant/Bookkeeper	2 yrs college. 2 years office & accounting experience	0.50	\$22,500.00	\$0.00	✓	Added on 06/14/2015
Executive Director	BS in business or education, 4 yrs management/supervision experience	1.00	\$41,600.00	\$3,000.00	✓	Added on 06/14/2015

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
Fun City Youth Academy	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Fun City Youth Academy - RG 2	<input checked="" type="checkbox"/>	Added on 05/27/2015

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

System Fields

Record ID

12712

Modification Date

09/18/2015 12:36 pm CDT

Modified By

Fun City 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)

Fun City Youth Academy

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

Fun City Youth Academy - RG 2

Amount of Request

\$80,000.00

Amount Awarded

\$0.00

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

Home-based and community-based family intervention programs
 Prevention programs which promote healthy lifestyles among children and youth and strengthen families
 Individual, group, or family professional counseling and therapy services
 Mental health screenings

Program Information

Program Website (will default to Organization website)

www.funcityyouthacademy.org

Address

318 Park Avenue

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Name

Consuela D Johnson

Phone Number

573-256-1436 x003

Address

PO Box 1426

City

Columbia

State

Missouri

County

Boone

Zip

65205-1426

Program Administrator Title

Executive Director

Email

Consuela@funcityyouthacademy.org

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1434405211_30421_AttachmentA.pdf/

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

/document/download/filename/1434405211_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1443211885_30419_BooneCountyGrantAtmtC%26Everify.pdf/

Addendums

/document/download/filename/1443211885_30418_BooneCountyGrantAds1%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

Community Playground of Columbia, Inc. (ODM)

PO Box 1426

Consuela D Johnson

✓ Added on
05/27/2015

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

Federal EIN Number (will auto-populate)

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) FCYA plans to continue to request grant funding from past sources, as well as search for new sources. Past grant sources include Boone Electric Community Trust, Veterans United, Wal-Mart, City of Columbia, US Bank, Missouri Employers Mutual, Ameren Missouri and local civic groups.	1D \$30,000.00	1D % 17
E. Fund Raising & Other Direct Support (300 character limit) FCYA receives financial support from churches, clubs, and individuals through direct mail, public appeals and fundraising events. The Community Champions Dinner & Silent Auction was created as a way to honor local citizens and raise funds. FCYA also participates in the ComoGives campaign every year.	1E \$19,000.00	1E % 11
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit) Requesting funds for expansion and in order to expand program by re-opening a Summer Academy for you in grades 6 through 8, and opening second site for the Saturday Academy. Funds also requested to replace the 21st Century and Children's Trust Fund grants, as they both end in June, 2016.	2A \$80,000.00	2A % 45
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) The City of Columbia awarded Fun City Youth Academy a 3 year grant in 2015 for the purpose of providing academic, social and cultural programming during the summer months.	2E \$20,000.00	2E % 11
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) Every year, FCYA collaborates with David Spear, a local artist and teacher, in order to do one large social art project with the children. The City of Columbia Office of Cultural Affairs supports these	2H \$400.00	2H % 0

yearly projects by reimbursing FCYA for supplies necessary to complete each project.

I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Since Fall 2011, Fun City Youth Academy has been one of three programs in Columbia chosen to participate in a 21st Century Grant, a five year collaborative effort between the Columbia Public Schools and CHALIS, the not-for-profit arm of the Columbia Housing Authority. Grant ends in June, 2016.	\$12,544.00	7
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
In 2011, the Missouri Children's Trust Fund awarded a 5 year grant to Fun City Youth Academy for primary prevention services that work with children to build a strong sense of self-worth, and training in social and emotional skills. Also provides additional support for parents. Grant ends June 2016	\$9,181.00	5
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
There are currently no fees for the Saturday Academy. However, fees for the Summer Academy are determined by a sliding scale fee based on income and household size for the summer academy. No children are turned away because of their family's inability to pay. (Avg: \$75 x 85 children for 8 weeks)	\$6,375.00	4
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	
	177500	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$137,445.00	77
2. Non-Personnel	2.	2. %
	\$39,975.00	23
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	177420	

System Fields

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
	Yes	Yes	150	Active Date

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

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)

Missouri's children are operating in the negative. Mental health challenges faced by young people are increasing and call for a paradigmatic shift from traditional treatment-based approaches to promotion-based preventative approaches. (Murphey, et al., 2014). The wellness model conveys children's wellness as a "bank account" with deposits result from caring relationships and resource-rich environments that foster physical, mental, and educational needs of the child (Murphey, et al., 2014). A negative balance occurs when a child has insufficient resources to cope with the challenges they face. Targeted approaches, aimed at the specific needs of the child, are considered best practice for returning to a positive balance (Murphey, et al., 2014). The Boone Co. Community Health Improvement Plan outlines a number of strategic issues that need to be addressed, with focus on:

- Health education for children and access to recreational opportunities. Between 2007-2011, childhood obesity was listed as one of the top 4 concerns for residents, with less than 1/4 (22.4%) eating 5 or more servings of fruits and vegetables per day (Col/Boone Public HHS, 2014).
- Racial disparity in achievement, earnings, and health. For every \$1 earned by a White household, the Black household earns 54 cents; Black youth are also 2 times more likely to not graduate, with the graduation rate being lower than all other races and ethnicities (less than 80%) (Col/Boone Public HHS, 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)

The target population for the Fun City Youth Academy is high risk children ages 5 to 16 and their families living in Boone County. In 2014, the demographic average profile shows that 88% of FCYA students lived with a single parent. Of the single parent households, 93% were headed by single mothers. At least 12% of FCYA parents were high school dropouts. 90% of the FCYA student families had incomes below 200% of poverty level: 95 were eligible for free or reduced lunch. Although 92% of the students lived with at least one working adult, 90% lived in households considered underemployed and 85% of the families received at least one type of welfare benefit. Other salient factors include underachievement of Black students, with only 21% of 3rd-8th graders scoring Proficient or Advanced in Language Arts in 2013; low school attendance rates, and low graduation rates. (DESE, 2014) Fun City Youth Academy's students reflect the profile of students at risk of falling behind in school.

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)

High levels of stress experienced within low income families and the relationship to the achievement gap is well documented. "Research has consistently shown that ongoing exposure to economic stress and hardship harms child development; parents invest less in their kids and experience higher levels of stress. When parents are unemployed or their incomes are low, they may struggle to meet their children's most basic needs for food, safe housing, medical care and quality child care. (National Center for Education Statistics, 2014)

Children with negative wellness accounts tend to have more acting out behaviors and engage in riskier behaviors. A Boone County Issues Analysis completed by the MU Institute of Public Policy indicated that, compared to Missouri, Boone County students are more likely to engage in risky behaviors; Black teens have higher rates of teen pregnancy; Black teens are more likely to drop out of high school; there are higher rates of child

poverty; and youth are more likely to report having one or more emotional, behavioral, or developmental conditions (Bacon, C. & Pafford, E., 2012).

Fun City Youth Academy programs provide: academic enrichment, character/leadership development, cultural awareness, life skills, healthy lifestyle promotion, creative arts, and prevention programs all designed to deposit into the child's wellness account by providing for the mental, physical, and educational needs of children and families.

Program Consumers

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

Fun City Youth Academy serves students and families considered most at-risk in the Columbia/Boone County community—low income and minority. The KIDS COUNT Family Risk Index defines a "high-risk child" as one living in a family where four or more of these factors are present: 1) Child is not living with two parents; 2) Household head is high school dropout; 3) Family income is below the poverty line; 4) Child is living with parent(s) who is underemployed; 5) Family is receiving welfare benefits; and 6) Child does not have health insurance (Annie E. Casey Foundation, 2005).

The majority of FCYA families are led by single mothers, with the average size of 3-4 persons; 29% of participants come from families with 5-8 members. 65% of the children have working parents who are underemployed, resulting in 87% of the families being at or below 200% of the poverty level (2013). Demographics by program:

Saturday Academy

- 96% were African-American or bi-racial
- 90% received free/reduced lunch
- 90% of these households were single-parent
- 78% of households resided in Columbia and 22% resided in Boone County

Summer Academy

- 83% African-American or bi-racial, 15% Caucasian, 2% Hispanic or Asian
- 85% received free/reduced lunch
- 83% of the households were single-parent
- 85% below 200% of poverty level
- 67% resided in Columbia and 41% resided in Boone County

The Tools for Living Program supports the families of these high risk youth living in the Columbia/Boone County area.

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

FCYA serves this customer base because they provide interventions and strategies specifically targeted to address the mental, physical, and educational needs of students and families. Most FCYA students are identified as most at-risk of falling behind in school: low income and minority. These are also the children most likely to end up in the juvenile justice system. Programs are based on the concept of wellness that supports and fosters prevention and promotion. These programs are currently being utilized by Fun City Youth Academy with positive results.

The Saturday Academy is designed to augment school curriculum in reading and provide cultural curricula and recreational activities that build on social skills and positive self-image. Students enrolled in this program for 2014 saw a 25% gain in reading levels, 71% increased knowledge of African-American History, and 73% increase in positive self-image.

The Summer Academy is designed to help students retain skill levels attained during the school year and increase self-image and social skills. Data from students enrolled in this program in 2014 showed that 73.2% of participants maintained reading levels (compared to the Title I control group at 58.5% and Columbia Public Schools Elementary population at 71.7%); 12.2% of participants gained in reading level (2.4% of Title I control group and CPS 7%); only 14.6% of participants dropped in reading level (compared to 39% of Title I control group and 21.3% for CPS).

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

"It takes a whole village to raise a child." (African Proverb), but single parent households often do not have the support of a village of people. With nearly 20% of all Columbia residents reporting income below the poverty level (2013), there are more families and children in need of assistance than FCYA is currently able to serve (City-data.com, 2014). Single-parent households struggle to meet the child's basic needs for food, shelter, and clothing. Transportation is often an issue for low-income households which can reduce the number of Boone county participants.

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 promote healthy lifestyles and improve mental health outcomes for low income youth and their families through academic, cultural, and recreational services and caring relationships for the development of social and emotional resilience.

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)

Operating under the program motto, "It is better to build a strong child than repair a broken man" (Frederick Douglass), Fun City Youth Academy (FCYA) provides a safe, stimulating, caring environment that combines academics with youth development activities to high risk, low income children. FCYA builds upon the wellness model's "deposit" concept by engaging youth and their parents in academic, cultural and recreational programs that promote achievement, self-respect, social and civic responsibility, making healthy lifestyle choices, and increasing school performance. FCYA achieves this goal through the Saturday Academy, Summer Academy, and Tools for Living programs. FCYA is seeking funds to support these three programs.

Services offered are:

African American Heritage: Self-Esteem Through Culture Leads to Academic Excellence (SETCLAE): taught on the premise that African American youth, through increased self and cultural awareness, will develop confidence and pride in themselves, and will be more motivated to make better lifestyle choices.

MindUp: To increase pro-social behaviors, students learn to self-regulate behavior and manage stress; teaches children functions of the brain and what and how it responds to fear and anger and helps them learn how to respond, rather than react impulsively.

Gardening: provide lessons and hands-on gardening experience. FCYA has built a raised garden at Ridgeway Elementary School. Children also participate in ice cream cup planting, Crate and Straw bale gardening, and take a field trip to Columbia Urban Gardens

The Fresh Fruit and Vegetable Program (FFVP): children learn about a fruit and a vegetable and then sample them. The FFVP goals are to combat childhood obesity by helping students learn more about healthful eating habits, expand the variety of fruits and vegetables children experience, and increase youth fruit and vegetable consumption.

Fitness: Lets Move - involves guided exercise and an exploration of healthy habits. Let's Move! seeks to combat the epidemic of childhood obesity by increasing physical activity. H3: Healthy Hip Hop - music impresses a mentality of overall positive living by trying to influence listeners to increase physical activity, value education and to work hard at reaching goals. Youth participate in line dancing and other physical activity. During the Summer Academy children also participate in additional daily free play at recess and weekly swimming trips to Douglass Pool.

On-Site Mentoring: This bi-weekly on-site program supports both group and one-to-one mentoring for youth. Group topics include drug abuse, tobacco education, alcohol abuse, crime, gangs, and police appreciation.

Building Strong Families (BSF): helps families identify their own strengths and learn skills to build on those strengths.

Tools for Living: helps to strengthen family units by providing another level of support to parents thru home visits, monthly support group, and referrals

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)

Summer Academy - Ridgeway Elementary School - 107 E. Sexton Road
Monday – Friday / 8 weeks during June & July / 7:20am - 4:30pm

Saturday Academy - J. W. "Blind" Boone Community Center - 301 N. Providence Road
Saturdays / 30 weeks during the school year months of September - May / 11:30am - 4:30pm
NOTE: Second location is currently being negotiated

Tools for Living - Fun City Youth Academy Administrative Office - 318 Park Avenue
Monthly: Parent Empowerment Group - 5:30pm to 6:30pm
Computer Lab: Tuesday – Friday / 10:30am – 4:30pm
Parent orientations and parent-child social events are held at

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

Summer Academy – Child must be entering grades 1 through 5 (ages 6 to 12) and be a resident of Boone County.

Saturday Academy – Child must be entering grades K through 8 (ages 5 to 14) and be a resident of Boone County.

Tools for Living - Must be in a parental role and a resident of Boone County.

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

Fun City Youth Academy is currently only required to be licensed by the State and is looking into accreditation for 2016. FCYA The counselor should have a degree in counseling, psychology, social work, human services, or a related field. It is preferred that the counselor be licensed in social work or as a professional counselor through the Missouri Division of Professional Registration.

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)

Fun City-CPS best practices are derived from the 5 C's: Competence (academic, social, and vocational); Confidence (positive self-concept);

Connections (to community, family, peers); Character (positive values, integrity, and moral values); and Contributions (active, meaningful role in decision making; facilitating change)

FCYA is not focusing on providing all youth, "troubled" or not, low-income or not, with the support and opportunities they need to make healthy lifestyle choices and become productive citizens.

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)

Yes, the program structure, curriculum and activities supported by Fun City Youth Academy have been efficacious in increasing academic achievement, self-esteem, and healthy living among participants. Students enrolled in the Saturday Academy program in 2014 realized a 25% gain in reading levels, 71% increased knowledge of African-American history, and a 73% increase in positive self-image. 73.2% Summer Academy program participants maintained reading levels over Title I (58.5%) and other Columbia Public Schools summer program participants (71.7%). Participants in this program also showed a 12.2% gain in reading level over 2.4% and 7%, respectively. Pre- and post-tests are given to participants and survey analyzed for effectiveness annually.

Best practices for the wellness model (Murphey, et al., 2014) call for a paradigmatic shift from traditional treatment-based approaches to promotion-based preventative approaches focused on increasing the quality of the environment where children live, play, and learn. FCYA's programs, offered as both community-agency and home-based empowerment programs are in-line with best practices for increasing children's wellness.

FCYA's programs are also aligned with the needs addressed in the Boone County Community Health Improvement Plan, and have been effective in increasing deposits into wellness accounts of high risk, low income youth throughout Columbia and Boone County.

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)

Fun City Youth Academy, through its three programs provides the following unique opportunities for participants:

Academic Enrichment: Increase reading, math and science skills, through tutoring and using hands-on/minds-on activities. Learning is fun in our programs, as we incorporate creativity and technology into our reading, math, and science lessons/activities.

Character/Leadership Development: Develop self-knowledge through a character building curriculums. Learn civic responsibility and respect for the environment through the Adopt-a-Spot program, community service and recycling projects, and various fun activities.

Cultural Awareness: African American history is taught on the premise that African American youth, through increased self and cultural awareness, will develop confidence and pride in self, and will be more motivated to strive for academic success. FCYA utilizes two separate African-American history curricula:

- o SETCLAE (Self Esteem Through Culture Leads to Academic Excellence): Lessons cover such topics as goal setting, family trees, African history, culture, Ebonics, rap, values, manhood, womanhood, and academic development.
- o Nguzo Saba (The Seven Principles): Created to introduce and reinforce seven basic values of African culture with contribute to building and reinforcing family, community and culture.

Prevention: Anti-Bullying, Anti-Drug Abuse, Anti-Alcohol Abuse, and Anti-Gang presentations/activities.

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

Collaboration with other agencies and volunteers are vital to Fun City's programming.

Saturday Academy

Columbia Housing Authority – 1 teacher, 1 counselor, 1 parent advocate, use of building

MU Service Learning Program - 45 volunteers and interns a year. Service learning volunteers are crucial. The MU Service Learning Program supplies an average of 45 volunteers and interns a year. Service learning volunteers are crucial to the personal attention that students value so much, as the staffing is limited.

MU 4-H Extension Services provide curricula and training.

Other sources: MU fraternities and sororities, Community Service assignments, staff from other businesses and agencies.

Summer Academy

Columbia Housing Authority – 1 teacher, 1 counselor, 1 parent advocate

Columbia Public Schools – use of building, CPS staff included a morning Principal, one Administrative Assistant, five teachers, one Para educator, one Nurse, two Lunch Technicians, and two Custodians.

Foster Grandparents – 5 assistants

CARE - 3 childcare workers

Alternative Opportunities – 1 assistant

MU Extension (Cooking) – 1 teacher

Columbia Center of Urban Agriculture - Gardening teacher

Columbia Outdoor Classroom Project - Gardening teacher

Friends of Rockbridge Memorial State Park – teacher, curriculum and sponsor fieldtrip

Columbia Water & Light – 1 teacher, curriculum

Community Volunteers - Odie Swanegan – Gardening

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

/document/download/filename/1434404186_29425_MOU-FCYA%26Phoenix2015.pdf/

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

/document/download/filename/1434404186_29426_LetterofSupportCHA.pdf/

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

/document/download/filename/1434404186_29427_LetterofSupportColumbiaPublicSchools.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 B.S. in business or education, 4 yrs management/supervision experience	FTE1 1.00	SR1 FROM 41.00	SR1 TO
P2 Saturday Coordinator	MQ2 2 years college. 20 hours education or child development, 3 years exp. child related	FTE2 0.50	SR2 FROM 10.00	SR2 TO
P3 Saturday Manager - Site 2	MQ3 2 years college. 10 hours education or child development, 1 year exp. child related	FTE3 0.24	SR3 FROM 6.00	SR3 TO
P4 Administrative Assistant / Bookkeeper	MQ4 2 years college, 2 years office and accounting experience	FTE4 0.50	SR4 FROM 22.00	SR4 TO
P5 Teacher	MQ5 2 years college, 20 hours education or child development. 1 year child experience	FTE5 0.95	SR5 FROM 3.00	SR5 TO
P6 Support Aide	MQ6 Highschool Diploma or GED	FTE6 0.22	SR6 FROM 5.00	SR6 TO
P7 Counselor	MQ7 BS in counseling or related topic, 3 years of counseling experience	FTE7 0.28	SR7 FROM 9.00	SR7 TO
P8 Parent Advocate	MQ8 B.A. in social work or related topic, 20 hours education and/or social work, 1 year field experience	FTE8 0.19	SR8 FROM 5.00	SR8 TO
P9 Summer Principal	MQ9 B.S. in education or related subject, 3 years teaching exp.	FTE9 0.27	SR9 FROM 10.00	SR9 TO
P10 Van Driver	MQ10 Highschool Diploma or GED	FTE10 0.08	SR10 FROM 2.00	SR10 TO

Program Personnel Narrative

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

Salary range schedules are based upon information obtained from various nonprofit salary and benefits reports, by comparing Fun City Youth Academy (FCYA) salaries to other nonprofits of similar size, and other relevant sources. FCYA is very much aware that its salaries are on the low end of the spectrum. Although salary schedules are evaluated every several years, funds have not been available in the last few years to increase staff salaries.

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)

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

Fees for the Summer Academy are determined by a sliding scale fee based on income and household size. Fees are charged in order to supplement program costs. Also, parents are more invested in the program, and are more likely to make sure children attend regularly. We want to give everyone the opportunity to become part of the FCYA family. That's why we help qualifying families apply for scholarships or a referrals for payment assistance. No children are turned away because of their family's inability to pay.

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

Based on a review of past revenue and expenses, FCYA has decided to increase the minimum fee of the Summer Academy to \$75 per child the summer of 2016 in order to keep pace with operation costs. There currently is no fee for the Saturday Academy 2015-2016 session. However, a \$25 fee will be implemented the 2016-2017 session. The sliding fee schedule is based on the Missouri Department of Social Services Child Care fee formula.

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)**

FCYA is able to invoice programming under both the Summer and Saturday Academies through the Missouri Department of Social Services Child care subsidies for families who qualify. Families must have a child under age thirteen, or thirteen or older with a special need, and working, attend school or job training, be disabled, being evaluated for training and/or employment, have a child with special needs, and/or be receiving child welfare services from the Department of Social Services Children's Division to be eligible for assistance.

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)

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			Record Lock	Link Info
TOTAL REVENUE	2.	TOTAL EXPENSES		Active Date
177500	\$39,975.00	177420		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

150

Average Cost per Individual

1182.8

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)

There are other afterschool and summer programs that provide enrichment programs for low income youth, but the need far exceeds the number of program slots that are available. No other program that we know of utilizes the African American Heritage and MindUp curricula.

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

In the summary of Community Input Report prepared for the Boone County Children's Services Board (2014), a number of themes emerged regarding community needs/gaps in services:

- Home and family-based services provide a conduit for reinforcing positive parenting skills and child development education.
- Case management is necessary for helping families navigate complex systems.
- It is important that classrooms teach social skills to all children and support children with mental health and/or behavioral issues.

(Schumacher, J., Arment, C., Meyers, E., 2014)

Fun City Youth Academy programs are designed to build youth self esteem, self worth, prevent crime committed by youth, reduce risky behaviors among youth, and reduce the stigma associate with behavioral health. Prevention activities reduce risky behaviors in youth such as drug abuse, gang activity, crime, and suicide. FCYA programs also encourage healthy lifestyles choices and developing positive and caring relationships with staff members and mentors. Having close friends can reduce the likelihood of depression among children and increase well being and social competence (Murphey, et al., 2014). Case management and parent empowerment, both in the classroom and in the home, provides the extra layer of support. Staff members attend participants' extracurricular activities such as assemblies, sporting events, and parades, to provide the caring community environment necessary to bolster the child's wellness account.

Funding Request Justification

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

In 2011, Fun City Youth Academy received funding from both the Children's Trust Fund and the Columbia Public Schools to implement the Summer/Saturday Academy and Tools for Living Programs. Both grant cycles will come to an end in June 2016. FCYA requests additional to replace the anticipated loss of grant funding. In addition, FCYA is contracting to open a second location in Bear Creek and will need to provide start-up costs to fund additional teachers, additional program materials, supplies, and overhead.

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)

In 2014, FCYA served 110 students & families across 3 programs: Saturday Academy, Summer Academy, and Tools for Living. FCYA is currently in negotiations with the Columbia Housing Authority in order to set up a second location for the Saturday Program in the Bear Creek low income housing area. Additional funds will allow for the hiring of additional staff to meet increased service demands. Receiving additional funding will also allow FCYA to expand its services further into the Boone County area, having a greater impact on the 20% of the population with incomes below poverty.

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)

Annie E. Casey Foundation. (2014). 2014 Kids Count Profile Missouri. Family and Community Trust. Retrieved from datacenter.kidscount.org/MO

Bacon, C. & Pafford, E. (2012). Boone County Issues Analysis: Children, Youth and Families. University of Missouri-Columbia, Institute of Public Policy. Columbia: University of Missouri. Retrieved from http://ipp.missouri.edu/wp-content/uploads/2014/06/children_youth_family.pdf

Columbia/Boone County Public Health and Human Services. (2014). 2014 Columbia/Boone County Community Health Improvement Plan.

Missouri Department of Elementary and Secondary Education (2014). Retrieved from www.dese.mo.gov

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. Robert Wood Johnson Foundation.

National Center for Education Statistics. (2014). National Institute for Early Education Research. Rutgers University. The Associated Press.

National Institute for Early Education Research at Rutgers in collaboration with the Education Department's National Center for Education Statistics. The Associated Press 5/13/14

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)

Provide programming in order to improve mental health outcomes of youth

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

1 hour of service delivered to 1 youth under the age of 19

Unit Rate (1)

\$10.27

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)

FCYA requests funds to replace the anticipated loss of grant funding from Childrens Trust Fund and 21st Century. In addition, FCYA is contracting to open a second location in Bear Creek and will need to provide start-up costs to fund additional teachers, additional program materials, supplies, and overhead.

Number of Units of Service to be Provided (1)

2904

Number of Unduplicated Individuals to be Served (1)

100

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

29.04

Average Cost of Service per individual (1)

298.24

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

Yes

Amount Requested (1)

\$29,824.37

Proposed Number of Units of Service (1)

2904.03

Program Service 2

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter,

etc.) (2) (250 character limit)

Provide programming that promotes healthy lifestyle choices amongst youth

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

1 hour of service delivered to 1 youth under the age of 19

Unit Rate (2)

\$10.27

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)**

FCYA requests funds to replace the anticipated loss of grant funding from Childrens Trust Fund and 21st Century. In addition, FCYA is contracting to open a second location in Bear Creek and will need to provide start-up costs to fund additional teachers, additional program materials, supplies, and overhead.

Number of Units of Service to be Provided (2)

3969

Number of Unduplicated Individuals to be Served (2)

100

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

39.69

Average Cost of Service per Individual (2)

407.62

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

Yes

Amount Requested (2)

\$40,761.83

Proposed Number of Units of Service (2)

3969

Program Service 3**Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (3) (250 character limit)**

Provide programming to help strengthen family units that include youth under the age of 19

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 delivered to 1 person

Unit Rate (3)

\$9.00

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 rationale is given for charging a different amount. Provide a justification for the proposed rate. (3) (600 character limit)**

FCYA requests funds to replace the anticipated loss of grant funding from Childrens Trust Fund and 21st Century. In addition, FCYA is contracting to open a second location in Bear Creek and will need to provide start-up costs to fund additional teachers, additional program materials, supplies, and overhead.

Number of Units of Service to be Provided (3)

1046

Number of Unduplicated Individuals to be Served (3)

150

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

6.97

Average Cost of Service per Individual (3)

62.76

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

Amount Requested (3)

\$9,414.00

Proposed Number of Units of Service (3)

1046

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)

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

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)

150

City of Columbia

100

Other Counties

0

Residence Total

150

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

5

Black or African American (alone)

106

Native American Indian or Alaskan Native (alone)

0

Asian (alone)

2

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

35

Some Other Race

0

Subtotal - Non-Hispanic

148

HISPANIC

Of all races

2

Race/Ethnicity Total

150

Gender**Female**

70

Male

80

Other Gender

0

Gender Total

150

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

110

Over 200% of Federal Poverty Level

40

Income Total

150

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)

90

Middle School (12 years – 14 years)

10

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

15

Parent/Guardian (age 20 and over)

35

Age Total (2)

150

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 (...)

Record Lock

Link Info

Active Date

Provide programming in order to improve mental health outcomes of youth

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)

Provide programming in order to improve mental health outcomes of youth

Program Service 1 - Outputs

Units (1)

2904

Unit Measure (1)

1 hour of service delivered to 1 youth under the age of 19

Unduplicated Individuals (1)

100

Program Service 1 - Outcomes

Outcome (1-1)

Increase of self-image and self-esteem in youth under the age of 19

Indicator (1-1)

70% of students will demonstrate an increase in their self-image and self-esteem

Method of Measurement (1-1)

Adapted SETCLAE
Pre/Post test

Additional Outcome (1-2)

Increase of knowledge of African American History in youth under the age of 19

Additional Indicator (1-2)

70% of 100 students will demonstrate an increase in knowledge of African American History

Additional Method (1-2)

Adapted SETCLAE Pre/Post test

Additional Outcome (1-3)

Increase of self-control skills in youth under the age of 19

Additional Indicator (1-3)

70% of 100 students will demonstrate an increase in knowledge of self-control methods

Additional Method (1-3)

MindUp Pre/Post test

Additional Outcome (1-4)

Increase of knowledge of brain function in youth under the age of 19

Additional Indicator (1-4)

70% of 100 students will demonstrate an increase in knowledge of brain function

Additional Method (1-4)

MindUp Pre/Post test

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)

African American Heritage: Self-Esteem Through Culture Leads to Academic Excellence (SETCLAE) builds self-esteem, increases positive self image, provides positive role models from African American history and culture.

MindUp teaches children how to self regulate their behaviors and increases their knowledge about how the brain functions. Also teaches self calming behaviors that builds resilience.

Both programs encourage healthy lifestyle choices.

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

Transportation issues prohibit some children from regular attendance. FCYA provides transportation for 12 children on a first come, first served basis. There was a van waiting list of 8 children. FCYA Board members are looking into acquiring a second van. Also, sometimes children who have ADHD come without taking their medication and can't focus. Many of the children arrive without having had breakfast and are not able to focus. It is for this reason that FCYA serves lunch at the beginning of the program. High levels of stress in the homes of the children are also a factor.

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

Measurement levels were created based on FCYA measurement results from 2010 to 2014. Students have achieved past projected levels

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

Adapted version of the SETCLAE Pre/Post test
MindUp Pre/Post test created from the MindUp curriculum by the FCYA counselor

Program Service 2

Service (2)

Provide programming that promotes healthy lifestyle choices amongst youth

Program Service 2 - Outputs

Units (2)

3969

New Unit Measure Auto Populate2

1 hour of service delivered to 1 youth under the age of 19

Unduplicated Individuals (2)

100

Program Service 2 - Outcomes

Outcome (2-1)

Increase in interest of gardening in youth under the age of 19

Indicator (2-1)

50% of 100 students will demonstrate an increase of interest in gardening

Method of Measurement (2-1)

survey, pictures

Additional Outcome (2-2)

introduce and increase in knowledge of fresh fruits & veggies in youth under the age of 19

Additional Indicator (2-2)

60% of 100 students will demonstrate an increase in knowledge of fresh fruits & veggies

Additional Method (2-2)

FF&V Pre/Post survey

Additional Outcome (2-3)

increase physical activity in youth under the age of 19

Additional Indicator (2-3)

60% of 100 students will demonstrate an increase in physical activity

Additional Method (2-3)

H3 Pre/Post test, Activity reports, charting students physical exercise

Additional Outcome (2-4)

increase in perception of caring relationships in youth under the age of 19

Additional Indicator (2-4)

60% of 100 students will perceive an increase of sense of support and caring relationships

Additional Method (2-4)

Mentor surveys, mentee surveys, parent surveys

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)

Program works to improve adoption of healthy lifestyles to low income kids and families. Will introduce fresh fruits and vegetables, help give kids knowledge and skills to make healthy food choices and they will have the experience of growing food and eating their produce. They will enjoy various forms of physical activity.

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

Poor eating habits is an external factor as many families regularly eat very sugary food, fast food, processed foods, and drink a large amount of soda and sweet tea. Weather affects the gardening club and outdoor exercise activities. Children also initially lack motivation to participate in fitness. They spend many hours a day watching tv and/or playing video games. Having a limited number of mentors is a factor. Currently, FCYA assigns mentors to the children of higher risk

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

Measurement levels were created based on FCYA measurement results from 2010 to 2014. Students have achieved projected levels

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

Fresh Fruits and Veggies – Pre/Post survey
 Gardening – Survey, pictures
 Lets Move: H3 – Pre/Post test, Activity reports, charting students physical exercise
 On-site mentoring – Mentor surveys, mentee surveys, parent surveys

Program Service 3

Service (3)

Provide programing to help strengthen family units that include youth under the age of 19

Program Service 3 - Outputs

Units (3)

1046

New Unit Measure Auto Populate3

1 hour of service delivered to 1 person

Unduplicated Individuals (3)

150

Program Service 3 - Outcomes

Outcome (3-1)

increase knowledge of family strengths in youth under age of 19

Indicator (3-1)

60% of 100 students will demonstrate an increase knowledge of family strengths

Method of Measurement (3-1)

BSF survey

Additional Outcome (3-2)

increase knowledge of child development and parenting skills of parents

Additional Indicator (3-2)

60% of 25 parents will demonstrate an increase knowledge of child development and parenting skills of parents

Additional Method (3-2)

BSF survey

Additional Outcome (3-3)

increase parents sense of support and improvement in family relationships

Additional Indicator (3-3)

60% of 25 parents will perceive an increase of sense of support and improvement in family relationships

Additional Method (3-3)

BSF survey, staff records, records of referrals made

Additional Outcome (3-4)

increase parents sense of support and improvement in family relationships

Additional Indicator (3-4)

60% of 100 students will perceive an increase of sense of support and improvement in family relationships

Additional Method (3-4)

BSF survey

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)

Building Strong Families (BSF) curriculum helps to develop positive socio and emotional skills. It works at improving mental health and building stronger family bonds as both FCYA youth and adult family members attending the parent empowerment group work on the same curriculum each month.

Home visits and school visits encourage parental engagement in working with schools in order to deal with their child's behavior issues using the 5 protective factors: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development

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

Stress in the family, separated family units due to separation, divorce, or prison.

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

Measurement levels were created based on FCYA measurement results from 2010 to 2014.

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

Surveys from both youth and parents, surveys, staff records, records of referrals made

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

Link Instructions (1)

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

Consuela Johnson
Printed Name - Agency Executive Director/President/CEO

6/15/15
Date

Consuela Johnson
Signature - Agency Executive Director/President/CEO

6/15/15
Date

George Norman Jr
Printed Name - Agency Board Chair

6/15/15
Date

George Norman Jr.
Signature - Agency Board Chair

6/15/15
Date

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

Consuela Johnson
Printed Name - Agency Executive Director/President/CEO

6/15/15
Date

Consuela Johnson
Signature - Agency Executive Director/President/CEO

6/15/15
Date

George Norman Jr
Printed Name - Agency Board Chair

6/15/15
Date

George Norman Jr.
Signature - Agency Board Chair

6/15/15
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.

Consuela Johnson

Name and Title of Authorized Representative

Consuela Johnson

Signature

6/15/15

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

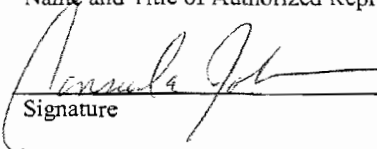
Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

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.

Consuela Johnson, Executive Director
Name and Title of Authorized Representative


Signature

6/15/15
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)

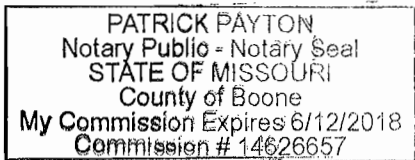
My name is George W. Norment, Jr. I am an authorized agent of Community Playground of Columbia Inc (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly 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.

George W. Norment, Jr. 6/15/15
Affiant Date

George W. Norment, Jr.
Printed Name

Subscribed and sworn to before me this 15 day of June, 2015.



Patrick Payton
Notary Public

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

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 George W. Norment, Jr. I am an authorized agent of Community Playground of Columbia 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.

George W. Norment, Jr. 6/15/15
Affiant Date

George W. Norment, Jr.
Printed Name

Subscribed and sworn to before me this 15 day of June, 2015.

PATRICK PAYTON
Notary Public - Notary Seal
STATE OF MISSOURI
County of Boone
My Commission Expires 6/12/2018
Commission # 14626657

Patrick Payton
Notary Public

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

**THE E-VERIFY
MEMORANDUM OF UNDERSTANDING
FOR EMPLOYERS**

**ARTICLE I
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the Community Playground of Columbia, Inc. (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

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). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II
RESPONSIBILITIES**

A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following 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:
 - a. Notice of E-Verify Participation
 - b. Notice of Right to Work
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 about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

Company ID Number: 835690

4. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
 5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.
 - a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.
 6. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
 - a. 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.
 - b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete 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 mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.
- Note: Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.
7. 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.
 8. The Employer agrees that, although it participates in E-Verify, the Employer has a 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.
 - a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer 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) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly

Company ID Number: 835690

employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be 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.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. 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 mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, 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

Company ID Number: 835690

(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming 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 mismatch 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 (customer service) or 1-888-897-7781 (worker hotline).

14. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA as applicable by not discriminating unlawfully against any individual in hiring, firing, employment eligibility verification, or recruitment or referral practices because of his or her national origin or citizenship status, or by committing discriminatory documentary practices. 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 immigration-related unfair 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).

15. The Employer agrees that it will use the information it receives from E-Verify 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.

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at E-Verify@dhs.gov. Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information 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)). 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.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, upon

Company ID Number: 835690

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 prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see [M-795 \(Web\)](#)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it 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 participation in E-Verify according to this MOU.

B. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, 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). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

a. 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 verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin 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. 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 begin 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 three 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 three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin 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. 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 under 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. Employers in this category must begin 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.
- d. 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 verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.
- e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:
- i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,
 - ii. The employee's work authorization has not expired, and
 - iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).
- f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:
- i. The Employer cannot determine that Form I-9 complies with Article II.A.6,
 - ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
 - iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with

Company ID Number: 835690

Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not 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 based on this Article.

3. 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.

C. RESPONSIBILITIES OF SSA

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.

2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify 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).

3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.

4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

D. RESPONSIBILITIES OF DHS

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

a. Automated verification checks on alien employees by electronic means, and

- b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the Employer with operational problems associated with the Employer's participation in E-Verify. 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 with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train Employers on all important 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 mandatory refresher tutorials.
5. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in E-Verify. 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.
6. DHS agrees to issue each of the Employer's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, 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 INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides 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.

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 notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify

Company ID Number: 835690

case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.
4. The Employer will instruct the employee to visit an SSA office within eight 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.
5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.
2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.
4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the

Company ID Number: 835690

employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.
6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:
 - a. Scanning and uploading the document, or
 - b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).
7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.
8. 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.
9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

ARTICLE IV SERVICE PROVISIONS

A. NO SERVICE FEES

1. 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 E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V MODIFICATION AND TERMINATION

A. MODIFICATION

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.
2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.

B. TERMINATION

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer's participation in E-Verify, with or without notice at any time 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 E-Verify procedures and/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 the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. 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 cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, 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.
4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

ARTICLE VI PARTIES

- A. 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 necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. 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.
- C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. 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.
- E. The Employer understands that 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,

Company ID Number: 835690

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).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

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

To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.

Company ID Number: 835690

Approved by:

Employer Community Playground of Columbia, Inc.	
Name (Please Type or Print) Consuela D Johnson	Title
Signature Electronically Signed	Date 12/09/2014
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 12/10/2014

Company ID Number: 835690

Information Required for the E-Verify Program

Information relating to your Company:

Company Name	Community Playground of Columbia, Inc.
Company Facility Address	318 Park Avenue Columbia, MO 65201
Company Alternate Address	P.O. Box 1426 Columbia, MO 65205
County or Parish	BOONE
Employer Identification Number	431009564
North American Industry Classification Systems Code	611
Parent Company	
Number of Employees	10 to 19
Number of Sites Verified for	3

Company ID Number: 835690

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

MISSOURI

3 site(s)

Company ID Number: 835690

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

Name Consuela D Johnson
Phone Number (573) 256 - 1436
Fax Number (573) 256 - 8641
Email Address Consuela@FunCityYouthAcademy.org

Name Bonnie C Yantzi
Phone Number (573) 256 - 1436
Fax Number (573) 256 - 8641
Email Address Bonnie@FunCityYouthAcademy.org

Name Consuela D Johnson
Phone Number (573) 256 - 1436
Fax Number (573) 864 - 8856
Email Address Consuela@FunCityYouthAcademy.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.

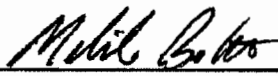
- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

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: Community Playground of Columbus Inc DBA Fun City Youth Academy

Address: PO Box 1426 Columbus, MO 65205

Phone Number: (573) 256-1436 Fax Number: (573) 256-8641

E-mail: consuela@fincityyouthacademy.org

Authorized Representative Signature: Consuela Johnson Date: 6/15/15

Authorized Representative Printed Name: Consuela Johnson

**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	815-9966
3.	Mable J. Grime	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Browning	Co/Boone Public Health Services	874-7343
6.	Marilyn Stukle	Polk County Pillars	874-1231
7.	Meg Bartlett	Mary Kay Johnston Community Learning	449-5600
8.	Kim Harvey	Harrisburg Early Learning Center	875-5959
9.	Steve Hollis	City/County, A.H.S.	774-7487
10.	Robert Cozley	Presbyterian Children's Home, Children	314-82-727
11.	Christine Cozney	Lutheran Board of Services	314-254-2731
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	Partnership Community Health	573-480-4781
3.	Consuelo Johnson	Fun 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	573 673-4057
7.	Lynelocky Boling	Univ. of MO Dept of Psychology	573- 673-4057
8.	Cynthia Chapman	The Salvation Army	573-442-3229 X222
9.	Shelley Lock	Child Care Alliance of MO	573-4455437
10.	Nancy Foster	BCCC	573-874-1690
11.	MICHELLE ELLIOTT	Central Missouri Foster Care Adoption Assoc.	573-874-6051
12.	Dan Reilly	MO Wellness Research	573 889-7534
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 Mt. Vernon & Corning	314-918-3321
3.	Adean Saunders	Columbia Center for Urban Agriculture	573-356-9392
4.	Kristy Becker	Missouri Exts Team	573-442-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEAHE	PREPARED FAMILY HC	573-680-1908
7.	Nancy Lane	Lanier House	573-474-6600
8.	Nicole Daumas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Caro Lynn Mitchell	Deep 4 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 Jones	Youth Empowerment	(573) 627-2115
3.			
4.			
5.	Becky Markert	Gift Aid Income Services	573-443-2556
6.	Cathy D Richards	Boone County Public Admin	573-886-4190
7.	Claire Slama	Rainbow House	573-774-6600
8.	Jane Bakula	Rainbow House	573-774-6600
9.	Scott Clark	Blount Home Pr. Pub. Hlth & Human Svcs	573-441-5560
10.	Rebecca Kressler	Coit/Brown Co Public Admin	578-424-4757
11.	Carole Sander	Miss Bridge	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

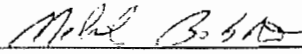
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. 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, CPPO, CPPB
Director of Purchasing

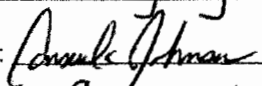
OFFEROR has examined **Addendum #2** to Request for Proposal# 25-15JUN15 – *Purchase of Service Contracts for the Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: Community Playground of Columbia, Inc DBA Fun City Youth Academy

Address: PO Box 1426 Columbia, MO 65205

Phone Number: (573) 256-1436 Fax Number: (573) 256-8641

E-mail: consuela@fincityyouthacademy.org

Authorized Representative Signature:  Date: 6/15/15

Authorized Representative Printed Name: Consuela Johnson



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: Community Playground of Columbia Inc DBA Fun City Youth Academy

Address: PO Box 1426 Columbia MO 65205

Phone Number: (573) 256-1436 Fax Number: (573) 256-8641

E-mail: consuela@funcityyouthacademy.org

Authorized Representative Signature:  Date: 6/15/15

Authorized Representative Printed Name: Consuela Johnson



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.

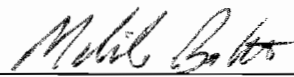
- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

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: Community Playground of Columbia Inc DBA FunCity Youth Academy

Address: PO Box 1426 Columbia MO 65205

Phone Number: 573-256-1436 Fax Number: 573-256-8641

E-mail: consuela@fincityyouthacademy.org

Authorized Representative Signature:  Date: _____

Authorized Representative Printed Name: Consuela Johnson

**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 Branning	Col. Boone Public Health	874-7343
6.	M. ...	...	815-331
7.	Meg Bartlett	...	449-4600
8.	Ann Hargray	...	815-5751
9.	...	...	...
10.	...	...	37-88-727
11.	...	...	5-55-478
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	886-4391
2.	Brian Martin	Perth County Community Health	573-480-4781
3.	Consuek Johnson	For City Youth Academy	513-256-1436
4.	Jason Wilcox	Columbia Boone PHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHS	573-874-7632
6.	Nancy Ell	Univ. of MO - Dept. of Psychology	573 473-4751
7.	Yvonne Kelly	Univ. of MO Dept of Psychology	573 473-4751
8.	Joyce Chapman	The Salvation Army	573 442-3229 x222
9.	Shelley Lock	Child Care Assoc of MO	573-4455437
10.	Michelle	BOCC	573 824 1690
11.	Michelle Ellich	Central Missouri Probation/Adaptation/BSU	573-374-3855
12.	Dan Reilly	MO Wellness Program	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, Middle & Early	314-915-3321
3.	Alicia Sanders	Child Development Center	573-352-1572
4.	Kathy Becka	Missouri Care Team	573-442-5345
5.	Nick Foster	Mountain Home Center	573-874-2273
6.	PAM LEAHY	PREPARED FAMILY HC	573 680 1908
7.	Leslie Jones	Leslie Jones	573-442-8001
8.	Nicole Daines	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	313-777-1815
10.	Carolyn Mitchell	Boys & Girls Club	573-237-8334
11.	KEVIN DRUMMER	EDUCITY	314-915-3303
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) 692-15
3.			
4.			
5.	Becky Martin	COA 2nd Income Services	573-483-2526
6.	Cathy or Richard	Peace at Public Health	573-886-1170
7.	Clare Dera	Rainbow House	573-474-6600
8.	Janie Bakuta	Rainbow House	573-474-6600
9.	Scott Clardy	Windsor Inc. Mt. Vernon, Mo	573-441-5562
10.	Kathleen K. Sine	Windsor Inc. Mt. Vernon, Mo	573-441-5562
11.	Carole Sauer	Mu Budge	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 down loaded 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/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

Consuela Johnson
Printed Name - Agency Executive Director/President/CEO

6/15/15
Date

Consuela Johnson
Signature - Agency Executive Director/President/CEO

6/15/15
Date

George Norman Jr
Printed Name - Agency Board Chair

6/15/15
Date

George Norman Jr.
Signature - Agency Board Chair

6/15/15
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

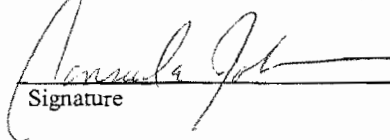
Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

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.

Consuela Johnson, Executive Director
Name and Title of Authorized Representative


Signature

4/15/15
Date

**THE E-VERIFY
MEMORANDUM OF UNDERSTANDING
FOR EMPLOYERS**

**ARTICLE I
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the Community Playground of Columbia, Inc. (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

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). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II
RESPONSIBILITIES**

A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following 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:
 - a. Notice of E-Verify Participation
 - b. Notice of Right to Work
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 about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

Company ID Number: 835690

4. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.

a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.

6. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

a. 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.

b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete 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 mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.

Note: Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.

7. 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.

8. The Employer agrees that, although it participates in E-Verify, the Employer has a 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.

a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer 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) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly

employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be 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.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. 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 mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, 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

Company ID Number: 835690

(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming 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 mismatch 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 (customer service) or 1-888-897-7781 (worker hotline).

14. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA as applicable by not discriminating unlawfully against any individual in hiring, firing, employment eligibility verification, or recruitment or referral practices because of his or her national origin or citizenship status, or by committing discriminatory documentary practices. 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 immigration-related unfair 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).

15. The Employer agrees that it will use the information it receives from E-Verify 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.

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at E-Verify@dhs.gov. Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information 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)). 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.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, 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 prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see [M-795 \(Web\)](#)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it 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 participation in E-Verify according to this MOU.

B. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, 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). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

a. 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 verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin 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. 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 begin 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 three 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 three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin 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. 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 under 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. Employers in this category must begin 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.
- d. 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 verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.
- e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:
- i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,
 - ii. The employee's work authorization has not expired, and
 - iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).
- f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:
- i. The Employer cannot determine that Form I-9 complies with Article II.A.6,
 - ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
 - iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with

Company ID Number: 835690

Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not 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 based on this Article.

3. 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.

C. RESPONSIBILITIES OF SSA

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.

2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify 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).

3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.

4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

D. RESPONSIBILITIES OF DHS

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

a. Automated verification checks on alien employees by electronic means, and

- b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the Employer with operational problems associated with the Employer's participation in E-Verify. 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 with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train Employers on all important 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 mandatory refresher tutorials.
5. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in E-Verify. 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.
6. DHS agrees to issue each of the Employer's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, 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 INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides 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.

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 notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify

Company ID Number: 835690

case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.
4. The Employer will instruct the employee to visit an SSA office within eight 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.
5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.
2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.
4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the

Company ID Number: 835690

employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.

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

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

7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.

8. 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.

9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

ARTICLE IV SERVICE PROVISIONS

A. NO SERVICE FEES

1. 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 E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V MODIFICATION AND TERMINATION

A. MODIFICATION

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.

2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.

B. TERMINATION

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer's participation in E-Verify, with or without notice at any time 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 E-Verify procedures and/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 the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. 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 cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, 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.
4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

ARTICLE VI PARTIES

- A. 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 necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. 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.
- C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. 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.
- E. The Employer understands that 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,

Company ID Number: 835690

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).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

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

To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.

Company ID Number: 835690

Approved by:

Employer Community Playground of Columbia, Inc.	
Name (Please Type or Print) Consuela D Johnson	Title
Signature Electronically Signed	Date 12/09/2014
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 12/10/2014

Company ID Number: 835690

Information Required for the E-Verify Program

Information relating to your Company:

Company Name	Community Playground of Columbia, Inc.
Company Facility Address	318 Park Avenue Columbia, MO 65201
Company Alternate Address	P.O. Box 1426 Columbia, MO 65205
County or Parish	BOONE
Employer Identification Number	431009564
North American Industry Classification Systems Code	611
Parent Company	
Number of Employees	10 to 19
Number of Sites Verified for	3

Company ID Number: 835690

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

MISSOURI

3 site(s)

Company ID Number: 835690

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

Name Consuela D Johnson
Phone Number (573) 256 - 1436
Fax Number (573) 256 - 8641
Email Address Consuela@FunCityYouthAcademy.org

Name Bonnie C Yantzi
Phone Number (573) 256 - 1436
Fax Number (573) 256 - 8641
Email Address Bonnie@FunCityYouthAcademy.org

Name Consuela D Johnson
Phone Number (573) 256 - 1436
Fax Number (573) 864 - 8856
Email Address Consuela@FunCityYouthAcademy.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: Community Playground of Columbus Inc DBA Fun City Youth Academy

Address: PO Box 1426 Columbus, MA 65205

Phone Number: (573) 256-1436 Fax Number: (573) 256-8641

E-mail: consuela@funcityyouthacademy.org

Authorized Representative Signature: Consuela Johnson Date: 6/15/15

Authorized Representative Printed Name: Consuela Johnson

**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	815-9965
3.	Mable J. Grime	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Browning	Co/Boone Public Health	874-7343
6.	M. J. W. K. F.	Polk County P.H.C.	874-1233
7.	Meg Barthel	Maryland Community Learning	449-5600
8.	Kim Harvey	Harrisburg Family Learning	875-5959
9.	Steve Hollis	City/County P.H.C. Center	774-7487
10.	Robert Craiglin	Presbyterian Children's Home, Children	314-881-727
11.	Christine Grance	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	Partners Community Health	573-480-4781
3.	Consuelo Johnson	Two City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone P.H.H.S.	573-874-7224
5.	Andrea Warner	Columbia Boone P.H.H.S.	573-874-7632
6.	Wendy Ell	Univ. of MO - Dept. of Psychiatry	573 673-4052
7.	Lyndee Bowling	Univ. of MO Dept of Psychiatry	573- 256-1436
8.	Cynthia C. Harmon	The Salvation Army	573-442-3229 x222
9.	Shelby Lock	Child Care Alliance of MO	573-4455437
10.	Nancy Green	BOCC	573-674-1690
11.	Michelle Elliott	Central Missouri Foster Care Adoption Assoc.	573-894-0851
12.	Dan Reilly	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.	Nova Kelleher	Epworth ^{Family} Center	314-918-3321
3.	Allen Saunders	Columbia Center for Urban Agriculture	573-356-9372
4.	Kristy Becker	Missouri Ends Toss	573-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEMKE	PREPARED FAMILY HC	573 680 1905
7.	Nerdy Sims	Laurie's House	573-477-6600
8.	Nicole Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Carla G. Hester	Deep Creek Child	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 Jones	Youth Empowerment Zone	(573) 697-7215
3.			
4.			
5.	Becky Markert	CHHA Low Income Services	573-443-2556
6.	Cathy D Richards	boone county Public Admin	573-886-4190
7.	Claire Slama	Rainbow House	573-774-6600
8.	JANIE Bakutee	Rainbow House	573-774-6600
9.	Scott Clardy	Boone Co. Pub. Adm. & Support	573-441-5560
10.	Rebecca Kerssler	Boone Co. Public Admin	578-424-4757
11.	Carole Schaefer	mu Budget	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: Community Playground of Columbia, Inc DBA Fun City Youth Academy

Address: PO Box 1426 Columbia, MO 65205

Phone Number: (573) 256-1436 Fax Number: (573) 256-8641

E-mail: consuela@funcityyouthacademy.org

Authorized Representative Signature: Consuela Johnson Date: 6/15/15

Authorized Representative Printed Name: Consuela Johnson



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.

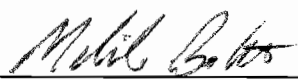
- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

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	777-3220
5.	Stephanie Branning	Col. Boone Public Health	874-7343
6.	M. B. [unclear]	M. B. [unclear]	874-331
7.	Meg Brantlett	Boone County Community Learning	449-5600
8.	Kim Hargray	Boone County Learning	815-5951
9.	[unclear]	[unclear]	[unclear]
10.	[unclear]	Presbyterian [unclear]	874-39-72
11.	[unclear]	[unclear]	5-75-423
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	836-4391
2.	Brian Martin	Putnam Community Health	573-480-4781
3.	Consuek Johnson	First City Youth Academy	513-256-1436
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	573-573-4251
7.	Yvonne Kelly	Univ. of MO - Dept. of Psychology	573-573-4251
8.	Maria Hampton	The Salvation Army	573-442-3229
9.	Shelley Lock	Child Care Assoc. of MO	573-445-431
10.	Michelle Coffey	BCC	573-824-1690
11.	Michelle Ellett	Central Missouri Hosp. - Adaptive Asses	573-371-3333
12.	Dan Kelly	MO Wellness Program	573-884-7534
13.			
14.			
15.			

230-
~~573-442-3229~~
 X222

**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 Child & Family	314-915-3321
3.	Alexa Sanders	Child Care Solutions	573-352-1292
4.	Kathy Becka	Missouri Exp. Team	513-642-5345
5.	Nick Foster	Wendy Fisher Center	573-874-2273
6.	PAM LEAHE	PREPARED FAMILY HC	573 680 1708
7.	Verde Jones	Lawrence Jones	502-474-0000
8.	Nicole Thomas	Great Circle	573-442-9231
9.	Jack Jensen	First Chance for Children	813-771-1815
10.	Carolyn Mickett	Deep 4 Kids Child	573-234-8334
11.	KEVIN DRUMMOND	EPWORTH	314 915 3303
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.	Becky Mark	CHC Home Services	573-473-2536
6.	Cathy Orlich	HomeNet, Public Health	573-836-1170
7.	Clare Sierra	Rainbow House	573-474-6600
8.	Janie Bakula	Rainbow House	573-474-6600
9.	Scott Clardy	Hamber Home's, Pub Hlth, Inc	573-474-1555
10.	Rebecca Kessler	HomeNet, Public Health	573-836-1170
11.	Carole Schaefer	HomeNet, Public Health	573-268-4039
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/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.



CERTIFICATE OF LIABILITY INSURANCE

FUNCI-1 OP ID: RG

DATE (MM/DD/YYYY)
12/11/2015

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 Rita George, CIC	CONTACT NAME: Rita George, CIC	FAX (A/C, No): 573-875-4514	
	PHONE (A/C, No, Ext): 573-875-4800	E-MAIL ADDRESS: rgeorge@theinsurancegrp.com	
INSURED Comm Playground of Columbia DBA Fun City Youth Academy P.O. Box 1426 Columbia, MO 65205	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : National Liability & Fire		20052
	INSURER B : Cincinnati Specialty		13037
	INSURER C : Amtrust North America		
	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
B	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:	X		CSU0008345	12/17/2015	12/17/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			73APR313076	12/20/2015	12/20/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			BOUND	12/17/2015	12/17/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	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	TWC3523265	12/17/2015	12/17/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Boone County is added as Additional Insured for General Liability. Umbrella is follow form re: General Liability and Auto Liability

CERTIFICATE HOLDER**CANCELLATION**

BOONE-2 Boone County Melinda Bobbitt 613 E. Ash St. Room 110 Columbia, MO 65201-4432	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 
---	---

© 1988-2014 ACORD CORPORATION. All rights reserved.

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

December Session of the October Adjourned

Term. 20 15

County of Boone

In the County Commission of said county, on the

29th

day of

December

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 attached Contract Amendment Number One to 52-13NOV15 – Inmate Detention Supplies for the Boone County Sheriff’s Department.

The terms of this amendment are stipulated in the attached Contract Amendment. It is further ordered the Presiding Commissioner is hereby authorized to sign said Contract Amendment Number One.

Done this 29th day of December, 2015.

ATTEST:

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

Daniel K. Atwill
Daniel K. Atwill
Presiding Commissioner

Karen M. Miller
Karen M. Miller
District I Commissioner

Janet M. Thompson
Janet M. Thompson
District II Commissioner

623-2015

Boone County Purchasing

Melinda Bobbitt, CPPO
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, CPPB, CPPO
DATE: June 2, 2015
RE: Amendment Number One – 52-13NOV14 – *Inmate Detention Supplies*

Contract 52-13NOV14 – *Inmate Detention Supplies* was approved by commission for a multi-vendor (5 vendors) award by low bid by line item on February 5, 2015, commission order 55-2015. Pyramid School Products only received award for line item 4.7.17. for bath towels. They do not want to renew. This amendment adds that line item to Charm-Tex's contract. They were the 2nd low bidder on that line item.

Invoices will be paid from department 1255 - Corrections and 1242 - Juvenile Justice Center, account 23025 – Resident Supplies.

cc: Leasa Quick, Keith Hoskins, Jenny Atwell, Sheriff / Cathy Thompson, JJC
Contract File


**CONTRACT AMENDMENT NUMBER ONE
PURCHASE AGREEMENT FOR
INMATE DETENTION SUPPLIES**

The Agreement **52-13NOV14** dated February 5, 2014 made by and between Boone County, Missouri and **Charm-Tex, Inc.** for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows:

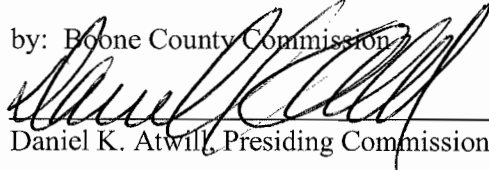
1. ADD: Section 4.7.17. White Bath Towels: BT20405.5E for \$284.90 / bale; 25 dozen per bale
2. Except as specifically amended hereunder, all other terms, conditions and provisions of the original agreement shall remain in full force and effect.

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


CHARM-TEX, INC.

by 
title VP of Sales

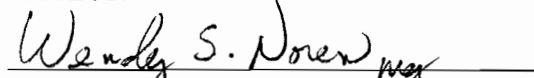
BOONE COUNTY, MISSOURI

by: Boone County Commissioner

Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:


by: 
County Counselor

ATTEST:


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 Pittford by jj 12/16/2015 - No Encumbrance Required
Signature Date Appropriation Account 1255 / 23025, 23026; 1242 / 23025

CERTIFIED COPY OF ORDER

TATE OF MISSOURI

} ea.

December Session of the October Adjourned

Term. 20 15

County of Boone

In the County Commission of said county, on the

29th

day of

December 20 15

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

Now on this day the County Commission of the County of Boone does hereby award bid 75-24NOV15 – Antenna/Feedline Equipment to Talley, Inc. of Olathe, KS.

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

Done this 29th day of December, 2015.

ATTEST:

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

Daniel K. Atwill
Daniel K. Atwill
Presiding Commissioner

Karen M. Miller
Karen M. Miller
District I Commissioner

Janet M. Thompson
Janet M. Thompson
District II Commissioner

624-2015

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: December 15, 2015
RE: Bid Award Recommendation: 75-24NOV15 – *Antenna / Feedline Equipment*

Request for Bid 75-24NOV15 – *Antenna / Feedline Equipment* closed on November 24, 2015. Five bids were received. Dave Dunford, our Radio Consultant, recommends award to Talley, Inc. of Olathe, Kansas for offering the lowest and best bid.

Contract award is \$89,963.42. \$65,681.02 will be paid from department 4101 – ECC Radio & Technology, Account 71201 – Construction Costs, \$3,635.67 will be paid from 2704 – Joint Comm Radio Network, account 91300 – Machinery & Equipment and \$20,646.73 will be paid from 2704 – Joint Comm Radio Network, account 92300 – Replacement Machinery & Equipment. \$521,400 was budgeted for the JCT tower, \$323,000 budgeted for the BHS tower and \$26,000 budgeted for the ROC microwave.

ATT: Bid Tab

cc: Bid File
Karen Miller, Commission
Dave Dunford, Radio Consultant
Chad Martin, Patricia Schreiner, Joint Communications

624-2015

Bid Tabulation: 75-24NOV15 - Antenna / Feedline Equipment

	Tessco, Inc.	RACOM	Primus Electronics Corp.	Wilbur L. Anderson Inc. dba Western Towers	Talley Inc.
Group 1 - ECC	\$24,759.12	\$28,134.67	\$19,956.27	\$26,261.00	\$19,881.73
Group 2 - JCT/RX1	\$1,245.57	\$1,478.00	\$1,137.03	\$1,508.00	\$1,102.41
Group 3 - JCT/RX2	\$1,245.57	\$1,478.00	\$1,137.03	\$1,508.00	\$1,102.41
Group 4 - JCT/UHF	\$2,608.81	\$3,053.82	\$2,274.03	\$2,941.00	\$2,225.94
Group 5 - JCT/800	\$2,407.47	\$2,842.81	\$2,048.40	\$2,656.00	\$2,005.67
Group 6 - JCT/UHF2	\$819.15	\$977.67	\$750.25	\$1,088.75	\$730.75
Group 7 - JCT/RX3	\$1,537.04	\$1,704.11	\$1,260.97	\$1,733.75	\$1,235.46
Group 8 - JCT/802	\$1,987.95	\$2,319.36	\$1,646.12	\$2,217.75	\$1,618.09
Group 9 - JCT/ZIN	\$6,957.06	\$8,451.78	\$5,885.09	\$7,400.00	\$4,739.12
Group 10 - ZIN/JCT	\$9,420.90	\$11,566.63	\$7,961.49	\$9,735.00	\$6,716.73
Group 11 - JCT/MCC	\$6,957.06	\$78,313.38	\$5,885.09	\$7,400.00	\$4,738.54
Group 12 - JCT/GRS	\$6,670.34	\$72,128.43	\$5,636.09	\$7,130.00	\$4,534.69
Group 13 - GRS/JCT	\$9,546.63	\$85,469.50	\$8,082.02	\$9,838.00	\$6,785.25
Group 14 - ZIN/CEN	\$3,747.87	\$4,305.62	\$3,546.30	\$4,736.00	\$3,216.84
Group 15 - JCT	\$9,728.75	\$11,549.24	\$8,367.58	\$11,209.00	\$8,264.23
Group 16 - BHS	\$4,480.27	\$5,070.45	\$3,776.07	\$4,633.25	\$3,635.67
Group 17 - JCT/ROC	\$10,942.17	\$13,373.51	\$9,146.82	\$11,149.00	\$8,020.58
Group 18 - ROC/JCT	\$12,828.99	\$15,668.29	\$10,663.90	\$13,359.00	\$9,409.31
TOTAL	\$117,890.72	\$347,885.27	\$99,160.55	\$126,503.50	\$89,963.42

**PURCHASE AGREEMENT
FOR
Antenna / Feedline Equipment**

THIS AGREEMENT dated the 29th day of December 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, herein "County" and **Talley Inc.** herein "Contractor".

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

1. Contract Documents - This agreement shall consist of this Purchase Agreement for **Antenna / Feedline Equipment**, County of Boone Request for Bid, bid number **75-24NOV15**, Introduction and General Conditions of Bidding, Primary Specifications, Response Presentation and Review, the un-executed Response Form, Standard Terms and Conditions, any applicable addenda, as well as the Contractor's bid response dated **November 23, 2015** and executed by Allison Mills, on behalf of the Contractor. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein by reference. Service or product data, specification and literature submitted with bid response may be permanently maintained in the County Purchasing Office bid file for this bid if not attached. In the event of conflict between any of the foregoing documents, the Introduction and General Conditions of Bidding, Primary Specifications, Response Presentation and Review, the un-executed Response Form, Standard Terms and Conditions, and any applicable addenda shall prevail and control over the Contractor's bid response.

2. Purchase - The County agrees to purchase from the Contractor and the Contractor agrees to supply the County all items per the bid specifications and responded to on the Response Form, and in conformity with the contract documents for the prices set forth in the Contractor's bid response, and as ordered by County.

Qty.	Unit Price	Extended
GROUP 1 for ECC (Account 4101, Dept. 71201)		
4	\$226.47	\$905.88
2	\$185.29	\$370.58
5	\$572.89	\$2,864.45
12	\$122.35	\$1,468.20
18	\$41.08	\$739.44
36	\$28.44	\$1,023.84
19	\$39.63	\$752.97
3	\$141.17	\$423.51
4000	\$1.24	\$4,960.00
40	\$10.16	\$406.40
60	\$7.33	\$439.80
1	\$178.41	\$178.41
1	\$59.40	\$59.40
1	\$68.25	\$68.25
1500	\$0.68	\$1,020.00
200	\$3.60	\$720.00
16	\$68.58	\$1,097.28

30	\$68.58	\$2,057.40
4	\$81.48	\$325.92
Sub-Total Group 1		\$19,881.73
GROUP 2 – JCT/RX1 (Account 4101, Dept. 71201)		
220	\$3.59	\$789.80
8	\$22.17	\$177.36
2	\$38.00	\$76.00
1	\$15.61	\$15.61
2	\$13.86	\$27.72
1	\$12.45	\$12.45
1	\$3.47	\$3.47
Sub-Total Group 2		\$1,102.41
GROUP 3 – JCT/RX2 (Account 4101, Dept. 71201)		
220	\$3.59	\$789.80
8	\$22.17	\$177.36
2	\$38.00	\$76.00
1	\$15.61	\$15.61
2	\$13.86	\$27.72
1	\$12.45	\$12.45
1	\$3.47	\$3.47
Sub-Total Group 3		\$1,102.41
GROUP 4 – JCT/UHF (Account 4101, Dept. 71201)		
1	\$1,123.53	\$1,123.53
220	\$3.59	\$789.80
8	\$22.17	\$177.36
2	\$38.00	\$76.00
1	\$15.61	\$15.61
2	\$13.86	\$27.72
1	\$12.45	\$12.45
1	\$3.47	\$3.47
Sub-Total Group 4		\$2,225.94
GROUP 5 – JCT/800 (Account 4101, Dept. 71201)		
1	\$858.82	\$858.82
220	\$3.59	\$789.80
1	\$44.44	\$44.44
8	\$22.17	\$177.36
2	\$38.00	\$76.00
1	\$15.61	\$15.61

2	\$13.86	\$27.72
1	\$12.45	\$12.45
1	\$3.47	\$3.47
Sub-Total Group 5		\$2,005.67
GROUP 6 – JCT/UHF2 (Account 4101, Dept. 71201)		
135	\$3.59	\$484.65
5	\$22.17	\$110.85
2	\$38.00	\$76.00
1	\$15.61	\$15.61
2	\$13.86	\$27.72
1	\$12.45	\$12.45
1	\$3.47	\$3.47
Sub-Total Group 6		\$730.75
GROUP 7 – JCT/RX3 (Account 4101, Dept. 71201)		
1	\$504.71	\$504.71
135	\$3.59	\$484.65
5	\$22.17	\$110.85
2	\$38.00	\$76.00
1	\$15.61	\$15.61
2	\$13.86	\$27.72
1	\$12.45	\$12.45
1	\$3.47	\$3.47
Sub-Total Group 7		\$1,235.46
GROUP 8 – JCT/802 (Account 4101, Dept. 71201)		
1	\$858.82	\$858.82
135	\$3.59	\$484.65
1	\$44.44	\$44.44
5	\$22.17	\$110.85
2	\$38.00	\$76.00
1	\$15.61	\$15.61
2	\$13.86	\$27.72
Sub-Total Group 8		\$1,618.09
GROUP 9 – JCT/ZIN (Account 4101, Dept. 71201)		
1	\$1,194.12	\$1,194.12
1	\$230.18	\$230.18
180	\$13.59	\$2,446.20
1	\$230.18	\$230.18
1	\$31.29	\$31.29

1	\$301.76	\$301.76
9	\$24.54	\$220.86
1	\$19.91	\$19.91
2	\$24.71	\$49.42
1	\$12.45	\$12.45
1	\$2.75	\$2.75
Sub-Total Group 9		\$4,739.12
GROUP 10 – ZIN/JCT (Account 4101, Dept. 71201)		
1	\$1,194.12	\$1,194.12
1	\$230.18	\$230.18
170	\$13.59	\$2,310.30
1	\$230.18	\$230.18
1	\$31.29	\$31.29
1	\$301.18	\$301.18
9	\$24.54	\$220.86
1	\$19.91	\$19.91
2	\$24.71	\$49.42
1	\$12.45	\$12.45
1	\$2.75	\$2.75
1	\$1,726.76	\$1,726.76
1	\$256.16	\$256.16
1	\$131.17	\$131.17
Sub-Total Group 10		\$6,716.73
GROUP 11 – JCT/MCC (Account 4101, Dept. 71201)		
1	\$1,194.12	\$1,194.12
1	\$230.18	\$230.18
180	\$13.59	\$2,446.20
1	\$230.18	\$230.18
1	\$31.29	\$31.29
1	\$301.18	\$301.18
9	\$24.54	\$220.86
1	\$19.91	\$19.91
2	\$24.71	\$49.42
1	\$12.45	\$12.45
1	\$2.75	\$2.75
Sub-Total Group 11		\$4,738.54
GROUP 12 – JCT/GRS (Account 4101, Dept. 71201)		
1	\$1,194.12	\$1,194.12
1	\$230.18	\$230.18
165	\$13.59	\$2,242.35

1	\$230.18	\$230.18
1	\$31.29	\$31.29
1	\$301.18	\$301.18
9	\$24.54	\$220.86
1	\$19.91	\$19.91
2	\$24.71	\$49.42
1	\$12.95	\$12.45
1	\$2.75	\$2.75
Sub-Total Group 12		\$4,534.69
GROUP 13 – GRS / JCT (Account 4101, Dept. 71201)		
1	\$1,194.12	\$1,194.12
1	\$230.18	\$230.18
190	\$13.59	\$2,582.10
1	\$230.18	\$230.18
1	\$31.29	\$31.29
1	\$301.18	\$301.18
9	\$24.54	\$220.86
1	\$19.91	\$19.91
2	\$24.71	\$49.42
1	\$12.45	\$12.45
1	\$2.75	\$2.75
1	\$1,726.76	\$1,726.76
1	\$184.05	\$184.05
Sub-Total Group 13		\$6,785.25
GROUP 14 – ZIN/CEN (Account 2704, Dept. 92300)		
1	\$1,188.66	\$1,188.66
1	\$1,188.66	\$1,188.66
2	\$419.76	\$839.52
Sub-Total Group 14		\$3,216.84
GROUP 15 – JCT (Account 4101, Dept. 71201)		
2	\$527.93	\$1,055.86
1	\$126.41	\$126.41
6	\$226.47	\$1,358.82
6	\$122.35	\$734.10
1	\$83.10	\$83.10
1	\$61.70	\$61.70
1	\$185.29	\$185.29
10	\$39.63	\$396.30
3	\$120.59	\$361.77
2000	\$0.68	\$1,360.00

300	\$3.60	\$1,080.00
10	\$36.36	\$363.60
16	\$68.58	\$1,097.28
Sub-Total Group 15		\$8,264.23
GROUP 16 – BHS (Account 2704, Dept. 91300)		
1	\$504.71	\$504.71
205	\$3.59	\$735.95
2	\$38.00	\$76.00
1	\$15.61	\$15.61
2	\$13.86	\$27.72
130	\$3.59	\$466.70
130	\$3.59	\$466.70
4	\$38.00	\$152.00
2	\$15.61	\$31.22
4	\$13.86	\$55.44
2	\$527.93	\$1,055.86
3	\$12.45	\$37.35
2	\$3.47	\$6.94
1	\$3.47	\$3.47
Sub-Total Group 16		\$3,635.67
GROUP 17 – JCT/ROC (Account 2704, Dept. 92300)		
1	1880	\$1,880.00
1	230.18	\$230.18
195	13.59	\$2,650.05
1	230.18	\$230.18
1	31.29	\$31.29
1	301.18	\$301.18
2	24.54	\$49.08
6	75	\$450.00
1	19.91	\$19.91
2	24.71	\$49.42
1	12.45	\$12.45
1	2.75	\$2.75
1	1726.76	\$1,726.76
1	256.16	\$256.16
1	131.17	\$131.17
Sub-Total Group 17		\$8,020.58
GROUP 18 – ROC/JCT (Account 2704, Dept. 92300)		
1	\$1,880.00	\$1,880.00
1	\$230.18	\$230.18

205	\$13.59	\$2,785.95
1	\$230.18	\$230.18
1	\$31.29	\$31.29
1	\$301.18	\$301.18
1	\$24.54	\$24.54
6	\$25.00	\$150.00
25	\$22.17	\$554.25
60	\$20.44	\$1,226.40
1	\$19.91	\$19.91
2	\$24.71	\$49.42
1	\$12.45	\$12.45
1	\$2.75	\$2.75
1	\$1,726.76	\$1,726.76
1	\$184.05	\$184.05
Sub-Total Group 18		\$9,409.31
GRAND TOTAL		\$89,963.42

3. Delivery - Contractor agrees to deliver the items as specified and as requested by the County within 40 calendar days after receipt of order.

4. Billing and Payment - All billing shall be invoiced to the Purchase Orders instructions and billings may only include the prices listed in the Contractor's bid response. No additional fees for delivery or extra services not included in the bid response or taxes shall be included as additional charges in excess of the charges in the Contractor's bid response to the specifications. The County agrees to pay all invoices within thirty days of receipt; Contractor agrees to honor any cash or prompt payment discounts offered in its bid response if county makes payment as provided therein. 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 Contractor, 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. 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.

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

7. Termination - This agreement may be terminated by the County upon thirty 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 in the opinion of the Boone County Commission if delivery of products are delayed or products delivered are not in conformity with bidding specifications or variances authorized by County, or
- c. If appropriations are not made available and budgeted for any calendar year.

4. Response Form

Company Name: Talley Inc
 Address: 1919 35 W 157th Street
 City/Zip: Olathe KS 66062
 Phone Number: 913-390-8484
 E-Mail: amills@talley.com.com
 Fax Number: 913-390-5675
 Federal Tax I.D.: 95-3872464

Corporation
 Partnership - Name _____
 Individual/Proprietorship - Individual Name _____
 Other (Specify) _____

4.1. Delivery after receipt of order (# of calendar days): 40 DAYS

4.2. Is Manufacturer's detailed warranty on items quoted attached with your bid? YES ___ NO ✓

4.3. Pricing:

Complete proposed pricing on attached *Exhibit A - 4.3. Pricing*

The undersigned offers to furnish and deliver the articles or services as specified at the prices and terms stated and in strict accordance with all requirements contained in the Request for Bid which have been read and understood, and all of which are made part of this order. By submission of this bid, the vendor certifies that they are in compliance with Section 34.353 and, if applicable, Section 34.359 (Missouri Domestic Products Procurement Act) of the Revised Statutes of Missouri.

Authorized Representative (Sign By Hand):

Alison Mills Date: 11-23-15

Print Name and Time of Authorized Representative:

Alison Mills 10:45 am

EXHIBIT A - 4.3. PRICING

Item #	Brand	Model	Site/Label ID	Description	Qty.	U/M	Unit Price	Extended
GROUP 1 FOR ECC								
4.3.1.	Decibel Products	DB-499-A	ECC	800 Yagi	4	ea	\$226.471	\$905.88
4.3.2.	Decibel Products	DB-436-C	ECC	UHF Yagi	2	ea	\$185.29	\$370.58
4.3.3.	Telewave	ANT150F2	ECC	VHF Backup	5	ea	\$572.89	\$2864.45
4.3.4.	RFS	1121-6	ECC	Control Station/Single Dipole	12	ea	\$122.35	\$1468.23
4.3.5.	Commscope	MT-651-108	ECC	Antenna Mounting Pipes	18	ea	\$116.08	\$2089.56
4.3.6.	Commscope	XP-2040	ECC	Crossover Brackets	36	ea	\$28.44	\$1021.60
4.3.7.	Commscope	DB-465-OS	ECC	Clamps	19	ea	\$29.72	\$564.75
4.3.8.	Decibel Products	DB-5012	ECC	Mounts to split for GPS	3	ea	\$141.12	\$423.36
4.3.9.	Times Microwave	LMR-600	ECC	Put up on 500' Reels	4000	ft	\$1.21	\$4840.00
4.3.10.	RF Industries	RFN-1006-2L2	ECC	N-M connectors for LMR-600	40	ea	\$12.16	\$486.40
4.3.11.	RF Industries	RFN-1028-2L2	ECC	N-F connectors for LMR-600	60	ea	\$7.93	\$475.80
4.3.12.	RF Industries	RFA-4009-20	ECC	LMR-600 crimp tool	1	ea	\$128.11	\$128.11
4.3.13.	RF Industries	RFA-4009-01	ECC	LMR-600 crimp dies	1	ea	\$59.10	\$59.10
4.3.14.	Times Microwave	CST-600	ECC	LMR-600 prep tool	1	ea	\$68.25	\$68.25
4.3.15.	Times Microwave	LMR-400	ECC	Put Up on 500' Reels	1500	ft	\$0.68	\$1020.00
4.3.16.	RF Industries	RFN-1006-3i	ECC	N-M connectors for LMR-400	200	ea	\$4.62	\$924.00
4.3.17.	PolyPhaser	VHF50HN-MA	ECC	Surge Protectors Fe-Male	15	ea	\$68.50	\$1027.50
4.3.18.	PolyPhaser	VHF50HN	ECC	Surge Protectors Fe-Fe	30	ea	\$68.58	\$2057.40
4.3.19.	PolyPhaser	DGXZ-06NFN-A	ECC	Surge Proectors for GPS	4	ea	\$81.45	\$325.80
TOTAL FOR GROUP 1 - ECC								
GROUP 2 - JCT/RX1								
4.3.20.	Andrew	AVAS-50FX	JCT/RX1	VHF Receive Feedline	220	ft	\$1.52	\$334.40
4.3.21.	Andrew	SSH78	JCT/RX1	7/8" snap in hangers	8	boxes	\$22.17	\$177.36
4.3.22.	PPC	UXP-NF-78FX	JCT/RX1	7/8" N-Fe Connectors	2	ea	\$38.00	\$76.00
4.3.23.	Andrew	LSSGRIP	JCT/RX1	Hoisting Grip	1	ea	\$15.61	\$15.61
4.3.24.	Andrew	SG78-12B2U	JCT/RX1	Grounding Kit	2	ea	\$13.86	\$27.72
4.3.25.	Andrew	294573	JCT/RX1	4" Entry Panel Boot	1	ea	\$12.45	\$12.45
4.3.26.	Andrew	294698	JCT/RX1	Cushions, Each for 2 x 7/8"	1	ea	\$2.10	\$2.10
TOTAL FOR GROUP 2 - JCT/RX1								

EXHIBIT A - 4.3. PRICING

GROUP 3 - JCT/RX2									
4.3.27.	Andrew	AVA5-50FX	JCT/RX2	VHF Receive Feedline	220	ft	\$ 359		\$ 28980
4.3.28.	Andrew	SSH78	JCT/RX2	7/8" snap in hangers	8	boxes	\$ 12.17		\$ 97.36
4.3.29.	PPC	UXP-NF-78FX	JCT/RX2	7/8" N-FE Connectors	2	ea	\$ 38.00		\$ 76.00
4.3.30.	Andrew	L5SGRIP	JCT/RX2	Hoisting Grip	1	ea	\$ 15.61		\$ 15.61
4.3.31.	Andrew	SG78-12B2U	JCT/RX2	Grounding Kit	2	ea	\$ 11.39		\$ 22.77
4.3.32.	Andrew	294573	JCT/RX2	4" Entry Panel Boot	1	ea	\$ 12.45		\$ 12.45
4.3.33.	Andrew	294698	JCT/RX2	Cushions, Each for 2 x 7/8"	1	ea	\$ 3.47		\$ 3.47
TOTAL FOR GROUP 3 - JCT/RX2									\$ 1102.91

GROUP 4 - JCT/UHF									
4.3.34.	Andrew	DB-420-B	JCT/UHF	UHF Repeater Antenna	1	ea	\$ 1122.53		\$ 1122.53
4.3.35.	Andrew	AVA5-50FX	JCT/UHF	UHF Repeater Feedline	220	ft	\$ 359		\$ 18980
4.3.36.	Andrew	SSH78	JCT/UHF	7/8" snap in hangers	8	boxes	\$ 12.17		\$ 97.36
4.3.37.	PPC	UXP-NF-78FX	JCT/UHF	7/8" N-FE Connectors	2	ea	\$ 38.00		\$ 76.00
4.3.38.	Andrew	L5SGRIP	JCT/UHF	Hoisting Grip	1	ea	\$ 15.61		\$ 15.61
4.3.39.	Andrew	SG78-12B2U	JCT/UHF	Grounding Kit	2	ea	\$ 11.39		\$ 22.77
4.3.40.	Andrew	294573	JCT/UHF	4" Entry Panel Boot	1	ea	\$ 12.45		\$ 12.45
4.3.41.	Andrew	294698	JCT/UHF	Cushions, Each for 2 x 7/8"	1	ea	\$ 3.47		\$ 3.47
TOTAL FOR GROUP 4 - JCT/UHF									\$ 2225.97

GROUP 5 - JCT/800									
4.3.42.	Andrew	DB-809KE-XT	JCT/800	800 Repeater Antenna	1	ea	\$ 2588.2		\$ 2588.2
4.3.43.	Andrew	AVA5-50FX	JCT/800	800 Repeater Feedline	220	ft	\$ 359		\$ 78980
4.3.44.	RF Industries	P2RFD-1671-SS	JCT/800	DIN adapter	1	ea	\$ 44.44		\$ 44.44
4.3.45.	Andrew	SSH78	JCT/800	7/8" snap in hangers	8	boxes	\$ 22.17		\$ 177.36
4.3.46.	PPC	UXP-NF-78FX	JCT/800	7/8" N-FE Connectors	2	ea	\$ 38.00		\$ 76.00
4.3.47.	Andrew	L5SGRIP	JCT/800	Hoisting Grip	1	ea	\$ 15.61		\$ 15.61
4.3.48.	Andrew	SG78-12B2U	JCT/800	Grounding Kit	2	ea	\$ 11.39		\$ 22.77
4.3.49.	Andrew	294573	JCT/800	4" Entry Panel Boot	1	ea	\$ 12.45		\$ 12.45
4.3.50.	Andrew	294698	JCT/800	Cushions, Each for 2 x 7/8"	1	ea	\$ 3.47		\$ 3.47
TOTAL FOR GROUP 5 - JCT/800									\$ 2005.67

GROUP 6 - JCT/UHF2

EXHIBIT A - 4.3. PRICING

4.3.51.	Andrew	AVA5-50FX	JCT/UHF2	UHF-2 feedline	135	ft	\$	4,59	\$ 489.45
4.3.52.	Andrew	SSH-78	JCT/UHF2	7/8" snap in hangers	5	boxes	\$	22.17	\$ 110.85
4.3.53.	PPC	UXP-NF-78FX	JCT/UHF2	7/8" F-FE Connectors	2	ea	\$	28.00	\$ 56.00
4.3.54.	Andrew	L5SGRIP	JCT/UHF2	Hoisting Grip	1	ea	\$	15.61	\$ 15.61
4.3.55.	Andrew	SG78-12B2U	JCT/UHF2	Grounding Kit	2	ea	\$	12.86	\$ 25.72
4.3.56.	Andrew	294573	JCT/UHF2	4" Entry Panel Boot	1	ea	\$	12.45	\$ 12.45
4.3.57.	Andrew	294698	JCT/UHF2	Cushions, Each for 2 x 7/8"	1	ea	\$	3.97	\$ 3.97
TOTAL FOR GROUP 6 - JCT/UHF2									\$ 229.75

GROUP 7 - JCT/RX3									
4.3.58.	Andrew	DB-224-A	JCT/RX3	VHF Spare	1	ea	\$	524.24	\$ 524.24
4.3.59.	Andrew	AVA5-50FX	JCT/RX3	VHF Receive Feedline	135	ft	\$	4.59	\$ 619.65
4.3.60.	Andrew	SSH78	JCT/RX3	7/8" snap in hangers	5	boxes	\$	22.17	\$ 110.85
4.3.61.	PPC	UXP-NF-78FX	JCT/RX3	7/8" N-FE Connectors	2	ea	\$	28.00	\$ 56.00
4.3.62.	Andrew	L5SGRIP	JCT/RX3	Hoisting Grip	1	ea	\$	15.61	\$ 15.61
4.3.63.	Andrew	SG78-12B2U	JCT/RX3	Grounding Kit	2	ea	\$	12.86	\$ 25.72
4.3.64.	Andrew	294573	JCT/RX3	4" Entry Panel Boot	1	ea	\$	12.45	\$ 12.45
4.3.65.	Andrew	294698	JCT/RX3	Cushions, Each for 2 x 7/8"	1	ea	\$	3.97	\$ 3.97
TOTAL FOR GROUP 7 - JCT/RX3									\$ 1229.46

GROUP 8 - JCT/802									
4.3.66.	Andrew	DB-809KE-XT	JCT/802	800 Repeater Antenna	1	ea	\$	858.82	\$ 858.82
4.3.67.	Andrew	AVA5-50FX	JCT/802	800 Repeater Feedline	135	ft	\$	4.59	\$ 619.65
4.3.68.	RF Industries	P2RFD-1671-SS	JCT/802	DIN adapter	1	ea	\$	49.44	\$ 49.44
4.3.69.	Andrew	SSH78	JCT/802	7/8" snap in hangers	5	boxes	\$	22.17	\$ 110.85
4.3.70.	PPC	UXP-NF-78FX	JCT/802	7/8" N-FE Connectors	2	ea	\$	28.00	\$ 56.00
4.3.71.	Andrew	L5SGRIP	JCT/802	Hoisting Grip	1	ea	\$	15.61	\$ 15.61
4.2.72.	Andrew	SG78-12B2U	JCT/802	Grounding Kit	2	ea	\$	12.86	\$ 25.72
TOTAL FOR GROUP 8 - JCT/802									\$ 1618.09

GROUP 9 - JCT/ZIN									
4.3.73.	Andrew	PA-57W-PXA/A	JCT/ZIN	4' Dish	1	ea	\$	1177.17	\$ 1177.17
4.3.74.	Andrew	252SEM	JCT/ZIN	Top Waveguide Flange	1	ea	\$	239.18	\$ 239.18
4.3.75.	Andrew	EW52	JCT/ZIN	Elliptical Waveguide EW52	180	ft	\$	13.79	\$ 2482.20

EXHIBIT A - 4.3. PRICING

4.3.76.	Andrew	252SEM	JCT/ZIN	Bottom waveguide flange	1	ea	\$ 220.18	\$ 220.18
4.3.77.	Andrew	55001-137	JCT/ZIN	Bottom Flange Pressure Window	1	ea	\$ 31.79	\$ 31.79
4.3.78.	Andrew	C137CNDG	JCT/ZIN	Bottom flange N-FE adapter	1	ea	\$ 301.76	\$ 301.76
4.3.79.	Andrew	42396A-8	JCT/ZIN	Snap in hangers	9	boxes	\$ 24.54	\$ 220.86
4.3.80.	Andrew	24312-A	JCT/ZIN	Hoisting Grip	1	ea	\$ 19.91	\$ 19.91
4.3.81.	Andrew	220498	JCT/ZIN	Grounding Kit, 36" lead	2	ea	\$ 34.71	\$ 49.42
4.3.82.	Andrew	294573	JCT/ZIN	4" Entry Panel Boot	1	ea	\$ 12.45	\$ 12.45
4.3.83.	Andrew	HA52C	JCT/ZIN	Single waveguide cushion	1	ea	\$ 2.75	\$ 2.75
TOTAL FOR GROUP 9 - JCT/802								\$ 4239.17

GROUP 10 - ZIN/JCT								
4.3.84.	Andrew	P4-57W-PXA/A	ZIN/JCT	4' Dish	1	ea	\$ 1194.17	\$ 1194.17
4.3.85.	Andrew	252SEM	ZIN/JCT	Top Waveguide Flange	1	ea	\$ 230.18	\$ 230.18
4.3.86.	Andrew	EW52	ZIN/JCT	Elliptical Waveguide EW52	170	ft	\$ 12.59	\$ 2140.30
4.3.87.	Andrew	252SEM	ZIN/JCT	Bottom waveguide flange	1	ea	\$ 230.18	\$ 230.18
4.3.88.	Andrew	55001-137	ZIN/JCT	Bottom Flange Pressure Window	1	ea	\$ 31.29	\$ 31.29
4.3.89.	Andrew	C137CNDG	ZIN/JCT	Bottom flange N-FE adapter	1	ea	\$ 301.18	\$ 301.18
4.3.90.	Andrew	42396A-8	ZIN/JCT	Snap in hangers	9	boxes	\$ 24.54	\$ 220.86
4.3.91.	Andrew	24312-A	ZIN/JCT	Hoisting Grip	1	ea	\$ 19.91	\$ 19.91
4.3.92.	Andrew	220498	ZIN/JCT	Grounding Kit, 36" lead	2	ea	\$ 24.71	\$ 49.42
4.3.93.	Andrew	294573	ZIN/JCT	4" Entry Panel Boot	1	ea	\$ 12.45	\$ 12.45
4.3.94.	Andrew	HA52C	ZIN/JCT	Single waveguide cushion	1	ea	\$ 2.75	\$ 2.75
4.3.95.	Andrew	MOJAVE1	ZIN/JCT	Dehydrator	1	ea	\$ 1226.76	\$ 1226.76
4.3.96.	Andrew	6600D-6	ZIN/JCT	Air manifold and piping	1	ea	\$ 256.16	\$ 256.16
4.3.97.	Andrew	6600D-2	ZIN/JCT	Air manifold and piping	1	ea	\$ 136.17	\$ 136.17
TOTAL FOR GROUP 10 - ZIN/JCT								\$ 6716.73

GROUP 11 - JCT/MCC								
4.3.98.	Andrew	P4-57W-PXA/A	JCT/MCC	4' Dish	1	ea	\$ 1194.17	\$ 1194.17
4.3.99.	Andrew	252SEM	JCT/MCC	Top Waveguide Flange	1	ea	\$ 230.18	\$ 230.18
4.3.100.	Andrew	EW52	JCT/MCC	Elliptical Waveguide EW52	180	ft	\$ 12.59	\$ 2266.20
4.3.101.	Andrew	252SEM	JCT/MCC	Bottom waveguide flange	1	ea	\$ 230.18	\$ 230.18
4.3.102.	Andrew	55001-137	JCT/MCC	Bottom Flange Pressure Window	1	ea	\$ 31.29	\$ 31.29
4.3.103.	Andrew	C137CNDG	JCT/MCC	Bottom flange N-FE adapter	1	ea	\$ 301.18	\$ 301.18

EXHIBIT A - 4.3. PRICING

4.3.104.	Andrew	42396A-8	JCT/MCC	Snap in hangers	9	boxes	\$ 24,514	\$ 620,366
4.3.105.	Andrew	24312-A	JCT/MCC	Hoisting Grip	1	ea	\$ 19,911	\$ 19,911
4.3.106.	Andrew	220498	JCT/MCC	Grounding Kit, 36" lead	2	ea	\$ 24,771	\$ 49,542
4.3.107.	Andrew	294573	JCT/MCC	4" Entry Panel Boot	1	ea	\$ 12,445	\$ 12,445
4.3.108.	Andrew	HA52C	JCT/MCC	Single waveguide cushion	1	ea	\$ 2,775	\$ 2,775
TOTAL FOR GROUP 11 - JCT/MCC								\$ 143,885

GROUP 12 - JCT/GRS								
4.3.109.	Andrew	P4-57W-PXA/A	JCT/GRS	4' Dish	1	ea	\$ 119,412	\$ 119,412
4.3.110.	Andrew	252SEM	JCT/GRS	Top Waveguide Flange	1	ea	\$ 23,618	\$ 23,618
4.3.111.	Andrew	EW52	JCT/GRS	Elliptical Waveguide EW52	165	ft	\$ 227,138	\$ 227,138
4.3.112.	Andrew	252SEM	JCT/GRS	Bottom waveguide flange	1	ea	\$ 22,018	\$ 22,018
4.3.113.	Andrew	55001-137	JCT/GRS	Bottom Flange Pressure Window	1	ea	\$ 31,229	\$ 31,229
4.3.114.	Andrew	C137CNDG	JCT/GRS	Bottom flange N-FE adapter	1	ea	\$ 34,118	\$ 34,118
4.3.115.	Andrew	42396A-8	JCT/GRS	Snap in hangers	9	boxes	\$ 64,514	\$ 620,886
4.3.116.	Andrew	24312-A	JCT/GRS	Hoisting Grip	1	ea	\$ 19,911	\$ 19,911
4.3.117.	Andrew	220498	JCT/GRS	Grounding Kit, 36" lead	2	ea	\$ 24,771	\$ 49,542
4.3.118.	Andrew	294573	JCT/GRS	4" Entry Panel Boot	1	ea	\$ 12,445	\$ 12,445
4.3.119.	Andrew	HA52C	JCT/GRS	Single waveguide cushion	1	ea	\$ 2,775	\$ 2,775
TOTAL FOR GROUP 12 - JCT/GRS								\$ 952,469

GROUP 13 - GRS/JCT								
4.3.120.	Andrew	P4-57W-PXA/A	GRS/JCT	4' Dish	1	ea	\$ 119,412	\$ 119,412
4.3.121.	Andrew	252SEM	GRS/JCT	Top Waveguide Flange	1	ea	\$ 23,618	\$ 23,618
4.3.122.	Andrew	EW52	GRS/JCT	Elliptical Waveguide EW52	190	ft	\$ 22,579	\$ 4,289,180
4.3.123.	Andrew	252SEM	GRS/JCT	Bottom waveguide flange	1	ea	\$ 22,018	\$ 22,018
4.3.124.	Andrew	55001-137	GRS/JCT	Bottom Flange Pressure Window	1	ea	\$ 31,229	\$ 31,229
4.3.125.	Andrew	C137CNDG	GRS/JCT	Bottom flange N-FE adapter	1	ea	\$ 34,118	\$ 34,118
4.3.126.	Andrew	42396A-8	GRS/JCT	Snap in hangers	9	boxes	\$ 24,514	\$ 220,886
4.3.127.	Andrew	24312-A	GRS/JCT	Hoisting Grip	1	ea	\$ 19,911	\$ 19,911
4.3.128.	Andrew	220498	GRS/JCT	Grounding Kit, 36" lead	2	ea	\$ 24,771	\$ 49,542
4.3.129.	Andrew	294573	GRS/JCT	4" Entry Panel Boot	1	ea	\$ 12,445	\$ 12,445
4.3.130.	Andrew	HA52C	GRS/JCT	Single waveguide cushion	1	ea	\$ 2,775	\$ 2,775
4.3.131.	Andrew	MOJAVE1	GRS/JCT	Dehydrator	1	ea	\$ 122,612	\$ 122,612

EXHIBIT A - 4.3. PRICING

4.3.132.	Andrew	6600D-4	GRS/JCT	Air manifold and piping	1	ea	\$ 154,005	\$ 154,005
TOTAL FOR GROUP 13 - GRS/JCT								\$ 154,005

GROUP 14 - ZIN/CEN									
4.3.133.	Andrew	SP4-5.2	ZIN/CEN	4' Dish	1	ea	\$ 1185.66	\$ 1185.66	
4.3.134.	Andrew	SP4-5.2	ZIN/CEN	4' Dish	1	ea	\$ 1185.66	\$ 1185.66	
4.3.135.	Andrew	RD-4	ZIN/CEN	4' Radome	2	ea	\$ 539.52	\$ 1079.04	
TOTAL FOR GROUP 14 - ZIN/CEN								\$ 2393.74	

GROUP 15 - JCT									
4.3.136.	Andrew	WB-K210-B	JCT	Waveguide Bridge Kit	2	ea	\$ 462.92	\$ 925.84	
4.3.137.	Andrew	204673-16	JCT	Entry panel	1	ea	\$ 126.41	\$ 126.41	
4.3.138.	Decibel Products	DB-499-A	JCT	800 Interop + MOSWIN	6	ea	\$ 226.47	\$ 1358.82	
4.3.139.	RFS	1121-6	JCT	VHF Dipoles	6	ea	\$ 122.15	\$ 732.90	
4.3.140.	Laird	FG4503	JCT	UHF Service	1	ea	\$ 83.12	\$ 83.12	
4.3.141.	Laird	FG8063	JCT	800 Service	1	ea	\$ 61.70	\$ 61.70	
4.3.142.	Decibel Products	DB-436-C	JCT	MSHP Monitor	1	ea	\$ 185.29	\$ 185.29	
4.3.143.	Decibel Products	DB-465-OS	JCT	Clamps	10	ea	\$ 38.63	\$ 386.30	
4.3.144.	Decibel Products	DB-5001	JCT	Mounts	3	ea	\$ 160.59	\$ 481.77	
4.3.145.	Times Microwave	LMR-400	JCT	Put Up on 500' Reels	2000	ft	\$ 26.5	\$ 53000.00	
4.3.146.	RF Industries	REN-1006-3i	JCT	N-M connectors for LMR-400	300	ea	\$ 3.60	\$ 1080.00	
4.3.147.	PolyPhaser	AL-LSXM-ME	JCT	Microwave protectors	10	ea	\$ 36.36	\$ 363.60	
4.3.148.	PolyPhaser	VHF50HN-MA	JCT	Surge Protectors Fe-Male	16	ea	\$ 68.58	\$ 1097.28	
TOTAL FOR GROUP 15 - JCT								\$ 9264.23	

GROUP 16 - BHS									
4.3.149.	Decibel Products	DB-224A	BHS	VHF Receive	1	ea	\$ 504.21	\$ 504.21	
4.3.150.	Andrew	AV45-50FX	BHS	7/8" feedline	205	ft	\$ 3.59	\$ 735.95	
4.3.151.	PPC	UXP-NF-78FX	BHS	7/8" N-Fe connectors	2	ea	\$ 45.20	\$ 90.40	
4.3.152.	Andrew	L55GRIP	BHS	Hoisting grip	1	ea	\$ 15.61	\$ 15.61	
4.3.153.	Andrew	SG78-12B2U	BHS	Grounding Kit	2	ea	\$ 12.56	\$ 25.12	
4.3.154.	Andrew	AV45-50FX	BHS	7/8" feedline	130	ft	\$ 3.59	\$ 466.70	
4.3.155.	Andrew	AV45-50FX	BHS	7/8" feedline	130	ft	\$ 3.59	\$ 466.70	
4.3.156.	PPC	UXP-NF-78FX	BHS	7/8" N-Fe connectors	4	ea	\$ 35.00	\$ 140.00	

EXHIBIT A - 4.3. PRICING

4.3.157.	Andrew	LESSGRIP	BHS	Hoisting grip	2	ea	\$ 15.61	\$ 15.61
4.3.158.	Andrew	SG78-12B2U	BHS	Grounding kit	4	ea	\$ 4.86	\$ 19.44
4.3.159.	Andrew	WB-K210-B	BHS	Waveguide Bridge Kit	2	ea	\$ 422.93	\$ 1055.86
4.3.160.	Andrew/-/Line	294573	BHS	Entry Boots - 4" ports	3	ea	\$ 12.45	\$ 37.35
4.3.161.	Andrew/-/Line	294698	BHS	Cushions - Each for 2 x 7/8"	2	ea	\$ 3.47	\$ 6.94
4.3.162.	Andrew/-/Line	294686	BHS	Cushions - Each for 3 x 1/2"	1	ea	\$ 2.07	\$ 2.07
TOTAL FOR GROUP 16 - BHS								\$ 2635.67

GROUP 17 - JCT/ROC									
4.3.163.	Andrew	PL6-57W-PXA/A	JCT/ROC	6' Dish	1	ea	\$ 1880.00	\$ 1880.00	
4.3.164.	Andrew	252SEM	JCT/ROC	Top waveguide flange	1	ea	\$ 230.18	\$ 230.18	
4.3.165.	Andrew	EW52	JCT/ROC	Elliptical Waveguide EW52	195	ft	\$ 26.59	\$ 5185.80	
4.3.166.	Andrew	252SEM	JCT/ROC	Bottom waveguide flange	1	ea	\$ 230.18	\$ 230.18	
4.3.167.	Andrew	55001-137	JCT/ROC	Bottom Flange Pressure Window	1	ea	\$ 31.29	\$ 31.29	
4.3.168.	Andrew	C137CNDG	JCT/ROC	Bottom flange N-FE adapter	1	ea	\$ 301.18	\$ 301.18	
4.3.169.	Andrew	42396A-8	JCT/ROC	Butterfly hangers	2	boxes	\$ 41.54	\$ 19.08	
4.3.170.	Andrew	EMSH-52	JCT/ROC	Snap in hangers	6	boxes	\$ 15.60	\$ 46.80	
4.3.171.	Andrew	24312-A	JCT/ROC	Hoisting Grip	1	ea	\$ 19.91	\$ 19.91	
4.3.172.	Andrew	220498	JCT/ROC	Grounding Kit, 36" lead	2	ea	\$ 41.71	\$ 49.42	
4.3.173.	Andrew	294573	JCT/ROC	4" Entry Panel Boot	1	ea	\$ 12.45	\$ 12.45	
4.3.174.	Andrew	HA52C	JCT/ROC	Single waveguide cushion	1	ea	\$ 2.75	\$ 2.75	
4.3.175.	Andrew	MOJAVE1	JCT/ROC	Dehydrator	1	ea	\$ 1226.26	\$ 1226.26	
4.3.176.	Andrew	6600D-6	JCT/ROC	Air manifold and piping	1	ea	\$ 258.16	\$ 258.16	
4.3.177.	Andrew	6600D-2	JCT/ROC	Air manifold and piping	1	ea	\$ 181.12	\$ 181.12	
TOTAL FOR GROUP 17 - JCT/ROC								\$ 8021.65	

GROUP 18 - ROC/JCT									
4.3.178.	Andrew	PL6-57W-PXA/A	ROC/JCT	6' Dish	1	ea	\$ 1880.00	\$ 1880.00	
4.3.179.	Andrew	252SEM	ROC/JCT	Top waveguide flange	1	ea	\$ 230.18	\$ 230.18	
4.3.180.	Andrew	EW52	ROC/JCT	Elliptical Waveguide EW52	205	ft	\$ 22.59	\$ 4629.90	
4.3.181.	Andrew	252SEM	ROC/JCT	Bottom waveguide flange	1	ea	\$ 230.18	\$ 230.18	
4.3.182.	Andrew	55001-137	ROC/JCT	Bottom Flange Pressure Window	1	ea	\$ 31.29	\$ 31.29	
4.3.183.	Andrew	C137CNDG	ROC/JCT	Bottom flange N-FE adapter	1	ea	\$ 301.18	\$ 301.18	
4.3.184.	Andrew	42396A-8	ROC/JCT	Butterfly hangers	1	boxes	\$ 41.54	\$ 19.07	

EXHIBIT A - 4.3. PRICING

4.3.185.	Andrew	EW5H-52	ROC/JCT	Snap in hangers	6	boxes	\$ 12.00	\$ 72.00
4.3.186.	Andrew	SSH-78	ROC/JCT	Snap in hangers	25	boxes	\$ 4.17	\$ 104.25
4.3.187.	Andrew	CS-B-2	ROC/JCT	Cluster Support Bracket w/ U-bolt	60	ea	\$ 20.91	\$ 1254.60
4.3.188.	Andrew	24312-A	ROC/JCT	Hoisting Grip	1	ea	\$ 19.91	\$ 19.91
4.3.189.	Andrew	220498	ROC/JCT	Grounding Kit, 36" lead	2	ea	\$ 24.91	\$ 49.82
4.3.190.	Andrew	294573	ROC/JCT	4" Entry Panel Boot	1	ea	\$ 12.45	\$ 12.45
4.3.191.	Andrew	HA52C	ROC/JCT	Single waveguide cushion	1	ea	\$ 2.75	\$ 2.75
4.3.192.	Andrew	MOJAVE1	ROC/JCT	Dehydrator	1	ea	\$ 172.61	\$ 172.61
4.3.193.	Andrew	6600D-4	ROC/JCT	Air manifold and piping	1	ea	\$ 181.65	\$ 181.65
TOTAL FOR GROUP 18 - ROC/JCT								\$ 2209.31
GRAND TOTAL FOR ALL GROUPS								\$ 290279.29

9409 31
7/16/11

(Please complete and return with Bid)

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.

Alison M. Hix Sales
Name and Title of Authorized Representative

Alison Hix 11-23-15
Signature Date



BOONE COUNTY, MISSOURI
Request for Bid #: 75-24NOV15 – Antenna / Feedline Equipment

ADDENDUM #1 - Issued November 17, 2015

This addendum is issued and is hereby incorporated into and made a part of the Request for Bid Documents. Bidders are reminded that receipt of this addendum should be acknowledged and submitted with Bidder's response.

Specifications for the above noted Request for Bid 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.

1. CHANGE item in section 4.3.7. from DB465-OS to DB365-OS.
2. Regarding section 4.3.93. and 4.3.94., the HA-52C cushion and companion 294573 boot may be substituted by a WGB4-52 cushion/boot combo.

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

BIDDER has examined **Addendum #1** to Request for Bid# 75-24NOV15 – Antenna / Feedline Equipment for Boone County Purchasing, receipt of which is hereby acknowledged:

Company Name: Talley Inc
Address: 19935 W 57th Street Guthrie KS 66052
Phone Number: 913-390-8484 Fax Number: 913-390-5075
E-mail: amills@talley.com.com
Authorized Representative Signature: Allison Mills Date: 11-23-15
Authorized Representative Printed Name: Allison Mills



BOONE COUNTY, MISSOURI
Request for Bid #: 75-24NOV15 – Antenna / Feedline Equipment

ADDENDUM #2 - Issued November 19, 2015

This addendum is issued and is hereby incorporated into and made a part of the Request for Bid Documents. Bidders are reminded that receipt of this addendum should be acknowledged and submitted with Bidder's response.

Specifications for the above noted Request for Bid 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.

The County received the following question and is providing a response below:

Question: I saw the addendum # 1 for the above bid. HA52C (cushion) was for quantity of 7 and 294573 (4" boot) was for quantity 15. What quantity should we quote for the WGB4-52 then?

Response: If vendor wishes to substitute HA52C cushion with WGB4-52 cushion boot combo, it would be one combo for each individual cushion. Additional boots were included for separate cushions to accommodate other feedlines.

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

BIDDER has examined **Addendum #2** to Request for Bid# 75-24NOV15 – Antenna / Feedline Equipment for Boone County Purchasing, receipt of which is hereby acknowledged:

Company Name: Talley Inc
Address: 14935 W 157th St Cluthe KS 66662
Phone Number: 413-390-8484 Fax Number: 413-390-5275
E-mail: am.113@talley.com.com
Authorized Representative Signature: Alison Mills Date: 11-23-15
Authorized Representative Printed Name: Alison Mills



BOONE COUNTY, MISSOURI
Request for Bid #: 75-24NOV15 – Antenna / Feedline Equipment

ADDENDUM #3 - Issued November 24, 2015

This addendum is issued and is hereby incorporated into and made a part of the Request for Bid Documents. Bidders are reminded that receipt of this addendum should be acknowledged and submitted with Bidder's response.

Specifications for the above noted Request for Bid 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.

CHANGE Bid Submission and Bid Opening date and time to:

Day/Date: Monday, November 30, 2015
Time: 2:00 p.m. central time

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

BIDDER has examined **Addendum #3** to Request for Bid# 75-24NOV15 – Antenna / Feedline Equipment for Boone County Purchasing, receipt of which is hereby acknowledged:

Company Name: Talley Inc
Address: 19935 W 1574th St Olathe KS 66062
Phone Number: 913-390-8484 Fax Number: 913-390-5275
E-mail: amills @ talley.com.com
Authorized Representative Signature: Allison Mills Date: 11-24-15
Authorized Representative Printed Name: Allison Mills

EXHIBIT A - 4.3. PRICING

Item #	Brand	Model	Site/Label ID	Description	Qty.	U/M	Unit Price	Extended
GROUP 1 FOR ECC								
4.3.1.	Decibel Products	DB-499-A	ECC	800 Yagi	4	ea	\$	\$
4.3.2.	Decibel Products	DB-436-C	ECC	UHF Yagi	2	ea	\$	\$
4.3.3.	Telewave	ANT150F2	ECC	VHF Backup	5	ea	\$	\$
4.3.4.	RFS	1121-6	ECC	Control Station/Single Dipole	12	ea	\$	\$
4.3.5.	CommScope	MT-651-108	ECC	Antenna Mounting Pipes	18	ea	\$	\$
4.3.6.	CommScope	XP-2040	ECC	Crossover Brackets	36	ea	\$	\$
4.3.7.	CommScope	DB-465-OS	ECC	Clamps	19	ea	\$	\$
4.3.8	Decibel Products	DB-5012	ECC	Mounts to split for GPS	3	ea	\$	\$
4.3.9.	Times Microwave	LMR-600	ECC	Put up on 500' Reels	4000	ft	\$	\$
4.3.10.	RF Industries	RFN-1006-2L2	ECC	N-M connectors for LMR-600	40	ea	\$	\$
4.3.11.	RF Industries	RFN-1028-2L2	ECC	N-F connectors for LMR-600	60	ea	\$	\$
4.3.12.	RF Industries	RFA-4009-20	ECC	LMR-600 crimp tool	1	ea	\$	\$
4.3.13.	RF Industries	RFA-4009-01	ECC	LMR-600 crimp dies	1	ea	\$	\$
4.3.14.	Times Microwave	CST-600	ECC	LMR-600 prep tool	1	ea	\$	\$
4.3.15.	Times Microwave	LMR-400	ECC	Put Up on 500' Reels	1500	ft	\$	\$
4.3.16.	RF Industries	RFN-1006-3i	ECC	N-M connectors for LMR-400	200	ea	\$	\$
4.3.17.	PolyPhaser	VHF50HN-MA	ECC	Surge Protectors Fe-Male	16	ea	\$	\$
4.3.18.	PolyPhaser	VHF50HN	ECC	Surge Protectors Fe-Fe	30	ea	\$	\$
4.3.19.	PolyPhaser	DGXZ-06NFNF-A	ECC	Surge Proetectors for GPS	4	ea	\$	\$
TOTAL FOR GROUP 1 - ECC								\$
GROUP 2 - JCT/RX1								
4.3.20.	Andrew	AVA5-50FX	JCT/RX1	VHF Receive Feedline	220	ft	\$	\$
4.3.21.	Andrew	SSH78	JCT/RX1	7/8" snap in hangers	8	boxes	\$	\$
4.3.22.	PPC	UXP-NF-78FX	JCT/RX1	7/8" N-FE Connectors	2	ea	\$	\$
4.3.23.	Andrew	L5SGRIP	JCT/RX1	Hoisting Grip	1	ea	\$	\$
4.3.24.	Andrew	SG78-12B2U	JCT/RX1	Grounding Kit	2	ea	\$	\$
4.3.25.	Andrew	294573	JCT/RX1	4" Entry Panel Boot	1	ea	\$	\$
4.3.26.	Andrew	294698	JCT/RX1	Cushions, Each for 2 x 7/8"	1	ea	\$	\$
TOTAL FOR GROUP 2 - JCT/RX1								\$

EXHIBIT A - 4.3. PRICING

GROUP 3 - JCT/RX2								
4.3.27.	Andrew	AVA5-50FX	JCT/RX2	VHF Receive Feedline	220	ft	\$	\$
4.3.28.	Andrew	SSH78	JCT/RX2	7/8" snap in hangers	8	boxes	\$	\$
4.3.29.	PPC	UXP-NF-78FX	JCT/RX2	7/8" N-FE Connectors	2	ea	\$	\$
4.3.30.	Andrew	L5SGRIP	JCT/RX2	Hoisting Grip	1	ea	\$	\$
4.3.31.	Andrew	SG78-12B2U	JCT/RX2	Grounding Kit	2	ea	\$	\$
4.3.32.	Andrew	294573	JCT/RX2	4" Entry Panel Boot	1	ea	\$	\$
4.3.33.	Andrew	294698	JCT/RX2	Cushions, Each for 2 x 7/8"	1	ea	\$	\$
TOTAL FOR GROUP 3 - JCT/RX2								\$
GROUP 4 - JCT/UHF								
4.3.34.	Andrew	DB-420-B	JCT/UHF	UHF Repeater Antenna	1	ea	\$	\$
4.3.35.	Andrew	AVA5-50FX	JCT/UHF	UHF Repeater Feedline	220	ft	\$	\$
4.3.36.	Andrew	SSH78	JCT/UHF	7/8" snap in hangers	8	boxes	\$	\$
4.3.37.	PPC	UXP-NF-78FX	JCT/UHF	7/8" N-FE Connectors	2	ea	\$	\$
4.3.38.	Andrew	L5SGRIP	JCT/UHF	Hoisting Grip	1	ea	\$	\$
4.3.39.	Andrew	SG78-12B2U	JCT/UHF	Grounding Kit	2	ea	\$	\$
4.3.40.	Andrew	294573	JCT/UHF	4" Entry Panel Boot	1	ea	\$	\$
4.3.41.	Andrew	294698	JCT/UHF	Cushions, Each for 2 x 7/8"	1	ea	\$	\$
TOTAL FOR GROUP 4 - JCT/UHF								\$
GROUP 5 - JCT/800								
4.3.42.	Andrew	DB-809KE-XT	JCT/800	800 Repeater Antenna	1	ea	\$	\$
4.3.43.	Andrew	AVA5-50FX	JCT/800	800 Repeater Feedline	220	ft	\$	\$
4.3.44.	RF Industries	P2RFD-1671-SS	JCT/800	DIN adapter	1	ea	\$	\$
4.3.45.	Andrew	SSH78	JCT/800	7/8" snap in hangers	8	boxes	\$	\$
4.3.46.	PPC	UXP-NF-78FX	JCT/800	7/8" N-FE Connectors	2	ea	\$	\$
4.3.47.	Andrew	L5SGRIP	JCT/800	Hoisting Grip	1	ea	\$	\$
4.3.48.	Andrew	SG78-12B2U	JCT/800	Grounding Kit	2	ea	\$	\$
4.3.49.	Andrew	294573	JCT/800	4" Entry Panel Boot	1	ea	\$	\$
4.3.50.	Andrew	294698	JCT/800	Cushions, Each for 2 x 7/8"	1	ea	\$	\$
TOTAL FOR GROUP 5 - JCT/800								\$
GROUP 6 - JCT/UHF2								

EXHIBIT A - 4.3. PRICING

4.3.51.	Andrew	AVA5-50FX	JCT/UHF2	UHF-2 feedline	135	ft	\$	\$
4.3.52.	Andrew	SSH-78	JCT/UHF2	7/8" snap in hangers	5	boxes	\$	\$
4.3.53.	PPC	UXP-NF-78FX	JCT/UHF2	7/8" F-FE Connectors	2	ea	\$	\$
4.3.54.	Andrew	L5SGRIP	JCT/UHF2	Hoisting Grip	1	ea	\$	\$
4.3.55.	Andrew	SG78-12B2U	JCT/UHF2	Grounding Kit	2	ea	\$	\$
4.3.56.	Andrew	294573	JCT/UHF2	4" Entry Panel Boot	1	ea	\$	\$
4.3.57.	Andrew	294698	JCT/UHF2	Cushions, Each for 2 x 7/8"	1	ea	\$	\$
TOTAL FOR GROUP 6 - JCT/UHF2								\$

GROUP 7 - JCT/RX3

4.3.58.	Andrew	DB-224-A	JCT/RX3	VHF Spare	1	ea	\$	\$
4.3.59.	Andrew	AVA5-50FX	JCT/RX3	VHF Receive Feedline	135	ft	\$	\$
4.3.60.	Andrew	SSH78	JCT/RX3	7/8" snap in hangers	5	boxes	\$	\$
4.3.61.	PPC	UXP-NF-78FX	JCT/RX3	7/8" N-FE Connectors	2	ea	\$	\$
4.3.62.	Andrew	L5SGRIP	JCT/RX3	Hoisting Grip	1	ea	\$	\$
4.3.63.	Andrew	SG78-12B2U	JCT/RX3	Grounding Kit	2	ea	\$	\$
4.3.64.	Andrew	294573	JCT/RX3	4" Entry Panel Boot	1	ea	\$	\$
4.3.65.	Andrew	294698	JCT/RX3	Cushions, Each for 2 x 7/8"	1	ea	\$	\$
TOTAL FOR GROUP 7 - JCT/RX3								\$

GROUP 8 - JCT/802

4.3.66.	Andrew	DB-809KE-XT	JCT/802	800 Repeater Antenna	1	ea	\$	\$
4.3.67.	Andrew	AVA5-50FX	JCT/802	800 Repeater Feedline	135	ft	\$	\$
4.3.68.	RF Industries	P2RFD-1671-SS	JCT/802	DIN adapter	1	ea	\$	\$
4.3.69.	Andrew	SSH78	JCT/802	7/8" snap in hangers	5	boxes	\$	\$
4.3.70.	PPC	UXP-NF-78FX	JCT/802	7/8" N-FE Connectors	2	ea	\$	\$
4.3.71.	Andrew	L5SGRIP	JCT/802	Hoisting Grip	1	ea	\$	\$
4.2.72.	Andrew	SG78-12B2U	JCT/802	Grounding Kit	2	ea	\$	\$
TOTAL FOR GROUP 8 - JCT/802								\$

GROUP 9 - JCT/ZIN

4.3.73.	Andrew	P4-57W-PXA/A	JCT/ZIN	4' Dish	1	ea	\$	\$
4.3.74.	Andrew	252SEM	JCT/ZIN	Top Waveguide Flange	1	ea	\$	\$
4.3.75.	Andrew	EW52	JCT/ZIN	Elliptical Waveguide EW52	180	ft	\$	\$

EXHIBIT A - 4.3. PRICING

4.3.76.	Andrew	252SEM	JCT/ZIN	Bottom waveguide flange	1	ea	\$	\$
4.3.77.	Andrew	55001-137	JCT/ZIN	Bottom Flange Pressure Window	1	ea	\$	\$
4.3.78.	Andrew	C137CNDG	JCT/ZIN	Bottom flange N-FE adapter	1	ea	\$	\$
4.3.79.	Andrew	42396A-8	JCT/ZIN	Snap in hangers	9	boxes	\$	\$
4.3.80.	Andrew	24312-A	JCT/ZIN	Hoisting Grip	1	ea	\$	\$
4.3.81.	Andrew	220498	JCT/ZIN	Grounding Kit, 36" lead	2	ea	\$	\$
4.3.82.	Andrew	294573	JCT/ZIN	4" Entry Panel Boot	1	ea	\$	\$
4.3.83.	Andrew	HA52C	JCT/ZIN	Single waveguide cushion	1	ea	\$	\$
TOTAL FOR GROUP 9 - JCT/802								\$

GROUP 10 - ZIN/JCT

4.3.84.	Andrew	P4-57W-PXA/A	ZIN/JCT	4' Dish	1	ea	\$	\$
4.3.85.	Andrew	252SEM	ZIN/JCT	Top Waveguide Flange	1	ea	\$	\$
4.3.86.	Andrew	EW52	ZIN/JCT	Elliptical Waveguide EW52	170	ft	\$	\$
4.3.87.	Andrew	252SEM	ZIN/JCT	Bottom waveguide flange	1	ea	\$	\$
4.3.88.	Andrew	55001-137	ZIN/JCT	Bottom Flange Pressure Window	1	ea	\$	\$
4.3.89.	Andrew	C137CNDG	ZIN/JCT	Bottom flange N-FE adapter	1	ea	\$	\$
4.3.90.	Andrew	42396A-8	ZIN/JCT	Snap in hangers	9	boxes	\$	\$
4.3.91.	Andrew	24312-A	ZIN/JCT	Hoisting Grip	1	ea	\$	\$
4.3.92.	Andrew	220498	ZIN/JCT	Grounding Kit, 36" lead	2	ea	\$	\$
4.3.93.	Andrew	294573	ZIN/JCT	4" Entry Panel Boot	1	ea	\$	\$
4.3.94.	Andrew	HA52C	ZIN/JCT	Single waveguide cushion	1	ea	\$	\$
4.3.95.	Andrew	MOJAVE1	ZIN/JCT	Dehydrator	1	ea	\$	\$
4.3.96.	Andrew	6600D-6	ZIN/JCT	Air manifold and piping	1	ea	\$	\$
4.3.97.	Andrew	6600D-2	ZIN/JCT	Air manifold and piping	1	ea	\$	\$
TOTAL FOR GROUP 10 - ZIN/JCT								\$

GROUP 11 - JCT/MCC

4.3.98.	Andrew	P4-57W-PXA/A	JCT/MCC	4' Dish	1	ea	\$	\$
4.3.99.	Andrew	252SEM	JCT/MCC	Top Waveguide Flange	1	ea	\$	\$
4.3.100.	Andrew	EW52	JCT/MCC	Elliptical Waveguide EW52	180	ft	\$	\$
4.3.101.	Andrew	252SEM	JCT/MCC	Bottom waveguide flange	1	ea	\$	\$
4.3.102.	Andrew	55001-137	JCT/MCC	Bottom Flange Pressure Window	1	ea	\$	\$
4.3.103.	Andrew	C137CNDG	JCT/MCC	Bottom flange N-FE adapter	1	ea	\$	\$

EXHIBIT A - 4.3. PRICING

4.3.104.	Andrew	42396A-8	JCT/MCC	Snap in hangers	9	boxes	\$	\$
4.3.105.	Andrew	24312-A	JCT/MCC	Hoisting Grip	1	ea	\$	\$
4.3.106.	Andrew	220498	JCT/MCC	Grounding Kit, 36" lead	2	ea	\$	\$
4.3.107.	Andrew	294573	JCT/MCC	4" Entry Panel Boot	1	ea	\$	\$
4.3.108.	Andrew	HA52C	JCT/MCC	Single waveguide cushion	1	ea	\$	\$
TOTAL FOR GROUP 11 - JCT/MCC								\$

GROUP 12 - JCT/GRS

4.3.109.	Andrew	P4-57W-PXA/A	JCT/GRS	4' Dish	1	ea	\$	\$
4.3.110.	Andrew	252SEM	JCT/GRS	Top Waveguide Flange	1	ea	\$	\$
4.3.111.	Andrew	EW52	JCT/GRS	Elliptical Waveguide EW52	165	ft	\$	\$
4.3.112.	Andrew	252SEM	JCT/GRS	Bottom waveguide flange	1	ea	\$	\$
4.3.113.	Andrew	55001-137	JCT/GRS	Bottom Flange Pressure Window	1	ea	\$	\$
4.3.114.	Andrew	C137CNDG	JCT/GRS	Bottom flange N-FE adapter	1	ea	\$	\$
4.3.115.	Andrew	42396A-8	JCT/GRS	Snap in hangers	9	boxes	\$	\$
4.3.116.	Andrew	24312-A	JCT/GRS	Hoisting Grip	1	ea	\$	\$
4.3.117.	Andrew	220498	JCT/GRS	Grounding Kit, 36" lead	2	ea	\$	\$
4.3.118.	Andrew	294573	JCT/GRS	4" Entry Panel Boot	1	ea	\$	\$
4.3.119.	Andrew	HA52C	JCT/GRS	Single waveguide cushion	1	ea	\$	\$
TOTAL FOR GROUP 12 - JCT/GRS								\$

GROUP 13 - GRS/JCT

4.3.120.	Andrew	P4-57W-PXA/A	GRS/JCT	4' Dish	1	ea	\$	\$
4.3.121.	Andrew	252SEM	GRS/JCT	Top Waveguide Flange	1	ea	\$	\$
4.3.122.	Andrew	EW52	GRS/JCT	Elliptical Waveguide EW52	190	ft	\$	\$
4.3.123.	Andrew	252SEM	GRS/JCT	Bottom waveguide flange	1	ea	\$	\$
4.3.124.	Andrew	55001-137	GRS/JCT	Bottom Flange Pressure Window	1	ea	\$	\$
4.3.125.	Andrew	C137CNDG	GRS/JCT	Bottom flange N-FE adapter	1	ea	\$	\$
4.3.126.	Andrew	42396A-8	GRS/JCT	Snap in hangers	9	boxes	\$	\$
4.3.127.	Andrew	24312-A	GRS/JCT	Hoisting Grip	1	ea	\$	\$
4.3.128.	Andrew	220498	GRS/JCT	Grounding Kit, 36" lead	2	ea	\$	\$
4.3.129.	Andrew	294573	GRS/JCT	4" Entry Panel Boot	1	ea	\$	\$
4.3.130.	Andrew	HA52C	GRS/JCT	Single waveguide cushion	1	ea	\$	\$
4.3.131.	Andrew	MOJAVE1	GRS/JCT	Dehydrator	1	ea	\$	\$

EXHIBIT A - 4.3. PRICING

4.3.132.	Andrew	6600D-4	GRS/JCT	Air manifold and piping	1	ea	\$	\$
TOTAL FOR GROUP 13 - GRS/JCT								\$
GROUP 14 - ZIN/CEN								
4.3.133.	Radiowaves	SP4-5.2	ZIN/CEN	4' Dish	1	ea	\$	\$
4.3.134.	Radiowaves	SP4-5.2	ZIN/CEN	4' Dish	1	ea	\$	\$
4.3.135.	Radiowaves	RD-4	ZIN/CEN	4' Radome	2	ea	\$	\$
TOTAL FOR GROUP 14 - ZIN/CEN								\$
GROUP 15 - JCT								
4.3.136.	Andrew	WB-K210-B	JCT	Waveguide Bridge Kit	2	ea	\$	\$
4.3.137.	Andrew	204673-16	JCT	Entry panel	1	ea	\$	\$
4.3.138.	Decibel Products	DB-499-A	JCT	800 Interop + MOSWIN	6	ea	\$	\$
4.3.139.	RFS	1121-6	JCT	VHF Dipoles	6	ea	\$	\$
4.3.140.	Laird	FG4503	JCT	UHF Service	1	ea	\$	\$
4.3.141.	Laird	FG8063	JCT	800 Service	1	ea	\$	\$
4.3.142.	Decibel Products	DB-436-C	JCT	MSP Monitor	1	ea	\$	\$
4.3.143.	Decibel Products	DB-465-OS	JCT	Clamps	10	ea	\$	\$
4.3.144.	Decibel Products	DB-5001	JCT	Mounts	3	ea	\$	\$
4.3.145.	Times Microwave	LMR-400	JCT	Put Up on 500' Reels	2000	ft	\$	\$
4.3.146.	RF Industries	RFN-1006-3i	JCT	N-M connectors for LMR-400	300	ea	\$	\$
4.3.147.	PolyPhaser	AL-LSXM-ME	JCT	Microwave protectors	10	ea	\$	\$
4.3.148.	PolyPhaser	VHF50HN-MA	JCT	Surge Protectors Fe-Male	16	ea	\$	\$
TOTAL FOR GROUP 15 - JCT								\$
GROUP 16 - BHS								
4.3.149.	Decibel Products	DB-224A	BHS	VHF Receive	1	ea	\$	\$
4.3.150.	Andrew	AVA5-50FX	BHS	7/8" feedline	205	ft	\$	\$
4.3.151.	PPC	UXP-NF-78FX	BHS	7/8" N-Fe connectors	2	ea	\$	\$
4.3.152.	Andrew	L5SGRIP	BHS	Hoisting grip	1	ea	\$	\$
4.3.153.	Andrew	SG78-12B2U	BHS	Grounding Kit	2	ea	\$	\$
4.3.154.	Andrew	AVA5-50FX	BHS	7/8" feedline	130	ft	\$	\$
4.3.155.	Andrew	AVA5-50FX	BHS	7/8" feedline	130	ft	\$	\$
4.3.156.	PPC	UXP-NF-78FX	BHS	7/8" N-Fe connectors	4	ea	\$	\$

EXHIBIT A - 4.3. PRICING

4.3.157.	Andrew	L5SGRIP	BHS	Hoisting grip	2	ea	\$	\$
4.3.158.	Andrew	SG78-12B2U	BHS	Grounding kit	4	ea	\$	\$
4.3.159.	Andrew	WB-K210-B	BHS	Waveguide Bridge Kit	2	ea	\$	\$
4.3.160.	Andrew/I-Line	294573	BHS	Entry Boots - 4" ports	3	ea	\$	\$
4.3.161.	Andrew/I-Line	294698	BHS	Cushions - Each for 2 x 7/8"	2	ea	\$	\$
4.3.162.	Andrew/I-Line	294686	BHS	Cushions - Each for 3 x 1/2"	1	ea	\$	\$
TOTAL FOR GROUP 16 - BHS								\$

GROUP 17 - JCT/ROC

4.3.163.	Andrew	PL6-57W-PXA/A	JCT/ROC	6' Dish	1	ea	\$	\$
4.3.164.	Andrew	252SEM	JCT/ROC	Top waveguide flange	1	ea	\$	\$
4.3.165.	Andrew	EW52	JCT/ROC	Elliptical Waveguide EW52	195	ft	\$	\$
4.3.166.	Andrew	252SEM	JCT/ROC	Bottom waveguide flange	1	ea	\$	\$
4.3.167.	Andrew	55001-137	JCT/ROC	Bottom Flange Pressure Window	1	ea	\$	\$
4.3.168.	Andrew	C137CNDG	JCT/ROC	Bottom flange N-FE adapter	1	ea	\$	\$
4.3.169.	Andrew	42396A-8	JCT/ROC	Butterfly hangers	2	boxes	\$	\$
4.3.170.	Andrew	EW5H-52	JCT/ROC	Snap in hangers	6	boxes	\$	\$
4.3.171.	Andrew	24312-A	JCT/ROC	Hoisting Grip	1	ea	\$	\$
4.3.172.	Andrew	220498	JCT/ROC	Grounding Kit, 36" lead	2	ea	\$	\$
4.3.173.	Andrew	294573	JCT/ROC	4" Entry Panel Boot	1	ea	\$	\$
4.3.174.	Andrew	HA52C	JCT/ROC	Single waveguide cushion	1	ea	\$	\$
4.3.175.	Andrew	MOJAVE1	JCT/ROC	Dehydrator	1	ea	\$	\$
4.3.176.	Andrew	6600D-6	JCT/ROC	Air manifold and piping	1	ea	\$	\$
4.3.177.	Andrew	6600D-2	JCT/ROC	Air manifold and piping	1	ea	\$	\$
TOTAL FOR GROUP 17 - JCT/ROC								\$

GROUP 18 - ROC/JCT

4.3.178.	Andrew	PL6-57W-PXA/A	ROC/JCT	6' Dish	1	ea	\$	\$
4.3.179.	Andrew	252SEM	ROC/JCT	Top waveguide flange	1	ea	\$	\$
4.3.180.	Andrew	EW52	ROC/JCT	Elliptical Waveguide EW52	205	ft	\$	\$
4.3.181.	Andrew	252SEM	ROC/JCT	Bottom waveguide flange	1	ea	\$	\$
4.3.182.	Andrew	55001-137	ROC/JCT	Bottom Flange Pressure Window	1	ea	\$	\$
4.3.183.	Andrew	C137CNDG	ROC/JCT	Bottom flange N-FE adapter	1	ea	\$	\$
4.3.184.	Andrew	42396A-8	ROC/JCT	Butterfly hangers	1	boxes	\$	\$

EXHIBIT A - 4.3. PRICING

4.3.185.	Andrew	EWSH-52	ROC/JCT	Snap in hangers	6	boxes	\$	\$
4.3.186.	Andrew	SSH-78	ROC/JCT	Snap in hangers	25	boxes	\$	\$
4.3.187.	Andrew	CS-B-2	ROC/JCT	Cluster Support Bracket w/ U-bolt	60	ea	\$	\$
4.3.188.	Andrew	24312-A	ROC/JCT	Hoisting Grip	1	ea	\$	\$
4.3.189.	Andrew	220498	ROC/JCT	Grounding Kit, 36" lead	2	ea	\$	\$
4.3.190.	Andrew	294573	ROC/JCT	4" Entry Panel Boot	1	ea	\$	\$
4.3.191.	Andrew	HA52C	ROC/JCT	Single waveguide cushion	1	ea	\$	\$
4.3.192.	Andrew	MOJAVE1	ROC/JCT	Dehydrator	1	ea	\$	\$
4.3.193.	Andrew	6600D-4	ROC/JCT	Air manifold and piping	1	ea	\$	\$
TOTAL FOR GROUP 18 - ROC/JCT								\$
GRAND TOTAL FOR ALL GROUPS								\$



Boone County Purchasing
613 E. Ash Street, Room 110
Columbia, Mo 65201

REQUEST FOR BID (RFB)

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

Bid Data

Bid Number: **75-24NOV15**

Commodity Title: **Antenna / Feedline Equipment for the Emergency Communication Center Project, the Battle School Project, and the Rocheport Microwave Improvement Project.**

DIRECT ANY BID FORMAT OR SUBMISSION QUESTIONS TO PURCHASING DEPT.

Bid Submission Address and Deadline

Day/Date: **Tuesday, November 24, 2015**
Time: **9:30 a.m.** central time (Bids received after this time will be returned unopened)

Location/Mail Address: Boone County Purchasing Department
Boone County Annex Building
613 E. Ash, Room 110
Columbia, MO 65201

Directions: *Annex Building is located at corner of 7th & Ash St.*

Bid Opening

Day Date: **Tuesday, November 24, 2015**
Time: **9:30 a.m.** Central Time

Location Address: Boone County Purchasing
Boone County Annex Building, Conference Room
613 E. Ash Street
Columbia, MO 65201

Bid Contents

1.0: Introduction and General Conditions of Bidding
2.0: Primary Specifications
3.0: Response Presentation and Review
4.0: Response Form

Attachments: "No Bid" Response Form
Standard Terms and Conditions
Debarment Form

1. Introduction and General Conditions of Bidding

- 1.1. **INVITATION** – The County of Boone, through its Purchasing Department, invites responses, which offer to provide the goods and/or services identified on the title page, and described in greater detail in Section 2.
- 1.2. **DEFINITIONS**
- 1.2.1. **County** – This term refers to the County of Boone, a duly organized public entity. It may also be used as a pronoun for various subsets of the County organization, including, as the context will indicate:
- 1.2.2. *Purchasing* – The Purchasing Department, including its Purchasing Director and staff.
- 1.2.3. *Department/s or Office/s* – The County Department/s or Office/s for which this Bid is prepared, and which will be the end user/s of the goods and/or services sought.
- 1.2.4. *Designee* – The County employee/s assigned as your primary contact/s for interaction regarding Contract performance.
- 1.2.5. **Bidder / Contractor / Supplier** – These terms refer generally to businesses having some sort of relations to or with us. The term may apply differently to different classes of entities, as the context will indicate.
- 1.2.6. *Bidder* – Any business entity submitting a response to this Bid. Suppliers, which may be invited to respond, or which express interest in this bid, but which do not submit a response, have no obligations with respect to the bid requirements.
- 1.2.7. *Contractor* – The Bidder whose response to this bid is found by Purchasing to meet the best interests of the County. The Contractor will be selected for award, and will enter into a Contract for provision of the goods and/or services described in the Bid.
- 1.2.8. *Supplier* – All business/entities which may provide the subject goods and/or services.
- 1.2.9. **Bid** – This entire document, including attachments. A Bid may be used to solicit various kinds of information. The kind of information this Bid seeks is indicated by the title appearing at the top of the first page. An “Invitation for Bid” is used when the need is well defined. An “Invitation for Proposal” is used when the County will consider solutions, which may vary significantly from each other or from the County’s initial expectations.
- 1.2.10. **Response** – The written, sealed document submitted according to the Bid instructions.
- 1.3. **BID CLARIFICATION** – Questions regarding this Bid should be directed in writing, preferably by e-mail, to the Purchasing Department. Answers, citing the question asked but not identifying the questioner, will be distributed simultaneously to all known prospective Bidders. Note: written requirements in the Bid or its Addenda are binding, but any oral communications between County and Bidder are not.
- 1.4. **Bidder Responsibility** – The Bidder is expected to be thoroughly familiar with all specifications and requirements of this Bid. Bidder’s failure or omission to examine any relevant form, article, site or document will not relieve them from any obligation regarding this Bid. By submitting a Response, Bidder is presumed to concur with all terms, conditions and specifications of this Bid.
- 1.5. **Bid Addendum** – If it becomes evident that this Bid must be amended, the Purchasing Department will issue a formal written Addendum to all known prospective Bidders. If necessary, a new due date will be established.
- 1.6. **AWARD** – Award will be made to the Bidder/s whose offer/s provide the greatest value to the County from the standpoint of suitability to purpose, quality, service, previous experience, price, lifecycle cost, ability to deliver, or for any other reason deemed by Purchasing to be in the best interest of the County. Thus, the result will not be determined by price alone. The County will be seeking the least costly outcome that meets the County needs as interpreted by the County.

- 1.7. **CONTRACT EXECUTION** – This Bid and the Contractor’s Response will be made part of any resultant Contract and will be incorporated in the Contract as set forth, verbatim.
- 1.8. **Precedence** – In the event of contradictions or conflicts between the provisions of the documents comprising this Contract, they will be resolved by giving precedence in the following order:
 - 1) the provisions of the Contract (as it may be amended);
 - 2) the provisions of the Bid;
 - 3) the provisions of the Bidder’s Response.
- 1.9. **COMPLIANCE WITH STANDARD TERMS AND CONDITIONS** – Bidder agrees to be bound by the County’s standard “boilerplate” terms and conditions for Contracts, a sample of which is attached to this Bid.

2. Primary Specifications

2.1 GENERAL

2.1.1 These specifications describe a series of antennas, feedlines, connectors and general RF hardware to be used in conjunction with the operation of a microwave radio- linked land mobile two-way radio system operated by County.

2.1.2. Contractor shall be responsible for providing all the specified equipment and all standard advertised hardware accessories.

2.1.3. All equipment will be factory new, not reconditioned, and in current production at time of delivery.

2.1.4. Substitutions or proposed equivalent products are not accepted for this procurement.

2.2 PACKAGING

2.2.1. Shipment shall be made in cartons skids following the grouping of items listed in "Site Label ID" column of the specifications.

2.2.2. Materials for only one Site/Label ID per carton/skid will be allowed. Combining materials for multiple sites into single carton/skid is not allowed.

2.2.3. For large quantities of equipment for the same Site/Label ID, multiple cartons/skids are allowed.

2.2.4. All cartons skids shall be delivered to:
Boone County Fire Protection District
2201 I-70 Drive Northwest
Columbia, MO 65202
Telephone Contact for delivery drivers is: 573-447-5000

2.2.5. Site/Label ID from the equipment chart shall be marked on outside of all shipping cartons skids for respective equipment.

2.2.6. EQUIPMENT CARTONS/SKIDS RECEIVED WITHOUT SITE/LABEL ID MARKING WILL BE REFUSED FOR DELIVERY AND RETURNED.

2.3. PURCHASE AND DELIVERY SCHEDULE

2.3.1 Equipment listed under the Site/Label ID code "ECC" will be purchased and delivered approximately 1-15-2016.

2.3.2. Equipment listed under all other Site/Label ID codes will be purchased and delivered immediately.

2.3.4. Contractor shall invoice County by grouping purchases of materials and equipment by Site/Label ID.

2.4. **SPECIAL CONDITIONS AND REQUIREMENTS**

2.4.1. **Designee-** Boone County Commission and Boone County Joint Communications

2.4.2. **BID CLARIFICATION** –Any questions or clarifications concerning bid documents should be addressed in writing, PRIOR TO BID OPENING, to Melinda Bobbitt, Director of Purchasing, 613 E. Ash Street, Room 110, Columbia, Missouri 65201. Phone: (573) 886-4391; Fax: (573) 886-4390 or Email: mbobbitt@boonecountymo.org.

2.4.3. **Delivery Terms:** FOB- Destination with shipping and handling costs included, delivered to Boone County Fire Protection Headquarters, 2201 I-70 Drive Northwest, Columbia, MO 65202.

2.4.4. **Invoices** - The County's BID number should appear on the invoice(s).

3. Response Presentation and Review

- 3.1. **RESPONSE CONTENT** – In order to enable direct comparison of competing Responses, Bidder must submit Response in strict conformity to the requirements stated herein. Failure to adhere to all requirements may result in Bidder's Response being disqualified as non-responsive. All Responses must be submitted using the provided Response Sheet. Every question must be answered and if not applicable, the section must contain "N/A". Manufacturer's published specifications for the items requested shall be included with the response.
- 3.2. **SUBMITTAL OF RESPONSES** – Responses MUST be received by the date and time noted on the title page under "Bid Submission Information and Deadline". NO EXCEPTIONS. The County is not responsible for late or incorrect deliveries from the US Postal Service or any other mail carrier.
- 3.3. **Advice of Award** – If you wish to be advised of the outcome of this Bid, the results may be viewed on the County's web page at www.showmeboone.com.
- 3.4. **BID OPENING** – On the date and time and at the location specified on the title page, all Responses will be opened in public. Brief summary information from each will be read aloud, and any person present will be allowed, under supervision, to scan any Response. In the event only one bid is received by the date and time of the bid opening, County reserves the right to not open the bid and extend the Closing Date for the purpose of inviting bid responses from more vendors in the interest of establishing competition.
- 3.5. **Removal from Vendor Database** – If any prospective Bidder currently in our Vendor Database to whom the Bid was sent elects not to submit a Response and fails to reply in writing stating reason for not bidding, that Bidder's name may be removed from our database. Other reasons for removal include unwillingness or inability to show financial responsibility, reported poor performance, unsatisfactory service, or repeated inability to meet delivery requirements.
- 3.6. **RESPONSE CLARIFICATION** – The County reserves the right to request additional written or oral information from Bidders in order to obtain clarification of their Responses.
- 3.7. **Rejection or Correction of Responses** – The County reserves the right to reject any or all Responses. Minor irregularities or informalities in any Response which are immaterial or inconsequential in nature, and are neither affected by law nor at substantial variance with Bid conditions, may be waived at our discretion whenever it is determined to be in the County's best interest.
- 3.8. **EVALUATION PROCESS** – The County's sole purpose in the evaluation process is to determine from among the Responses received which one is best suited to meet the County's needs at the lowest possible cost. Any final analysis or weighted point score does not imply that one Bidder is superior to another, but simply that in our judgment the Contract selected appears to offer the best overall solution for our current and anticipated needs at the lowest possible cost.
- 3.9. **Method of Evaluation** – The County will evaluate submitted Responses in relation to all aspects of this Bid.
- 3.10. **Acceptability** – The County reserves the sole right to determine whether goods and/or services offered are acceptable for County use.
- 3.11. **Endurance of Pricing** – Bidder's pricing must be held until contract execution or 60 days, whichever comes first.



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

Standard Terms and Conditions

Melinda Bobbitt, CPPPO, Director of Purchasing
Phone: (573) 886-4391 – Fax: (573) 886-4390

1. Contractor shall comply with all applicable federal, state, and local laws and failure to do so, in County's sole discretion, shall give County the right to terminate this Contract.
2. Responses shall include all charges for packing, delivery, installation, etc., (unless otherwise specified) to the Boone County Department identified in the Request for Bid and/or Proposal.
3. The Boone County Commission has the right to accept or reject any part or parts of all bids, to waive technicalities, and to accept the offer the County Commission considers the most advantageous to the County. Boone County reserves the right to award this bid on an item-by-item basis, or an "all or none" basis, whichever is in the best interest of the County.
4. Bidders must use the bid forms provided for the purpose of submitting bids, must return the bid and bid sheets comprised in this bid, give the unit price, extended totals, and sign the bid. The Purchasing Director reserves the right, when only one bid has been received by the bid closing date, to delay the opening of bids to another date and time in order to revise specifications and/or establish further competition for the commodity or service required. The one (1) bid received will be retained unopened until the new Closing date, or at request of bidder, returned unopened for re-submittal at the new date and time of bid closing.
5. When products or materials of any particular producer or manufacturer are mentioned in our specifications, such products or materials are intended to be descriptive of type or quality and not restricted to those mentioned.
6. Do not include Federal Excise Tax or Sales and Use Taxes in bid process, as law exempts the County from them.
7. The delivery date shall be stated in definite terms, as it will be taken into consideration in awarding the bid.
8. The County Commission reserves the right to cancel all or any part of orders if delivery is not made or work is not started as guaranteed. In case of delay, the Contractor must notify the Purchasing Department.
9. In case of default by the Contractor, the County of Boone will procure the articles or services from other sources and hold the Bidder responsible for any excess cost occasioned thereby.
10. Failure to deliver as guaranteed may disqualify Bidder from future bidding.
11. Prices must be as stated in units of quantity specified, and must be firm. Bids qualified by escalator clauses may not be considered unless specified in the bid specifications.
12. No bid transmitted by fax machine or e-mail will be accepted.

13. The County of Boone, Missouri expressly denies responsibility for, or ownership of any item purchased until same is delivered to the County and is accepted by the County.
14. The County reserves the right to award to one or multiple respondents. The County also reserves the right to not award any item or group of items if the services can be obtained from a state or other governmental entities contract under more favorable terms. The resulting contract will be considered "Non-Exclusive". The County reserves the right to purchase from other vendors.
15. The County, from time to time, uses federal grant funds for the procurement of goods and services. Accordingly, the provider of goods and/or services shall comply with federal laws, rules and regulations applicable to the funds used by the County for said procurement, and contract clauses required by the federal government in such circumstances are incorporated herein by reference. These clauses can generally be found in the Federal Transit Administration's Best Practices Procurement Manual – Appendix A. Any questions regarding the applicability of federal clauses to a particular bid should be directed to the Purchasing Department prior to bid opening.
16. In the event of a discrepancy between a unit price and an extended line item price, the unit price shall govern.
17. Should an audit of Contractor's invoices during the term of the Agreement, and any renewals thereof, indicate that the County has remitted payment on invoices that constitute an over-charging to the County above the pricing terms agreed to herein, the Contractor shall issue a refund check to the County for any over-charges within 30-days of being notified of the same.
18. **For all titled vehicles and equipment the dealer must use the actual delivery date to the County on all transfer documents** including the Certificate of Origin (COO,) Manufacturer's Statement of Origin (MSO,) Bill of Sale (BOS,) and Application for Title.
19. **Equipment and serial and model numbers - The contractor is strongly encouraged to include equipment serial and model numbers for all amounts invoiced to the County. If equipment serial and model numbers are not provided on the face of the invoice, such information may be required by the County before issuing payment.**

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

December Session of the October Adjourned

Term. 20 15

County of Boone

} ea.

In the County Commission of said county, on the

29th

day of

December

20 15

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

Now on this day the County Commission of the County of Boone does hereby acknowledge the following budget amendment for the Sheriff's Department to increase appropriations in class 4 and 7 to cover telephone/internet costs.

Department	Account	Department Name	Account Name	Decrease \$	Increase \$
2540	48000	Sheriff Civil Charges	Telephones		900
2540	71100	Sheriff Civil Charges	Outside Services		100

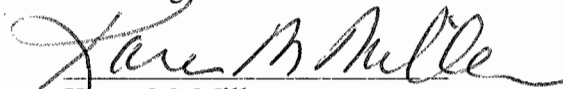
Done this 29th day of December, 2015.

ATTEST:

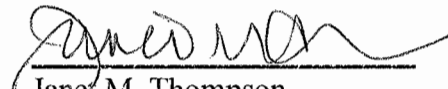
Wendy S. Noren
 Wendy S. Noren
 Clerk of the County Commission



Daniel K. Atwill
 Presiding Commissioner



Karen M. Miller
 District I Commissioner



Janet M. Thompson
 District II Commissioner

SUBLSCR BOONE SUBSIDIARY LEDGER INQUIRY MAIN SCREEN 12/15/15 11:55:40

Year, 2015		Original Appropriation	<u>2,441.00</u>
Dept, 2540 SHERIFF CIVIL CHARGES		Revisions	
Acct, 40000 UTILITIES		Original, + Revisions	<u>2,441.00</u>
Fund, 254 SHERIFF CIVIL CHARGES FUND		Expenditures	<u>2,560.15</u>
		Encumbrances	
Class/Account, C CLASS		Actual To Date	<u>2,560.15</u>
Account Type, E EXPENSE		Remaining Balance	<u>119.15-</u>
Normal Balance, D DEBIT		Shadow Balance	<u>119.15-</u>

Expenditures by Period

January		July	<u>125.62</u>
February	<u>159.04</u>	August	<u>214.65</u>
March	<u>694.02</u>	September	<u>135.37</u>
April	<u>137.89</u>	October	<u>134.10</u>
May	<u>424.96</u>	November	<u>180.13</u>
June	<u>218.38</u>	December	<u>135.99</u>

F2=Key Scr F3=Exit F5=Ledger Transactions F7=Transactions F9=Budget

SUBLSCR BOONE SUBSIDIARY LEDGER INQUIRY MAIN SCREEN 12/15/15 11:55:53

Year	<u>2015</u>	Original Appropriation	<u>1,588.00</u>
Dept	<u>2540 SHERIFF CIVIL CHARGES</u>	Revisions	
Acct	<u>70000 CONTRACTUAL SERVICES</u>	Original + Revisions	<u>1,588.00</u>
Fund	<u>254 SHERIFF CIVIL CHARGES FUND</u>	Expenditures	<u>1,487.72</u>
		Encumbrances	
Class/Account	<u>C CLASS</u>	Actual To Date	<u>1,487.72</u>
Account Type	<u>E EXPENSE</u>	Remaining Balance	<u>100.28</u>
Normal Balance	<u>D DEBIT</u>	Shadow Balance	<u>100.28</u>

Expenditures by Period

January	<u>10.95</u>	July	<u>77.58</u>
February	<u>824.68</u>	August	<u>70.88</u>
March	<u>18.65</u>	September	<u>72.65</u>
April	<u>128.81</u>	October	<u>71.88</u>
May	<u>69.88</u>	November	<u>71.88</u>
June	<u>69.88</u>	December	

F2=Key Scr F3=Exit F5=Ledger Transactions F7=Transactions F9=Budget

Fund Statement - Sheriff Civil Charges Fund 254 (Nonmajor)

	2014 Actual	2015 Budget	2015 Estimated	2016 Budget
FINANCIAL SOURCES:				
Revenues				
Property Taxes	\$ -	-	-	-
Assessments	-	-	-	-
Sales Taxes	-	-	-	-
Franchise Taxes	-	-	-	-
Licenses and Permits	-	-	-	-
Intergovernmental	-	-	-	-
Charges for Services	50,000	50,000	50,000	50,000
Fines and Forfeitures	-	-	-	-
Interest	223	269	273	253
Hospital Lease	-	-	-	-
Other	-	-	-	-
Total Revenues	50,223	50,269	50,273	50,253
Other Financing Sources				
Transfer In from other funds	-	-	-	-
Proceeds of Long-Term Debt	-	-	-	-
Other (Sale of Capital Assets, Insurance Proceeds, etc)	2,475	-	-	-
Total Other Financing Sources	2,475	-	-	-
Fund Balance Used for Operations	-	-	-	-
TOTAL FINANCIAL SOURCES	\$ 52,698	50,269	50,273	50,253
FINANCIAL USES:				
Expenditures				
Personal Services	\$ -	-	-	-
Materials & Supplies	1,500	1,500	-	1,500
Dues Travel & Training	-	-	-	-
Utilities	3,018	2,441	3,375	3,483
Vehicle Expense	-	-	-	-
Equip & Bldg Maintenance	337	182	174	183
Contractual Services	1,674	1,588	1,624	1,624
Debt Service (Principal and Interest)	-	-	-	-
Emergency	-	-	-	-
Other	-	-	-	500
Fixed Asset Additions	4,290	-	-	-
Total Expenditures	10,819	5,711	5,173	7,290
Other Financing Uses				
Transfer Out to other funds	40,000	40,000	40,000	40,000
Early Retirement of Long-Term Debt	-	-	-	-
Total Other Financing Uses	40,000	40,000	40,000	40,000
TOTAL FINANCIAL USES	\$ 50,819	45,711	45,173	47,290
FUND BALANCE:				
FUND BALANCE (GAAP), beginning of year	\$ 12,340	14,219	14,219	19,319
Less encumbrances, beginning of year	-	-	-	-
Add encumbrances, end of year	-	-	-	-
Fund Balance Increase (Decrease) resulting from operations	1,879	4,558	5,100	2,963
FUND BALANCE (GAAP), end of year	14,219	18,777	19,319	22,282
Less: FUND BALANCE UNAVAILABLE FOR APPROPRIATION, end of year	-	-	-	-
NET FUND BALANCE, end of year	\$ 14,219	18,777	19,319	22,282
 Net Fund Balance as a percent of expenditures	 131.43%	 328.79%	 373.46%	 305.65%

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

December Session of the October Adjourned

Term. 20 15

County of Boone

In the County Commission of said county, on the

29th

day of December 20 15

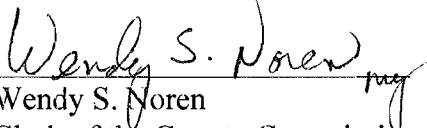
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby correct the record concerning the length of term for Richard Shanker and Rockne Corbin to the Industrial Development Authority which was incorrectly stated and then approved on Commission Order 601-2015.

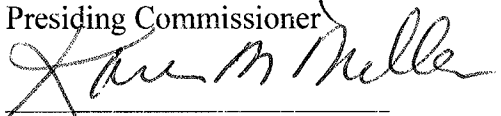
Name	Board	Period
Richard Shanker	Industrial Development Authority	December 1, 2015 through November 30, 2021
Rockne Corbin	Industrial Development Authority	December 1, 2015 through November 30, 2021

Done this 29th day of December, 2015.

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