

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

31st

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:

The Curators of Missouri on behalf of the Department of Psychiatry System Offering Actions for Resilience (SOAR) in Early Childhood Contract from date of award through December 31, 2016 with two, optional one-year renewals \$238,860.48

Missouri Girl’s Town Foundation Keeping Kids Safe Contract from date of award through December 31, 2016 with two, optional one-year renewals \$133,300.00

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 31st 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

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 29, 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. The second round of contracts will be second read tonight.

The following contracts are being first read:

The Curators of Missouri on behalf of the Department of Psychiatry System Offering Actions for Resilience (SOAR) in Early Childhood Contract from date of award through December 31, 2016 with two, optional one-year renewals \$238,860.48

Missouri Girl's Town Foundation Keeping Kids Safe Contract from date of award through December 31, 2016 with two, optional one-year renewals \$133,300.00

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 System Offering Actions for Resilience (SOAR)

THIS AGREEMENT dated the 31ST 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 **The Curators of the University of Missouri (on behalf of the Department of Psychiatry)**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **SOAR**.

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 SOAR 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 SOAR 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 SOAR

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

out the activities as set forth in the Request for Funding Proposal Application. SOAR 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 SOAR’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 SOAR’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 SOAR and SOAR agrees to furnish **System Offering Actions for Resilience (SOAR) in Early Childhood** 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 SOAR’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 **\$238,860.48** 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 SOAR be renewed for an additional two (2) one-year periods. SOAR agrees and understands that the BCCSB may require supplemental information to be submitted by SOAR 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
PS-1 Educate and Raise Awareness	15 minutes	\$15.36	2647	\$40,657.92
PS- 2 Conduct Developmental Screenings	15 minutes	\$15.85	2040	\$32,334.00
PS-3: Training providers to do screenings	1 person	\$34.18	450	\$15,381.00
PS-4: Information/Website	15 minutes	\$15.72	2108	\$33,137.76

PS-5:CPP Provision October-December	15 minutes	\$15.72	7465	\$117,349.80
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All billing shall be invoiced to BCCSB monthly by the 20th 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 SOAR, 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 SOAR to monitor service delivery and program expenditures. SOAR 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 SOAR and, if so stipulated, are noted on this contract document. Payments may be withheld from SOAR 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. SOAR agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

8. **Audits.** SOAR also agrees to make available to the BCCSB a copy of its annual audit upon completion by the auditing agency. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. 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 SOAR, 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.** SOAR 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 SOAR'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, SOAR 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 SOAR 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 SOAR 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 SOAR's policies and procedures and in accordance with any local/state/federal regulations. SOAR 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. SOAR must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** SOAR 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.** SOAR 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 SOAR'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.** SOAR agrees that any conflicts of interest between its Board and/or employees and SOAR shall be appropriately identified and managed.

16. **Subcontracts.** SOAR may enter into subcontracts for components of the contracted service as SOAR 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 SOAR 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.** SOAR agrees to comply with Missouri State Statute section 285.530. SOAR also agrees that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. SOAR shall require each subcontractor to affirmatively state in its Agreement with the SOAR 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.

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

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

20. **Failure to Perform/Default.** In the event SOAR, 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 SOAR as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, 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 SOAR 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.

Upon receipt of notice of termination, the SOAR shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the SOAR for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, SOAR 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 **The Curators of the University of Missouri (on behalf of the Department of Psychiatry)**, (meaning anyone, including but not limited to consultants having a contract with the SOAR or subcontractor for part of the services), or anyone directly or indirectly employed by SOAR, or of anyone for whose acts SOAR 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.** SOAR shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. SOAR will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. SOAR will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. SOAR agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, 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 SOAR. The BCCSB does not recognize any of the SOAR'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.** SOAR 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 SOAR shall be mailed or delivered to:

The Curators of the University of Missouri on behalf of Department of Psychiatry
Karen Geren
Office of Sponsored Programs
115 Business Loop 70W
Mizzou North, Room 501
Columbia, MO 65211-0001

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

**The Curators of the University of Missouri
on behalf of the Department of Psychiatry**

Boone County, Missouri

By: Karen M. Geren
Signature 12-24-2015

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

Karen M. Geren, OSPA; Authorized
Signer on behalf of The Curators
of the University of Missouri
By: _____
Printed Name/ Title

By: Boone County Children's Services Board

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 Patchford by jj 12/28/2015 (2161/71106/\$238,860.48)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Response to questions for SOAR

- 1) **Updated Budget**--see attached
- 2) **MOU with CD**--see attached
- 3) **Updated Indicators**--in Apricot
- 4) **Program Service 1 (Educate and Raise Awareness of Social-Emotional Development). Provide us with an approximate breakdown of costs and services to be provided** --new cost in budget
 - Includes 12 community forums, participation in 6 community events, and 3 in service for foster care providers
 - Cost includes staff time, rooms, food, supplies, brochures for marketing, Strengthening Families Curriculum, and evaluation of the service
- 5) **Program Service 2 (Conduct Developmental Screenings for Children 0-6). We need a justification for the difference in unit rate for screenings**--new cost in budget
 - The budget for EC-PBS has been revised to include 4 program services instead of one rate for all activities. EC-PBS services now are: Trainings, Coaching, Coach training and Reflective supervision, Parent Engagement.
 - Therefore, there is not a screening rate for EC-PBS. The screening rate only exists for SOAR.
- 6) **Program service 4 (Information and referral sources provided through website, message center, and other direct services). Provide us with an approximate breakdown of costs and services to be provided** --new cost in budget
 - After writing this proposal we became aware that the message center/referral line would be a duplication of services that Parent Link and their Help Me Grow program is already doing. As a result we want to remove this portion of program service 4. We propose to change it to **Information and referral services provided through website**
 - The costs include the cost to revise the current LAUNCH website (isyourchildhappy.org) into a SOAR site, technical assistance for one year, staff time to monitor/update the website, and evaluation of the service
 - This website will provide resources and referrals to parents/guardians/childcare providers and
- 7) **Keep us posted on efforts to work on getting CPP covered by Medicaid:** Medicaid is working on coverage of evidence-based therapy for children as one of their services. I am on the workgroup that is moving this forward. Melody has a meeting with the Behavioral Health lead at Medicaid to discuss CPP's inclusion. As soon as it is covered we plan to bill Medicaid for these services. The in-home CPP may be more difficult than the clinic CPP but we are working on it and I will keep you informed
- 8) **Keep us posted on efforts between SOAR and Boone County Mental Health Coalition to track individual data and development information sharing:** We continue to meet monthly and will work on this with them.

Joanne Nelson - Follow up from meeting this morning

From: Joanne Nelson
To: Laine Walker
Date: 9/30/2015 11:30 AM
Subject: Follow up from meeting this morning
CC: Cyndee A. Morgensen; Kelly Wallis
Attachments: BCSEALjpeg2008_1.jpg

Laine,

Thanks for meeting with Kelly and I today. We really felt like it was a productive meeting. I am sending this email as a follow up to the items we discussed this morning.

- Please provide us with an adjusted budget for SOAR based your funds carried over from Project LAUNCH.
- Please provide us with a copy of the MOU that is developed between this newly funded program and the Boone County, Department of Social Services, Children's Division office.
- Update all the Indicators in the Program Performance Measure section to ensure that each indicator has a specific item of information by which a service's level of success in affecting the desired outcome is measured. Please update this section in the Apricot System.
- Program Service #1 (Educate and raise awareness of early childhood social/emotional development and services) - Provide us with an approximate break down of costs and services to be provided with the budgeted \$97,599.55.
- Program Service #2 - We will need a justification for the difference in unit rate for screenings. Currently the EC PBS rate is \$36.87/hour and the rate listed on this proposal is \$15.85/15 minutes.
- Program Service #4 (Information and referral services provided through website, message center and other direct services) - Provide us with an approximate break down of costs and services to be provided with the budgeted \$95,761.52.
- Keep us posted on your efforts to work on getting CPP covered with Medicaid.
- Keep us posted on efforts between SOAR and the Boone County Mental Health Coalition to track individual data and development information sharing.

I have also attached the Boone County jpeg. image. Please feel free to contact us with any other questions.

Have great day!

Joanne Nelson

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

Memorandum of Understanding (MOU)

Between Boone County Children's Division and

The University of Missouri Department of Psychiatry

PURPOSE: The purpose of this agreement is to formalize the partnership between the University of Missouri Department of Psychiatry's grant funded program entitled SOAR (Systems Offering Actions for Resiliency) which has been tentatively funded under the 2016 Boone County Children Service's Trust fund. SOAR aims to improve the coordination of the early child serving system and enhance practices, programs, and services for young children and their families. An important piece of this work involves the screening and identification of children at risk for developmental and behavioral disorders. Children in foster care have disproportionately high rates of physical, developmental, medical and mental health problems. This proposal seeks to ensure the needs of these young children are being met through best practice models of standardized screening, evidence-based identification and linkage to appropriate services.

Responsibilities of SOAR/University of Missouri Department of Psychiatry:

- A Developmental/Behavioral Health specialist will be provided to Children's Division to complete evidence-based screening using "The Ages & Stages Questionnaire-3rd Edition", "The Ages & Stages Questionnaires-Social-Emotional or ASQ:SE-2" and a Child Behavior Check List (CBCL) on all children (0-6) placed in foster care in Boone County. These screens will be completed during a home visit with-in thirty days of the child coming into care adhering to Missouri state law requirements. SOAR will provide services to children placed directly in foster care homes, with relatives or foster parents.
- All children screened by SOAR will receive an Individual Care Plan (ICP) completed by the Developmental/Behavioral Specialist which will contain the screening results, recommended developmental activities, and any recommended services. The Developmental/Behavioral Health Specialist will meet with the caregiver one week after screening in a follow-up home visit to review the screening results, discuss and facilitate appropriate referrals and provide developmental and or behavioral anticipatory guidance. The Developmental/Behavioral Health Specialist will facilitate appropriate referrals after meeting with the caregiver.
- A copy of the Individual Care Plan (ICP) will be provided to the social-workers and case managers of Boone County Children's Division. The Developmental/Behavioral Health Specialist will coordinate referrals with service providers and connect with case managers to ensure the child is linked to recommended services. The Developmental/Behavioral Health Specialist will attend monthly Family Support Team meetings to ensure case coordination and appropriate communication with Boone County Children's Division.
- SOAR will implement training with Boone County Children's Division case-workers every 6 months. This training will focus on the importance of evidence-based screening, supporting children's developmental and social-emotional needs and developmental/behavioral issues specific to young children in child welfare.
- SOAR's Developmental/Behavioral Specialist will adhere to and promote the key child welfare practice models of safety, well-being and permanency with all children and families.

RESPONSIBILITIES OF BOONE COUNTY CHILDREN'S DIVISION:

- Children's Division will send a bi-monthly list to SOAR of all children 0-6 entering care in Boone County. This list along with contact information will serve as an automatic referral to SOAR for services.

- Children's Division caseworkers will participate in and attend necessary training concerning the program objectives and improving children's developmental and behavioral outcomes.
- Boone County Children's Division and SOAR's Developmental/Behavioral Specialist will collaboratively share information on children's developmental and behavioral issues, screening results and eligibility outcomes of referrals made through the program.

TIM DECKER _____ DATE _____

LAINÉ YOUNG-WALKER, M.D. *L. Young-Walker* DATE 11/22/15

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

July 27, 2015

University of Missouri / Department of Psychiatry
Office of Sponsored Programs
Attn: Dr. Laine M. Young-Walker, M.D.
310 Jesse Hall
Columbia, MO 65211-1230
E-mail: youngwalkerl@health.missouri.edu

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

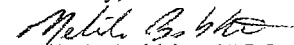
Dear Dr. Young-Walker:

Following the County's initial evaluation meeting, the evaluation committee identified some questions that need clarification. The attached Clarification Form includes any changes being made to the RFP as a result of this request. The Form must be completed, signed by an authorized representative of your organization, and returned with your detailed Clarification response. You are requested to provide written response by **5:00 p.m. August 7, 2015** by e-mail to mbobbitt@boonecountymo.org

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to the buyer of record. Neither you nor your agents may contact any other County employee or evaluation committee member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response(s) are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this Clarification request, please call (573) 886-4391 or e-mail mbobbitt@boonecountymo.org. I sincerely appreciate your efforts in working with Boone County - Missouri to ensure a thorough evaluation of your proposal.

Sincerely,


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Kelly Wallis, Children's Services / Proposal File

BOONE COUNTY - MISSOURI
PROPOSAL 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 mbohbitt@boonecountymmo.org.

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

- 1) Cost per unit seems high. Please provide justification for the high cost per unit.
- 2) No other funding sources other than Boone County Children's Services are listed. Provide any thoughts about other funding possibilities.
- 3) Provide further explanation of the nine individuals listed under the Program Personnel section. Specifically about their duties and levels of compensation.
- 4) Suggest they make connection with Department of Mental Health to see if they would provide some funding since we are funding of last resort.
- 5) At this point, we have other programs funded that appear to work well with proposed project. Please set up a time to review this proposal with other funded program(s) by Dr. Reinke and Dr. Thompson to help ensure that no duplication of services is present and that the Children's Services Board is being used as funder of last resort.

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.

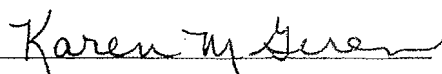
Company Name: Curators of the University of Missouri

Address: Office of Sponsored Programs, University of Missouri
115 Business Loop 70W, Mizzou North, Room 501, Columbia, MO 65211-0001

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Manager, OSPA; Authorized Signer on behalf of the Curators of the University of Missouri

Signature:  Date: 08/06/2015

E-mail: grantsdc@missouri.edu

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):

The Curators of the University of Missouri (on behalf of the Department of Psychiatry)

DBA:

Department of Psychiatry

Federal EIN Number:

43-6003859

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

Office of Sponsored Programs

310 Jesse Hall

City

Columbia

State

Missouri

County

Boone County

Zip

65211-1230

Address

Office of Sponsored Programs

310 Jesse Hall

City

Columbia

State

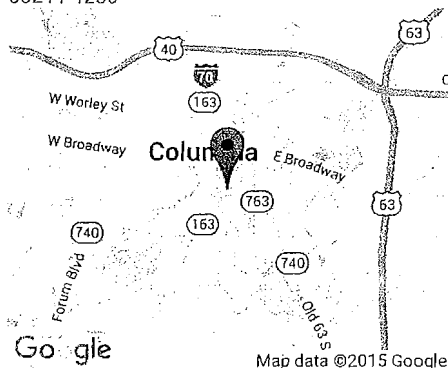
Missouri

County

Boone

Zip

65211-1230



Organization Phone Number:

573-882-7560

Organization Fax Number:

573-884-4078

Website:
http://research.missouri.edu

Head of Organization
Craig David

Head of Organization Phone:
573-882-7560

Email:
grantsdc@missouri.edu

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

Head of Organization Email:
grantsdc@missouri.edu

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

Local Organization Name:
University of Missouri Department of Psychiatry

Address
1 Hospital Drive

DC067.00

City
Columbia

State
Missouri

County
Boone County

Zip
65212

Local Organization Fax:
573-884-1070

Address
1 Hospital Drive

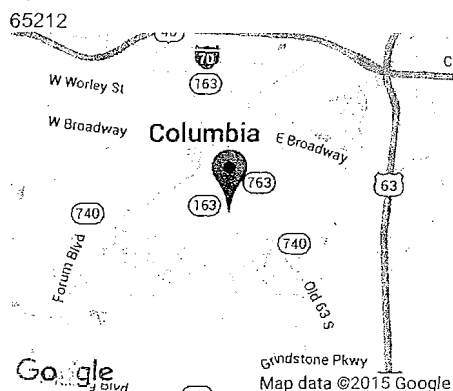
DC067.00

City
Columbia

State
Missouri

County
Boone

Zip
65212



Local Contact Name:
Laine M. Young-Walker, M.D.

Local Contact Email:
youngwalkerl@health.missouri.edu

Local Contact Title:
Vice-Chair; Director of Child and Adolescent Psychiatry

Local Contact Phone:
573-882-8006

General Information

Organization Mission Statement (Purpose): Provide your organization's mission statement. (600 character limit)
The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Organization History: Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)
The University of Missouri has provided teaching, research and service to Missouri since 1839. The university, the first publicly supported institution of higher education to be established in the Louisiana Purchase territory, was shaped in accordance with the ideals of Thomas Jefferson, an early proponent of higher education. Founded in Columbia, the university had one campus until 1870, when the School of Mines and Metallurgy was established in Rolla. In the same year, the university assumed land-grant responsibilities of providing higher education opportunities for all citizens.

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 mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Articles of Incorporation (MUST BE IN PDF FORMAT)
/document/download/filename/1433872181_30405_ArticlesofIncorporation.pdf

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

Organizational Chart (MUST BE IN PDF FORMAT)
/document/download/filename/1433874997_30406_orgchart2014.pdf/
Organizational Chart
(must be for the
entire
organization):

Service Area: Briefly describe the geographic area in which your organization provides services. (600 character limit)
The University of Missouri's service area is world-wide.

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

Governing Board

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

Governing Board Member

Governing Board Member		Link Info	
Name	Board Position:	Current Board Term (Beginni... Address: Employer:	Active Date
Tracy Mulderig	Student Representative to the Board of Curators		✓ Added on 06/05/2015
David L. Steward			✓ Added on 06/05/2015
David L. Steelman			✓ Added on 06/05/2015
John R. Phillips			✓ Added on 06/05/2015
Pamela Quigg Henrickson			✓ Added on 06/05/2015
Wayne Goode			✓ Added on 06/05/2015
Ann Covington			✓ Added on 06/05/2015
David R. Bradley			✓ Added on 06/05/2015
Donald L. Cupps	Vice Chairman		✓ Added on 06/05/2015
Don M Downing	Chairman. Curators of the University of Missouri		✓ Added on 06/05/2015

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

Advisory Board Member		Link Info	
Name	Board Position:	Current Board Term (Beginni...	Address Active Date
Cheryl B. Schrader, PhD	Chancellor, Missouri University of Science and Technology		✓ Added on 06/05/2015
Leo E. Morton	Chancellor, University of Missouri-Kansas City		✓ Added on 06/05/2015
R. Bowen Loftin, PhD	Chancellor, University of Missouri-Columbia		✓ Added on 06/05/2015
Thomas F. George, PhD	Chancellor, University of Missouri-St. Louis		✓ Added on 06/05/2015
Elizabeth "Betsy" Rodriguez, PhD	Vice President for Human Resources		✓ Added on 06/05/2015
Stephen C. Knorr	Vice President for University Relations		✓ Added on 06/05/2015
Henry C. Foley, PhD	Executive Vice President for Academic Affairs		✓ Added on 06/05/2015
Brian D. Burnett, PhD	Vice President for Finance and Chief Financial Officer		✓ Added on 06/05/2015
Gary K. Allen, DVM, PhD	Vice President for Information Technology		✓ Added on 06/05/2015
Stephen J. Owens, J.D.	General Counsel		✓ Added on 06/05/2015
Timothy M. Wolfe	President		✓ Added on 06/05/2015

Total Active Links:11, Total Deactivated Links:0, Current Active Links:11, Current Deactivated Links:0

Financial Information

Organization Fiscal Year:

July 1 through June 30

IRS Tax Exempt Status Determination Letter:

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

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

/document/download/filename/1433872182_29953_FedTaxLetter.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/1433872182_29954_2014FinancialReportlink.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/1433872182_29955_6-30-14990-T.pdf/

Financial Policies and Procedures:

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

http://www.umssystem.edu/ums/rules/collected_rules/financial The Office of Finance provides leadership in the areas of cash, investment and debt management, facilities planning, internal audit,

procurement, budgeting, financial reporting and financial systems management. Just as important, we ensure the integrity of the university's financial statements and provide leadership in the management of financial, operational and compliance risk. These responsibilities define our purpose.

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

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Link Info	
					Active	Date
Assistant Professor of Clinical Psychiatry	M.D.	1.00	\$185,858.04	\$0.00	✓	Added on 06/09/2015
Professor of Psychiatry and Chair	M.D.	1.00	\$374,556.00	\$0.00	✓	Added on 06/09/2015
Associate Professor of Clinical Psychiatry	M.D.	0.80	\$187,625.04	\$0.00	✓	Added on 06/09/2015
Associate Professor of Clinical Psychiatry	M.D.	1.00	\$210,958.08	\$0.00	✓	Added on 06/09/2015
Associate Professor of Clinical Psychiatry	M.D.	1.00	\$190,958.04	\$0.00	✓	Added on 06/09/2015

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:

12/12/15
Organization Name

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
The Curators of the University of Missouri	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	System Offering Actions for Resilience (SOAR) in Early Childhood - RG 1	✓	Added on 05/21/2015

(2 hidden)

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

System Fields

Record ID

15535

Modification Date

06/29/2015 01:10 pm CDT

Modified By

Joanne CC Nelson

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)

The Curators of the University of Missouri

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

System Offering Actions for Resilience (SOAR) in Early Childhood - RG 1

Amount of Request

\$454,231.61

Year 1 Award

\$0.00

Year 2 Award

\$0.00

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

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

Program Information

Program Website (will default to Organization website)

<http://research.missouri.edu>

Address

Office of Sponsored Programs

310 Jesse Hall

City

Columbia

State

Missouri

County

Boone

Zip

65211-1230

Address

Office of Sponsored Programs

310 Jesse Hall

City

Columbia

State

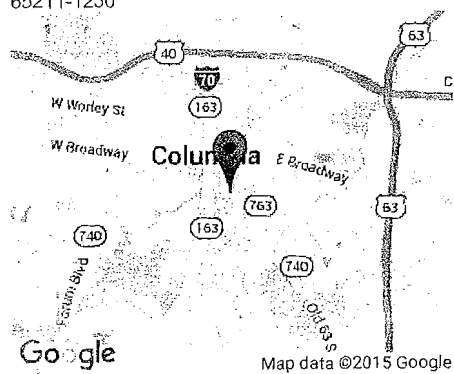
Missouri

County

Boone

Zip

65211-1230

**Program Administrator Name**

Karen M. Geren

Phone Number

573-882-7560

Program Administrator Title

Pre-Award Manager, OSPA (authorized signer)

Email

grantsdc@missouri.edu

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1433865425_30421_AttachmentA.pdf/

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

/document/download/filename/1433865425_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1433865425_30419_AttachmentC.pdf/

Addendums

/document/download/filename/1433865425_30418_Addendums1and2.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

The Curators of the University of Missouri (on behalf of the Department of
Psychiatry)

Office of Sponsored Programs

Craig David

✓ Added on
05/21/2015

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

Federal EIN Number (will auto-populate)

43-6003859

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)	2A \$238,860.48	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	
	238860.48	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$359,311.12	79
2. Non-Personnel	2.	2. %
	\$94,920.49	21
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	454231.61	

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			1805	Added on 06/03/2015

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)

Issues to be addressed by the program include: the identification and subsequent treatment of developmental and social/emotional delays in young children; limited knowledge of parents on social-emotional well being; limited expertise/knowledge of the workforce in early childhood issues/treatment; education on the impact of trauma (including physical abuse, sexual abuse, exposure to domestic violence, and chaotic environment) on the health and wellness of young children will be addressed and an evidence-based treatment provided.

Our goal is to provide education to providers and parents/families on the importance of optimal social-emotional wellness, train and enhance the workforce providing services for young children, provide information and referral to appropriate resources, and to provide effective evidence-based treatment for this population.

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 these issues includes young children (birth to age 6), their parents/families, and the providers of services for early childhood. Particularly at-risk within the population of early childhood are children living in poverty and in foster care.

6% of Boone County is under the age of 5 and 16.1% of children under 6 live in poverty (U.S. Census Bureau 2015). 78% of children under age 6 are white, while about 17% are black or African-American. Less than 1% of the population is American Indian or Alaska Native, and less than 5% are Asian or Pacific Islander (CDC 2014).

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

The Boone County community is affected by the issues this program addresses in several ways. Young children with developmental and social/emotional delays who have not been identified are often not ready to enter kindergarten. They continue to struggle socially and academically after they they enter school. Long term, their struggles often lead to low self-esteem, psychological problems, engagement in illegal activities, and substance use. These children who have developmental or social/emotional delays and who are exposed to trauma grow up and are not productive citizens in the community.

This program will provide the early identification and treatment necessary to increase the success of young children in school, their homes and the community.

Program Consumers

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

This program will focus on service activities for all young children (ages birth to 6 years). There are particular concerns with the gaps in service and supports for young children who have been removed from their homes and are in placement in foster care and for young children who live in poverty. These children have an increased risk for social, emotional, and behavioral problems as a result of trauma, lack of resources, and lack of access to care. While we plan to provide service to all young children we will ensure children in foster care and poverty are addressed through the services of this program.

19% of Boone County residents live in poverty, compared to 14.5% in the United States. If you look at the early childhood population, 6% of the county is under the age of 5 and 16.1% of children under 6 live in poverty (U.S. Census Bureau 2015). 78% of children under age 6 are white, while about 17% are black or African-American. Less than 1% of the population is American Indian or Alaska Native, and less than 5% are Asian or Pacific Islander (CDC 2014).

Through the program there will be provision of a continuum of care encompassing promotion of early childhood wellness, universal developmental screening, information/referral, workforce development and evidence-based intervention services that promote and support healthy development in children ages 0-6.

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

The focus will be on early childhood due to the limited existing services for children with behavioral and social-emotional problems in this population in Boone County. This is true for the total population, which is why there will be provision of services for all children birth to age 6. But, it is particularly true for children in poverty and those who are removed from their home and placed in foster care.

Developmental delays, learning disorders, and behavioral and social-emotional problems are estimated to affect one in every six children. But, less than 20% of children are being routinely and universally screened for such delays using evidence-based instruments. This lack of screening leads to delays in identification and treatment. In addition, there is limited expertise in the delivery of evidence-based treatment in this population. These children struggle when they enter kindergarten and they also struggle in their homes and their community.

Research confirms that the early years present a window of opportunity to effectively intervene with at-risk children. (Shonkoff, J. 2000). Early intervention can prevent consequences of early adversity. Further, intervening in the early years can lead to significant cost savings over time through reductions in child abuse and neglect, criminal behavior, welfare dependence, and substance abuse (Cohen et. al. 2011).

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

Some challenges to serving this population include lack of adequate reimbursement for prevention and promotion activities, minimal understanding of the importance of screening and early intervention by parents, problems accessing children in rural areas, and lack of knowledge/expertise of early childhood issues in the workforce.

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)

Build a system to address gaps in existing services for children ages 0-6 years & their families. This includes prevention/promotion activities, screening, information/referral, training and consultation of the workforce, and provision of an evidence based treatment for young children.

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)

This project will address gaps system of care for children ages 0-6 years old and their families. Program services will include prevention/promotion activities, screening, information/referral, workforce development, and an evidenced based intervention in order to provide a holistic approach to young child and family wellness.

An important first step to identification and intervention for children with developmental delays is to perform standardized developmental screenings universally, not just when problems are suspected. We aim to increase awareness and to educate the community on the importance screening and early identification of developmental and social-emotional problems. This will be accomplished by screenings in the community, dissemination of print materials, promotion of the website: www.isyourchildhappy.org and informational activities for the community and workforce. Referral to resources and linkage to services and supports for children and families will be provided, through use of the website and an access line.

The developmental screening tool to be used is the ASQ-3 (Ages and Stages Questionnaire-3) and the new ASQ-SE:2 (Ages and Stages Questionnaire-Social Emotional 2). There will be community-based screenings at the libraries in the cities in Boone County, the WIC clinic in Columbia and family support groups. In year one, we propose 36 community screening events: twice monthly screenings at the WIC clinic; three/four times annual library screening events in Columbia and in libraries in the other cities in Boone County; and screening with family support groups three times a year. In addition, we plan have developmental screening events at community health fairs, local churches, and parent support groups. Four to six events will target screening efforts towards high risk populations in which we will serve 200 children.

We plan to train providers to perform screening using the ASQ-3 & ASQ-SE:2. This will include 130 professionals from Boone County who are providing services to young children through various agencies including Parent-Link; Boone County Health Department Healthy Babies Program; Columbia Parents as Teachers; Primary care sites in Boone County; other agencies who need training; and 50 Children's Division workers. In addition to the

training we will provide subsequent ongoing consultation to those trained with 2 on-site visits. Additional visits will be available, if needed

In addition to the training provided, workforce development will consist of a two day community training delivered by a national expert aimed at increasing the knowledge base of those serving the early childhood population. A learning collaborative for early childhood mental health consultants in the evidenced based treatment of Child Parent Psychotherapy (CPP) will be created. These individuals will receive training for implementation of this evidence based treatment and will provide CPP to young children in Boone County.

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

Components of the project will be hosted by community partners, such as Women's, Infants and Children's (WIC), 1005 W. Worley, Columbia, Missouri 65205-6015; Daniel Boone Regional Library, Columbia Branch, 100 West Broadway, Columbia, Missouri 65205-1267; public libraries in the rural cities in Boone County; and public events at parks. The CPP will be implemented through the Missouri University Psychiatric Center and in homes of families in Boone County. Some of the program will be available Monday to Friday from 8 am to 5 pm but others will be evenings and weekends.

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

Services will be available to all children birth to age 6, with the exception of CPP. Eligibility criteria for CPP will be determined by scoring in the clinically significant range in at least one of the following measures (Child Behavior Check List-CBCL, ASQ-3, ASQ-SE:2, and the Parent Stress Index version 4). There is exclusion of diagnosis of autism.

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

There is no requirement for information/referral, developmental screenings or participation in the community training's. It is not mandatory to attend an ASQ-3 and ASQ-SE 2 training to implement the tools. However, most programs find training helps with implementation and referral support. To implement CPP, one must hold a PhD degree, professional mental health license or be supervised as a provisional licensed mental health professional. Training from a center that provides nationally recognized certification in CPP will be obtained for three therapists. They will be trained to fidelity.

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)

Two best practices which will be utilized in the proposed program are developmental screening and referral utilizing the ASQ-3 and ASQ-SE 2 and the use of CPP (an evidence based therapy for young children).

The following agencies have conducted reviews of the research on CPP and list it as an evidenced based practice: The National Child Traumatic Stress Network and The Substance Abuse and Mental Health Administration's (SAMHSA) National Registry of Evidenced-based Programs and Practices (NREPP) and can be found on their website (nrepp.samhsa.gov).

They have summaries on their websites.

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 ASQ-3 screening system has been tested extensively. It has proven to be highly accurate in identifying children with developmental delays, with excellent sensitivity (0.86) and specificity (0.85). The ASQ-3 was standardized on a large research sample of more than 18,000 children that mirror the United States population in geography and ethnicity and includes representation across socioeconomic groups. Squires et. al. (2009)

CPP is listed on The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidenced-based Programs and Practices. Also Lieberman, A. F., et. al. (2005) focused on child behavior problems in a study involving preschool children exposed to marital violence. In the study, mother-child dyads were randomly assigned to the intervention group or a comparison group, which received case management services plus individual psychotherapy in the community for mother and/or child, at a clinic chosen by the mother. Children in the intervention group had significant decreases in behavior problems relative to those in the comparison group from pre- to post-test ($p < .05$) and from pretest to 6-month follow-up ($p < .05$). The effect sizes were small (Cohen's $d = 0.24$ and 0.41 , respectively).

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)

An innovative aspect of the proposed program is to train Children's Division caseworkers. This training will focus on supporting and engaging families, understanding children's cues, supporting children's development and developmental expectations, recognizing developmental and social-emotional delays, issues of feeding & sleeping, behavioral issues, attachment & bonding, how and when to refer for further assessment, social-emotional development, the protective factors that can help families involved in the child welfare system succeed, and how to strengthen these and lastly, issues that parents might be facing in child welfare such as underlying history of trauma, substance abuse issues, mental health issues, and poverty.

Another innovative aspect to the program is the provision of CPP. It will be the only trauma focused, evidence based program offered in Boone County for children 0 to 2 years of age

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

Partnerships with the Children's Division, the WIC clinic, the public libraries, Boone County primary care providers, the Boone County Health Department's Healthy Babies program, Parents as Teachers, Child Care Centers, First Steps and family support groups will enhance access and quality/effectiveness of the program

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 MD	FTE1 0.20	SR1 FROM 234.00	SR1 TO
P2 Lead Developmental/Behavioral Specialist (DBS)	MQ2 MA	FTE2 0.75	SR2 FROM 64.00	SR2 TO
P3 Lead Mental Health Consultant/Therapist (MHC)	MQ3 MA	FTE3 0.60	SR3 FROM 50.00	SR3 TO
P4 Mental Health Consultant Therapist 1 (MHC)	MQ4 MA	FTE4 0.40	SR4 FROM 53.00	SR4 TO
P5 Mental Health Consultant Therapist 2 (MHC)	MQ5 MA	FTE5 0.15	SR5 FROM 89.00	SR5 TO
P6 Developmental/Behavioral Specialist 1 (DBS)	MQ6 BA	FTE6 0.50	SR6 FROM 45.00	SR6 TO
P7 Developmental/Behavioral Specialist 2 (DBS)	MQ7 BA	FTE7 0.25	SR7 FROM 45.00	SR7 TO
P8 Evaluator	MQ8 BA	FTE8 0.50	SR8 FROM 70.00	SR8 TO
P9 Data Collector	MQ9 BA	FTE9 0.50	SR9 FROM 39.00	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)

Coordinator—MD lead implementation of program and evaluation activities, complete all reports; All other positions are master level. Lead Dev/Behav Specialist (DBS)—Provide daily program management of child development efforts through community awareness, trainings, screenings & supervise 2 DBS's. Lead Mental Health Consultant (MHC)—Provide daily program management for CPP, participate in the learning collaborative, attend training, provide clinical assessment/treatment & supervise 2 MHC's. DBS—conduct screenings, provide information and referral. MHC's attend training and provide CPP

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)

Initially, consumers will not be charged a fee for services. Currently prevention/promotion activities, screenings, and development/education of the workforce in early childhood are not reimbursable or are minimally reimbursed expenses. Also, there are limitations to reimbursement for CPP provided in the home. Our hopes are to create a structure for future reimbursement of these services through work with state health and mental health departments and subsequent leverage of insurance benefits for payment.

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
238860.48	\$94,920.49	454231.61		Added on 06/03/2015

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

1805

Average Cost per Individual

251.65

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 proposed program is needed due to limited prevention/promotion activities for early childhood; the benefits of screening and early intervention to individual children, families and the community; and the limited evidence based treatments for young children in Boone County who are exposed to 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)

Funding requested would be utilized to provide services that do not currently exist in Boone County. Children with developmental delays and social-emotional problems struggle in all areas of their life. Often their delays are not recognized for years. This program will focus on prevention activities for children and families, early identification and referral to resources. But, the program won't stop there. This program will provide an evidence-based treatment (CPP) that does not currently exist in Boone County.

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)

Developmental screening efforts have been a focus of LAUNCH. As a result, an increase in referrals to First Steps in Boone County exists (County has the highest referrals in the state since LAUNCH began). With the loss of LAUNCH funding, a decrease in the number of screenings will occur. Funding this project will fill a gap that would otherwise exist after September 2015 and will expand screening efforts to areas where children are not typically screened. Training of young child workforce & access to CPP (evidence based service not available in Boone County currently) will also occur.

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)

Casanueva, C., Cross, T., & Ringeisen, H., (2008). Developmental needs and individualized family service plans among infants and toddlers in the child welfare system. *Child Maltreatment* 13(3), 245-258.

Centers for Disease Control and Prevention (2014). *Bridge-Race Population Estimates 1990-2013*.

Cohen, C., Szrom, (2011). A Call to Action on Behalf of Maltreated Infants and Toddlers. American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, Children's Defense Fund and ZERO TO THREE

Lieberman, A. F., Van Horn, P., (2005). "Don't hit my mommy!" A manual for child-parent psychotherapy with young witnesses of family violence. Washington, DC: Zero to Three Press

Lieberman, A. F., Van Horn, P., & Ghosh Ippen, C. (2005). Toward evidence-based treatment: Child-Parent Psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(12), 1241-1248.

Shonkoff, J., Phillipa, D. (2000). National Research Council and Institute of Medicine, From Neurons to Neighborhoods: The Science of Early Childhood Development. National Academy Press

Squires et. al. (2009). Ages and Stages Questionnaires. Third Edition Baltimore, Md: Paul H. Brookes.

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)

Educate and raise awareness of early childhood social/emotional development and services.

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

Unit Measure will be for 15 minutes of this service

Unit Rate (1)

\$15.36

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)

Education and access to services is critical for children, parents, and providers. Through this program there will be opportunities for education and increased public awareness of social-emotional development, screening, and services for young children which will help ensure their success in kindergarten and improve their functioning in the home and community. There will be multiple community awareness events which will provide education and increase awareness of the importance of early identification and treatment.

Number of Units of Service to be Provided (1)

2647

Number of Unduplicated Individuals to be Served (1)

750

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

3.53

Average Cost of Service per individual (1)

54.21

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

Yes

Amount Requested (1)

\$40,657.92

Proposed Number of Units of Service (1)

2647

Program Service 2

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

Conduct developmental screening for children ages 0-6 and their families

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

Unit Measure will be for 15 minutes of this service

Unit Rate (2)

\$15.85

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)

Screening young children for developmental delays and for social-emotional developmental problems will provide early identification of problems. This early identification will lead to earlier referrals and treatment of referred children. Provide consultation to Boone County agencies/ASQ-SE 2 trained professionals, as needed. Weekly consultation/coaching to be provided to children's division due to the higher rates of developmental, physical and social-emotional delays seen in child welfare.

Number of Units of Service to be Provided (2)

2040

Number of Unduplicated Individuals to be Served (2)

650

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

3.14

Average Cost of Service per Individual (2)

49.74

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

Yes

Amount Requested (2)

\$32,334.00

Proposed Number of Units of Service (2)

2040

Program Service 3

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

Training providers to do screenings and to provide evidence based treatment for young children

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

One Person

Unit Rate (3)

\$34.18

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)

This program will provide training on developmental screening (ASQ-3 and ASQ-SE 2) and on an evidence based therapy for early childhood (CPP). Community providers and Children's division workers will be trained to do screenings. CPP is a family based psychotherapy. It has proven to decrease children's emotional/behavioral problems, to move children back to a healthy developmental trajectory, give parents skills to maintain a strong parent child relationship and to decrease parent stress. Providers will be trained to provide CPP to young children and their families

Number of Units of Service to be Provided (3)

450

Number of Unduplicated Individuals to be Served (3)

280

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

1.61

Average Cost of Service per Individual (3)

54.93

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

Yes

Amount Requested (3)

\$15,381.00

Proposed Number of Units of Service (3)

Program Service 4

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (250 character limit)

Information and referral services provided through website, message center and other direct services

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

Unit Measure will be for 15 minutes of this service

Unit Rate (4)

\$15.72

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

No

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

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

Information on normal development, including social-emotional development available on website, an access line, and during the provision of services (which will include community training delivered by a national expert aimed at increasing the knowledge base of those serving the early childhood population and activities with parents/caregivers) . Access to screenings and trainings easily obtained by parents/providers utilizing the website and the access line. Accessible methods to assist parents with information/referrals and linkages to services.

Number of Units of Service to be Provided (4)

2108

Number of Unduplicated Individuals to be Served (4)

80

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

26.35

Average Cost of Service per Individual (4)

414.22

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

Yes

Amount Requested (4)

\$33,137.76

Proposed Number of Units of Service (4)

2108

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (250 character limit)

Child Parent psychotherapy will be provided to young children and their primary caregiver(s)

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

Unit Measure will be for 15 minutes of this service

Unit Rate (5)

\$15.72

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

No

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

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

There are no providers trained to deliver Child Parent Psychotherapy (CPP) in Boone County. Often young children with social, emotional, and behavioral problems have no access to services in Boone County. Access to CPP will give primary care providers, children's division workers, early childhood providers, and families an option that has proven effective in this population. CPP moves child back to a healthy developmental trajectory; improves child parent relationship by decreasing parental stress; increases parental protective factors and decreases overall parental mental health problems

Number of Units of Service to be Provided (5)

7465

Number of Unduplicated Individuals to be Served (5)

45

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

165.89

Average Cost of Service per Individual (5)

2607.77

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

Yes

Amount Requested (5)

\$117,349.80

Proposed Number of Units of Service (5)

7465

Totals

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

238860.48

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)

1805

City of Columbia

1100

Other Counties

0

Residence Total

1805

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

980

Black or African American (alone)

640

Native American Indian or Alaskan Native (alone)

10

Asian (alone)

40

Native Hawaiian or other Pacific Islander (alone)

5

Multiple Races

40

Some Other Race

0

Subtotal - Non-Hispanic

1715

HISPANIC

Of all races

90

Race/Ethnicity Total

1805

Gender**Female**

1200

Male

605

Other Gender

0

Gender Total

1805

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

1105

Over 200% of Federal Poverty Level

700

Income Total

1805

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)**

333

Preschool (3 years – 5 years)

332

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)

15

Parent/Guardian (age 20 and over)

1125

Age Total (2)

1805

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

Educate and raise awareness of early childhood social/emotional development and services.

Added on
06/07/2015

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

Program Service 1

Service (1)

Educate and raise awareness of early childhood social/emotional development and services.

Program Service 1 - Outputs

Units (1)

2647

Unit Measure (1)

Unit Measure will be for 15 minutes of this service

Unduplicated Individuals (1)

750

Program Service 1 - Outcomes

Outcome (1-1)

Increase early child hood providers and parents/families in Boone awareness of social-emotional development and use of developmental screening tools by conducting 35 screening clinics, 3 foster care in-service, and 12 community forums

Indicator (1-1)

90% of individuals participating in screening clinics, foster care in-service, and community forums will have a 50% increase in knowledge and awareness of social-emotional developmental and development

Method of Measurement (1-1)

Sign-in sheets; pretest/posttest for screening clinics and foster care in-

screening tools

service; and pretest/6-month follow-up for community forums

Additional Outcome (1-2)

Increase early child hood providers and parents/families in Boone awareness of social-emotional development by conducting 6 community events with partnering agencies

Additional Indicator (1-2)

100% participants will have a 90% satisfaction

Additional Method (1-2)

Post satisfaction survey

Additional Outcome (1-3)

Educate and raise awareness of early childhood social/emotional development and services by creating 5 awareness messages, creating 5 different printed materials and disseminate material during screening clinics, foster care in-service and community forums and events

Additional Indicator (1-3)

2000 early child hood providers and parents/families in Boone County will received educational material (e.g., brochure, flyer, postcard, etc.)

Additional Method (1-3)

Awareness message log; printed material log and portfolio; and sign-in sheets

Additional Outcome (1-4)

Additional Indicator (1-4)

Additional Method (1-4)

Additional Outcome (1-5)

Additional Indicator (1-5)

Additional Method (1-5)

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit)

The goal is to provide awareness and education and to providers and parents/families on the importance of optimal social-emotional wellness and the use of developmental screening tools through screening clinics, foster care in-service, community forums, and community events. Awareness information will be available in print and online. The expected outcome is an increase in awareness of social-emotional wellness and developmental screening.

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

External factors that may affect the outcome include activities of other organizations which focus on awareness of social-emotional development and/or developmental screening tools

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

We plan to monitor the number and type of awareness messages, number of printed materials, and the number of awareness activities which are created by the program. As well as, participants change in knowledge and awareness of social-emotional developmental and development screening tools and satisfaction.

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

Obtaining counts of the number and types of awareness messages, printed materials, and activities at the end of year one compared to the time before the program was implemented will easily show if there has been an increase in awareness activities and educational materials. Participants change in knowledge and awareness of social-emotional developmental and development screening tools will be collected pre/post. Lastly, satisfaction will be collected.

Program Service 2

Service (2)

Conduct developmental screening for children ages 0-6 and their families

Program Service 2 - Outputs

Units (2) 2040	New Unit Measure Auto Populate2 Unit Measure will be for 15 minutes of this service	Unduplicated Individuals (2) 650
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Program Service 2 - Outcomes

Outcome (2-1) Increase the number of developmental screenings for children birth to 6 years of age	Indicator (2-1) 3000 of children in Boone County will have been screened	Method of Measurement (2-1) Screening log Quarterly screening survey
Additional Outcome (2-2) Increase the number of developmental referrals for children birth to 6 years of age	Additional Indicator (2-2) 300 of children in Boone County will have been referred	Additional Method (2-2) Referral log Quarterly referral survey
Additional Outcome (2-3) Increase the number of quality partners	Additional Indicator (2-3) 100% new partners will have a 90% satisfaction	Additional Method (2-3) New partnership log Annual satisfaction survey of partners

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Program Service 2 - Narrative

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

The goal is to conduct developmental screening and provide consultation for children ages 0-6 and their families. Proposed outcomes include an increase in the number of developmental screenings and an increase in the number of quality partnership as a result of the consultation available.

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

External factors that may affect the proposed outcome include screenings that are completed by other groups may result in the lack of a screening opportunity for us. Another variable is the development of newer versions of the ASQ-3 and the ASQ-SE 2

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

We anticipate that there will be 3000 individual screenings and 300 referrals during the time of the program. In addition, 12 new partners will be engaged.

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

One proposed outcome is an increase in the number of developmental screenings. Measurement of this can be accomplished by counting the the number of developmental screenings completed in Boone County for children birth to 6 years of age during the time of funding and comparing it to screening averages prior to the initiation of the program. A second proposed outcome would be an increase in the number of quality partnerships which will be measured by count of partnerships and follow-up survey of partners.

Program Service 3

Service (3)

Training providers to do screenings and to provide evidence based treatment for young children

Program Service 3 - Outputs

Units (3)

450

New Unit Measure Auto Populate3

One Person

Unduplicated Individuals (3)

280

Program Service 3 - Outcomes

Outcome (3-1)

Increase the number of providers trained to conduct developmental screenings

Indicator (3-1)

15 trainings will be conducted

Method of Measurement (3-1)

Training sign-in sheet

450 of providers will be trained

Additional Outcome (3-2)

Increased trained providers knowledge, confidence, and competency in providing developmental screening. Screening and Referrals

Additional Indicator (3-2)

90% of trained providers will have a 50% increase in knowledge, confidence, and competency

Additional Method (3-2)

Pretest/Posttest

100% new partners will have a 90% satisfaction

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)

The program goal is to train providers to do developmental screenings and referrals and assess providers in knowledge, confidence, and competency prior to being trained and after being trained.

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

There are no known external factors that could affect the proposed outcome

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

The training will result in increased confidence, competence, and knowledge of developmental screenings and referrals.

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

An effective way to measure the impact of the trainings is baseline and follow-up surveys of the confidence, competence, and knowledge that providers who were trained to do developmental screenings and referrals.

Program Service 4

Service (4)

Information and referral services provided through website, message center and other direct services

Program Service 4 - Outputs

Units (4)	New Unit Measure Auto Populate4	Unduplicated Individuals(4)
2108	Unit Measure will be for 15 minutes of this service	80

Program Service 4 - Outcomes

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Increase in the number of children referred and linked to services	Number of children referred;number of children receiving services	Counts of children referred and counts of children receiving services at baseline and at the end of one year
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Increased access to the website	Increase website hits to 3000 by the end of the project	Count website hits
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)

The program goal is to provide information about social-emotional development in young children via a website.

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

There are no known external factors that could affect the proposed outcome

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

A quality website will increase awareness about social-emotional development in young children

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

An effective measure of the increased number of website hits before and after the start of the program.

Program Service 5

Service (5)

Child Parent psychotherapy will be provided to young children and their primary caregiver(s)

Program Service 5 - Outputs

Units (5)	New Unit Measure Auto Populate5	Unduplicated Individuals (5)
7465	Unit Measure will be for 15 minutes of this service	45

Program Service 5 - Outcomes

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Improve the health and wellness for parents	80% of individuals (parent) with clinically elevated scales will show clinically significant improvements	Traumatic Events Screening Inventory - Parent Report Revised (TESI-PRR);

Life Events Checklist - 5 (LEC-5) and Clinician Administered PTSD Scale for DSM-5 (CAPS-5) for the Parent;

Working Model of the Child Interview for the parent-child interaction;

Additional Method (5-2)

Emotional-Behavioral: ASQ:SE-2 (children 0-2), Child Behavior Checklist (CBCL) (children 2-5);

Development- ASQ-3 (all children); Trauma Symptom Checklist for Young Children (TSCYC) for the child;

Additional Method (5-3)

Community Referral Satisfaction questionnaire

Additional Method (5-4)

Additional Method (5-5)

Additional Outcome (5-2)

Improve the health and wellness for children

Additional Indicator (5-2)

80% of individuals (child) with clinically elevated scales will show clinically significant improvements

Additional Outcome (5-3)

Increase provider satisfaction with services and supports provided by CPP

Additional Indicator (5-3)

Providers will have a 90% satisfaction level with the availability of services and supports provided by CPP

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Outcome (5-5)

Additional Indicator (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)

The goal of this program is to provide an evidence based service (CPP) to young children. The expected outcome is that 80% of the individuals who are treated with CPP will show clinically significant improvement on their presenting problems (social-emotional difficulties, developmental delays and parenting stress)

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

Referrals to the service could affect the proposed outcome. The program service 4 will be one source of referrals to this program. Active engagement with primary care providers and other early child providers will also be source of referrals to this program

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

The tools used will show an improvement in health and wellness for children and parents. They will also show increased provider satisfaction with the services and supports provided by CPP.

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

The CBCL, ASQ-3, ASQ-SE 2, and parent stress index 4 will show an improvement in the child's social/emotional health, movement to a more healthy developmental trajectory, and reduced parental stress which helps to improve the child parent relationship. The Community Referral satisfaction Questionnaire will show 90% satisfaction level with the availability of services and supports provided by CPP

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 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

Karen M. Geren; Pre-Award Manager; OSPA; Authorized Signer on behalf of The Curators of the University of Missouri

06/08/2015

Printed Name - Agency Executive Director/President/CEO

Date



06/08/2015

Signature - Agency Executive Director/President/CEO
Authorized Signer on behalf of
The Curators of the University of Missouri

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.

Karen M. Geren; Pre-Award Manager; OSPA; Authorized Signer on behalf of The Curators of the University of Missouri

Name and Title of Authorized Representative

Karen M. Geren

Signature

06/08/2015

Date



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

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

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

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:

- a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15JUN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) than \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

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

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/commou/pdf/Apricot_User_Guide.pdf

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

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

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

OFFEROR has examined Addendum #1 to Request for Proposal# 26-15JUN15 – *Purchase of Service and Pilot Program Contracts for the Community Health Fund*, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri
Office of Sponsored Programs, University of Missouri
Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 06/08/2015

Authorized Representative Printed Name: Karen M. Geren

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbit	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family - Children's Services	815-9955
3.	Mable J. Grinn	Nova Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	St. Maria's Community	Ad. Home Placement Services	811-7343
6.			311-4331
7.			449-5600
8.			315-1989
9.			
10.			79-81-727
11.			314-754-1731
12.	Cheryl Howard	Nova 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 Center	573-480-4781
3.	Christine Johnson	Lin. City Youth Academy	513-256-1436
4.	Jason Wilson	Columbia Boone PHS	513-874-7229
5.	Andrea Warner	Clumbria Boone PHS	573-874-7032
6.	Wendy Ellis	Lincoln - Dept of Psychology	573-673-4111
7.	Michelle Smith	Lincoln - Dept of Psychology	573-673-4111
8.	Michelle Smith	Lincoln - Dept of Psychology	573-442-3229
9.	Stephany Clark	Lincoln - Dept of Psychology	573-673-4111
10.	Michelle Smith	Lincoln - Dept of Psychology	573-673-4111
11.	MICHELLE SMITH	Central Missouri Prosperity Adaptation Assn	573-891-7531
12.	Dawn Bell	Miss William's Research	573-891-7531
13.			
14.			
15.			

230-
~~573-673-4111~~
 573-
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 573-891-7531

**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 McElhiney	Boone County Purchasing	501-715-3321
3	Alan Demons	Boone County Purchasing	573-353-1311
4	Kathy Bovee	Boone County Purchasing	573-442-5345
5	Ann E. Fisher	Boone County Purchasing	573-374-2273
6	PAM LEHAR	PREFERRED FAMILY LLC	573-680-1705
7	Wade		
8	Nikki Danner	Great Circle	573-442-9331
9	Jack Jensen	First Chance for Children	513-777-1815
10	Caroline Mack	Boone County Purchasing	573-353-2334
11	Kevin Danner	Boone County Purchasing	573-353-2334
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 Bobbin	Boone County Purchasing	886-4391
2	Whitney Jones	Young Empowerment Zone	(607) 697-3218
3			
4			
5	Steph M...	...	...
6	Carly...	...	...
7	...	...	...
8	Jane Rakuta	Rainbow House	573-474-6600
9	...	...	...
10	...	...	...
11	Carole Sunde	...	573-268-4229
12			
13			
14			
15			



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

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

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

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

Response: A program may entail multiple services.

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

OFFEROR has examined Addendum #2 to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri
Office of Sponsored Programs, University of Missouri
Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078
E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 06/08/2015

Authorized Representative Printed Name: Karen M. Geren

RFB #: 26-15JUN15



BOONE COUNTY, MISSOURI

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

ADDENDUM #2 - Issued May 28, 2015


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

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

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

Response: A program may entail multiple services.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

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

ADDENDUM #1 - Issued May 21, 2015

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

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

- I. The deadline for further questions regarding this RFP is 5:00 p.m., June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Organizations currently contracted to receive Children's Services Funds should not submit an application for the currently funded program under this RFP.
- IV. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- V. The County received the following questions and is providing a response:
 - a. We are not required to file a form 990. We have both internal and external audits of our organization. Is this 990 exemption ok?

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

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

Response: Yes.

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

Response: Yes.

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

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

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

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

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

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

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

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

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

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

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

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

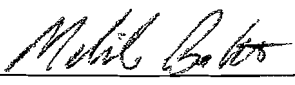
- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

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

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

Response: No.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Brunning	Co/Boone Public Health Human Services	874-7343
6.	M. J. ...	Mill River ...	814-331
7.	Meg Dartlett	Parish Christian Community Learning	449-4000
8.	Kira Harvey	Parish Christian Community Learning	815-5959
9.	Gene Kelly	...	...
10.	Robert	84-387-727
11.	Christina	515-754-273
12.	Cheryl Howard	Nora Stewart ELC	449-5981
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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.	Consuek Johnson	Fun City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHS	573-874-7632
6.	Wendy Ell	Univ. of MO - Dept. of Psychiatry	573 673-4751
7.	Yvonne B. B. B.	Univ. of MO Dept of Psychiatry	573
8.	JANIA HARPER	The Salvation Army	573 442-3229 X222
9.	Shelly Lock	Child Care Associate of MO	573-4455437
10.	M. S. S.	BCC	573 574 169
11.	Michelle Elliott	Central Missouri Probation/Parole	573-894-855
12.	Dan Reilly	MO Wellness Research	573 884-7534
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14.			
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**PRE-PROPOSAL CONFERENCE – INFORMATION
SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE
CONTRACTS FOR BOONE COUNTY CHILDREN'S
SERVICES FUND, 2015 APPLICATION**

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kellner	Epworth Medical Center	314-918-3321
3.	Alan Sanchez	Community Health Center	573-356-1372
4.	Kathy Becka	Missouri Exp. Team	513-642-5345
5.	Nick Foster	Winnipeg Children Center	573-874-2273
6.	PAM LEAKE	PREFERRED FAMILY HC	573 680 1905
7.	Wendy Lane	Family Care	573-417-6600
8.	Nicole Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Carolyn Mitchell	Boone County Child	573-234-8334
11.	KEVIN DRUMMER	EPWORTH	314-918-3308
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**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 Joss	Youth Empowerment Zone	(607) 697 3215
3.			
4.			
5.	Becky Markt	Child Welfare Services	573 443 2536
6.	Cathy Richards	Boone County Children's Services	573-836 1170
7.	Clare Dama	Rainbow House	573-474 6600
8.	Janie Rakuta	Rainbow House	573 474 6600
9.	Scott Clardy	Boone County Children's Services	573-441 5560
10.	Rebecca Kistner	Boone County Children's Services	573-441 4157
11.	Carole Sauer	Ma Bridge	573-268-4129
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

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

Purchase of Service Contracts

Boone County Children's Services Fund

2015 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

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

RFP TIMELINE:

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

CONTACT INFORMATION:

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

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

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 25-15JUN15

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

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

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

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

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

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

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

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

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

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

1.3. Rejection of Proposals:

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

1.4. Acceptance of Proposals:

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

1.5. Requests for Clarification of Proposals:

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

1.6. Validity of Proposals:

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

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

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

1.8. Withdrawal of Proposals:

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

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

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Organization Information – on-line
- 6) Organization Financial Information and Budget Narrative – on-line
- 7) Program Overview – on-line
- 8) Program Services – on-line
- 9) Program Budget Worksheet and Narrative – on-line
- 10) Program Consumer Demographics – on-line
- 11) Program Performance Measures Information Section – on-line
- 12) Attachment A - Agency Assurance Sheet
- 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

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

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

2.3. Pre-Proposal Conference

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

2.4. Term; Termination of Contract Agreement:

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

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

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

3.2. Purpose Statement:

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

3.3. Background:

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

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

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

3.4. Funding Goals:

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

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

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

3.5. Minimum Eligibility Requirements:

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

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

3.6. Funding Available

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

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

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

3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel

3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service to be purchased.

3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.

- 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
- 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.

3.8. Contractor Agency Requirements:

- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

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

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

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

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

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

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

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

4. APPLICATION INFORMATION

4.1. Narrative

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

- a) Copy and paste the following link into your internet browser, preferably Google Chrome:
https://ctk.apricot.info/auth/autologin/org_id/1975/hash/365efb9c0edf7fddf3652ecd2de1868058db6b53
- b) Fill in the required information and select save.
- c) You will be redirected to a login screen where you will be able to complete the Organizational Profile and Proposal Forms.

4.2. Submission of Proposal

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

4.3. Competitive Negotiation of Proposals:

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

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

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

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

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

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

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

Name and Title of Authorized Representative

Signature

Date



AGREEMENT FOR PURCHASE OF SERVICES
Keeping Kids Safe

THIS AGREEMENT dated the ~~13th~~ 31st 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 **Missouri Girls Town Foundation, Inc.**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **MGTF**.

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 MGTF 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 MGTF 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 MGTF

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

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 MGTf'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 MGTf'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 MGTf and MGTf agrees to furnish **Keeping Kids Safe** 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 MGTf'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 **\$133,300.00** 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 MGTf be renewed **for an additional two (2) one-year periods**. MGTf agrees and understands that the BCCSB may require supplemental information to be submitted by MGTf 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
Therapeutic Mentoring	1 hour	\$25.00	3700	\$92,500.00
Respite Care (planned or crisis care – no other funding source)	1 unit (12 – 24 hours)	\$40.00	540	\$21,600.00
Individualized Respite Plans	1 respite plan	\$100.00	60	\$6,000.00
Specialized Respite Services	30 minutes	\$10.00	1320	\$13,200.00

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

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

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

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

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

Missouri Girls Town Foundation, Inc.
Kathleen Becker
PO Box 59
8548 Jade Road
Kingdom City, MO 65262

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

Missouri Girls Town Foundation, Inc.

Boone County, Missouri

By: Kathleen A Becker
Signature

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

By: Kathleen A Becker, 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. Joren
Wendy S. Joren, 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 [Signature] 12/28/2015 (2161/71106/5133,300)
Signature Date Appropriation Account

Boone County- Missouri

Clarification #1

Proposal Number: 25-15JUN15

Proposal Name-Purchase of Service Contacts for the Children's Services Fund

Organization: Missouri Girls Town Foundation, Inc.

1) Provide more data on those who would be served.

The Keeping Kids Safe Program targets at-risk youth typically in the 11-15 age range. These children will fall into three primary categories, the first category being children who have an out-of-home placement. In 2014, Boone County ranked 56 out of the 114 Missouri counties when it came to the number of out-of-home placements. In other words, 165 per 1000 or 4.7% of children in Boone County require some sort of out-of-home placement. (Missouri Kids Count 2014) By focusing on these children, The Keeping Kids Safe Program will allow access and ensure treatment for any mental health issues when an emergency placement is required. Additionally, the program provides support through care assistants and mentoring to the child and family in order to assist in the transition back into a safe home. Finally, there will be continued support once the child returns home so an out-of-home placement is not needed in the future.

The second category includes referrals received due to the child being involved in child abuse/neglect cases and family assessments. The documented rate of Boone County children involved in child abuse/neglect investigations or in family assessments was 34.6%. (Missouri Kids Count, 2014) The Keeping Kids Safe Program will be available 24/7 if an emergency placement or respite care is required. The program's therapeutic mentoring program will also work with the family and child to address some of the issues identified as root causes associated with hotlines or assessment requests.

The third category addresses children that are currently in foster care. The latest data available shows Boone County having 215 children in foster care. (Retrieved from <http://fosteringcourtimprovement.org/mo/County/Boone>). Of this number 78 are residing in non-relative foster care and 67 are residing in relative foster care. Both relative and non-relative foster care families need access to emergency placement, respite and therapeutic mentoring. Case workers including, but not limited to those from Great Circle, will refer foster children to the Keeping Kids Safe Program when the need for emergency care, respite or therapeutic mentoring is needed.

2. Provide justification for compensation levels for potential staff.

All the rates paid to the employees in the Keeping Kids Safe Program match the rates currently being paid by Missouri Girls Town and Presbyterian Children's Home and Services. Salaries are also in the mid-range when comparing it to the Missouri Coalition of Children's Agency (MCCA) salary survey information published in 2014 (Emdconsulting, 2014).

Two full-time benefits eligible Therapeutic Mentors will be needed to fulfill 3,700 units of therapeutic mentoring. With wages, taxes and insurance, their total salary is estimated at \$31,500 a year of which \$24,960 is made up of wages and the remaining \$6,540 is health insurance, dental insurance, Social Security, and Medicare. Mentors are required to have at least a bachelor's degree. A Therapeutic Mentor is considered an entry level Social Work position. This rate is also the same rate as Therapeutic Mentor positions offered by Presbyterian Children's Home and Services other offices.

The Mentor Coordinator's position is a half-time position. The annual salary and benefits for this half time position (20 hours a week) is \$21,780. Of this, \$20,800 is the wage amount and \$980 is for Social Security taxes and Medicaid. This requires at a minimum a bachelor's degree with two years of management experience. This is comparable to Social Workers that are currently working at Missouri Girls Town and Presbyterian Children's Home and Services.

The live-in Youth Worker position will be required to live at the Oliver-Hook House located on the Missouri Girls Town Campus. While on shift he/she will be available to take children in need of Respite Care or Emergency Placement on a 24/7 basis. The annual wage and benefits for this position total \$33,016 a year. The yearly salary is \$28,000 a year. The remaining \$5,016 will be used for Social Security taxes, Medicaid and health insurance. The salary is the starting salary for a resident manager at Girls Town.

The Weekend Youth Worker position works 40 hours a week. They will be working Friday – Sunday. The hourly rate is \$10.25 an hour or \$21,300 a year. With Social Security, Medicaid, and health insurance the total salary will be \$25,800. This hourly rate matches all Youth Workers employed by Missouri Girls Town.

The Respite/Emergency Shelter Coordinator dedicates 10 hours a week to the program. Their annual salary is \$55,000. The individual is required to be a Licensed Clinical Social Worker or a Licensed Professional Counselor. With benefits and taxes the total for this position is \$63,915. Since one-quarter of her time will be dedicated to the Keeping Kids Safe Program, \$15,979 is the employee cost for this position. This salary level is what a current employee is making in this position at Missouri Girls Town. She has over 8 years of experience in working with at-risk youth.

The Program Administrator will also dedicate 10 hours a week to this program. The total salary for this quarter-time position is \$12,280. The employee that is anticipated to fill this position currently works for Missouri Girls Town in the Business Office and makes \$23.00 an hour 10 hours a week. She has a business degree and has experience with reporting requirements. She will not be receiving any insurance benefits.

3. Provide more information of other organizations/businesses that provide these same types of services.

Emergency Placement Services and Respite Services are normally provided by organizations contracting with private families to place children within private homes. The Emergency Placement Services and Respite Program at Missouri Girls Town is equipped to receive children that have a higher level of behavioral disorders. These disorders make it harder to place children within the home setting. In addition, private homes are not always available to be reached on a 24/7 basis.

Rainbow House takes emergency placements. The Keeping Kids Safe will supplement their program by providing needed beds. With this program, it is our hope that no child in need of an emergency placement will be turned away.

Finally, to add additional emergency shelter or respite beds an organization would need to build or add on to their facility. Missouri Girls Town has house with ten bedrooms that is immediately available without incurring any building or rental cost. Another unique feature of Missouri Girls Town is the access to the campus gym for use by the youth.

4) Provide more detailed information about the mentoring being provided at Adventure Club and with Big Brothers Big Sister.

Both the Adventure Club and Big Brothers Big Sisters utilize volunteers to mentor the children in the program. They are not necessarily trained to do Therapeutic Mentoring. Therapeutic Mentoring program specifically targets at-risk youth and focuses on the mental/behavioral health issues of these youth. The program requires an intake and assessment that lead to the development of a treatment plan. The activities planned by the mentor with the youth are goal-focused and related to what is on the treatment plan. Mentors meet weekly with their mentee and complete a progress note after each contact. The Adventure Club or Big Brothers/Big Sisters is a great program that helps numerous youth, the Keeping Kids Safe Program will focus on those youth that have mental/behavioral issues that may prove too challenging for a volunteer mentor.

5) Provide more information about the out-of-home respite that is currently being provided by Lutheran Family and Children's Services.

Lutheran Family and Children's Services provide Respite Care to infants in their maternity program. The Keeping Kids Safe Program focuses on older youth. Use of the Emergency Placement or Respite Program would be available for the mother while pregnant and the mother and infant as long as the mother is under the age of nineteen. The Keeping Kids Safe Program would be an additional resource to assist the youth in the maternity program at Lutheran Family and Children's Services.

6) Provide a detailed description of the individual youth that will seek out this service and specifically what type of series will be offered.

The Keeping Kids Safe program will target at-risk males and females, ages 8-19 (typical age being 11 – 15) who are referred for respite or emergency shelter care and are in need of additional support for their mental health/behavioral issues. The program will help them maintain a healthy home life, transition home and then continue the support once at home. The mental health/behavioral concerns of most clients would include but not be limited to:

- Depression
- Anger/aggression
- Trauma
- Anxiety disorders
- Oppositional Defiant Disorder
- Suicidal ideation
- Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder
- Poor social skills
- High-risk behaviors (sexually acting out, runaway, etc.)
- Delinquency issues (gangs, theft, property damage, etc.)

7) Describe how transportation will be alleviated as a barrier to youth and families seeking to access respite or temporary shelter services.

Youth utilizing the Respite and Emergency/temporary shelter services will be transported to and from the Missouri Girls Town campus by Girls Town staff. There will be no charge for this service. All employees that transport the youth will have a Class E license and pass all driving requirements required to transport children in the state's custody.

Reference List

Children's Trust Fund (2014) Kids Count in Missouri Data Book. Retrieved August 5, 2015, from http://www.missourikidscountdata.org/MKC_state_page_2014.pdf.

Missouri Child Welfare Measures (2012) Retrieved August 5 201, from <http://fosteringcourtimprovement.org/mo/County/Boone/>

Embconsulting. (2014). *Compensation Study 2014*, 10-29. Embconsulting. (2014). *Compensation Study 2014*, 10-29. Embconsulting. (2014). *Compensation Study 2014*, 10-29.

BOONE COUNTY - MISSOURI

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

CLARIFICATION FORM #1

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

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

- 1) Provide more data on those who would be served.
- 2) Provide justification for compensation levels for potential staff.
- 3) Provide more detailed information of other organizations/businesses that provide these same types of services.
- 4) Provide more information about the mentoring being provided at Adventure Club and with Big Brothers Big Sisters.
- 5) Provide more information about the out-of-home respite that is currently being provided by Lutheran Family and Children's Services.
- 6) Provide a detailed description of the individual youth that will seek out this service and specifically what type of services will be offered.
- 7) Describe how transportation will be alleviated as a barrier to youth and families seeking to access respite or temporary shelter services.

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: Missouri Girls Town Foundation, Inc
Address: P.O. Box 59 8548 Jide Rd
Kingdom City, Mo 65262
Telephone: 573-642-5345 Fax: 573-642-0891
Federal Tax ID (or Social Security #): 44-0648649
Print Name: Kathleen A Becker Title: Executive Director
Signature: Kathleen A Becker Date: 8/7/2015
E-mail: kbecker@missourigirlstowntn.org

St. Louis County



Children's Service Fund

Keeping Kids First

October 22, 2013

Mr. Robert Giegling
Executive Director
Children's Foundation of Mid-America
1220 N. Lindbergh
St. Louis, MO 63132

10-25-13P01:58 RCVD-1P

Dear Mr. Giegling,

I am pleased to inform you that the St. Louis County Children's Service Fund Board has awarded funding to your organization for the period of January 1, 2014 – December 31, 2015. The projects listed below will be funded on a fee-for-services basis.

Project	Project Key	Award Amount
Family Solutions for Kids	A14P01	\$2,855,740.24
Therapeutic Mentoring and Family Support	A14P02	\$2,842,062.50
Stop Now And Plan	A14P03	\$0.00

Enclosed is the contract for your consideration. Please sign and return it to the St. Louis County Children's Fund within 7 business days.

The Children's Service Fund looks forward to working with you as we continue our mission of Keeping Kids First in St. Louis County.

Sincerely,

Julie Leicht
Interim Executive Director

cc: Robert Giegling, Executive Director

222 South Meramec Avenue, Suite 202
St. Louis, Missouri 63105

St. Louis
COUNTY
MISSOURI
www.KeepingKidsFirst.org

Phone: (314) 615-5850
Fax: (314) 615-5858

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St. Louis County



Children's Service Fund

Keeping Kids First

**2014 FUNDING CYCLE CONTRACT TO PURCHASE AND PROVIDE SERVICES WITH
Children's Foundation of Mid-America**

This contract, made and entered into on October 17, 2013¹³ by and between the St. Louis County Children's Service Fund Board, a governmental body organized pursuant to Sections 67.1775, 210.861 of the Revised Statutes of the Missouri and St. Louis County Ordinance 24798, hereinafter referred to as the CSF, and Children's Foundation of Mid-America, hereafter know as AGENCY, either a governmental entity or a 501c3 not-for-profit Missouri corporation, organized and operated under the provisions of Chapter 355 of the Revised Statutes of Missouri, or governmental entity hereinafter referred to as the Agency.

Whereas, the CSF, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri and St. Louis County Ordinance 23,845, has the right to expend monies under the direction of the Board from the Community Children's Services Fund for the purposes of funding services to children and youth nineteen (19) years of age and younger, and their families residing in St. Louis County; and

Whereas, the AGENCY has submitted a complete 2014/2015 Application for Funding and necessary supporting documentation to the CSF detailing the services and other supports to be provided along with the expected cost to the AGENCY thereof; and

Whereas, the CSF has approved the 2014/2015 Application for Funding Proposal in whole or in part as hereinafter set forth.

Now therefore, in consideration of the mutual promises, agreements and covenants herein contained, the parties hereto agree to the following:

FUND ALLOCATION FOR SERVICES RENDERED BY AGENCY

The AGENCY shall seek and use all available reimbursements available for the client from private insurance carriers prior to, and after applying for CSF funds. The CSF expressly states that it is its policy to request that any funds supplied by the CSF be the first funds used for program activities. The AGENCY shall periodically, upon request, furnish to the CSF information as to its efforts to obtain such other sources of funding.

1. Funding Policies

The Funding Policies of the CSF and all other funding policies are to be taken as part of this formal contract. The AGENCY will perform the services and carry out the activities as set forth in the AGENCY's 2014/2015 Application for Funding and as detailed in Schedule A - Project Outcomes, Contingencies and Allocated Units, and Schedule B - Detailed definition of Unit of Service. Any contract changes (additions/deletions of units or funds, etc.) will be sent to the AGENCY via written letter from the CSF Executive Director and shall thereafter be considered to be a part of the AGENCY's contract.

The AGENCY agrees to, and understands that services performed under this agreement are limited to the AGENCY's 2014/2015 Application for Funding.

2. Fund Allocation

During the period January 1, 2014 to December 31, 2015, the CSF agrees to provide funding to AGENCY, not to exceed \$5,297,803 for direct services. Services will be billed in accordance with the units of service, rates, and any applicable funding contingencies as detailed in Schedule A - Project Outcomes, Contingencies and allocated Units. The parties agree that the CSF shall have no responsibility for any costs incurred by AGENCY above this amount. Provided, however, that the obligation of CSF to provide funds for the 2015 fiscal year is contingent upon sufficient funds having been appropriated for the purpose by the St. Louis County Council. In the event of failure of the County Council to appropriate such funds, the obligations of the parties to this contract shall terminate.

3. Billing

For both Fee-for-Service contracts (based upon a standardized unit rate) and Reimbursement contracts (based on a percent of actual expenditures), the AGENCY agrees to submit a monthly invoice to the CSF by 5pm on the dates listed in the 2014/2015 Schedule of Deadlines. The AGENCY agrees to utilize the Invoice and data collection tools provided by the CSF.

4. Payments

The CSF will make every effort to process payment within two weeks of receipt of invoice.

5. Availability of Funds

Payments under this contract are dependent upon the availability of funds or as otherwise determined by the CHILDREN'S SERVICE FUND. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the CSF shall have no obligation to continue payment. The AGENCY agrees that funding unit quantities and related dollar amount may be increased or reduced as a result of external studies, community need, agency utilization at the Board's discretion. If contract changes occur a new level of contract with the CSF may be established by mutual agreement of the parties, but in no event shall the CSF have any obligation for payment above the contracted level.

REPORTING, MONITORING, AND MODIFICATION

6. Reporting

The CSF shall utilize AGENCY's 2014/2015 Application for Funding, as submitted by AGENCY to monitor service delivery and program expenditures. AGENCY agrees to submit to the CSF Demographics and Outcomes Reports on the schedule provided by CSF. Payments may be withheld from AGENCY if reports designated here are not submitted on time, until such time as the reports are filed. The CSF is participating in an integrated individual-level information exchange initiative which promotes unified data management and analysis. The CSF will be exploring ways to monitor the impact of the Fund on the health of St. Louis County youth, 19 years and younger. The AGENCY agrees to assist with the effort by adhering to data collection and reporting requirements that may be adopted by the CSF.

7. Financial Audit

AGENCY also agrees to submit to the CSF a copy of its annual audit within four (4) months after the close of AGENCY'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 and a management report discussion on internal controls. Payments may be withheld from AGENCY, if reports designated here are not submitted on time.

8. Federal 990 Return

The AGENCY also agrees to submit to the CSF a copy of its annual Federal 990 or Federal 990 EZ or Federal 990 N return as required by current IRS regulations within one (1) month after federal filing.

9. Monitoring

The AGENCY agrees to permit the CSF to monitor, survey, and inspect the AGENCY's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws

protecting client confidentiality. The agency agrees to permit the CSF staff to monitor, survey, and inspect the agency's services, activities, programs, and client case records to determine compliance and performance with the contract agreement, except as prohibited by laws protecting client confidentiality. The agency agrees to include in their Consent to Treatment form that the client case records can be reviewed for the aforementioned purposes.

In addition, the AGENCY hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the CSF or its designee(s) all records, facilities and personnel, for auditing, inspection and interviewing, to determine the status of the service, activities and programs covered hereunder and all other matters set forth in the contract. CSF reserves the right to survey clients served by the agency with this funding on their level of satisfaction and engagement with the agency and services.

All areas of non-compliance discovered in these audits will be handled according to the CSF's policies on monitoring. If all non-complaint issues are not resolved to satisfaction within 60 days, the CSF may suspend or terminate the contract.

10. Modification or Amendment

In the event the AGENCY 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 Executive Director of the CSF for Board approval. A Board Resolution from the AGENCY must be included with the request. Requests to the CSF must be submitted in writing at least two (2) weeks prior to the Board meeting.

Other Terms and Conditions

11. Violation of Client Rights

Any alleged case of a violation of a client's right in a program funded by the CSF shall be investigated in accordance with the AGENCY's policies and procedures and in accordance with any local/state/federal regulations. The AGENCY agrees to notify the CSF's Executive Director of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the CSF of any substantiated allegations. The AGENCY must comply with Missouri law regarding confidentiality of client records.

12. Discrimination

The AGENCY agrees that it has adopted and will enforce policies and practices to insure that it will not discriminate either in employment or in the provision of services in violation of any applicable federal, state, county, or municipal statutes or ordinances. The CSF requires that for an agency to be eligible for funding, employment and services must be provided regardless of race, religion, national origin, gender, sexual orientation, or age.

13. Child Abuse Screening

The AGENCY must require that background checks, including child abuse and neglect screenings, are conducted annually on all employees and volunteers, by the Family Care Safety Registry or other service approved by CSF. This requirement does not apply to volunteers who are "one time" or episodic (no more than two visits a year).

14. Services Provided

The AGENCY agrees that CSF funds shall be used exclusively for the direct services provided and for administrative costs directly related to AGENCY's ability to provide such services.

15. Conflict of Interest

The AGENCY agrees that no member of its Board or its employees now has, or will in the future, have any conflict of interest between himself/herself and the AGENCY, and this shall include any transaction in which the AGENCY is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define Conflict of Interest. In the event the AGENCY determines that such a conflict exist, it shall inform CSF of such conflict.

16. Failure to Perform/Default

In the event the AGENCY, at any time, fails or refuses to perform according to the terms of this contract, as determined by the CSF, such failure or refusal shall constitute a default hereunder, and the CSF will be relieved of any further obligation to make payments to the AGENCY as set out herein. This contract may be terminated at the option of the CSF.

17. Termination

The CSF or the AGENCY may terminate this contract, with or without cause, provided that either party provides a thirty (30) day notice in writing

18. Standards

The AGENCY will comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws. National accreditation may be substituted in place of state/federal certification/licensure. The AGENCY shall maintain accreditation, licensure, or certification in the services for which it is receiving funding. For agencies in the process of obtaining accreditation, licensure, or certification at the time of this contract, the contractual covenants, conditions, and timelines are detailed in Schedule A. Payments may be withheld or discontinued from AGENCY if documentation designated here is not submitted on time.

19. Exceptions

Exceptions to the agency contract are detailed in Schedule A - Project Outcomes and Contingencies. The continuation of funding to the agency is contingent upon the agency's meeting the stated requirements.

20. Eligible Service Recipients

Recipients of services must be St. Louis County resident children and youth, ages nineteen (19) years of age and younger and their families. The AGENCY shall not utilize CSF funds to provide services to non-St. Louis County residents. For school-based prevention services, greater than 50% of the student population must be St. Louis County residents.

21. Publicity by the Agency

AGENCY shall notify the CSF of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. AGENCY will acknowledge the CSF as a funding source on the home page of its website with a link to the CSF'S website, door signage at all of the agency's visitor entrances, as well as on all written and electronic publications including brochures, letterhead, annual report, and newsletters. AGENCY will coordinate with the CSF to inform the community about the ways its tax dollars are being invested in services and supports. Failure to comply may constitute a default in the contract.

22. Agency Attendance

AGENCY agrees to have representatives in attendance at events sponsored by the CSF. At a minimum, AGENCY must attend 75% of general events held, including capacity building trainings, and 75% of applicable Learning Workgroups.

23. Indemnification

AGENCY agrees to hold harmless, defend, and indemnify the CSF for any and all liability for personal injury or property damage stemming from any acts, negligence, misfeasance, or omissions arising out of the agency's performance of the contract agreement. AGENCY agrees it has or shall obtain liability insurance, including a blanket fidelity bond, in form and amount sufficient as determined by the CSF pursuant to this clause for indemnification, and that it shall provide the CSF with documentation evidencing this insurance.

24. Independence

This contract does not create a partnership, joint venture or any other form of joint relationship between the CSF and AGENCY, which for the purposes of this contract operates as an independent contractor. The CSF does not recognize any of the AGENCY's employees, agents, or volunteers as those of the CHILDREN'S SERVICE FUND.

25. Appeal

If AGENCY disagrees with a decision of the CSF, the following steps can be taken by AGENCY to appeal the decision:

- a) The Board of the agency must vote in a Board/Executive Committee to appeal the decision of the CSF.
- b) Within 30 days of the CSF decision, a letter must be received by the CSF from the President of the agency stating the agency's decision to appeal.
- c) The letter from the President of the agency must state, in specific terms, the reason(s) for the appeal.
- d) The CSF will review the appeal and provide a written response within 30 days from receipt of appeal.

26. Term

This contract commences on January 1, 2014 and remains in effect until December 31, 2015 unless sooner terminated pursuant to agreements contained herein. The laws of the state of Missouri shall govern the interpretation, validity, performance, and enforcement of this contract.

27. Notice

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

**St. Louis County Children's Service Fund C/O Julie Leicht, Interim Executive Director 222 South
Meramec Avenue, Suite 202 St. Louis, Missouri 63105**

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

**Children's Foundation of Mid-America Mr. Robert Giegling, Executive Director, 1220 N.
Lindbergh, Saint Louis, MO, 63132**

This contract constitutes the complete understanding of the parties hereto with respect to the subject matter and may be modified or amended only by a written instrument executed by the parties.

IN WITNESS WHEREOF, the parties hereunto set their hands: AGENCY

Pat Bickel
By: Agency Representative
Title: Executive Director
Date: 10-24-13

On this 24th day of October, 2013 appeared Robert Giegling to me personally known, who being duly sworn, did state that (s)he is the Executive Director of Children's Foundation of Mid-America, Inc., and that this Contract was signed on behalf of said corporation, by authority of its board of directors, and that (s)he acknowledged this Contract to be the free act and deed of the said corporation.

In testimony whereof, I have hereunto set my hand and affixed my official seal.

Barbara J. Helder

Notary Public My commission expires: 09-12-15

Barbara J. Helder
State of Missouri
Notary Public
Commission No. 11419208
My Commission Expires 9/12/2015

ST. LOUIS COUNTY, MISSOURI – This portion to be completed by the Children's Service Fund

Approved as to legal form:

Pat Bickel
County Counselor

12/23/13
Date

I certify that unencumbered balances sufficient to pay the contract sum remain in the appropriation account against which the obligation is to be charged, and are spendable upon approval of the budget for the St. Louis County Children's Service Fund by Ordinance.

James [Signature]
Accounting Officer

12/27/13
Date

[Signature]
St. Louis County Children's Service Fund
Board Chair

12/5/13
Date

Schedule A - Project Outcomes, Contingencies and Allocated Units

Agency Name	Children's Foundation of Mid-America
Project Title	Family Solutions for Kids
Project Number	A14P01
Service Area	Home and Community-Based Intervention Services

Selected Outcomes		
Indicator	Measurement Tool	Goal %
lients will have improved school engagement and performance	C-GAS	85%
Clients will develop self-management skills	Pediatric Symptom Checklist (PSC)	85%
Clients will have improved relationships with family members/caregivers	C-GAS	90%
Clients will be free of substantiated incidents of child abuse or neglect	CAN Reports, Incidents	90%
Clients will have no out-of-home placements	Placement	90%
Clients will remain free from law enforcement involvement	Law Enforcement Involvement	90%

Awarded Units of Service				
Unit Type	Unit Rate	Unit of Measure	QTY	Total
90837.01 - Counseling (Home)-60 Minutes	\$127.637	60 (53-67) minutes	17,520	\$2,236,200
T1016.02 - Case Management - (Masters)	\$19.070	15 Minutes	22,000	\$419,540
			Total	\$2,655,740

Agency contracted for a time sensitive unit the will has access to bill under all of the aligned time sensitive units.

Funding Contingencies

Schedule A - Project Outcomes, Contingencies and Allocated Units

Agency Name	Children's Foundation of Mid-America
Project Title	Therapeutic Mentoring and Family Support
Project Number	A14P02
Service Area	Home and Community-Based Intervention Services

Selected Outcomes		
Indicator	Measurement Tool	Goal %
lients will have improved school engagement and performance	C-GAS	85%
Clients will develop self-management skills	C-GAS	85%
Clients will have improved relationships with family members/caregivers	C-GAS	90%
Clients will be free of substantiated incidents of child abuse or neglect	CAN Reports, Incidents	90%
Clients will have no out-of-home placements	Placement	90%
Clients will remain free from law enforcement involvement	Law Enforcement Envolment	80%

Awarded Units of Service				
Unit Type	Unit Rate	Unit of Measure	QTY	Total
X0002 - Therapeutic Mentoring	\$30,195	Hour	87,500	\$2,642,063
			Total	\$2,642,063

Agency contracted for a time sensitive unit the will has access to bill under all of the aligned time sensitive units.

Funding Contingencies



2015 CONTRACT

THE LINCOLN COUNTY RESOURCE BOARD
Lincoln County, Missouri

CONTRACT TO PURCHASE AND PROVIDE SERVICE WITH

**Presbyterian Children's Homes and Services of Missouri
FOR
Lincoln County Children and Youth**

This contract made and entered into on **November 14, 2014**, by and between the **Lincoln County Resource Board**, a governmental body organized pursuant to Sections 67.1775, 210.860, and 210.861 of the Revised Statutes of Missouri and the Lincoln County Ordinance Number: 2003-05-27 creating the *Lincoln County Resource Board*, hereinafter referred to as the **BOARD OF TRUSTEES**, and **PRESBYTERIAN CHILDREN'S HOMES AND SERVICES**, a not-for-profit Missouri corporation, organized and operated under the provisions of Chapter 355 of the Revised Statutes of Missouri, or governmental entity hereinafter referred to as PCHAS.

Whereas, the BOARD OF TRUSTEES, under the provisions of 67.1775, 210.860, and 210.861 of the Revised Statutes of Missouri and the Lincoln County Ordinance creating the *Lincoln County Resource Board*, has the right to expend monies from the Lincoln County Children's Services Fund for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Lincoln County; and

Whereas, PCHAS has submitted a complete Request for Funding Proposal application to the BOARD OF TRUSTEES detailing the services and other supports to be provided along with the expected cost to PCHAS thereof; and

Whereas, the BOARD OF TRUSTEES has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

Now therefore, in consideration of the mutual promises, agreements and covenants herein contained, the parties hereto agree to the following:

FUND ALLOCATION FOR SERVICES RENDERED BY PCHAS

PCHAS is expected to seek and use all available alternative funding resources prior to, and after applying for BOARD OF TRUSTEES' funds. BOARD OF TRUSTEES expressly states that it is its policy to request that any funds supplied by the BOARD OF TRUSTEES be the first funds used for program activities. PCHAS shall periodically, upon request, furnish to the BOARD OF TRUSTEES information as to its efforts to obtain such other sources of funding.

1. RFP Funding Guidelines. The Funding Guidelines of the BOARD OF TRUSTEES and all other funding policies are to be taken as part of this formal contract. PCHAS will perform the services and carry out the activities as set forth in the targets and outcomes of the Request for Funding Proposal application. Any contract changes (additions/deletions of units or funds, etc.) will be sent to PCHAS via written letter from the Executive Director and are considered to be a part of PCHAS' contract.

PCHAS agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal application.

2. Fund Allocation: **Presbyterian Children's Homes and Services'
Therapeutic Mentoring Program**

- During the period January 1, 2015, to December 31, 2015, the BOARD OF TRUSTEES agrees to provide funding to PCHAS, not to exceed **\$65,006.00** for services.
- Services will be billed at **\$18.52 per hour for a total of 3,510 billable hours.** (\$18.52 x 3,510 billable hours=\$65,005.20).
- The parties agree that the BOARD OF TRUSTEES shall have no responsibility for any costs incurred by PCHAS above this amount.
- Mileage costs must be included in the unit cost. No additional or separate payments for mileage costs will be paid by the LCRB. The cost of transporting clients cannot be included in the LCRB request per state statute, but may be funded through other revenue sources.
- Refer to the LCRB Funding Policies for a complete listing of allowable direct and indirect expenses.

3. Billing. For Purchase of Service (POS) contracts (based upon a mutually agreed to unit rate), PCHAS agrees to submit a monthly invoice to the BOARD OF TRUSTEES by 2:00 p.m. of the date listed in the 2015 Monthly Reimbursement Deadline Dates schedule.
4. Payment Cycle. The BOARD OF TRUSTEES will make every attempt to mail checks no later than the third Friday of the month.

5. Bidding Requirements. Any piece of equipment purchased with funds provided to PCHAS under this contract with a cost of \$3,000 or more requires two (2) written bids in accordance with Missouri statutes. All bids must accompany receipts for reimbursement of such items.
6. Availability of Funds. Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BOARD OF TRUSTEES. This contract can be terminated if funding becomes unavailable in whole or in part or for cause shown, and the BOARD OF TRUSTEES shall have no obligation to continue payment. If funding is reduced, a new level of contract may be established by mutual agreement of the parties, but in no event shall the BOARD OF TRUSTEES have any obligation for payment above the award level.

REPORTING, MONITORING AND MODIFICATION

7. Reporting. The BOARD OF TRUSTEES shall utilize the Request for Funding Proposal application, as submitted by PCHAS to monitor service delivery and program expenditures. PCHAS agrees to submit to the BOARD OF TRUSTEES a mid-year service report by the **last business day in July** for the period of January 1, 2015, to June 30, 2015, and an annual service report by the **first Friday in February of the following calendar year**, for the period January 1, 2015, to December 31, 2015. Variations to this date may be requested by PCHAS and, if so stipulated, are noted on this contract document. If the designated reports are not submitted on time, payments may be withheld from PCHAS until the reports are filed.
8. Audits. PCHAS also agrees to submit to the BOARD OF TRUSTEES a copy of its annual audit within **four (4) months** after the close of PCHAS' 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 complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, BOARD OF TRUSTEES requires that the management report of any audit, as it relates to BOARD OF TRUSTEES' program activities, be supplied to the BOARD OF TRUSTEES as part of the required audit. **The independent audit must also include an audited unit cost for each unit cost analysis by funded unit (which details unit of service costs, units provided and resulting rates that are included in the funded program)**. Payments may be withheld from PCHAS, if reports designated here are not submitted on time.
9. Monitoring. PCHAS agrees to permit the BOARD OF TRUSTEES, the Executive Director of the BOARD OF TRUSTEES, or designee of the BOARD OF TRUSTEES to monitor, survey and inspect PCHAS' services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, PCHAS hereby agrees that, upon notice of 48 hours, it will make available to the BOARD OF TRUSTEES or its designee(s) all records, facilities and personnel, for auditing, inspection and

interviewing to determine the status of the service, activities and programs covered hereunder and all other matters set forth in the contract.

All areas of non-compliance discovered in these audits will be handled according to the BOARD OF TRUSTEES' policies on monitoring. High levels of non-compliance or failure to rectify issues of non-compliance in a timely manner will also be addressed in accordance with the BOARD OF TRUSTEES' policies on monitoring.

10. Modification or Amendment. In the event PCHAS 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 Executive Director of the BOARD OF TRUSTEES for Board approval. Requests to the BOARD OF TRUSTEES must be submitted in writing at least two (2) weeks prior to the Board meeting to the LCRB office. In addition, requests for contract modifications **may not be submitted to the Board after October 1 of the funded year.**

OTHER TERMS OF THIS CONTRACT

11. Violation of Client Rights. Any alleged case of a violation of a client's right in a program funded by the BOARD OF TRUSTEES shall be investigated in accordance with PCHAS' policies and procedures and in accordance with any local/state/federal regulations. PCHAS agrees to notify the BOARD OF TRUSTEES' Executive Director of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BOARD OF TRUSTEES of any substantiated allegations. PCHAS must comply with Missouri law regarding confidentiality of client records.
12. Discrimination. PCHAS agrees that it has adopted and will enforce policies and practices to ensure that it will not discriminate either in employment or in the provision of services in violation of any applicable federal, state, county or municipal statutes or ordinances.
13. BOARD OF TRUSTEES' Funds to Be Used for Services Provided. PCHAS agrees that BOARD OF TRUSTEES' funds shall be used exclusively for the services provided and for administrative costs directly related to PCHAS' ability to provide such services.
14. Conflict of Interest. PCHAS agrees that no member of its Board of Directors or its employees now, or will in the future, have any conflict of interest between himself/herself and PCHAS, and this shall include any transaction in which PCHAS is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".
15. Board Ownership. If PCHAS ceases to be funded by the BOARD OF TRUSTEES or ceases to provide programs and services for Lincoln County youth and their families, all capital equipment and materials purchased with BOARD OF TRUSTEES' funds shall

be returned to the BOARD OF TRUSTEES unless so otherwise approved by a majority vote of the BOARD OF TRUSTEES. In addition, if PCHAS no longer uses capital equipment, materials or buildings purchased with BOARD OF TRUSTEES' funds for its original intent, PCHAS will need BOARD OF TRUSTEES' approval to re-direct.

16. Failure to Perform/Default. In the event PCHAS, at any time, fails or refuses to perform according to the terms of this contract, as determined by the BOARD OF TRUSTEES, such failure or refusal shall constitute a default hereunder, and the BOARD OF TRUSTEES will be relieved of any further obligation to make payments to PCHAS as set out herein. This contract will be terminated at the option of the BOARD OF TRUSTEES.
17. Litigation. In the event that either party files a lawsuit against the other for a civil matter, the parties agree to first pursue mediation for a minimum of four (4) hours at their own costs. In the event that mediation fails in the matter, both parties agree that by signing this contract, whichever party found to be at fault in the litigation at verdict will pay the other party's attorney for having to pursue the matter.
18. Termination. The BOARD OF TRUSTEES or PCHAS may terminate this contract, with or without cause, provided that either party provides 30 days notice in writing.
19. Standards. PCHAS will comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws. In addition, if eligible, and if not otherwise so determined by the BOARD OF TRUSTEES, PCHAS shall be accredited by the Missouri Division of Alcohol and Drug Abuse. Another National accreditation may be substituted with the BOARD OF TRUSTEES' approval. If PCHAS is not accredited, it shall submit to the Executive Director of the BOARD OF TRUSTEES within 60 days of signing this contract a written plan for being surveyed for accreditation. The BOARD OF TRUSTEES may grant extensions and exemptions.
20. Eligible Service Recipients. Recipients of services must be a Lincoln County resident, ages 0-19 and their families. Recipients of services who start treatment before their 19th birthday may continue to receive reimbursable services until treatment is terminated or they turn 20 years of age, whichever comes first. PCHAS shall not utilize BOARD OF TRUSTEES' funds to provide services to non-Lincoln County residents.
21. Indemnification. PCHAS agrees to hold harmless, defend and indemnify the BOARD OF TRUSTEES for any and all liability for personal injury and or property damage stemming from any acts, negligence, misfeasance or omissions arising out of PCHAS' performance of this contract. The BOARD OF TRUSTEES agrees to hold harmless, defend and indemnify PCHAS for any and all liability for personal injury and or property damage stemming from any acts, negligence, misfeasance or omissions arising out of the BOARD OF TRUSTEES' performance of this contract. PCHAS agrees it has or shall obtain liability insurance, including a blanket fidelity bond, in form and amount sufficient as determined by the BOARD OF TRUSTEES pursuant to this clause for indemnification, and that it shall provide the BOARD OF TRUSTEES with

documentation evidencing this insurance, prior to the BOARD OF TRUSTEES releasing funds to PCHAS.

22. Publicity by the Agency. PCHAS shall notify the BOARD OF TRUSTEES of contact with the media regarding BOARD OF TRUSTEES-funded programs or profiles of participants in BOARD OF TRUSTEES-funded programs. PCHAS will acknowledge the BOARD OF TRUSTEES as a funding source whenever publicizing BOARD OF TRUSTEES-funded programs. PCHAS will partner with the BOARD OF TRUSTEES to inform the community about the ways its tax dollars are being invested in services and supports.
23. Independence. This contract does not create a partnership, joint venture or any other form of joint relationship between the BOARD OF TRUSTEES and PCHAS. The BOARD OF TRUSTEES does not recognize any of the PCHAS' employees, agents or volunteers as those of the BOARD OF TRUSTEES.
24. Appeal. If PCHAS disagrees with a decision of the BOARD OF TRUSTEES, the following steps can be taken by PCHAS to appeal that decision:
- a. The Board of PRESBYTERIAN CHILDREN'S HOMES AND SERVICES must vote in a Board meeting to appeal the decision of the BOARD OF TRUSTEES.
 - b. Within 60 days of the BOARD OF TRUSTEES' decision, a letter must be received by the BOARD OF TRUSTEES from the President/CEO of PCHAS stating PCHAS' decision to appeal, and a copy of the minutes of the Board meeting stating the vote of the Board to appeal.
 - c. The letter from the President/CEO of PRESBYTERIAN CHILDREN'S HOMES AND SERVICES must state, in specific terms, the reason(s) for the appeal.
 - d. The BOARD OF TRUSTEES will review the appeal and provide a written response within 60 days of the receipt of the appeal.
25. Term. This contract commences on January 1, 2015, and remains in effect until December 31, 2015, unless sooner terminated pursuant to agreements contained herein. The laws of the state of Missouri shall govern the interpretation, validity, performance and enforcement of this contract.
26. Notice. Any written notice or communication to the BOARD OF TRUSTEES shall be mailed or delivered to:

The Lincoln County Resource Board
C/o Cheri Winchester, Executive Director
101 West College Street Suite 1-B
Troy, MO 63379

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

PRESBYTERIAN CHILDREN'S HOMES AND SERVICES
Robert Giegling, Executive Director
1220 North Lindbergh
St. Louis, Missouri 63132

This contract constitutes the complete understanding of the parties hereto with respect to the subject matter and may be modified or amended only by a written instrument executed by the parties.

IN WITNESS WHEREOF, the parties hereunto set their hands:

PRESBYTERIAN CHILDREN'S HOMES
AND SERVICES

LINCOLN COUNTY RESOURCE BOARD

By: Robert Giegling
(Agency Representative)

By: Melba Houston
(Board of Trustees' Chair)

Name: Robert Giegling

Name: Melba Houston

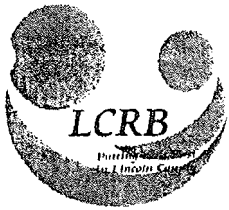
Title: Executive Director

Title: LCRB Chair

Date: 11/24/14

Date: 11-19-14

2015 AGREEMENT OF CLINICAL OUTCOMES—THERAPEUTIC MENTORING



**LINCOLN COUNTY RESOURCE BOARD
CLINICAL OUTCOMES AGREEMENT
WITH PRESBYTERIAN CHILDREN'S HOMES AND SERVICES OF MISSOURI**

This agreement made and entered into on November 17, 2014, by and between the LINCOLN COUNTY RESOURCE BOARD and PRESBYTERIAN CHILDREN'S HOMES AND SERVICES OF MISSOURI, is a supplement to the contract by and between the LINCOLN COUNTY RESOURCE BOARD and PRESBYTERIAN CHILDREN'S HOMES AND SERVICES OF MISSOURI to provide **THERAPEUTIC MENTORING SERVICES**.

The LINCOLN COUNTY RESOURCE BOARD and PRESBYTERIAN CHILDREN'S HOMES AND SERVICES OF MISSOURI agree that PRESBYTERIAN CHILDREN'S HOMES AND SERVICES OF MISSOURI will evaluate, monitor and measure the following clinical goals as spelled out in their Request for Funding Proposal:

Project Goal, Objectives and Outcomes:

Goal # 1: Reduce risk factors associated with child abuse and neglect for youth and their families who participate in the PCHAS-MO therapeutic mentoring program.

Objective # 1: Match 70-75 youth and their parents to a PCHAS-MO mentor who will work with the family to establish protective factors against abuse and neglect.

Objective # 2: Participating youth and their families will receive at least 6 months of in-home and community-based therapeutic mentoring (approximately 2 to 3 hours per week) and linkages to other appropriate services that may extend beyond the mentoring intervention period.

Goal # 2: Clients will have improved levels of functioning.

Objective # 1: 30-35 youth (70-75 in a full year) will be supported in making positive choices in school, home and community through the interaction with the PCHAS-MO mentor over a period of at least 6 months.

Objective # 2: 30-35 youth (70-75 in a full year) will have linkages to resources at school and in the community that reinforce protective factors for the youth against abuse and neglect over a period of at least 6 months.

Goal # 3: Clients will be free of the expression of mental, emotional, behavioral symptoms that increase caregiver burden and are correlated with child abuse and neglect.

Objective # 1: The PCHAS-MO mentor will facilitate the acquisition and practice of positive interaction skills between the 30-35 targeted youth (70-75 in a full year) and the caregiver during weekly mentoring home visits over a 6-month period.

Objective # 2: 30-35 youth (70-75 in a full year) will be supported by the PCHAS-MO mentor over the period of at least 6 months in developing coping skills and increasing protective factors against child abuse and neglect.

These are the desired outcomes for the PRESBYTERIAN CHILDREN'S HOMES AND SERVICES OF MISSOURI's therapeutic mentoring program:

- Outcome #1: 85% of clients will have improved school engagement and performance.
Measurement – Children's Global Assessment Scale (C-GAS)
- Outcome #2: 90% of clients will have improved relationships with family members/caregivers.
Measurement – C-GAS
- Outcome #3: 90% of clients will be free of substantiated incidents of child abuse or neglect.
Measurement – Incidents
- Outcome #4: 90% of clients will have no out-of-home placements. (Alternative care)
Measurement – Placement reports
- Outcome #5: 85% of clients will develop self-management skills. (Pre/Post Testing)
Measurement – C-GAS
- Outcome #6: 80% of clients will remain free from law enforcement involvement.
Measurement – Law Enforcement Involvement

PRESBYTERIAN CHILDREN'S HOMES AND SERVICES OF MISSOURI will be responsible for reporting regarding these clinical goals to the LINCOLN COUNTY RESOURCE BOARD by submitting a mid-year service report **by the last business day in July** for the period of January 1, 2015, to June 30, 2015, and an annual service report **by the first Friday in February of the following calendar year** for the period January 1, 2015, to December 31, 2015. The reports should include the number of Lincoln County children and youth served; ages of the children and youth served; and a comparison of the clinical results to the goals stated above. Any variance below or above the stated goals should be explained.

These reports should be sent to:

LINCOLN COUNTY RESOURCE BOARD
C/o Executive Director
101 West College, Suite 1-B
Troy, MO 63379

Failure to provide this report in a timely manner would result in a violation of the contract between the LINCOLN COUNTY RESOURCE BOARD and PRESBYTERIAN CHILDREN'S HOMES AND SERVICES OF MISSOURI, and may result in either the reduction of funding for this service or the elimination of funding for this service.

This contract constitutes the complete understanding of the parties hereto with respect to this subject matter and may be modified or amended only by a written instrument executed by the parties.

IN WITNESS WHEREOF, the parties hereunto set their hands:

PRESBYTERIAN CHILDREN'S HOMES
AND SERVICES OF MISSOURI

By: *Robert G. [Signature]*
Agency Representative

Title: *Executive Director*

Date: *11/24/14*

LINCOLN COUNTY RESOURCE BOARD

By: *[Signature]*
Board of Trustees' Chair

Title: *LCRB Chair*

Date: *11-19-14*

Lincoln County Resource Board
101 West College Street, Suite 1-B
Troy, Missouri
Phone: 636-528-2490
Fax: 636-528-2492
Page 2 of 2



**State of Missouri
Department of Social Services
Contract Amendment**

Contract Description:
Residential Facility Based Rehabilitative Treatment Services (REHAB-RT)
Amendment Description:
Rate Increases

<i>Contract #:</i> SDA379103R	<i>State DVN #</i> 000398823	<i>Effective Date:</i> July 1, 2013
--------------------------------------	-------------------------------------	--------------------------------------------

Contractor Information:

Contractor Name: **Chilren's Foundation of Mid America**

Mailing Address: **1220 N. Lindbergh**
City, State Zip: **St. Louis, MO 63132**

The above referenced contract between **Chilren's Foundation of Mid America** and the Department of Social Services is hereby amended as follows:

1. The contract per deim rates are hereby increased to the following amounts pursuant to legislative appropriation:

Emergency Crisis Intervention (EMER)	\$83.57
Moderate Need (Level II) (MODR)	\$92.24
Severe Need (Level III) (SEVR)	\$110.86
Family-focused Residential Treatment (FFRS)	\$129.17
Intensive Need (Level IV) (PSYR)	\$144.76

2. This amendment shall be effective July 1, 2013. All other terms and conditions shall remain unchanged.

~~~~~  
*In witness thereof, the parties below hereby execute this agreement.*

*The signature of the contractor is not required on this document.*

|                                         |       |       |
|-----------------------------------------|-------|-------|
| _____                                   | _____ | _____ |
| Authorized Signature for the Contractor | Title | Date  |

*Patrick Inelbeing*  
\_\_\_\_\_

**August 16, 2013**  
\_\_\_\_\_

Authorized Signature for the Department of Social Services

Date







**State of Missouri**  
**Department of Mental Health**  
**Contract Amendment**

*Contract Description:* **Supported Community Living Services**  
*Amendment Description:* **Rate Increase**  
*Effective Date:* **July 1, 2013**

Contract Number: **CPSER019743169926302**

State Vendor #: **43169926300**

Resp Fac: Southeast Missouri Mental Health Center

***Contractor Information:***

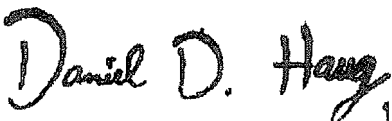
Contractor Name: **Children's Foundation of Mid-America**  
Mailing Address: **1353 N. Warson Road**  
City, State Zip: **St. Louis, Missouri 63132-1807**

The above referenced contract between the **Children's Foundation of Mid-America** and the Department of Mental Health is hereby amended as follows:

1. The contractor shall be paid the following unit rates effective 7/1/2013, for the sites and home types listed.
2. This amendment shall be effective July 1, 2013. All other terms and conditions shall remain unchanged.

~~~~~  
In witness thereof, the parties below hereby execute this agreement.

The signature of the contractor is not required on this document.

Authorized Signature for the Contractor	Title	Date
 _____ Director for the Division of Administrative Services Department of Mental Health	_____ Date	07/01/2013 _____ Date

Service Delivery Site	Type	Res Facility Description	Contract Rate
Eagle Summit	T	Residential Treatment	\$144.76
Farmington Children's Home	T	Residential Treatment	\$144.76
Holts Summit House	T	Residential Treatment	\$144.76

Missouri Girls Town – Program Service Information – #1

1. Name of Service: Therapeutic Mentoring
2. Unit of Measure: One hour
3. Unit Rate: \$25.00
4. Number of Services Provided: 3700
5. Number of Unduplicated Individuals to be Served: 50
6. Outcome of Service: Therapeutic Mentoring will increase school engagement, decrease law violation, decrease the need for Child Abuse/Neglect reports, and will improve overall family or caregiver relationships.
7. Indicators
 - Indicator #1: 90% of enrolled youth will show improved school engagement.
 - Indicator #2: 100% of enrolled youth will report no law violation or Child/Abuse reports and investigations.
 - Indicator #3: 97% of enrolled youth will achieve improved relationships with family or caregivers.
8. Method of Measurement:
 - Indicator #1-Measurement: Pre and Post Children Global Assessment Scale (CGAS) assessments and comprehensive discharge summaries.
 - Indicator #2-Measurement: Record checks and surveys.
 - Indicator #3- Measurement: Pre and Post Children Global Assessment Scale (CGAS) assessments and comprehensive discharge summaries.
9. Total Amount Requested: \$92,500

Missouri Girls Town – Program Service Information - #2

1. Name of Service: Respite Care in the form of planned or crisis – no other funding source
2. Unit of Measure: 12-24 hours equals one unit. Can utilize in half increments of .5 of a unit.
3. Unit Rate: \$40 per unit
4. Number of Services to be Provided: 540
5. Number of Unduplicated Individuals to be Served: 30
6. Outcome of Service: Statistically significant decrease in reported stress levels of caregivers and improved family stability.
7. Indicators

Indicator #1 – After three months of respite care use 60% (n=15) of the participating parent(s) will report a lower stress level.

Indicator #2 – After six months of respite care use 70% (n=20) of the participating parent(s) will report a lower stress level.

Indicator #3 – After one year or at the end of the need for respite utilization 80% (n=30) of the participating parent(s) will report a lower stress level.

Indicator #4 – After three months of respite care use, 40% (n=15) of the participating families served will report improvement in their families stability.

Indicator #5 – After six months of respite, 60 % (n = 20) of the participating families served will report improvement in their families stability.

Indicators #6 – After one year of respite care or at the end of the need for respite care utilization 70% (n=30) of the participating families served will report improvement in their families stability.

8. Method of Measurement: Pre-service, three month, six month, and one year survey.
9. Total Amount Requested: \$21,600

Missouri Girls Town – Program Service Information -#3

- 1) Name of Service – Individualized Respite Plan – Provided to clients participating in Boone County Children’s Services Fund and clients from Boone County with other (respite only) funding source.
- 2) Unit of Measure – One completed respite plan
- 3) Unit Rate - \$100.00
- 4) Number of Services Provided: 60
- 5) Number of Unduplicated Individuals to be Served: 40
- 6) Outcome of Service: Provide a more positive and rewarding respite care experience based on the youth’s individualized interest, needs, and goals.
- 7) Indicators

Indicator #1 – Every three months 100% (n=40) of the participating youth will report positive participation in each of the items identified in their individualized respite plan.

Indicator #3 – Every six months 100% (n=40) of the participating youth will meet at least one of the goals stated in their individualized respite plan.

- 8) Measure

Indicator #1 - Respite Activity Log Summary.

Indicator #2 - Six month respite care progress report.

- 9) Total amount requested: \$6,000

Missouri Girls Town – Program Service Information - #4

- 1) Name of Service: Specialized Respite Service. Specialized respite service provides specialized programming to the youth during their respite stay. Programs are implemented around each client's interests, needs and goals. Services and activities are designed to improve basic life skills and include sessions on related to academics, crafts, coping skills, money management, self-esteem and mental/physical health.
- 2) Unit of Measure: One Session - (30 minutes or more)
- 3) Unit Rate: \$10.00
- 4) Number of Services Provide: 1,320
- 5) Number of Unduplicated Individuals to be Served: 40
- 6) Outcome of this Service: Youth will benefit socially, mentally and physically from respite programming provided to the youth.
- 7) Indicators

Indicator #1 – After three months 80% (n=20) of the participating families will report at least one positive outcome for their youth in the area of social, mental, or physical well-being.

Indicator #3 – After six months 80% (n=30) of the participating families will report at least one positive outcome for their youth in the area of social, mental, or physical well-being.

Indicator #2 – At the end of the need for respite care utilization or after one year, 50% (n=40) of the participating families will report at least two positive outcomes for their youth in the area of social, mental, or physical well-being.

- 8) Method of Measurement: Three, six and one year survey.
- 9) Total Amount Requested: \$13,200

Programs (Respite plans may require additional programming)

Healthy Eating
Gardening
Cooking
Budgeting
Crotchet
Lifetime Fitness
Mile Club
Sewing
Getting Fit is Fun
Painting with Crayons
Anger Management
I Can Make Change the Old Fashion Way
Study Skills
Basic Hygiene
Tie-dye
Drawing
Poetry
It is my Design (Fashion and Clothes)
Reading Achievement Program (RAP)
Conflict Resolution
Bully Not
Smart Snacks are easy
Sign Language
Fun Dance Fitness

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):

Missouri Girls Town Foundation, Inc.

DBA:

Federal EIN Number:

44-0648649

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

8548 Jade Road

City

Kingdom City

State

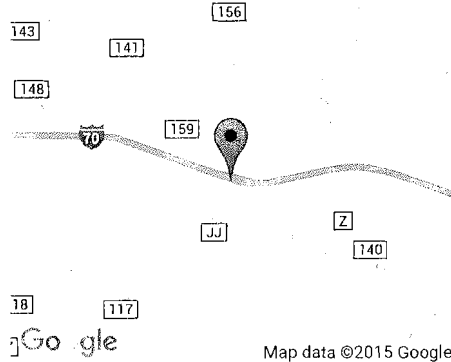
Missouri

County

Callaway County

Zip

65262



Organization Phone Number:

573-642-5345

Website:

Address

P.O. Box 59

8548 Jade Road

City

Kingdom City

State

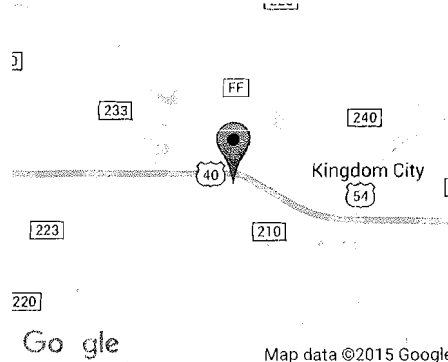
Missouri

County

Callaway County

Zip

65262



Organization Fax Number:

573-642-0891

Email:

http://www.mogirlstown.org

mgt@mogirlstown.org

Head of Organization

Kathleen Ann Becker

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

Executive Director

Head of Organization Phone:

573-642-5345 x11

Head of Organization Email:

kbecker@mogirlstown.org

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

Local Organization Name:

Presbyterian Children's Services

Local Organization Fax:

Address

Blg. 5, Ste. 203

City

Columbia

State

Missouri

County

Boone

Zip

65202

Address

409 Vandiver Drive

Sue. 203

City

Columbia

State

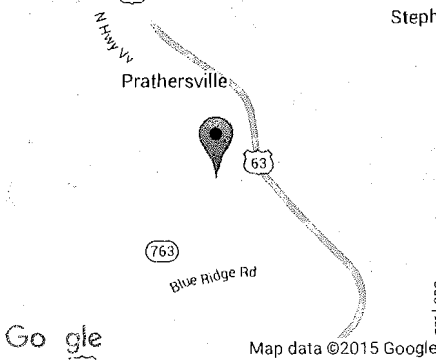
Missouri

County

Boone County

Zip

65202



Local Contact Name:

Robert Giegling

Local Contact Title:

Executive Director

Local Contact Email:

Robert.Giegling@pchas.org

Local Contact Phone:

General Information

Organization Mission Statement (Purpose): Provide your organization's mission statement. (600 character limit)
 The mission of Missouri Girls Town Foundation, Inc. is to create a loving and stable environment for the care and treatment of our clients so that each young woman may gain a new start in life

Organization History: Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)
 Incorporated in October of 1953, Missouri Girls Town has been a positive force in the care and treatment of girls that are in need of specialized treatment and support services for 63 years. Since moving to its current site on 23 acres near Kingdom City in 1981, Missouri Girls Town quadrupled its impact and is now licensed to serve up to 56 clients at one time. In 2010, Missouri Girls Town was recognized and accredited by the Council on Accreditation. Administrative operations and service delivery practices are all measured against national standards of best practice.

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 goal of Missouri Girls Town is to create successful outcomes for Missouri's at-risk youth by providing positive opportunities in a positive environment. Through innovative programming, compassionate care, counseling and education, we passionately strive to deliver quality care and attention within a structured environment. On-going training of staff allows us to offer current and effective treatment methods. We focus on providing each youth with excellence in care through staff, education, environment and counseling adapted to their individual needs.

Articles of Incorporation (MUST BE IN PDF FORMAT)
 /document/download/filename/1443473101_30405_articlesofincorp.-12.pdf/

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

Organizational Chart
(must be for the entire organization):

Organizational Chart (MUST BE IN PDF FORMAT)
/document/download/filename/1443473116_30406_OrganizationalChart.pdf/

Service Area: Briefly describe the geographic area in which your organization provides services. (600 character limit)
Missouri Girls Town services are offered to youth from every county within Missouri.

Population Served: Briefly describe the population(s) served by your organization. (600 character limit)
Missouri Girls Town Foundation, Inc., provides treatment care for adolescent between the ages of 8-21. Clients at Girls Town are in need of a therapeutic environment in order to address emotional and behavioral disorders.

Governing Board

Organization Governing Board:

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

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term (Beginni...	Address:	Employer:	Active	Date
Carolyn Dye	Member		3704 Frontenac Place Columbia, MO 65203	Retired Teahcer		Added on 06/02/2015
Shane Stryker	Member		950 Claybend Dr. Ballwin, MO 63011	Stryker Group Computer Consultants		Added on 06/02/2015
Leslie Prothero	Member		104 Fayette St. Armstrong, MO 65230	University of Missouri - Columbia Health Sciences		Added on 06/02/2015
Gay Tarr	Member		10621 E. 65th Street Raytown, MO 64133	Retired		Added on 06/02/2015
Diana Moran	Member		16459 Cobbleville Dr. Chesterfield, MO 63017	Robert Half Finance and Accounting		Added on 06/02/2015
Tamara Miller	Member		3625 Campbell Kansas City, MO 64109	Pastor - United Methodist Church		Added on 06/02/2015
William McClain	Member		1130 N. Highway 19 Wellsville, MO 63384	Farmer		Added on 06/02/2015
Sharon McLaughlin	Member		6135 Red Bud Fulton, MO 65251	Ameren		Added on 06/02/2015
Carl Edwards	Member		P.O. Box 7373 Columbia, MO 65202	Self-employed Attorney		Added on 06/02/2015
Denise Chapel	Member		P.O. Box 1963 Jefferson City, MO 65102	Missouri Consolidated Health Care		Added on 06/02/2015
Ruth Coffman-Clemens	Treasurer		23591 N. Highway 240 Marshall, MO 63540	Retired		Added on 06/02/2015
Dorothy Getz	Secretary		P.O. Box 1284 Lake Sherwood, MO 63357	Retired		Added on 06/02/2015
Fran Scallorns	2nd Vice Chair		P.O. Box 19 California, MO 65018	Retired		Added on 06/02/2015

Richard Lincoff	First Vice Chair	17 Granada Way Ladue, MO 63124	Cognizant	✎	Added on 06/02/2015
Kim Distefano	Chairman	14307 Manderleigh Woods Drive Town & Country, MO 63017	Full-time volunteer	✎	Added on 06/02/2015

Total Active Links:15, Total Deactivated Links:0, Current Active Links:15, 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

Advisory Board Member

[Link Info](#)

Total Active Links:0, Total Deactivated Links:3, Current Active Links:0, Current Deactivated Links:3

Financial Information

Organization Fiscal Year:

July 1 - June 30

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

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

/document/download/filename/1433279116_29953_2.501%28c%293Determinationletter.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/1433279116_29954_Audit13-14.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/1433279116_29955_990%282%29.pdf/

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

Missouri Girls Town Foundation has adopted accounting policy and procedures to ensure that assets are safeguarded, that financial statements are in conformity with generally accepted accounting principles (GAAP), and that finances are managed with responsible stewardship and conform to the Sarbanes-Oxley Act.

All personnel and board members with a role in the management of Missouri Girls Town's fiscal operations are expected to uphold the policies and procedures adopted.

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
Director of Human Resources	H.R. Certification	1.00	\$48,217.26	\$4,497.48	✓	Added on 06/02/2015
Director of Development	B.S.	1.00	\$58,552.78	\$9,706.71	✓	Added on 06/02/2015
Program Director	LCSW	1.00	\$58,966.18	\$4,105.92	✓	Added on 06/02/2015
Clinical	LCSW	1.00	\$64,325.00	\$5,353.14	✓	Added on 06/02/2015
Executive Director	MBA	1.00	\$94,758.04	\$0.00	✓	Added on 06/02/2015

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:

The Council on Accreditation is a nationally recognized, independent accreditation body for of community-based behavioral health care and social service organizations. Missouri Girls Town went through the accreditation process in July of 2014 and is accredited till October 31, 2018. COA reviewed our organizations administrative, management, and service delivery functions against international standards for best practice. Encourages services that are appropriate, coordinated, culturally competent, evidence-based, and that are provided by a skilled and supported workforce.

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
Missouri Girls Town Foundation, Inc.	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Keeping Kids Safe - RG 1	<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

15585

Modification Date

09/28/2015 03:45 pm CDT

Modified By

Joanne CC Nelson

Creation Date

05/27/2015 06:07 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)

Missouri Girls Town Foundation, Inc.

Fund Source

Children's Services Fund - POS

Funder

Boone County

Funding Cycle

RFP #25-15JUN15

Name of Program or Project

Keeping Kids Safe - RG 1

Amount of Request

\$207,900.00

Amount Awarded

\$0.00

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

Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
Respite care services
Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)

<http://www.mogirlstown.org>

Address

8548 Jade Road

City

Kingdom City

State

Missouri

County

Callaway County

Zip

65262

Address

P.O. Box 59+

City

Kingdom City

State

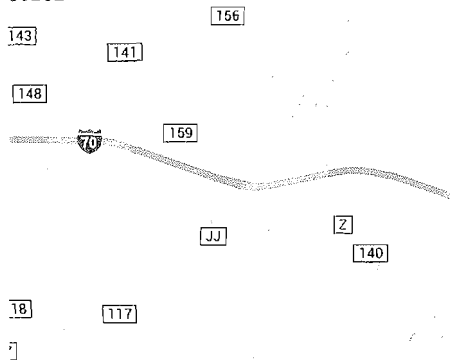
Missouri

County

Callaway County

Zip

65262



Program Administrator Name

Kathleen Ann Becker

Phone Number

573-642-5345 x11

Program Administrator Title

Executive Director

Email

kbecker@mogirlstown.org

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1434326766_30421_A.pdf/

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

/document/download/filename/1434326766_30420_B.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1434326766_30419_C.pdf/

Addendums

/document/download/filename/1443473177_30418_MissouriGirlsTownAddendums9.28.15.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

Missouri Girls Town Foundation, Inc.

P.O. Box 59

Kathleen Ann Becker

✓ 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)

44-0648649

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	1A %
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B %
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C %
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D %
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E %
Missouri Girls Town Fund Raising Efforts	\$10,000.00	6
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Respite - 520 units @ \$125.00 = \$65,000. Emergency Placement - Crisis 480 units @ \$140.00 = \$50,400 Therapeutic Mentoring - 3,700 units @ \$25.00 - \$92,500	\$133,300.00	84
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %

	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Missouri Girls Town Vanikos/Hook Endowment - For building upkeep/maintenance of respite and shelter home.	\$15,000.00	9
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	158300	
PROGRAM EXPENSES		
1. Personnel	1.	1. %
	\$117,142.00	74
2. Non-Personnel	2.	2. %
	\$41,158.00	26
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	158300	

System Fields	
Record ID	16086
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			86	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

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 activities of the proposed program (mentoring, respite care and temporary housing) address community-level issues of improving mental health, decreasing risk factors associated with child abuse, neglect and delinquency, improving academic performance, increasing self-esteem, reducing barriers to positive connections for the youth within the community, decreasing social isolation for youth and their families, and promoting pro-social norms and behaviors. In addition, each of the proposed segments further expands its scope by providing therapeutic mentoring and care supports necessary to address high risk behaviors and mental health needs.

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 most recent statistics from the Annie E. Casey Foundation (Kids Count in Missouri 2103 Data Book), there are several indicators that contribute to a child being at-risk. Included in these indicators are measures indicating a lack of a strong support system as well as youth that are faced with difficult situations within their home life. When looking at the overall welfare of youth in Boone County and comparing these indicators to the 2009 base year, in 2013 the number of Boone County child abuse victims documented in reports that cited a "preponderance of evidence" that child abuse or neglect occurred, as well as the number of family assessments conducted by the Missouri Department of Social Services increased by 60%. It also showed the number of Boone County children enrolling in the free/reduced lunch program increased by 14%, the number of youth living in a single parent household increased by 24% and the number of youth out of home placements due to confirmed victims of abuse and neglect increased by 157%. Finally, it showed the number of youth receiving mental health services in Boone County more than tripling (272 to 855).

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)

Physical, psychological and behavioral consequences of at-risk youth impact not just the child and family, but the community as a whole. The effects of isolation, fear and lack of trust can spiral into long-term mental health consequences for children, including depression and anxiety. At-risk youth are more likely to experience problems in adolescence, including delinquency, teen pregnancy and drug use, as well as low academic achievement. Each of these has a negative impact on the community.

In addition, these children grow into adults, with an increased likelihood of criminal behavior, including violent crime and abuse of alcohol and other drugs, as well as abusive behavior.

Program Consumers

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

The proposed program, Keeping Kids Safe, provides at-risk male and female youth with mentoring, respite care and if needed, temporary shelter. Keeping Kids Safe will serve youth ages 8-19 with the typical age being from 11-15. Approximately 20% of the population served will be from single-parent homes living at or below the poverty level. The other 80% of the population served will be from foster care families whose placement was arranged through the government or a social-service agency.

One of the primary characteristics of at-risk youth are behavioral issues. While some behavioral issues may be normal in children, those who have behavioral disorders develop chronic patterns of aggression, defiance, disruption and hostility. While the cause of behavioral disorders is not known, risk factors have been identified, such as family history of mental illness or substance abuse, exposure to tobacco or illicit drugs, abuse, stress, lack of supervision, and inconsistent but harsh discipline. Children with behavioral disorders may have other mental, emotional disorders such as attention-deficit hyperactivity disorder (ADHD). There may also be overlap with developmental delay.

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

These consumers will be served because there is a demonstrated need and proven benefits from the segments in the Keeping Kids Safe Program (Schumacher, 2014)).

At-risk youth and youth in foster care often face behavioral and emotional difficulties. Compared to other youth that are in two parent households, at-risk youth are more likely to experience suspensions from school and mental health services. At risk-youth engaged in mentoring relationships are less likely to engage in destructive behaviors (DuBois, Holloway, Valentine & Copper, 2011).

Respite is an important service because a parent needs a safe place for their child to go when they need to get away and take a break. This break allows them to regroup mentally so they are able to work with their child in a positive manner.

A safe temporary shelter that is open every hour of every day is required since one never knows when a youth will be in crisis.

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

It is normal for preteens and teens to assert their independence. They are more apt to argue, talk back and to be disrespectful. They are also more likely to engage in risk taking behaviors like drug or alcohol use or promiscuous sexual behaviors. This is more challenging when one is dealing with a youth that has a behavioral disorder. This program has mentors, a respite care and temporary shelter facility that is ready with trained staff to provide youth necessary services.

Since one can not predict when a child will be in crisis. Availability on a 24/7 basis is imperative.

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)

Keeping Kids Safe Program's goal is to create positive and safe outcomes for at-risk youth living in Boone County. Therapeutic mentoring, respite and temporary shelter, at-risk youth and parents will be provided the education, guidance and support necessary to transition youth into adulthood.

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 Keeping Kids Safe program provides services to youth with a behavioral disorder and their parent/foster parent. The three segments include therapeutic mentoring, respite care and emergency care which may work together or independently.

The therapeutic mentor segment will provide a mentor to work with the parent and the youth. They will work closely with the parent to identify and build upon their strengths. In addition they will provide them with guidance regarding effective parenting strategies. For the youth, the therapeutic mentoring segment will provide the youth with the means and skills necessary to develop a positive set of values, improved family relationships and reduce problem behaviors. Mentors will also work to teach alternative skills and coping patterns.

The respite care segment provides the parent with a much needed break that allows the parent to take time away from the pressures of parenting and allows them to recharge their batteries. For the youth, the respite program provides for a safe and structured place for them to go.

Finally, if needed, a safe and temporary shelter for abused, neglected, runaway, homeless, or emotionally disturbed youth will be available. The shelter will provide a safe place for the youth to go in a time of crisis. While in the temporary shelter, stabilization of the youth, connection to other community services, and a placement plan or family reunification plan will be developed. Mentors will also work to teach alternative skills and coping patterns.

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 therapeutic mentoring program office is located at 409 Vandiver Dr., Columbia, Missouri. The office hours are from 8 a.m. - 5 p.m. Actual times and location of mentoring will be mutually agreed upon by the mentor, youth and parent. Mentoring locations will vary and include the office, home, and other various locations within the community.

Both the Respite and Emergency Shelter component will be located on the Missouri Girls Town campus located at 8548 Jade Rd, Kingdom City, MO.

The campus is staffed, ready and open to accept at-risk youth 24 hours a day 365 days year.

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

All at-risk Boone County youth whose age is from 8-19 are eligible to participate in the Keeping Kids Safe program. The program may receive youth referrals from the Department of Social Services: Children's Division, Department of Social Services: Adoption Subsidy, Department of Mental Health, Public Schools, and Juvenile offices/Courts. Organizations providing community service to youth, like Great Circle, may also make referrals to the Keeping Kids Safe program.

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

Missouri Girls Town and Presbyterian Children's Homes and Services of Missouri (PCHAS) are both licensed by the Missouri Department of Social Services, Children's Division and the Missouri Department of Mental Health. All licensing requirements, including those related to proper care and treatment of a child, are either met or exceeded by both organizations. In addition each agency is accredited by the Council on Accreditation of Services for Families and Children.

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

Yes

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

Name of the Accreditation:

Council on Accreditation

Current accreditation period:

October 2014- October 2018

Description: (600 character limit)

The Council on Accreditation is an international, nonprofit, human service accrediting organization whose mission is to partner with human services organizations in order to improve service delivery outcomes. Organizations that are accredited are expected to obtain measurable results and to have an unwavering commitment to the health, safety, and rights of the youth they serve.

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 activities the mentors engage in are published, in part, in "Learn to Mentor Toolkit", offered as a best practice model by the National Mentoring Partnership, as well as activities formulated by Mentor.org. Mentor.org is cited as the "go-to" source for best practices and effective mentoring.

In addition, through the accreditation process both organizations participate in an in-depth self-review of its programs against currently accepted best practice standards, an onsite visit by an evaluation team comprised of experts, and a subsequent review and decision by the accrediting body.

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)

Youth mentoring has shown promise as an intervention for children and youth faced with environmental risk factors (DuBois, Holloway, Valentine & Copper, 2011). Furthermore, effective service interventions, including therapeutic mentoring, greatly enhance the well-being of foster youth. Results showed that mentored youth improved significantly in the areas family and social functioning, school behavior and recreational activities (Johnson, 2011, pg 51-53)

Respite services directly contribute to a reduction in the likelihood of child abuse and neglect, and in the likelihood of removal of children from their homes; and contribute directly to the safety of children receiving care (Kirk, 2004, pp. 1-2).

Temporary Shelter is necessary in some cases when a child is left with no family to for the child, or the child's immediate removal from his current home is necessitated by extreme circumstances. Trained caregivers are specialist at taking children at almost no notice (Adoption.com, 2015) .

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)

By combining Therapeutic Mentoring, Respite and Temporary Shelter, the Keeping Kids Safe program is able to identify and support at-risk youth and their parents in several important areas of need. The program is one that continues to serve them as long as needed or until the at-risk youth becomes an adult. The program not only teaches skills to at-risk youth and parents but the respite segment also assists in their over-all continued well-being.

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

Missouri Girls Town is partnering with the Presbyterian Children's Homes and Services of Missouri. Both organizations are collaborating with Great Circle's Foster Care Program to bring more community based programs to the youth they serve.

All three organizations have a long history of successfully caring for at-risk youth. The two partnership agencies, Missouri Girls Town and Presbyterian Children Homes and Services have a long-standing reputation of helping at-risk youth. Missouri Girls Town has been serving as-risk youth since 1954 and Presbyterian Children' Homes and Services has been serving children since 1914.

In addition, this program is collaborating with Great Circle. They have been serving youth since 1832 and with a program in Columbia starting in 2001.

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

/document/download/filename/1434379471_29425_MOUMGTPCHS.pdf/

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

/document/download/filename/1434322379_29426_LetterofSupport.pdf/

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

/document/download/filename/1434321804_29427_MOUGC%2Cetc..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 Therapeutic Mentor	MQ1 BSW or BS	FTE1 1.00	SR1 FROM 48.00	SR1 TO
P2 Mentor Coordinator	MQ2 BS or BSW	FTE2 0.50	SR2 FROM 27.00	SR2 TO
P3 Live-in Youth Specialist	MQ3 BA, BSW,	FTE3 1.00	SR3 FROM 28.00	SR3 TO
P4 Weekend Youth Worker	MQ4 High School Diploma	FTE4 1.00	SR4 FROM 24.00	SR4 TO
P5 Respite/Shelter Coordinator	MQ5 MSW or MA, LCSW or LPC	FTE5 0.25	SR5 FROM 10.00	SR5 TO
P6 Program Administrator	MQ6 BS	FTE6 0.25	SR6 FROM 10.00	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)

The minimum requirements for each position match best practices set forth by the Council on Accreditation. Higher degrees are preferred but ability to deal with at-risk youth is the deciding factor. The salary range for each position matches those of in the same position at other location at PCHS and like jobs at Missouri Girls town.

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)

Over 50% of the consumers utilizing this program are at or below the poverty level. Furthermore, by funding the Keeping Kids Safe program at no cost more at-risk youth and their parents will be likely to take advantage of this program and the supports it provides. The end result of having the supports provided by the program outweighs the up front cost in the long-run.

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

TOTAL REVENUE	2.	TOTAL EXPENSES	Record Lock	Link Info
Active	Date			
158300	\$41,158.00	158300		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

86

Average Cost per Individual

1840.7

Program Service Need

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

Yes

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

Other are providing the services in the proposed program, but there are none that provide all three under one umbrella. Consumers can take advantage of one or all three of the program's segments. By having all three segments available the consumer has a continuity of care that is not available currently.

Mentoring is currently being provided by the Adventure Club and Big Brothers Big Sisters. Out-of Home Respite is currently being provided by Lutheran Family and Children's Services. Temporary Shelter is being provided by 13th Circuit Court.

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

According to the Summary of the Community Input Report the need for services that better address the home and family environment of the child are needed in Boone County. Furthermore, the most commonly mentioned issue among agency representatives is need for prevention and early intervention services. The report goes on to state that while there appears to be broad consensus that the ideal child therapy model would include the family and home environment, there does not seem to be enough providers willing and/or able to deliver this service. In addition, it was the belief of some that home and family-based services may provide an opportunity to deliver another priority service, that of parenting skills and child development education. (Schumacher, 2014). The Keeping Kids Safe Program is designed to address these needs. Therapeutic Mentoring provides parenting skills and child development education. The Respite Program addresses the need for prevention and the temporary housing segment is designed to meet the need of early intervention. It is best to maintain the family unit if at all possible. For this to be accomplished services must be provided that assist both the parent and the at-risk youth.

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 requested level of funding covers three specific needs identified in the RFP. In addition to meeting three community needs the Keeping Kids Safe program works together to provide continuing care and support to both youth and thier parent. With all three segments being under one program, one a youth enters one segement the other segments will automatically be available for them to utilize without delay.

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 the Summary of the Community Input Report it refers to shortages, bottlenecks in care and lack of agency capacity to serve more clients (Schumacher, 2014). The program expands the capacity to assist at-risk youth by 86 individuals. Both agencies have a proven track history of success in delivery of these services and by working together, this program provides early intervention, necessary follow-up, and continued support.

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)

Schumacher, J. (2014). Summary of Community Input Report. 1-9. Retrieved June 10, 2015, from <http://ipp.missouri.edu/wp-content/uploads/2014/08/Community-Input-Summary-Report.pdf>

Dubois, D., Portillo, N., Rhodes, J., Silverhorn, N., & Valentine, J. (2011). How Effective Are Mentoring Programs For Youth? A Systematic Assessment of the Evidence. Association of Psychological Science, 12(2), 57-91. doi:10.1111/152910661141806

Childrens Trust Fund and the University of Missouri Office of Social and Economic Data Analysis. (2013). Kids Count in Missouri Data Book. Retrieved June 10, 2015, from Missouri Kids Count

Johnson, Sara B., "Therapeutic Mentoring: Outcomes for Youth in Foster Care" (2009). Dissertations. Paper 252. http://ecommons.luc.edu/luc_diss/252

Kirk, R. (2004). Benefits of Planned and Crisis Respite Care. FRIENDS National Resource Center FOR CBFSR Programs, 9, 1-2. Retrieved May 1, 2015, from friendsrc.org/direct.../77-benefits-of-planned-and-crisis-respite-care.

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)

Therapeutic Mentoring

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)

\$25.00

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)

The St. Louis County Childrens Trust Fund's rate is \$27.00 an hour.

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)

3700

Number of Unduplicated Individuals to be Served (1)

50

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

74

Average Cost of Service per individual (1)

1850

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

Yes

Amount Requested (1)

\$92,500.00

Proposed Number of Units of Service (1)

3700

Program Service 2

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

Respite care is in the form of planned or crisis care - no other funding source.

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

1 unit (12 - 24 hours)

Unit Rate (2)

\$40.00

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

Yes

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

The St. Louis County Children's Services Fund rate is a total of \$155.56 per day. The rate is broken down to a respite cost of \$101.14 a day and a \$53.74 a day administrative cost.

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)**

540

Number of Unduplicated Individuals to be Served (2)

30

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

18

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)

\$21,600.00

Proposed Number of Units of Service (2)

540

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

Individualized Respite Plan

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

1 complete respite plan

Unit Rate (3)

\$100.00

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)

St. Louis County Children's Services Fund

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

60

Number of Unduplicated Individuals to be Served (3)

40

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

1.5

Average Cost of Service per Individual (3)

150

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

Yes

Amount Requested (3)

\$6,000.00

Proposed Number of Units of Service (3)

60

Program Service 4**Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (250 character limit)**

Specialized Respite Services - Specialized respite service provides specialized programming to youth during their respite stay.

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

1 session (30 minutes or more)

Unit Rate (4)

\$10.00

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)

1320

Number of Unduplicated Individuals to be Served (4)

40

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

33

Average Cost of Service per Individual (4)

330

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

Amount Requested (4)

\$13,200.00

Proposed Number of Units of Service (4)

1320

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):

133300

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

System Fields

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Consumer Demographics

Consumer Demographics Instructions

Instructions:

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

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

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

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

86

City of Columbia

70

Other Counties

0

Residence Total

86

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

43

Black or African American (alone)

38

Native American Indian or Alaskan Native (alone)

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

5

Some Other Race

0

Subtotal - Non-Hispanic

86

HISPANIC

Of all races

0

Race/Ethnicity Total

86

Gender**Female**

43

Male

43

Other Gender

0

Gender Total

86

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

70

Over 200% of Federal Poverty Level

16

Income Total

86

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)

6

Middle School (12 years – 14 years)

35

High School (15 years – 19 years)

45

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

50

Age Total (2)

136

System Fields

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Performance Measures

Program Performance Instructions

Instructions:

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

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

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

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

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

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

***Indicates Required Field**

Link to Program Service Records

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

Link to Program Service

Program Service

Indicate Proposed Service (...)

Record Lock

Link Info

Active Date

Therapeutic Mentoring

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)

Therapeutic Mentoring

Program Service 1 - Outputs

Units (1)

3700

Unit Measure (1)

One hour

Unduplicated Individuals (1)

50

Program Service 1 - Outcomes

Outcome (1-1)

Therapeutic Mentoring will increase school engagement.

Indicator (1-1)

90% of enrolled youth will show improved school engagement.

Method of Measurement (1-1)

Pre and Post Children's Global Assessment Scale (CGAS) assessments and comprehensive discharge summarized.

Additional Outcome (1-2)

Therapeutic Mentoring will decrease law

Additional Indicator (1-2)

100% of enrolled youth will report no law

Additional Method (1-2)

Arrest records check

violations.

Additional Outcome (1-3)

Therapeutic Mentoring will decrease the need for Child Abuse or Neglect reports.

Additional Outcome (1-4)

Therapeutic Mentoring will improve overall family and caregiver relationships.

Additional Outcome (1-5)

violations.

Additional Indicator (1-3)

100% of enrolled youth will report any Child/Abuse reports or violations.

Additional Indicator (1-4)

97% of enrolled youth will achieve improved relationships with family or caregivers.

Additional Indicator (1-5)**Additional Method (1-3)**

Record check - Discussions with youth and parent

Additional Method (1-4)

Pre and Post Children's Global Assessment Scale (CGAS) assessments and comprehensive discharge summarized.

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)**

Through the mentoring program a measurable reduction in risk factors associated with child and neglect will occur. With outcomes relating to school performance and engagement, absence of law violations and safety maintained in the homes of all clients the program goal is met.

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

Additional family, school and community disturbances that occur after program start may affect outcomes.

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

Arrest records and reports of Child Abuse and Neglect are ways to measure the youth safety and their relationship with the community. The Electronic FamCare Database is a proven way to measure school engagement, family relationships, education and social skills

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

A safe home means no Child Abuse and Neglect reports

A youth properly mentored should not have any arrests

To properly function in school and at home they youth must be engaged, have proper family relationships and develop necessary social skills.

Program Service 2**Service (2)**

Respite care is in the form of planned or crisis care - no other funding source.

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

540

New Unit Measure Auto Populate2

1 unit (12 - 24 hours)

Unduplicated Individuals (2)

30

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

Statistically significant decrease in reported stress levels of caregivers.

Indicator (2-1)

After three months of respite care use, 60% (n=15) of the participating parent(s) will report a lower stress level.

Method of Measurement (2-1)

Three month survey.

Additional Outcome (2-2)

Statistically significant decrease in reported stress levels of caregivers.

Additional Indicator (2-2)

After six months of respite care use, 70% (n=20) of the participating parent(s) will report a lower stress level.

Additional Method (2-2)

Six month survey.

Additional Outcome (2-3)

Statistically significant decrease in reported stress levels of caregivers.

Additional Indicator (2-3)

After one year of respite care use, 80% (n=15) of the participating parent(s) will report a lower stress level.

Additional Method (2-3)

One year survey.

Additional Outcome (2-4)

Improved family stability.

Additional Indicator (2-4)

After three months of respite care use, 40% (n=15) of the participating families will report improvement in their families' stability.

Additional Method (2-4)

Three month survey.

Additional Outcome (2-5)

- Improved family stability.
- Improved family stability.

Additional Indicator (2-5)

- After six months of respite care use, 40% (n=15) of the participating families will report improvement in their families' stability.
- After one year of respite care use, 40% (n=15) of the participating families will report improvement in their families' stability.

Additional Method (2-5)

- Six month survey.
- One year survey.

Program Service 2 - Narrative

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

The Respite Program can be scheduled or in a time of crisis. In a time of crisis Child Abuse or Neglect is more likely to occur. The Respite Program supports both the parent and the youth.

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

The Respite Program finds out that neglect has occurred in the home before the start of the program and a report is mandated.

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

By using the respite program the parent benefits by the break that is provided. In addition, if the respite Program is successful it should eliminate child abuse or neglect within the family. Continued use by the parent shows that the parent feels it is helpful

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

Repeated use is the best way to measure the value the parent place on the program. Surveys will also be utilized to get specific measurements on the positive outcomes that a parent or youth had due to the respite program.

Program Service 3

Service (3)

Individualized Respite Plan

Program Service 3 - Outputs

Units (3)

60

New Unit Measure Auto Populate3

1 complete respite plan

Unduplicated Individuals (3)

40

Program Service 3 - Outcomes

Outcome (3-1)

Provide a more positive and rewarding respite care experience based on the youth's individualized interest, needs, and goals.

Indicator (3-1)

Every three months, 100% (n=40) of the participating youth will report positive participation in each of the items identified in their individualized respite plans.

Method of Measurement (3-1)

Respite Care Activity Log.

Additional Outcome (3-2)

Additional Indicator (3-2)

Every six months, 100% (n=40) of the participating youth will meet one of the goals stated in their individualized respite plan.

Additional Method (3-2)

Six month respite care progress report.

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)

The primary goal is to keep the youth safe. Emergency placement into a shelter fulfills that goal. After they are safe the other program goals can be realized.

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

If the youth is violent, is addicted to drug, or is a danger to the other youth in the residence removal from emergency placement may be necessary.

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

A program must first provide a safe place for the youth in crisis. After they are safe work can be done to find that youth with a more permanent placement. The circumstances that brought the child to need emergency shelter must be identified and addressed before the youth leaves placement at Girls Town. Follow-up work with the youth needs to be done so the service is not needed again.

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

Measuring the number of uses, the number of repeat users, and the assistance provided after leaving the service documents progress made.

Program Service 4

Service (4)

Specialized Respite Services - Specialized respite service provides specialized programming to youth during their respite stay.

Program Service 4 - Outputs

Units (4)

1320

New Unit Measure Auto Populate4

1 session (30 minutes or more)

Unduplicated Individuals(4)

40

Program Service 4 - Outcomes

Outcome (4-1)

Youth will benefit socially, mentally, and physically from respite programming provided to the youth.

Indicator (4-1)

After three months, 80% (n=20) of the participating families will report at least one positive outcome for their youth in the area of social, mental, or physical well-being.

Method of Measurement (4-1)

Three month survey.

Additional Outcome (4-2)

Youth will benefit socially, mentally, and physically from respite programming provided to the youth.

Additional Indicator (4-2)

After six months, 80% (n=30) of the participating families will report at least one positive outcome for their youth in the area of social, mental, or physical well-being.

Additional Method (4-2)

Six month survey.

Additional Outcome (4-3)

Youth will benefit socially, mentally, and physically from respite programming provided to the youth.

Additional Indicator (4-3)

At the end of the need for respite care utilization or after one year, 50%(n=40) of the participating families will report at least two positive outcomes for their youth in the area of social, mental, or physical well-being.

Additional Method (4-3)

End of respite care utilization or after one year survey.

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)

0

New Unit Measure Auto Populate5

Unduplicated Individuals (5)

0

Program Service 5 - Outcomes

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Program Service 5 - Narrative

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

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

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

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

System Fields

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

KATHLEEN A BECKER
Printed Name - Agency Executive Director/President/CEO

6/14/15
Date

Kathleen A Becker
Signature - Agency Executive Director/President/CEO

Date

Kimberly A. Distefano
Printed Name - Agency Board Chair

6/14/15
Date

Kimberly A Distefano
Signature - Agency Board Chair

6/14/15
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.

Kathleen A Becker, Executive Director
Name and Title of Authorized Representative

Kathleen A Becker
Signature

6/14/2015
Date

Company ID Number: 138969

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

ARTICLE IV

SERVICE PROVISIONS

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

ARTICLE V

PARTIES

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

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

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

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

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

Company ID Number: 138969

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

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

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

Employer Missouri Girls Town Foundation, Inc.

Kathleen Becker

Name (Please type or print)

Title

Electronically Signed

07/24/2008

Signature

Date

Department of Homeland Security -- Verification Division

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

07/24/2008

Signature

Date



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.

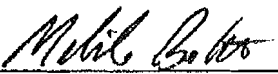
- j. If two or more organizations are collaborating on a program, should each organization submit a proposal?

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: Missouri Girls Town Foundation, Inc

Address: P.O. Box 59, 8548 Jade Rd, Kingdom City, MO 65262

Phone Number: 513-642-8345

Fax Number: 513-642-0851

E-mail: kbecker@moirlstoun.org

Authorized Representative Signature: Kathleen A Becker Date: 9/21/2015

Authorized Representative Printed Name: KATHLEEN A BECKER

**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.	Molinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J. Grice	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Browning	Ad/Boone Public Health	874-7343
6.	M. G. H. Walker	Polk Bros PLLC	811-6331
7.	Meg Bartlett	Mary Johnston Community Learning	449-5600
8.	Kim Harvey	Mary Johnston Community Learning	875-5959
9.	Gene Hollis	Civilian, Little Rock	974-7487
10.	Robert Gering	Presbyterian Community Services	314-881-727
11.	Christina Cooney	Lutheran Family Children's Services	314-254-2231
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

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

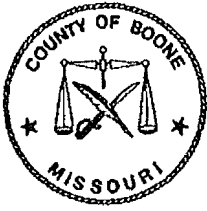
	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Putnam Community Health	573-480-4781
3.	Carosue Johnson	Fun City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone P.H.H.S	573-874-7224
5.	Andrea Warner	Columbia Boone P.H.H.S	573-874-7632
6.	Wendy Ell	Univ. of MO - Dept. of Psychology	573 673-4052
7.	Michelle Boling	Univ. of MO - Dept of Psychology	573-230-2531
8.	Jessica Childers	The Salvation Army	573 442-3229 X222
9.	Shelley Lock	Child Care Agency of MO	573 4455431
10.	Nicole O'Brien	BVCC	573 621-1691
11.	Nicole Elliott	Central Missouri Foster Care Adoption Assn	575 898-0858
12.	Dan Reilly	MO Wellness Program	573 894-7534
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	Episcopal Diocese of Kentucky	314-918-3321
3.	Adam Saunders	Church & Community Development	573-356-9392
4.	Kathy Beda	Missouri Child Trust	573-442-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEHKE	PREFERRED FAMILY HC	573 680 1705
7.	Nancy Lane	Lantern Lane	573-474-6600
8.	Nicole Thomas	Great Circle	573-412-9331
9.	Jack Jensen	First Chance for Children	913-777-1815
10.	Carolyn Moxley	Deep Well Child	573-234-2334
11.	KEVIN DRUNKER	EPUCRTH	314-918-3305
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 Hobbit	Boone County Purchasing	886-4391
2.	Whitney Jones	County Empowerment Zone	(607) 697-3218
3.			
4.			
5.	Betty Martz	CHH Local Income Services	423-443-2556
6.	Cathy O. Richards	Boone County Public Admin	573-886-4190
7.	Clair Slama	Rainbow House	573-474-6600
8.	Janie Bakula	Rainbow House	573-474-6600
9.	Scott Clardy	Blount Home Pr. Rtd. Hlth. Mgmt.	573-441-5567
10.	Rebecca Kerssick	Cellular & Public Works	578-424-4757
11.	Carole Schaefer	mu Budge	573-268-4129
12.			
13.			
14.			
15.			



BOONE COUNTY, MISSOURI

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

ADDENDUM #2 - Issued May 28, 2015

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

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

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

Response: A program may entail multiple services.

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

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

Company Name: Missouri Girls Town Foundation, Inc
Address: P.O. Box 59 8548 Jade Rd Kingdom City MO 65262
Phone Number: 573-642-5345 Fax Number: 573-642-0891
E-mail: kbecker@moirls-town.org
Authorized Representative Signature: Kathleen Baker Date: 9/27/2015
Authorized Representative Printed Name: Kathleen A Baker
RFB #: 25-15JUN15 1 5/28/15



BOONE COUNTY, MISSOURI

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

ADDENDUM #2 - Issued May 28, 2015

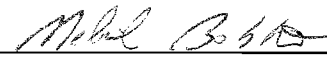
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Response: A program may entail multiple services.

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: _____

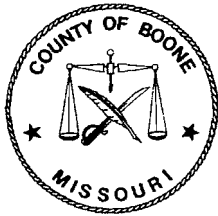
Address: _____

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

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- 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?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Response: No.

By:



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Brunning	Ad/Dorne Public Health/Human Services	874-7343
6.	M. A. ...	MIRBA ...	874-7331
7.	Meg Bartlett	... Community Learning	449-5600
8.	Kim Harvey	... Learning	815-5959
9.	Rene Katz	...	...
10.	Robert ...	...	34-87-727
11.	Christine ...	...	314-35-2281
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	573-430-4751
3.	Consevel Johnson	Two City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHHS	573-874-7224
5.	Andrea Wuner	Columbia Boone PHHS	573-874-7032
6.	Wendy Ell	Univ. of MO - Dept. of Psychology	573-573-4551
7.	Yvonne Kelly Beckley	University of Missouri Dept of Psychology	573- 573-4551
8.	Jessica Chapman	The Salvation Army	573-442-3229
9.	Shelly Lock	Church Care Au. of MO	573-4455431
10.	Michelle Loftis	BCCI	573-874-1690
11.	Michelle Elliott	Central Missouri Foster Care Adoption, Inc.	573-775-1553
12.	Dan Reilly	MO Wellness Program	573-884-7534
13.			
14.			
15.			

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**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 Family Center	314-918-3521
3.	Alan Saunders	Columbia Center for Children	573-356-7372
4.	Kathy Becker	Missouri Exp. Team	513-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAUL LEMKE	PREFERRED FAMILY HC	573 680 1905
7.	Verdy Lane	Lawrence Home	573-414-6600
8.	Nicole Thomas	Great Circle	573-442-9231
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Caro Lynn Minter	Boys & Girls Club	573-334-8334
11.	KEVIN DRUMBLE	EPWORTH	314-918-3308
12.			
13.			
14.			
15.			

Representative Name	Business Name	Telephone Number
1. Melinda Bobbit	Boone County Purchasing	886-4391
2. CJH. McJannet	Young's Paper Service	(703) 697-5218
3.		
4.		
5. Betty Martin	Office Management Services	573-428-4320
6. Cathy R. Kelly	Rockwell Printing	573-886-1170
7. Cindy Serna	Karbons Office	505-474-6000
8. Irene Bakula	Rainbow House	573-474-6000
9. Jeff Davis	Washburn & Partners	573-441-5562
10. Kathy Kistner	Kathy Kistner	573-441-5562
11. Carole Sauer	Carole Sauer	573-268-4109
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



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

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

31st

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 the Community Health Fund as follows:

The Food Bank for Central and Northeast Missouri, Inc.

Central Pantry

Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$50,000.00

The Curators of the University of Missouri

Adult Day Scholarship Program for Individuals Living in Boone County

Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$12,000.00

Mary Lee Johnston Community Learning

Lifestyle Habits

Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$14,800.00

Cathy D. Richards, Public Administrator of Boone County

Public Administrator's Dental and Eye Care for Adults

Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$20,000.00

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 31st day of December, 2015.

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

Term. 20

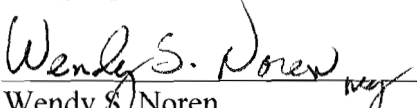
In the County Commission of said county, on the

day of

20

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

ATTEST:

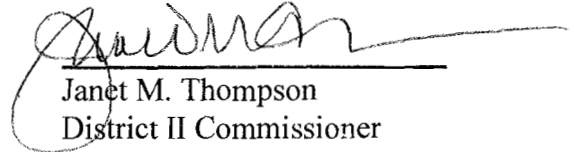

Wendy S. Noren
Clerk of the County Commission



Daniel K. Atwill
Presiding Commissioner



Karen M. Miller
District I Commissioner



Janet M. Thompson
District II Commissioner

Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing



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

MEMORANDUM

TO: Boone County Commission
FROM: Melinda Bobbitt, CPPO, CPPB
DATE: December 29, 2015
RE: RFP Award Recommendation: 26-15JUN15 – *Purchase of Service and Pilot Program Contracts – Community Health Fund*

Request for Proposal 26-15JUN15 – *Purchase of Services and Pilot Program Contracts – Community Health Fund* closed on June 15, 2015. 11 proposal responses were received.

The following is a partial recommendation of contract award. More contracts will follow at a later date. The contract file will become part of public record as soon as we have completed negotiations of contracts. The first round of contracts was awarded on commission order 536-2015.

The Food Bank for Central and Northeast Missouri, Inc.
Central Pantry
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$50,000.00

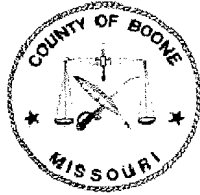
The Curators of the University of Missouri
Adult Day Scholarship Program for Individuals Living in Boone County
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$12,000.00

Mary Lee Johnston Community Learning
Lifestyle Habits
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$14,800.00

Cathy D. Richards, Public Administrator of Boone County
Public Administrator's Dental and Eye Care for Adults
Contract from date of award through December 31, 2016 with two, optional one-year renewals
\$20,000.00

Invoices will be paid from department 2130 – Community Health/MED (Hospital Lease), account 71106 – Contracted Services. One million was budgeted in 2015.

cc: Proposal File / Kelly Wallis, Children's Services



AGREEMENT FOR PURCHASE OF SERVICES Central Pantry

THIS AGREEMENT dated the 3RD day of December, 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County", and **The Food Bank for Central and Northeast Missouri, Inc.**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as FB.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

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

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY FB

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

1. **Contract Documents.** This agreement shall consist of the Request for Proposal #26-15JUN15 (Purchase of Services) and FB'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 FB's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

2. **Purchase.** The County agrees to purchase from the FB and the FB agrees to furnish the **Central Pantry** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the FB'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 **\$50,000.00** unless compensation for specific identified additional services is authorized and approved by County in writing in advance of rendition of such services for which additional compensation is requested. Any amount utilized over \$16,000.00 shall only be for distribution of healthy food options, including but not limited to fresh fruits and vegetables and whole grain products.

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

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Distribution of Emergency Grocery Items	1 box of food	\$1.48	33,784	\$50,000

All billing shall be invoiced to County monthly by the 10th of the month following the month for which services were provided. The County agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the FB, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

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

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

8. **Monitoring.** FB agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County to monitor, survey and inspect FB'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, FB hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of Community Health Funds and all other matters set forth in the contract.

9. **Modification or Amendment.** In the event FB requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs

covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County Commission for approval. A board resolution from FB may be required with the request.

OTHER TERMS OF THIS CONTRACT

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

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

12. **Community Health Fund to be used for Services Provided.** FB agrees that the Community Health Funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to FB's provision of such services.

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

14. **Conflict of Interest.** FB 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 FB, and this shall include any transaction in which FB is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

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

16. **Employment of Unauthorized Aliens Prohibited.** FB 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. FB shall

require each subcontractor to affirmatively state in its Agreement with the FB 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 FB a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

18. **Board Ownership.** If FB ceases to be funded by the County or ceases to provide programs and services to address community health needs pursuant to this contract, all capital equipment, materials, and buildings purchased with Community Health Funds shall be returned to Boone County unless so otherwise approved by a majority vote of the County. In addition, if FB no longer uses capital equipment, materials, or buildings purchased with Community Health Funds for its original intent, FB will need County approval to re-direct the use of such.

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

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

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

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

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

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

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

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

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

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

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

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

27. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

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

The Food Bank for Central and Northeast Missouri, Inc.
Lindsay Lopez, Executive Director
2101 Vandiver Drive
Columbia, MO 65202

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

The Food Bank for Central and Northeast Missouri, Inc.

Boone County, Missouri

By: Boone County Commission

By: Lindsay Lopez
Signature

Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Lindsay Lopez
Printed Name/ Title

APPROVED AS TO FORM:

ATTEST:

By: [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 Pritchard by 12/28/2015 (2130/71106/\$50,000.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Organization Profile

food

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):

The Food Bank for Central and Northeast Missouri, Inc.

DBA:

The Food Bank for Central & Northeast Missouri

Federal EIN Number:

43-1238934

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

2101 Vandiver Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202-1910

Organization Phone Number:

573-474-1022

Website:

www.sharefoodbringhope.org

Head of Organization

Lindsay Young Lopez

Head of Organization Phone:

573-447-6621

Address

City

State

County

Zip

Organization Fax Number:

573-474-9932

Email:

LindsayL@sharefoodbringhope.org

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

Executive Director

Head of Organization Email:

LindsayL@sharefoodbringhope.org

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

Local Organization Name:

Address

Local Organization Fax:

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)**
Through empowerment, education & partnerships, we bring together community resources to feed people in need. Our target group is low-income people in our 32-county service area. We provide food for free to 130 partner agencies (food pantries, soup kitchens, shelters for the abused & homeless, and low-income children's & senior programs), as well as 153 early learning centers, elementary & middle schools, where approx. 7,400 students are served weekly by the Buddy Pack program. We serve more than 114,000 people monthly-- annually we distribute 33 million lbs. of food for free.

Organization History: **Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**
We have been in operation since 1981. In the past 34 years, we have distributed 387 million lbs. of food with a wholesale value of \$665 million. We began distributing food for free in 1993 after the Great Flood of 1993 which impacted 27 of the then-29 counties in our service area propelling us into a leadership role in disaster relief. The board then discontinued the fee charged to partner agencies to ensure that food gets to the places with the most need. As a testament to this change, contributions have supported The Food Bank steadfastly for the past 22 years.

Brief Statement of Organization's Major Goals: **Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**
By providing food for free, this allows people in need to stretch limited resources farther for rent, fuel & medicine. We turn no one away for food. We focus on providing nutritional food because the uniqueness of the Central Pantry is its "grocery store" style. 969,000 lbs. of fresh produce is distributed annually, and we strive to maintain that level. We focus on serving families. Monthly, about 2,100 families with children are served--and 200 new families are served monthly.

Articles of Incorporation: **Articles of Incorporation (MUST BE IN PDF FORMAT)**
[/document/download/filename/1440595925_30405_ArticlesofIncorporation.pdf/](#)
Provide a copy of the organization's Articles of Incorporation.

Organizational Chart (must be for the entire organization): **Organizational Chart (MUST BE IN PDF FORMAT)**
[/document/download/filename/1434381297_30406_2015OrganizationalCharts.pdf/](#)

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
32 counties in central & northeast Missouri. An 18,000 square mile area (approx. one third of the state). Counties include: Adair, Audrain, Benton, BOONE, Callaway, Camden, Chariton, Clark, Cole, Cooper, Howard, Knox, Lewis, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Morgan, Osage, Pettis, Phelps, Putnam, Ralls, Randolph, Saline, Schuyler, Scotland, Shelby, and Sullivan. As a regional hunger relief network, our partner agencies must have IRS 501(c)(3) status & directly distribute our food to low-income people free of charge.

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
Our target group is low-income people in our 32-county service area. We serve people that are predominately rural and under-served. Rural poverty is much different from urban poverty, and even though Boone County is considered a larger county, it has rural areas. These are the working poor; those combating situational and generational poverty. They lack the safety net services found in larger cities, and have limited access to public transportation, additional medical services, lower grocery prices, higher wages, and the benefits that comes with larger tax bases.

Governing Board

Organization Governing Board:

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

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term (Beginni...	Address:	Employer:	Active	Date
Mary Winter	Board Member		5733 Foxfire Lane Lohman, MO 65053	Bartimus, Frickleton, Robertson & Gorny, PC. Partner	✓	Added on 06/08/2015
Lee Wilbers	Board Member		211 Marshall Street Jefferson City, MO 65101	Wallstreet Insurance Group, Owner	✓	Added on 06/08/2015
Todd Weyler	President		4507 Melrose Drive Columbia, MO 65203	Shelter Insurance, Vice President of Underwriting	✓	Added on 06/08/2015
Doreen Trecha	Board Member		1113 Northshore Drive Columbia, MO 65203	Community Volunteer	✓	Added on 06/08/2015
Judy Starr	Treasurer		P.O. Box 678 Columbia, MO 65205	Boone County National Bank, Executive Vice President/CFO	✓	Added on 06/08/2015
Steve Sowers	Board Member		901 E. Broadway Columbia, MO 65201	Commerce Bank, Executive Vice President	✓	Added on 06/08/2015
David Nivens	Board Member		770 W. Buffalo Ridge Road Columbia, MO 65203	Midwest Computech, CEO	✓	Added on 06/08/2015
Ann Littlefield	Secretary		236 Westpointe Court Jefferson City, MO 65109	Community Volunteer	✓	Added on 06/08/2015
Dr. George Kennedy	Board Member		300 Westwood Avenue Columbia, MO 65203	University of Missouri, Professor Emeritus	✓	Added on 06/08/2015
Claudia Kehoe	Board Member		3589 Gettysburg Place Jefferson City, MO 65109	Community Volunteer	✓	Added on 06/08/2015
Shirley Johnson	Board Member		101 N. Keene Street Columbia, MO 65201	Missouri Employers Mutual, Public Affairs Program Manager	✓	Added on 06/08/2015
Dan Knight	Board Member		2301 Memorial Court Columbia, MO 65201	Boone County Prosecuting Attorney	✓	Added on 06/08/2015
Tim Vicente	Board Member		1303 Torrey Pines Drive Columbia, MO 65203	Retired, Sales and Marketing	✓	Added on 06/08/2015
Joe Priesmeyer	Board Member		1306 Hathman Place Columbia, MO 65201	N.H. Scheppers Distributing, President	✓	Added on 06/08/2015
Ken Petterson	Board Member		505 Old Jefferson City Road Fulton, MO 65251	The Hentage Company, Director of New Business Development	✓	Added on 06/08/2015
Scott Maledy	Board Member		215 W. Brandon Road Columbia, MO 65203	KOMU-TV-University of Missouri, Manager, Production Operations	✓	Added on 06/08/2015
Mariel Liggett	Past President		2005 W. Broadway Ste. 100 Columbia, MO 65203	Williams Keepers LLC, Tax Member	✓	Added on 06/08/2015
Dr. Ron Kelley	Board Member		5002 Craydon Drive Columbia, MO 65203	University of Missouri, Assistant Vice Chancellor for Advancement	✓	Added on 06/08/2015
Laura Erdel	Vice President		2605 Vistaview Terrace Columbia, MO 65203	Community Volunteer	✓	Added on 06/08/2015
Dr. Wilson Beckett	Board Member		706 Thilly Avenue Columbia, MO 65203	Retired, Columbia Orthopedic Group	✓	Added on 06/08/2015
Dr. Tina	Board		2855 McGill Pointe Drive	Columbia College, Nursing Program Development	✓	Added on

Dalrymple	Member	Rocheport, MO 65279	Coordinator	06/08/2015
Russell Freeman	Board Member	3911 W. Rollins Road Columbia, MO 65203	Pastor, United Community Cathedral	Added on 06/08/2015
Stefanie Rome	Board Member	1508 LaHacienda Court Jefferson City, MO 65109	University of Missouri, Assistant Project Director	Added on 06/08/2015

Total Active Links:23, Total Deactivated Links:0, Current Active Links:23, 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:

Calendar

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/1433774262_29953_2015Updated501%28c%29%283%29letter..pdf/

Financial Statement:

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

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1440595925_29954_2014AuditReport.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/1440595925_29955_2014-990TaxReturn.pdf/

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

Our board reviews financial reports monthly with our treasurer reporting on our fiscal status at all meetings while recommending appropriate policies and procedures to the board. Our board treasurer has the most intimate oversight of the agency's finances on a daily basis with our finance officer. The board's executive committee

proposes the annual budget with consultation from the executive director and makes recommendations to the full board about the annual budget, asset management, capital expenditures, debt management, investments, and other aspects of financial policy and procedure.

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
Development Director	BA or BS	1.00	\$70,000.00	\$10,000.00	✓	Added on 06/15/2015
Finance Director	BA or BS	1.00	\$72,000.00	\$10,000.00	✓	Added on 06/15/2015
Operations Director	BA or BS	1.00	\$80,000.00	\$11,000.00	✓	Added on 06/15/2015
Associate Director	BA or BS	1.00	\$88,000.00	\$11,500.00	✓	Added on 06/15/2015
Executive Director	BA or BS	1.00	\$90,000.00	\$11,600.00	✓	Added on 06/12/2015

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

Licensure (If applicable):

Licensure:

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

Provide the name of the

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.

n/a

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

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

Link Info

Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Active	Date
The Food Bank for Central and Northeast Missouri, Inc.	Community Health/Medical Fund - POS	Boone County	RFP #26-15JUN15	Central Pantry	✓	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

12697

Modification Date

09/25/2015 03:22 pm CDT

Modified By

The Food Bank for Ce ORG

Creation Date

01/06/2015 08:18 am CST

Created By

Apricot Subsystem

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)

The Food Bank for Central and Northeast Missouri, Inc.

Fund Source

Community Health/Medical Fund - POS

Funder

Boone County

Funding Cycle

RFP #26-15JUN15

Name of Program or Project

Central Pantry

Amount of Request

\$50,000.00

Amount Awarded

\$50,000.00

Program Information

Program Website (will default to Organization website)

www.sharefoodbringhope.org

Address

2101 Vandiver Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202-1910

Program Administrator Name

Lindsay Young Lopez

Phone Number

573-474-1020

Address
City
State
County
Zip
Program Administrator Title

Executive Director

Email

LindsayL@sharefoodbringhope.org

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1434382111_30421_AttachmentA-Scan.pdf/

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

/document/download/filename/1434382111_30420_AttachmentB-Scan.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1434385157_30419_AttachmentCScan.pdf/

Addendums

/document/download/filename/1434382799_30418_2Addendums-SB.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

The Food Bank for Central and Northeast Missouri, Inc.

Lindsay Young Lopez

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)

43-1238934

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	1A %
60% of our current FY funding is earmarked for the Central Pantry.	\$93,000.00	43
B. Other United Ways (300 character limit)	1B	1B %
We receive funding from Randolph, Pettis and Central MO United Way, but none of these funds are for the Central Pantry.	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C %
n/a	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D %
n/a	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E %
Our total funding raising goal is \$500,000 with all efforts across the board utilized to support all of The Food Bank's programs. The Central Pantry fundraises through general donations, annual appeals & special events.	\$70,000.00	32
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
n/a	\$0.00	0
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
n/a	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Our contract with Boone County expires in 2016.	\$16,000.00	7
D. Funding from Other Counties (300 character limit)	2D	2D %
No other county supports the Central Pantry.	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
The Central Pantry is currently under contract with the City of Columbia-Social Services Department. That contract expires in 2016.	\$39,000.00	18
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F	2F %
n/a	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
n/a	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
n/a	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
No other city funds the Central Pantry.	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %

n/a	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
n/a	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
n/a	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
All of The Food Bank's services are free.	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
n/a	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
n/a	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	218000	
PROGRAM EXPENSES		
1. Personnel	1.	1. %
	\$232,058.00	87
2. Non-Personnel	2.	2. %
	\$35,912.00	13
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	267970	

System Fields

Record ID
15962

Modification Date
11/20/2015 11:05 am CST

Modified By
Apricot Subsystem

Creation Date
06/08/2015 10:10 am CDT

Created By
The Food Bank for Ce ORG

Linked 'Program Overview' Records

Link Instructions

Program Overview	Link Info			
Record Lock	a. Will program consumers b...	b. Will the program utilize...	Total Number of Unduplicate...	Active Date
No			24214	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)

The Central Pantry serves people with basic food assistance needs as well as emergency services--those experiencing situational and generational poverty. In Boone County in 2014, 4,789 households monthly visited the Central Pantry; 1,936 of them were households with children each month. Despite the economic upswing, an average of 200 new families monthly receive food assistance at the Central Pantry. With Boone County's poverty rate at 21.2% (up from 19.1% the previous year) and SNAP benefits decreasing, there is less help for those in generational poverty.

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)

In 2014, 24,214 Boone County residents were served at the Central Pantry. In the most recent quarterly client survey of people served; 22% were adults; 17% children under 5; 41% children 6-17; 3% seniors; 19% households with at least one person employed; & 17% households with no one employed. Boone County residents who receive TANF (2,629 people) make up 24% of total TANF residents in our 32-county service area; Boone County residents receiving SNAP benefits (formerly food stamps) (31,537 people) comprise 18% of those receiving SNAP assistance within our 32-county service area.

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)

Poverty & unemployment or underemployment are directly attributed to the need for food assistance. The most recent census estimates that Boone County has a poverty population of 34,118 (up from 30,258 in the previous year). 41% of public school children in Boone County in the 2014-2015 school year qualified for federally subsidized school meals (9,726 children--up from 9,627 children the previous year). Average county wages in Boone County are \$38,632--below the state rate of \$43,061. Central Pantry provided 5.2 million pounds of food for free last year serving an average of 12,509 people monthly (and as many as 13,478 people per month).

Program Consumers

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

The Central Pantry serves the largest number of low-income people in Boone County; 24,214 people are served (unduplicated) annually and each month 200 new families are served. Central Pantry distributes 5.2 million lbs. of food annually. Per capita in Boone County, 1 in every 5 people lives in poverty; 1 in every 5.7 Boone County children lives in poverty. Client intake data at Central Pantry indicates 99% of the people receiving food are classified as low-income (at or below 200% of federal poverty guidelines of \$24,250 annual income for a family of four). On average each month, 4,000 people in Boone County are jobless.

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

Cuts to SNAP (formerly the food stamp program) have caused an increase in need among the poorest clients at Central Pantry. These are people who are food insecure meaning a consistent lack of nutritious food is harming their health. They are among the 77% of the households The Food Bank serves in our service area that are food insecure. Within our service area, an estimated 12% of client households have no income; 39% have annual incomes up to \$10,000; 39% have incomes \$10,001-\$20,000. In 65% of client households we serve, the most-employed person in the past year is currently out of work. 2013 U.S. Census estimates Boone County's poverty population at 34,118. Central Pantry serves 24,214 people yearly (unduplicated), or 71% of the people in need. Central Pantry has been in existence since 1984 (under various names), and The Food Bank steadfastly strives to keep up with food assistance demands for Boone County. In the 1st 4 months of 2015, Central Pantry has already distributed 1.5 million lbs. of food for free.

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

The number of Central Pantry clients served during the first few days of each month nearly double that of other days of the month. This requires extra volunteers and rescheduling of staff, however, quality of service remains excellent. Because Central Pantry serves so many families in need, the clients' main request is for baby diapers to be distributed. Even though the Central Pantry distributed 969,671 lbs. of fresh produce in 2014, there were times of inconsistency when produce was unavailable due to off-season produce being cost prohibitive.

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)

We will continue to provide food and related groceries to those in need in Boone County at the Central Pantry by providing 180,000 food boxes (28 lbs. avg.) to 24,000 unduplicated clients.
We will distribute 970,000 lbs. of fresh produce annually at the Central Pantry.

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 Central Pantry is one of the largest pantries in Missouri and one of the few "shopping pantries" where clients select food/products they need. Instead of standing in a line to receive a box of food, clients use a shopping cart and select food which will be most useful for their specific families. This reduces waste and provides dignity to people who are already struggling with unemployment and under-employment.

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 Central Pantry is located at 1007 Big Bear Boulevard in Columbia, MO. Hours for food distribution (free food shopping) are Monday-Friday, 10am to 4pm; and Saturday, 10am to 2pm.

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

We turn no one away in need of food. Once a family goes through client intake and is entered into the Client Database System, the client is issued a pantry card that allows them to shop at the pantry once a month. People seeking food assistance for themselves and their families must provide social security numbers for all members of the household, proof of residency, and self-declare their income. Demographic data is gathered for all members of their family such as race, sex, age, income level, employment status, retired, disabled, and receiving government benefits.

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

As one of our 153 partner agencies, Central Pantry must adhere to all partner agency rules; provide monthly reports which include demographics from the Client Intake System, be a 501c3, hold USDA contracts, hold USDA discrimination training, provide yearly USDA ethnicity surveys to USDA, conduct yearly staff food safety classes, pass site monitoring by The Food Bank's staff to ensure that equipment/freezers/coolers are operational, and conduct quarterly surveys of 10% of clients with households with children for The Food Bank's data collection.

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)

Clients shop for free once a month at Central Pantry, but if there is an abundance of perishable items, such as bread and fresh produce, clients may come every week for those items only. Shopping pantries are considered best practices over a pre-boxed distribution method. Clients have an opportunity to select the food most wanted for their family, thus reducing waste. The shopping experience provides dignity to someone who is already struggling with daily hurdles to a normal life.

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

Yes

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

The Central Pantry is able to leverage donations to provide exceptional amounts of food to people effectively & efficiently with a quick response. Each food box (about 28 lbs.) has a unit cost of \$1.48. The Central Pantry feeds 24,214 people at no cost to them by acquiring & distributing more than 5 million lbs. of food for free annually with a wholesale price of \$8,970,227. 80% of the clients say in the last 3 months, the food they bought did not last & they didn't have money to buy more food. 66% of the adults surveyed say in a typical month, the food they get from the Central Pantry provides a quarter or a half of their food. 55% & 56% surveyed say in the last 3 months they had to choose between buying food or paying for rent or paying for fuel for transportation.

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)**

Central Pantry picks up donated food from 26 area grocers and restaurants (including Walmart, Hy-Vee and Schnucks) on a regular basis and makes this product immediately available to its clients. These pickups are at the discretion of the donor. Area farmers markets and community gardens donate produce during harvest season. These donations total 1.3 million lbs.--a 3% increase from the previous year. The Food Bank provides 74% of the 5.2 million lbs. the Central Pantry distributed in 2014.

Central Pantry serves Boone County residents only. However, if someone comes there who needs food but does not reside in the county, they are allowed to shop once.

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

Central Pantry staff works with many organizations to enhance the well-being of low-income Boone County residents and help move them out of poverty. Cooking sessions are held in which recipes are shared regarding how to use the food that is distributed; a collaborative effort is made with "Grow Well Columbia" to provide seeds, soil, buckets and information on growing food; referral sheets are provided in CSFP food or "senior boxes" which include information on other area health & human services; outside residents are allowed to promote any approved free events or any approved free assistance for the clients. Daniel Boone Library & Altrusa Club provide a children's reading & playroom with books and toys provided. This keeps kids busy while parents/guardians shop. More than 7,000 people volunteered at the Central Pantry in 2014. Fresh produce is being grown by Master Gardeners. MU Extension offers nutritional education.

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 Pantry Supervisor	MQ1 High School Diploma or GED, Class E License	FTE1 1.00	SR1 FROM 35000.00	SR1 TO
P2 Pantry Worker/Driver	MQ2 High School Diploma or GED, Class E License	FTE2 1.00	SR2 FROM 25000.00	SR2 TO
P3 Pantry Worker/Driver	MQ3 High School Diploma or GED, Class E License	FTE3 1.00	SR3 FROM 20000.00	SR3 TO

P4 Pantry Worker/Driver	MQ4 High School Diploma or GED, Class B License	FTE4 1.00	SR4 FROM 20000.00	SR4 TO
P5 Pantry Worker/Driver	MQ5 High School Diploma or GED, Class B License	FTE5 1.00	SR5 FROM 21000.00	SR5 TO
P6 Pantry Worker/Driver	MQ6 High School Diploma or GED, Class B License	FTE6 1.00	SR6 FROM 26000.00	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)

Some qualifications are regulated through the Dept. of Transportation (i.e. Class B License). Others are requirements of the job. Salary ranges are driven by comparable salaries at other food pantries but also are tied to our budget. It is also vital that we hire people who believe in our mission to serve people in need.

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)

All partner agencies must not charge clients for food. The Food Bank is the only Missouri Feeding America food bank (out of 6), and one of 14 in the nation (out of 204) that does not charge for food. The Food Bank gives all its food away for free which allows it's partner agencies to spend its money on other items like coolers/refrigerators. This food for free allows clients to stretch their limited resources on other items such as rent, fuel or medicine. We stopped charging agency fees after the Great Flood of 1993. Public donations increased 96% in the 1st year to make up the lost revenue.

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

Program Service Levels

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

Link to Program Budget

Program Budget			Record Lock	Link Info
TOTAL REVENUE	2.	TOTAL EXPENSES		Active Date
218000	\$35,912.00	267970		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

24214

Average Cost per Individual

11.07

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)

Most likely some duplication exists with other programs, but not to the extent that the Central Pantry program provides to those in need in Boone County year after year.

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

Providing food assistance is a critical & vital part of safety net services. The Central Pantry is serving 71% of the need in Boone County at a unit cost of \$1.48. No other food pantry exists in the area that is equipped with a large enough facility to serve as many as 13,000 people per month (duplicated) or 24,214 people annually (unduplicated). In addition, the Central Pantry serves as an outlet for volunteerism, utilizing more than 7,000 volunteers annually which raises awareness about hunger needs in our community. The Central Pantry is also open more hours than any other pantry in Boone County. Government assistance is not enough to make sure everyone has enough to eat, nor does everyone in need of food qualify for government assistance.

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

Because The Food Bank is a regional hunger-relief network with the ability to acquire millions of pounds of food for free through the Feeding America network or from donations, we are able to leverage \$1 into 15 lbs. of food. \$50,000 equates to 750,000 lbs. of food for free to the Central Pantry and provides 625,000 meals. Using Feeding America's wholesale cost of \$1.72 per pound, 750,000 lbs. of food for free has a wholesale value of \$1,290,000.

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)

Central Pantry continues to distribute more than 5 million lbs. of food for free per year, making it one of the largest pantries in the country. The pounds distributed in 2014 accounted for 76% of all pounds distributed in Boone County by The Food Bank where The Food Bank has 32 other partner agencies (soup kitchens, shelters for the abused & homeless, & low-income children & senior programs).

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)

U.S. Census: 2014 Feeding America Hunger In America Study; Dept. of Economic Development; U.S. Dept. of Health and Human Services: Dept. of Elementary and Secondary Education; Central Pantry Client Intake System; The Food Bank's internal inventory system.

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)

Distribution of emergency grocery items.

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

1 box of food per person.

Unit Rate (1)

\$1.48

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)

Pantry budget divided by the budgeted number of boxes proposed at 28 lbs. per box.

Number of Units of Service to be Provided (1)

186259

Number of Unduplicated Individuals to be Served (1)

24214

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

7.69

Average Cost of Service per individual (1)

11.38

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

Yes

Amount Requested (1)

\$50,000.00

Proposed Number of Units of Service (1)

33783.78

Program Service 2

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

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

Unit Rate (2)

\$0.00

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

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

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

Number of Units of Service to be Provided (2)

0

Number of Unduplicated Individuals to be Served (2)

0

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

0

Average Cost of Service per Individual (2)

0

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

Amount Requested (2)

\$0.00

Proposed Number of Units of Service (2)

0

Program Service 3

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

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

Unit Rate (3)

\$0.00

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

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

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

Number of Units of Service to be Provided (3)

0

Number of Unduplicated Individuals to be Served (3)

0

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

0

Average Cost of Service per Individual (3)

0

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

Amount Requested (3)

\$0.00

Proposed Number of Units of Service (3)

0

Program Service 4

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (4) (250 character limit)

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

Unit Rate (4)

\$0.00

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

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

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

Number of Units of Service to be Provided (4)

0

Number of Unduplicated Individuals to be Served (4)

0

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

0

Average Cost of Service per Individual (4)

0

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

Amount Requested (4)

\$0.00

Proposed Number of Units of Service (4)

0

Program Service 5

Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (5) (250 character limit)

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

Unit Rate (5)

\$0.00

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

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

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

Number of Units of Service to be Provided (5)

0

Number of Unduplicated Individuals to be Served (5)

0

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

0

Average Cost of Service per Individual (5)

0

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

Amount Requested (5)

\$0.00

Proposed Number of Units of Service (5)

0

Totals

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

50000

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures

Record Lock	Outcome (1-1)
	Central Pantry is reducing food insecurity in poverty population served.

Link Info

Active	Date
	Added on 06/11/2015

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

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
15958	11/20/2015 11:05 am CST	Apricot Subsystem	06/08/2015 09:58 am CDT	The Food Bank for Ce 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)

24214

City of Columbia

21329

Other Counties

318

Residence Total

24532

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

13235

Black or African American (alone)

6464

Native American Indian or Alaskan Native (alone)

116

Asian (alone)

2

Native Hawaiian or other Pacific Islander (alone)

585

Multiple Races

1500

Some Other Race

630

Subtotal - Non-Hispanic

22532

HISPANIC

Of all races

2000

Race/Ethnicity Total

24532

Gender

Female

13254

Male

11278

Other Gender

0

Gender Total

24532

Income

At or below 200% of Federal Poverty Level

24467

Over 200% of Federal Poverty Level

65

Income Total

24532

Age (City-Social Services/County-Health Fund RFP)

Under 5 years

2247

5-18 years

6543

19-59 years

13623

60 years and over

2119

Age Total (1)

24532

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
15959	11/20/2015 11:05 am CST	Apricot Subsystem	06/08/2015 10:01 am CDT	The Food Bank for Ce 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
Distribution of emergency grocery items.		Added on 06/11/2015

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

Program Service 1

Service (1)

Distribution of emergency grocery items.

Program Service 1 - Outputs

Units (1)	Unit Measure (1)	Unduplicated Individuals (1)
186259	1 box of food per person.	24214

Program Service 1 - Outcomes

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Central Pantry is reducing food insecurity in poverty population served.	Quarterly surveys from clients at Central Pantry will indicate a 3% decrease in the "Often True" responses to the question, "In the last 3 months the food we bought just didn't last and we didn't have the money to get more."	Central Pantry's quarterly client surveys

from households with children.

Additional Outcome (1-2)

Central Pantry will increase nutritional content of food distribution at the Central Pantry.

Additional Indicator (1-2)

We will distribute 3% more nutritional options (70,530 lbs.) at the Central Pantry in 2015 than in 2014. This increase is not limited to fresh produce. The increase includes breads, dairy, canned fruit, grains, meat, non-meat protein (peanut butter, beans, etc.), produce, rice and vegetables.

Additional Method (1-2)

The Food Bank's internal inventory system.

Additional Outcome (1-3)

Additional Indicator (1-3)

Additional Method (1-3)

The Food Bank's internal inventory system.

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)

By continuing to maintain high quality food, the Boone County residents in need of emergency food will be provided supplemental food assistance on a month-by-month basis.

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

The Central Pantry served approximately 2,000 households with children monthly. It is critical that children, in their developmental stages, are food secure and have fresh produce in their diets. But The Food Bank is limited by funding when purchasing fresh produce which can be more costly than other food shipments, especially in off-seasons. Or we may be able to acquire produce free but will only have to pay the transportation costs to get the produce to our warehouse (shared maintenance)--and fuel prices are on the rise. Plus, we cannot predict Mother Nature on crops.

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

Client surveys are conducted quarterly on 10% of households with children who receive food assistance at the Central Pantry. It is our goal to maintain the fresh produce distribution level near the current level of 969,000 lbs. annually due to unforeseen natural disasters that may occur with the growing seasons of produce. The Food Bank tries vigorously to acquire the best produce, but we also are limited by resources when acquiring truckloads of produce from around the U.S. because we buy in bulk.

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

Client surveys are the most direct way to anonymously(and with dignity) receive feedback from the Central Pantry clients on their hunger needs. And The Food Bank's internal inventory system, a warehouse inventory-based program called CERES, has many checks-and-balances and is connected to Feeding America in Chicago. In-house training is mandatory. We also use The Food Bank's data which is captured from partner agencies' monthly reports. The Central Pantry provides The Food Bank staff with monthly reports & quarterly client surveys, in addition to having it's own Client Intake System.

Program Service 2

Service (2)

Program Service 2 - Outputs

Units (2)

0

New Unit Measure Auto Populate2

Unduplicated Individuals (2)

0

Program Service 2 - Outcomes

Outcome (2-1)

Indicator (2-1)

Method of Measurement (2-1)

Additional Outcome (2-2)

Additional Indicator (2-2)

Additional Method (2-2)

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Program Service 2 - Narrative

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

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

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

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

Program Service 3

Service (3)

Program Service 3 - Outputs

Units (3)

New Unit Measure Auto Populate3

Unduplicated Individuals (3)

0

0

Program Service 3 - Outcomes

Outcome (3-1)

Indicator (3-1)

Method of Measurement (3-1)

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Program Service 3 - Narrative

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

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

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

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

Program Service 4

Service (4)

Program Service 4 - Outputs

Units (4)

New Unit Measure Auto Populate4

Unduplicated Individuals(4)

0

0

Program Service 4 - Outcomes

Outcome (4-1)

Indicator (4-1)

Method of Measurement (4-1)

Additional Outcome (4-2)

Additional Indicator (4-2)

Additional Method (4-2)

Additional Outcome (4-3)

Additional Indicator (4-3)

Additional Method (4-3)

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Program Service 4 - Narrative

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

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

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

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

Program Service 5

Service (5)

Program Service 5 - Outputs

Units (5)

New Unit Measure Auto Populate5

Unduplicated Individuals (5)

0

0

Program Service 5 - Outcomes

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Program Service 5 - Narrative

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

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

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

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

System Fields

Record ID

Modification Date

Modified By

Creation Date

Created By

16051

11/20/2015 11:05 am CST

Apricot Subsystem

06/09/2015 11:01 am CDT

The Food Bank for Ce ORG

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET
(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Lindsay Lopez
Printed Name - Agency Executive Director/President/CEO

6/12/15
Date

Lindsay Lopez
Signature - Agency Executive Director/President/CEO

6/12/15
Date

Todd Weyler
Printed Name - Agency Board Chair

6-12-15
Date

Todd Weyler
Signature - Agency Board Chair

6-12-15
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 Lindsay Lopez. I am an authorized agent of The Food Bank for Central & Northeast Missouri (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.

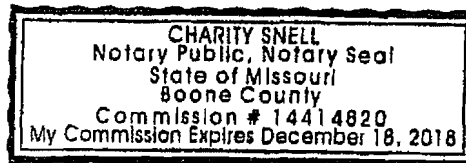
Lindsay Lopez 6/15/15
Affiant Date

Lindsay Lopez
Printed Name

Subscribed and sworn to before me this 15 day of June, 2015.

Charity Snell
Notary Public

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





BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

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

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

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

Response: A program may entail multiple services.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: The Food Bank for Central & Northeast Missouri, Inc.
Address: 2101 Vandiver Drive Columbia, MO 65202

Phone Number: 573-474-1020 Fax Number: 573-474-9932
E-mail: LindsayL@sharefoodbringhope.org

Authorized Representative Signature: Lindsay Lopez Date: 6/12/15

Authorized Representative Printed Name: Lindsay Lopez

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

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

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

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

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

OFFEROR has examined Addendum #1 to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: The Food Bank for Central & Northeast Missouri

Address: 2101 Vandiver Drive Columbia, MO 65202

Phone Number: 573-474-1020 Fax Number: 573-474-9932

E-mail: LindsayL@sharefoodbringhope.org

Authorized Representative Signature: Lindsay Lopez Date: 6/12/15

Authorized Representative Printed Name: Lindsay Lopez



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

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By: Melinda Bobbitt
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Phone Number: 573-474-1020 Fax Number: 573-474-9932

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Authorized Representative Printed Name: Lindsay Lopez

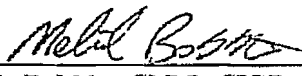
c. How do you print the Apricot form so you can view the whole proposal at once.

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By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: The Food Bank for Central & Northeast Missouri
Address: 2101 Vandiver Drive Columbia, MO 65202

Phone Number: 573-474-1020 Fax Number: 573-474-9932

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Authorized Representative Signature: Lindsay Lopez Date: 6/12/15

Authorized Representative Printed Name: Lindsay Lopez



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

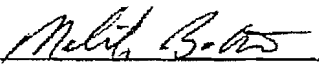
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.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

The Food Bank for Central & Northeast Missouri, Inc.

Address:

2101 Vandiver Drive Columbia, MO 65202

Phone Number:

513-474-1020

Fax Number:

513-474-9932

E-mail:

LindsayL@sharefoodbringshope.org

Authorized Representative Signature:

Lindsay Lopez Date: 11/25/15

Authorized Representative Printed Name:

Lindsay Lopez



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.

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

OFFEROR has examined **Addendum #3** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

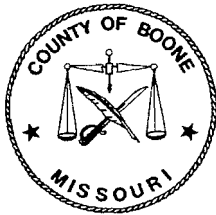
Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

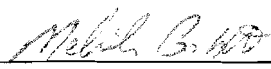
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*.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

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

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

Response: A program may entail multiple services.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

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

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

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:

- a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?


Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) then \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

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

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.show-meboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

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

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

By: 
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family & Children's Services	815-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Brunning	Cl/Boone Public Health Services	874-7343
6.	Wendy S. S. S. S.	Boone MHS	874-2331
7.	Meg Beckett	Boone Jordan Community Learning	449-4600
8.	Kim Harvey	Boone Family Learning Center	815-5959
9.	Rene R. S.	Boone Family Learning Center	815-5959
10.	Kim S. S.	Boone Family Learning Center	815-5959
11.	Cheryl Howard	Nora Stewart ELC	449-5981
12.			
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	Parkway Community Health	573-480-4781
3.	Conseck Johnson	First City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHS	573-874-7632
6.	Windy Ell	Univ. of MO- Dept. of Psychology	573 673-4057
7.	Yvonne Bosh	Univ. of MO Dept of Psychology	573- 673-4057
8.	Josephine Harper	The Salvation Army	573-442-3229 X222
9.	Shelley Lock	Child Care Agency of MO	573-4455431
10.	Wendy	BBOC	573 674-1649
11.	Michelle Elliott	Central Missouri Foster Care Adoption Assoc.	573-894-0855
12.	Don 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.	Nura Kelleher	Essex Pri. Health & Rehab	317-918-3321
3.	Allen Swobias	Child Care Center	773-356-7372
4.	Kathy Becka	Mission. Child Care	513-442-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEAHE	PREFERRED FAMILY HC	573-680-1708
7.	Dede Lane	Family Care	573-474-6666
8.	Nirde Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	913-777-1815
10.	Carla Lynn Minter	Deep Well Child	573-234-8339
11.	KEVIN DRILLINGER	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	(607) 697 3215
3.			
4.			
5.	Becky Markert	CHFA Low Income Services	573 443 2556
6.	Cathy D Richards	Boone County Public Health	573 886 7190
7.	Christe Slama	Rainbow House	573-474-6600
8.	Janis Bakula	Rainbow House	573 474 6600
9.	Scott Clardy	Boone County Public Health	573-441-5566
10.	Roger Kerswell	Boone County Public Health	573-441-5566
11.	Carole Sauer	ma Budget	573-268-4129
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 26-15JUN15
Purchase of Service and Pilot Program Contracts
Boone County Community Health/Medical Fund
2015 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 5, 2015
Written Questions Due By	mbobbitt@boonecountymmo.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@boonecountymmo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 26-15JUN15

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

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

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

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 26-15JUN15

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

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

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

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

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

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

1.3. Rejection of Proposals:

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

1.4. Acceptance of Proposals:

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

1.5. Requests for Clarification of Proposals:

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

1.6. Validity of Proposals:

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

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

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

1.8. Withdrawal of Proposals:

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

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

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

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

2.2. Guideline for Written Questions:

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

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

2.3. Pre-Proposal Conference

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

2.4. Term; Termination of Contract Agreement:

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

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Hospital's Community Health Needs Assessment:
http://assets.thehcn.net/content/sites/boone/Boone_Hospital_Center_CHNA.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2015/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<http://gocolumbiamo.com/Health/PublicHealthandHumanServicesPublications.php>
- Community Input Report created for Boone County Children's Services Board:
http://www.showmeboone.com/communityservices/common/pdf/Community_Input_Report_Final.pdf

3.5. Minimum Eligibility Requirements:

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

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

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000.00 available for purchase of services and pilot programs that address community health needs. Organizations should apply for funds under the Community Health Fund Purchase of Service application if the organization's program services may be purchased at a fixed unit measurement and rate. Applications for funding for purchase of services should expand availability of services currently offered in Boone County or make available a service that does not currently exist in Boone County. Organizations may apply under the Community Health Fund Pilot Program application if the organization is able to initiate, implement and achieve program outcomes within a two-year time period.

For Pilot Programs, Indirect expenses will be considered up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service or Pilot Program** as outlined in the information required in the following online application:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel.
- 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service.
- 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.
- 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
- 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.

3.8. Contractor Agency Requirements:

- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this

contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

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

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

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

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

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

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

- 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/365efb9c0edf7fddf3652ecd2de1868058db5b53
- 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

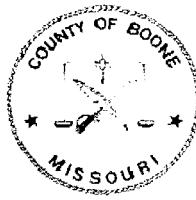
- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's 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.



AGREEMENT FOR PURCHASE OF SERVICES
Adult Day Scholarship Program for Individuals Living in Boone County

THIS AGREEMENT dated the 31ST day of December, 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County", and **The Curators of the University of Missouri on behalf of its MU Adult Day Connection**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as ADC.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

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

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY ADC

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

1. **Contract Documents.** This agreement shall consist of the Request for Proposal #26-15JUN15 (Purchase of Services) and ADC'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 ADC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

2. **Purchase.** The County agrees to purchase from the ADC and the ADC agrees to furnish **Adult Day Health Care and Transportation** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the ADC'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 \$ 12,000.00 unless compensation for specific identified additional services is authorized and approved by County in writing in advance of rendition of such services for which additional compensation is requested.

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

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Adult Day Health Care	1 day	\$86.50	116	\$10,034.00
Transportation	1 trip	\$10.00	200	\$2,000.00

All billing shall be invoiced to County monthly by the 10th of the month following the month for which services were provided. The County agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the ADC, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

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

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

8. **Monitoring.** ADC agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County to monitor, survey and inspect ADC'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, ADC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of Community Health Funds and all other matters set forth in the contract.

9. **Modification or Amendment.** In the event ADC requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs

covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County Commission for approval. A board resolution from ADC may be required with the request.

OTHER TERMS OF THIS CONTRACT

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

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

12. ***Community Health Fund to be used for Services Provided.*** ADC agrees that the Community Health Funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to ADC's provision of such services.

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

14. ***Conflict of Interest.*** ADC 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 ADC, and this shall include any transaction in which ADC is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

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

16. ***Employment of Unauthorized Aliens Prohibited.*** ADC 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. ADC shall require each subcontractor to affirmatively state in its Agreement with the ADC 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 ADC a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

18. **Board Ownership.** If ADC ceases to be funded by the County or ceases to provide programs and services to address community health needs pursuant to this contract, all capital equipment, materials, and buildings purchased with Community Health Funds shall be returned to Boone County unless so otherwise approved by a majority vote of the County. In addition, if ADC no longer uses capital equipment, materials, or buildings purchased with Community Health Funds for its original intent, ADC will need County approval to re-direct the use of such.

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

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

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

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

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

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

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

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

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

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

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

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

27. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

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

MU Adult Day Connection
Jerry Kiesling, Program Director
137 Clark Hall
Columbia, MO 65211

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

The Curators of the University of Missouri
on behalf of its MU Adult Day Connection

Boone County, Missouri
By: Boone County Commission

By: J. Vince Cooper
Signature

Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: T. VINCE COOPER
Printed Name/ Title

T VINCE COOPER
DIRECTOR, PAYER STRATEGY &
SYSTEM CONTRACTING

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 12/28/15 (2130/71106/\$12,000.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

APPROVED
AS TO
LEGAL FORM
KSP

Organization Profile

Adult

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):

The Curators of the University of Missouri (on behalf of ITS)

DBA:

MU Adult Day Connection

Federal EIN Number:

43-6003859

Organization Type:

Governmental

Organization Contact Information

Address

137 Clark Hall

City

Columbia

State

Missouri

County

Boone

Zip

65211

Organization Phone Number:

573-882-7070

Website:

<http://www.adultdayconnection.com>

Head of Organization

Jerry W. Kiesling, LCSW

Head of Organization Phone:

573-882-6027

Address

City

State

County

Zip

Organization Fax Number:

573-884-4797

Email:

kieslingjw@health.missouri.edu

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

Program Director

Head of Organization Email:

kieslingjw@health.missouri.edu

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)**

MU Adult Day Connection is a university-community partnership that provides exceptional care for older adults and adults with disabling conditions. Each weekday, the center improves quality of life and provides care that is otherwise unavailable or unaffordable to our consumers. The care provided relieves caregiver stress and allows care partners to continue working or take a day off.

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

Since 1986 individuals wanted to have quality Adult Day Services available in Columbia, MO. In 1989 the University of Missouri's School of Health Professions agreed to provide Adult Day Health Care in Columbia, MO. These services benefit the communities of Boone County and the surrounding areas. Since that time, MU Adult Day Connection (previously known as Eldercare) has been providing health care during the day for up to 24 persons. The care allowed over 600 families to keep their loved ones at home and delay nursing home placement.

**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 primary goal of MU Adult Day Connection is to minimize the effects of dementia and health conditions on the participants and their caregivers. Through providing nurse visits, special diets, meaningful activities and safety, individuals find belonging and a sense of purpose. As a care partner with the family, most caregivers have less stress and more time to continue their careers and rest. The care provided lengthens the amount of time individuals are able to live at home.

**Articles of
Incorporation:
Provide a copy
of the
organization's
Articles of
Incorporation.****Articles of Incorporation (MUST BE IN PDF FORMAT)****Organizational
Chart
(must be for
the entire
organization):****Organizational Chart (MUST BE IN PDF FORMAT)**

/document/download/filename/1439821065_30406_AdultDayConnectionOrganizationalChart2015.docx/

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

MU Adult Day Connection is located in Columbia, Missouri. Over 93% of the participants live in Boone County. Any individual that has transportation to the center may attend.

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

ADC provides care to adults, over the age of 18 who have a physical or intellectual disability and need care. The majority of individuals served by the center are over 65. About half of the persons served have a type of dementia.

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
Maurice B. Graham	Board member	316 University Hall Columbia, MO 65211	✓	Added on 08/04/2015
Tracy H. Mulderig	Student Representative to the Board of Curators	316 University Hall Columbia, MO 65211	✓	Added on 08/04/2015
David L. Steward	Board Member	316 University Hall Columbia, MO 65211	✓	Added on 08/04/2015
David L. Steelman	Board Member	316 University Hall Columbia, MO 65211	✓	Added on 08/04/2015
Phillip H. Snowden	Board Member	316 University Hall Columbia, MO 65211	✓	Added on 08/04/2015
John R. Phillips	Board member	316 University Hall Columbia, MO 65211	✓	Added on 08/04/2015
Ann Covington	Board member	316 University Hall Columbia, MO	✓	Added on 08/04/2015
Pamela Q. Henrickson	Board Vice Chairwoman	316 University Hall Columbia, MO 65211	✓	Added on 08/04/2015
Donald L. Cupps	Board Chairman	316 University Hall Columbia, Missouri 65211	✓	Added on 08/04/2015

Total Active Links:9, Total Deactivated Links:1, Current Active Links:9, Current Deactivated Links:1

Advisory Board (if applicable)**Organization Advisory Board (if applicable):**

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

Advisory Board Member**Advisory Board Member**

Name	Board Position:	Address	Link Info	
			Active	Date
Stephanie Reid-Arndt	Board Meber	School of Health Professions 514 Lewis Hall Columbia, MO 65211	✓	Added on 06/02/2015
Sandra Scotten	Board member	4312 Royal Aberdeen St. Columbia, MO 65203	✓	Added on 06/02/2015
Sally Robinson	Board Member	3402 Wakefield Dr. Columbia, MO 65203	✓	Added on 06/02/2015
Anne Reeves	Board Member	Elder Care Resources 3305 Clark Lane, Suite 167 Columbia, MO 65202	✓	Added on 06/02/2015
Barbara Favazza	Board member	1808 South Fairview Rd. Columbia, MO 65203	✓	Added on 06/02/2015
Bandhana Khatoch	Board member	4704 Clark Lane, Apartment #203 Columbia, MO 65202	✓	Added on 06/02/2015
Joetta Coen	Board Member	Alzheimer's Association 2400 Bluff Creek Dr. Columbia, MO 65201	✓	Added on 06/02/2015
Gloria Crull	Recording Secretary	Family Health Center 1001 W. Worley St. Columbia, MO 65203	✓	Added on 06/02/2015
Crystal Payne	President	1012 Sunset Dr. Columbia, MO 65203	✓	Added on 06/02/2015

Total Active Links:9, Total Deactivated Links:0, Current Active Links:9, Current Deactivated Links:0

Financial Information

Organization Fiscal Year:

July 1 through June 30

IRS Tax Exempt Status Determination Letter:

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

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

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)

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)

Financial Policies and Procedures:

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

Quarterly the CAC reviews the service operations financials with the director. Concerns about the financials are recorded in the minutes of the meeting and are forwarded to the Dean, Associate Dean and the Business Manager of the School of Health Professions.

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
Licensed Practical Nurse II	LPN license and years of experience	1.00	\$39,520.00	\$10,171.00	✓	Added on 06/12/2015
Occupational Therapist-Adult Day Connection	Bachelor's Degree	0.75	\$32,074.00	\$8,252.00	✓	Added on 06/12/2015
Registered Nurse - Health Educator	RN	0.20	\$11,806.00	\$0.00	✓	Added on 06/12/2015
RN Consultant	RN and experience	0.20	\$11,806.00	\$0.00	✓	Added on 06/12/2015
Program Manager	Master's degree and experience in a health care setting	1.00	\$66,892.00	\$17,222.00	✓	Added on 06/12/2015

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):

State of Missouri, Department of Health and Senior Services - Adult Day Care Program provider. License #1239. License granted on 4/9/2015 and is in effect until 4/8/2017

Description 2 (600 character limit):

United States Veterans Administration - Adult Day Health Care Provider, April, 2015. Relicensure is due in April, 2016.

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.

no

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

yes

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

n/a

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Active	Date
Curators of the University of Missouri on behalf of its	Community Health/Medical Fund - POS	Boone County	RFP #26-15JUN15	Adult Day Scholarship Program for individuals living in Boone County		Added on 06/03/2015

(1 hidden)

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

System Fields

Record ID

12688

Modification Date

08/17/2015 09:21 am CDT

Modified By

MU Adult Day Connect 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)

Curators of the University of Missouri on behalf of its

Fund Source

Community Health/Medical Fund - POS

Funder

Boone County

Funding Cycle

RFP #26-15JUN15

Name of Program or Project

Adult Day Scholarship Program for individuals living in Boone County

Amount of Request

\$12,000.00

Amount Awarded

\$0.00

Program Information

Program Website (will default to Organization website)

<http://www.adultdayconnection.com>

Address

137 Clark Hall

City

Columbia

State

Missouri

County

Boone

Zip

65211

Program Administrator Name

Jerry W. Kiesling

Phone Number

573-882-6027

Address**City****State****County****Zip****Program Administrator Title**

Program Director

Email

kieslingjw@health.missouri.edu

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1443191298_30421_attachmentA.pdf/

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

/document/download/filename/1443191298_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1434399967_30419_attachmentC.pdf/

Addendums

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Active Date

The Curators of the University of Missouri (on behalf of ITS)

Jerry W. Kiesling, LCSW

✓ Added on
06/03/2015

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

Federal EIN Number (will auto-populate)

43-6003859

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	1A %
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B %
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C %
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D %
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E %
	\$26,191.00	7
This support is comprised of gifts from the community (62%), direct support from the School of Health Professions (20%) and Fundraising (10%).		
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
	\$0.00	0
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$12,034.00	3
Monies provided through this RFP to provide sliding scale scholarships and transportation.		
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$20,000.00	6
Monies provided for sliding scale scholarships.		
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$173,223.00	49
Medicaid (48%), CACFP (6%), CMAAA (9%), VA (37%).		
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)		

2L	2L %
\$0.00	0
3.	3 %
\$122,077.00	34
4.	4 %
\$135.00	0
5.	5 %
\$1,000.00	0

3. Program Service Fees (300 character limit)

Individuals paying privately or utilizing Long Term Care Ins. (2%) to cover the cost of care.

4. Investment Income (realized & unrealized) (300 character limit)

5. Other Revenue Items (300 character limit)

Roger S. Williams Scholarship fund donation and miscellaneous donations not counted as gifts.

TOTAL PROGRAM REVENUE

TOTAL REVENUE
354660

PROGRAM EXPENSES

1. Personnel

1. **1. %**
\$336,725.00 86

2. Non-Personnel

2. **2. %**
\$52,682.00 14

TOTAL PROGRAM EXPENSES

TOTAL EXPENSES
389407

System Fields

Record ID

16135

Modification Date

09/25/2015 09:44 am CDT

Linked 'Program Overview' Records

Link Instructions

Program Overview

Record Lock	a. Will program consumers b...	b. Will the program utilize...	Total Number of Unduplicate...	Link Info
				Active Date
	Yes	Yes	78	✓ Added on 06/13/2015

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)

Seniors, especially African-American, and seniors with dementia have high incidences of chronic conditions and a limited ability to minimize the impact those conditions have on their quality of life. Many persons in poverty needing care think they cannot afford it. As a result, they do not seek what they need. When persons are cared for at home they are more likely to feel socially isolated and caregivers have stress (Markides & Rote, 2014; Richardson, 2008). These individuals are at high risk to use the most expensive health care services. ADC provides care for the participant and primary caregiver in the form of respite care. Dabelko (2007) states that caregivers are important partners in adult day services and public funding for care that can be provided within the agency is essential. Services in the center to monitor health status lead to decreased hospital and emergency room use for older adults (Gengler, 2012). LPNs at the agency routinely monitor patients' vital signs, and all of the staff regularly assesses patients' health needs. Meals and snacks address risk for malnutrition. The robust activity program improves opportunities for social interaction. The program provides exercise, access to health screenings, health maintenance interventions, and volunteer opportunities for adults that have various abilities, strengths and limitations. Malnutrition will be addressed by providing two snacks and one lunch-time meal to all participants that attend for a full 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)

Persons affected by this issue are seniors with chronic disabling conditions, seniors with dementia, and adults with various disabilities who need care and supervision. The U.S. Census Bureau Report indicated that at any time there will be 5% of the 65 and older population needing nursing home care. There are currently 15,831 people 65 and older living in Boone County (Boone Hospital Report, 2013) and 5% of that is 792 people. Two thirds of people age 65 and older will become disabled in at least two activities of daily living or become cognitively impaired during their lifetime, which is the criteria for nursing home placement. One in five households is involved in caregiving to persons aged 18 or over. Over 90% of this care is provided by an unpaid family caregiver. The most severely disabled older persons living in the community rely solely on family members and informal help often resulting in great strain for the family caregiver (Family Caregiver Alliance, 2013; U.S. Department of Health and Human Services, 1989). ADC provides interventions to bridge the gap between aging in place, at home, and living in an institutionalized, nursing home, setting. This delays the need for high cost long-term care.

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 HOSPITAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION PLAN (2013) reports over 15,800 individuals in Boone County are over the age of 65, about 1,500 are African American. 1 in 20 majority seniors live in poverty while 1 in 5 African-American persons live in poverty. Although many individuals in the county are highly educated and do well, this group of individuals has less access to health care and preventative services. ADC is the only Adult Day Health Care provider in the county that uses a sliding scale scholarship program to make these services affordable to all. However, because of changes in funding methodologies some funders in our county have moved away from funding senior services. The City of Columbia continues to fund scholarships for individuals residing in the city, and scholarships to individuals in the county are limited and need to be expanded.

Program Consumers

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

Boone County. The majority of individuals will be 60 or older and have a type of dementia and/or physical disability. Of the individuals cared for in the center, 50% have a diagnosis of dementia, almost 70% have difficulty walking and need help, 40% need help to move from place to place and toilet, and 23% need assistance with eating. 96% of the individuals live in private residences (74% nationwide and 85% in the state)(Centers for Disease Control, 2012). 27% of persons served were under the age of 65. 40% between the ages of 65 and 85, and 33% over the age of 85. Over 70% of the individuals being served are 65 years or older. 99% of the individuals have a care partner and over 25% of all the caregivers work fulltime (ADC's Caregiver Evaluation, 2014). Just over 12% of persons served indicated a racial minority status. Over 40% of individuals were under 200% of the poverty level in 2014.

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

In order to provide better health care for all Boone County residents, it is imperative to reduce unnecessary hospital admissions: use of the emergency room for non-life-threatening conditions, avoidable hospitalizations and premature admission to long-term care. Seniors with dementia, elderly African-Americans with limited income and the old elderly (over the age of 85) are at risk to utilize more high cost services (Golant, 2008; Richardson, 2008; Goodwin, et al. 2014). Individuals in this group report lower psychosocial well-being and reported worse physical health (Roiland and Heidrich, 2014). Boone Hospital's Community Health Needs Assessment indicates elderly African-American citizens of the county are 2.5 times more likely to enter the Emergency Department and hospital with preventable admissions. Obesity, and chronic conditions are more prevalent in the African-American population and are related to increased misuse of these high cost services. Improving Health Literacy and better communication is identified as a way to reduce these preventable admissions (Boone Hospital Center, 2013). Providing day health care to seniors and individuals with disabilities is a humane way to increase coordination of care and provide interventions to improve health literacy.

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

Seniors rely more on public transportation (Jansuwan, Christensen, and Chen, 2013). 100% of attendees of ADC rely on someone else to bring them to ADC. Clients in the county have only 2 days of transportation a week available through OATS, Inc. (Boone Hospital Center, 2013). Horton and Johnson (2010) noted that a lack of available transportation reduces access to care of all forms. Participation in ADC is reduced by this limited transportation. Although ADC contracts with OATS for daily bus services 25% of individuals cannot afford this service and need financial assistance.

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)

Individuals in Boone County who have limited income will be able to attend Adult Day Connection and remain at home longer and report or demonstrate higher life satisfaction. Caregivers of the participants will report less stress and higher life satisfaction.

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)

Adult Day Health Care: MU Adult Day Connection is an adult day health care program. Department of Health and Senior Services describes the program as "continuous care and supervision of disabled adults in a licensed adult day care setting for up to 10 hours (forty (40) 15 minute units) per day for a maximum of 5 days. Services include but are not limited to assistance with activities of daily living, planned group activities, food services, client observation, skilled nursing services as specified in the plan of care" (Missouri Department of Health and Senior Services, n.d.; MetLife, 2010). Two Licensed Practical Nurses are available each day to assist with medication administration, health status monitoring and education to the participant and his/her family to improve health literacy. The Occupational Therapist is available four days a week to provide therapeutic exercise to maintain mobility at the highest level. Each day a balanced meal and two snacks are provided to improve the nutritional status of each participant. Four activities are provided each day. The involvement in leisure promotes socialization, fine motor skills, and enjoyment to increase psychosocial well-being. It has been found that increased psychosocial well-being leads to less caregiver dependence (Dabelko-Schoeny, 2010). The space is designed to promote small group and informal interactions throughout the day, which increases opportunity for socialization. A caregiver support group is provided once each month and topics relate to reducing caregiver stress. Staff works with each participant to link them to community services that are needed. Many referrals are made to PhyZou, MU's free Physical Therapy Clinics. Each semester over 35 students volunteer or complete internships in the center. Students provide one on one interactions and small group activities. These activities help maintain cognitive ability and promote enjoyment in life. Opportunities for community volunteering are provided. ADC partners with the PET project and participants may choose to pre-assemble items used in the assembly of PET vehicles used all over the world. This allows individuals to more fully participate in the community at large and give something back.

Transportation: Funds will be used to link the participant to either OATS transportation or ParaTransit in order for him/her to attend the center.

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)

All services will be provided at MU Adult Day Connection, 137 Clark Hall, Columbia, MO 65211. Hours of the center are Monday through Friday, 7:30 a.m. through 5:00 p.m. except major holidays.

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

Upon admission and each June thereafter, each participant requesting financial assistance will be screened utilizing the poverty guidelines published by Missouri DHSS (<http://dss.mo.gov/fsd/povlev.htm>). If the individual has income less than 200% of poverty level, (and is not eligible for another funding source) he/she will be eligible for a 50% scholarship. If the individual has income less than 100% of poverty level and no other funding, he/she is eligible for a 75% scholarship. Individuals with income less than 200% of poverty level will be eligible for 100% transportation assistance.

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

In order to provide Adult Day Health Care, MU Adult Day Connection must remain licensed by the Missouri Department of Health and Senior Services as an Adult Day Care Program and abide by the regulations set forth. Regulations require Adult Day Programs to have a program director, a nurse on site during the hours of operation, provide nutritious meals and snacks, to provide oversight and safety while participants are present, develop a plan of care with the participant and his/her family and assist in providing or arranging transportation (State of Missouri, 2005).

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

Yes

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

Name of the Accreditation:

Missouri Department of Health and Senior Services

Current accreditation period:

04/09/2015 through 04/08/2017

Description: (600 character limit)

Licensure as an Adult Day Care Program is completed by the Division of Regulation and licensure in the Department of Health and Senior Services for the State of Missouri. The license is valid for 2 years and may be reissued if the program adheres to the current regulations.

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)

In reviewing the literature, few best practices are identified specifically in adult day care settings. Involvement in socialization and reduction of caregiver stress have been identified as factors leading to seniors' ability to remain at home. Essential functions of the program are closely related to interventions that improve health status. Debalko-Schoeny & King (2010) found that nursing intervention, therapeutic exercise, structured and spontaneous social interaction leads to increased psychosocial well-being as well as lower use of long-term care.

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)

Cohen-Mansfield and Wirtz (2007) found that persons with dementia (PWD) who attend an Adult Day Center have decreased confusion and agitation. They found that PWD have increased positive mood, life satisfaction, engagement in activities and well-being. It has also been shown that attendees of Adult Day services have higher levels of compliance with treatments that address their chronic health conditions and therefore better health outcomes (Debelko and DeCoster, 2007). Researches also found that use of Adult Day Centers helps the caregivers improve sleep, have less physical pain, less stress and increased well-being (indicators of decreased caregiver stress) (Zarit, et al. 2011). These positive outcomes have been shown to increase the length of time a person is able to live at home and reduces the amount of high cost care utilized (Golant, 2008; Richardson, 2008; Goodwin, et al. 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 Best Friends approach has become more popular in Assisted Living settings. Bell and Troxel (2002) developed this approach to improve the lives of persons with dementia (PWD). Staff works to learn about the PWD and then talk with him/her about their past and create positive experiences for him/her based on that knowledge. The Arbors (Americare, Inc.) uses this as a standard in their Assisted Living locations. ADC will be implementing parts of this program to promote increased well being for the participants.

Missouri is a hub for Dementia Care Mapping in the United States. Dee Minner is a Dementia Care Mapping trainer in Columbia and is only one of three trainers in the U.S. This innovative method for assessing PWD's response to their environment assists staff to improve the interactions with each person. Positive enhancers provided through his model take the form of very informal interventions that result in longer periods of positive response throughout the day. Staff is better able to identify Negative Enhancers and minimize them during interaction (Brooker and Surr, 2010). Adult Day Connection is fortunate to have almost half of the staff trained in Dementia Care Mapping. Adult Day Connection has been using more personal enhancers over the past 18 months.

Music & Memory is a program that uses electronic devices to provide meaningful music to Persons with Dementia. MC5 selected ADC staff to be trained in this approach in July, 2015.

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

Adult Day Connection remains part of the University of Missouri. Since the arrival of Chancellor Loftin, Sinclair School of Nursing, School of Health Professions and University of Missouri Health Care have worked more closely. This closer collaboration means better access to knowledge and sharing of resources. An example of this is ADC working closer with the Interdisciplinary Center on Aging. A recent grant application requested funding for a medical student to spend time in the center developing better health care interventions.

Collaboration with the School of Physical Therapy led to the development of the Roger S. Williams Scholars Program. This program brings two Physical Therapy students to the center 5 hours each week to provide therapeutic exercise to participants. Work with the Occupational Therapy School led to a project that will redesign an outdoor courtyard for ADC and the preschool located next to it.

Community relationships with the Alzheimer's Association, Senior Network and Seniors Matter also enhance the services being provided. These interactions allow for easier referrals to community services because the service providers understand the goals of the program. Services received

through these collaborations have allowed individuals to remain at home longer.

ADC contracts with OATS, Inc. and SIL for transportation services which allows individuals who have transportation coverage to easily obtain rides to the center.

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

/document/download/filename/1434398732_29425_OATSContract.pdf/

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 Director	MQ1 Masters Degree	FTE1 1.00	SR1 FROM 52.00	SR1 TO
P2 Registered Nurse Consultant	MQ2 AA or BSN	FTE2 0.20	SR2 FROM 39.00	SR2 TO
P3 Registered Nurse as needed	MQ3 AA or BSN	FTE3 0.20	SR3 FROM 37.00	SR3 TO
P4 Occupational Therapist	MQ4 BS in Occupational Therapy	FTE4 0.75	SR4 FROM 37.00	SR4 TO
P5 Licensed Practical Nurse II	MQ5 LPN with 2 years experience	FTE5 1.00	SR5 FROM 30.00	SR5 TO
P6 Licensed Practical Nurse I	MQ6 LPN	FTE6 1.00	SR6 FROM 30.00	SR6 TO
P7 Coordinator Eldercare Activities	MQ7 BS or 4 years experience	FTE7 1.00	SR7 FROM 31.00	SR7 TO
P8 Administrative Assistant	MQ8 4 years of bookkeeping experience	FTE8 1.00	SR8 FROM 26.00	SR8 TO
P9 Life Skills Tech	MQ9 High School Diploma, CNA preferred	FTE9 1.00	SR9 FROM 17.00	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)

PM - provides experience to plan, lead and implement a health care program.
 RN - RNs are trained in nursing techniques needed in the center. They are able to assist LPNs with maintaining proper nursing techniques.
 Occupational Therapist - the degree prepares the OT to implement therapeutic exercise
 LPN - The nurse has understanding of good nursing techniques and procedures.
 Coord. of Eldercare Activities - provides an understanding of seniors needs for leisure
 Administrative Assistant - understands bookkeeping procedures.
 Life Skills - entry level position.

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)

Individuals utilizing Adult Day Health Care services will pay a daily fee that reflects the person's ability to pay. Participants continue to have obligations to pay for insurance, living expenses (housing, food, clothing, etc.) The addition of adult day services increases the overall expenses a family must cover. Individuals will pay 100%, 50% or 25% of the daily charges.

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)

Individuals at or a little above may not qualify for Medicaid. As a result, the individual or family must decide how to pay Day Care charges out of a limited income. Individuals under 200% of income pay higher percentages of their income to housing and health care. In order to make it possible for the individuals to afford all the care they need, including Adult Day Health Care, it is vital to provide a sliding scale. Some individuals may have days that are not covered until authorized by Medicaid and will need a 100% coverage for a few weeks.

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)

Individuals with Long Term Care insurance, VA Health Care benefits and Medicaid are eligible to have their Adult Day Services billed to that agency. However a significant number of individuals do not have any coverage for their services. Individuals with no coverage and limited income will greatly benefit from the expanded sliding scale scholarship program.

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)

The Sliding Scale Scholarship program will allow individuals a 50%, 75% or 100% reduction in daily fees based on their income.

Program Service Levels

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

Link to Program Budget

Program Budget		TOTAL EXPENSES	Record Lock	Link Info
TOTAL REVENUE	2.			Active Date
354660	\$52,682.00	389407		Added on 06/13/2015

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

78

Average Cost per Individual

4992.4

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)

City of Columbia currently purchases up to 238 days of care each year for low income individuals in the City. Central Missouri Area Agency on Aging provides 1 day of care per week for up to 7 individuals.

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

x

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 need for respite care continues to grow in the county as evidenced by increased inquiries to Adult Day Connection. Previously Boone County provided \$2,000 per year for assistance for Adult Day Healthcare. Each year we are using \$6,500 in sliding scale scholarships for current participants living in rural Boone County. In order to fully fund current use and meet more needs in our county, the amount of funds available will need to be increased. Adding subsidized transportation will increase the access to Adult Day Health Care.

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)

Three years ago a local funder changed their rationale for grants away from seniors and exclusively toward children's services. Since that time, ADC has been unable to increase sliding scale scholarships to persons living in the county that need Adult Day Health Care.

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)

- Boone Hospital Center (2013). Boone hospital's community health needs assessment. Retrieved from http://assets.thehcn.net/content/sites/boone/Boone_Hospital_Center_CHNA.pdf
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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)

Adult Day Health Care (Respite) which includes meals, nursing visits, exercise, and activities.

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

Care is billed as half day (up to 4 hours and costs \$49.00) or 1 day (up to 9 hours).

Unit Rate (1)

\$86.50

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)

NA

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)

MU Adult Day Connection provides 2 nurses, an occupational therapist 4 days a week and a Masters Level Social Worker. In order to sustain the program and continue to provide a high level of professional services, the daily rate must be higher than the Medicaid rate. Veterans Administration recognizes the cost of providing these services and reimburses ADC \$86.13 per day (which is significantly higher than the current Medicaid rate).

Number of Units of Service to be Provided (1)

4300

Number of Unduplicated Individuals to be Served (1)

78

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

55.13

Average Cost of Service per individual (1)

4768.59

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

Yes

Amount Requested (1)

\$10,034.00

Proposed Number of Units of Service (1)

116

Program Service 2

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

Transportation to and from the center from the participants home (within 15 miles).

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

1 trip (either to or from the center).

Unit Rate (2)

\$10.00

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

Yes

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

VA reimburses \$9.49 for trips 5 to 10 miles from the center. Individuals in the City are eligible to use ParaTransit at \$2.00 per trip. OATS bus or SIL is utilized in the County at the higher rate.

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)

1400

Number of Unduplicated Individuals to be Served (2)

15

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

93.33

Average Cost of Service per Individual (2)

933.33

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

Yes

Amount Requested (2)

\$2,000.00

Proposed Number of Units of Service (2)

200

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 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):
12034

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)

70

City of Columbia

53

Other Counties

4

Residence Total

74

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

65

Black or African American (alone)

5

Native American Indian or Alaskan Native (alone)

0

Asian (alone)

2

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

0

Some Other Race

0

Subtotal - Non-Hispanic

72

HISPANIC

Of all races

2

Race/Ethnicity Total

74

Gender

Female

46

Male

28

Other Gender

0

Gender Total

74

Income

At or below 200% of Federal Poverty Level

42

Over 200% of Federal Poverty Level

32

Income Total

74

Age (City-Social Services/County-Health Fund RFP)

Under 5 years

0

5-18 years

0

19-59 years

6

60 years and over

68

Age Total (1)

74

System Fields

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Performance Measures

Program Performance Instructions

Instructions:

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

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

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

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

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

Program Overview Section

Program Budget Section

Program Service Section (POS Only)

Consumer Demographics Section

*Indicates Required Field

Link to Program Service Records

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

Link to Program Service

Program Service

Indicate Proposed Service (...)

Record Lock

Link Info

Active Date

Adult Day Health Care (Respite) which includes meals, nursing visits, exercise, and activities.

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)

Adult Day Health Care (Respite) which includes meals, nursing visits, exercise, and activities.

Program Service 1 - Outputs

Units (1)
4300

Unit Measure (1)
Care is billed as half day (up to 4 hours and costs \$49.00) or 1 day (up to 9 hours).

Unduplicated Individuals (1)
78

Program Service 1 - Outcomes

Outcome (1-1)

Improved emotional well-being of participants.

Indicator (1-1)

95% of caregivers will report their loved one has increased well-being after attending the center.

Method of Measurement (1-1)

Annual Caregiver

Additional Outcome (1-2) Decreased levels of caregiver stress	Additional Indicator (1-2) 85% of caregivers will report decreased stress related to caregiving.	Additional Method (1-2) Annual Caregiver Evaluation
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 goal(s), as stated in the Program Overview section (1) (600 character limit)

The primary goal of MU Adult Day Connection is to minimize the effects of dementia and health conditions on the participants and their caregivers. The indicators will show if the interventions provided at the center are limiting negative impact of dementia, chronic disabling conditions on participants. Indicator 1-2 will measure whether or not the interventions are lightening the burden of care for the caregiver.

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

As an individual progresses through a chronic illness or dementia journey, it is inevitable that he/she will have increased emotional and health needs. Individuals admitted to the center needing one level of care are likely to need increased needs in 6 months to 1 year. The increased needs impact well-being and caregiver stress.

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

In prior caregiver evaluations the question for well-being showed 95% of participants indicated their loved one maintained or improved with well-being. This is a very high percentage. We want to maintain this percentage as we go forward. In the 2014, caregivers indicated reduced stress 77% of the time. It is appropriate to create a stretch goal of 85% in this measure because there are opportunities to provide more education and increase the use of the caregiver support group.

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

In the program overview it shows that the response one has to his/her illness affects the amount of dependence he/she has on the caregiver. Through health and wellness interventions and socialization, Adult Day Connection can have a significant impact on a person's well-being.

High caregiver stress is directly linked to use of long-term care, a high cost service. Measuring the stress of caregivers is important to ensure the center is meeting the individuals needs of each care partner.

Continuing to measure through the caregiver evaluation is important.

Program Service 2

Service (2)

Transportation to and from the center from the participants home (within 15 miles).

Program Service 2 - Outputs

Units (2) 1400	New Unit Measure Auto Populate2 1 trip (either to or from the center).	Unduplicated Individuals (2) 15
--------------------------	----------------------------------------------------------------------------------	-------------------------------------------

Program Service 2 - Outcomes

Outcome (2-1) Reduced absences due to lack of transportation	Indicator (2-1) 75% of individuals utilizing subsidized transportation will indicate fewer absences at ADC.	Method of Measurement (2-1) Caregiver Evaluation
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

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)

In order to receive socialization and health care interventions, it is necessary for the individual to attend. There is a limited amount of public transportation in Boone County. Attendance regularly enough to make an impact is vital in order the participant and caregiver to receive benefits from the program.

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

Some individuals who are eligible for the transportation assistance may not accept it.

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

In order to have an impact on absences and missed days, it is necessary for staff to assist as many individuals as possible. Assisting 3 out of 4 individuals to reduce absences is important.

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

The caregiver evaluation is conducted yearly and the data gathering can be added to that instrument. The caregiver evaluation is utilized in the planning and restructuring of programs each year.

Program Service 3

Service (3)

Program Service 3 - Outputs

Units (3)

New Unit Measure Auto Populate3

0

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)

New Unit Measure Auto Populate4

Unduplicated Individuals(4)

0

0

Program Service 4 - Outcomes

Outcome (4-1)

Indicator (4-1)

Method of Measurement (4-1)

Additional Outcome (4-2)

Additional Indicator (4-2)

Additional Method (4-2)

Additional Outcome (4-3)

Additional Indicator (4-3)

Additional Method (4-3)

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Program Service 4 - Narrative

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

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

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

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

Program Service 5

Service (5)

Program Service 5 - Outputs

Units (5)

New Unit Measure Auto Populate5

Unduplicated Individuals (5)

0

0

Program Service 5 - Outcomes

Outcome (5-1)

Indicator (5-1)

Method of Measurement (5-1)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Program Service 5 - Narrative

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

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

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

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

System Fields

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

The Secretary of State does not issue evidence of corporate good standing for the University of Missouri because UM's corporate status is as a body politic created pursuant to the Missouri Constitution.

Lisa J. Wimmnauer
Assoc. Director, Business Svcs

Jerry W. Kuesung

6/15/15

Printed Name - Agency Executive Director/President/CEO

Date

[Handwritten Signature]

Jerry W. Kuesung

6/15/15

Signature - Agency Executive Director/President/CEO

Date

CRYSTAL PAYNE

Printed Name - Agency Board Chair

6-15-15

Date

Crystal Payne

Signature - Agency Board Chair

6-15-15

Date

APPROVED
AS TO
LEGAL FORM
6/11/15 [Signature]

BUSINESS SERVICES
RUBEN [Signature]

ATTACHMENT B

(Please complete and return with Proposal Response)

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

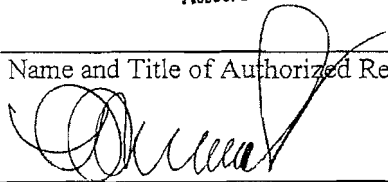
This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(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.

Lisa J. Wimmenauer
Assoc. Director, Business Svcs

Name and Title of Authorized Representative



Signature

6/15/18

Date



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

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

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

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15JUN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) then \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

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

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: [http://www.showmeboone.com/communityservices/common/pdf/Apricot User Guide.pdf](http://www.showmeboone.com/communityservices/common/pdf/Apricot%20User%20Guide.pdf)

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

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

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

OFFEROR has examined Addendum #1 to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: J. Vance Cooper Date: 11-3-15

Authorized Representative Printed Name: T. VINCE COOPER

APPROVED
AS TO
LEGAL FORM

KSB

**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. Grime	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Browning	Co/Boone Public Health Services	874-7343
6.	MICHELLE WALKER	Polk Bank P.H.S	874-6331
7.	Meg Bartlett	Maryland Community Learning	449-5600
8.	Kim Harvey	Harrisburg Early Learning Center	815-5959
9.	Steve Hollis	City of Boone P.H.S	774-7487
10.	Robert Ezell	Presbyterian Children's Home and Children's Services	314-581-1727
11.	Christine Cocca	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	Putnam Community Health	573-480-4781
3.	Consuek Johnson	Fris City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHHS	573-874-7632
6.	Windy Ell	Univ. of MO - Dept. of Psychiatry	573 673-4057
7.	Yvette Locky Boring	Univ. of MO Dept of Psychiatry	573- 230-11
8.	JANITA HAMMON	The Salvation Army	573-442-3229 X222
9.	Shelley Lock	Child Care Agency of MO	573-4455437
10.	Margaret	BCCC	573 674 1690
11.	Michelle Elliott	Central Missouri Foster Care Adoption Assoc.	573 674 0851
12.	Dan Reilly	MO Wellness Project	573 884-7534
13.			
14.			
15.			

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kellcher	Epworth Inc. ^{Edna} Epworth	314-918-3321
3.	Alexa Saunders	Columbia Center for Urban Agriculture	573-356-9392
4.	Krithy Becka	Missouri Child Tax	573-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEYHE	PREFERRED FAMILY HC	573-680-1905
7.	Vividy Lane	Larson Home	573-474-6600
8.	Nicole Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	913-777-1815
10.	Caro Lynn Mitchell	Boys & Girls Club	573-234-8334
11.	KEVIN DRUMMER	EPWORTH	314-918-3338
12.			
13.			
14.			
15.			

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jones	Youth Empowerment Zone	(607) 697-1115
3.			
4.			(573) 474-6600
5.	Becky Markt	CITA Loc. Income Services	573-443-2556
6.	Cathy Richards	Boone County Public Admin	573-886-7190
7.	Claire Slama	Rainbow House	573-474-6600
8.	Janie Bakula	Rainbow House	573-474-6600
9.	Scott Clardy	Blount/Boone Co. Pub. Health + HHS	573-441-5560
10.	Rebecca Kressler	Cell/Boone Co. Public Admin	578-424-4757
11.	Cardz Schatz	mu Budge	573-268-4129
12.			
13.			
14.			
15.			



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

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

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

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

Response: A program may entail multiple services.

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

OFFEROR has examined Addendum #2 to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: T. Vince Cooper Date: 11-3-15

Authorized Representative Printed Name: T. VINCE COOPER

APPROVED
AS TO
LEGAL FORM
KSB



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

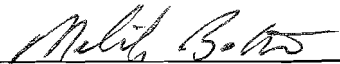
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*.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

The Curators of the University of Missouri

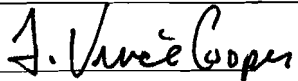
Address:

Phone Number: _____

Fax Number: _____

E-mail: _____

Authorized Representative Signature:

 Date: 12-9-15

Authorized Representative Printed Name:

T VINCE COOPER
DIRECTOR, PAYER STRATEGY &
SYSTEM CONTRACTING

APPROVED
AS TO
LEGAL FORM




COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 26-15JUN15
Purchase of Service and Pilot Program Contracts
Boone County Community Health/Medical Fund
2015 Application

RFP TIMELINE:

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

CONTACT INFORMATION:

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

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

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 26-15JUN15

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

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

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

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 26-15JUN15

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

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

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

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

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

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

1.3. Rejection of Proposals:

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

1.4. Acceptance of Proposals:

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

1.5. Requests for Clarification of Proposals:

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

1.6. Validity of Proposals:

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

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

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

1.8. Withdrawal of Proposals:

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

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

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

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

2.2. Guideline for Written Questions:

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

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

2.3. Pre-Proposal Conference

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

2.4. Term; Termination of Contract Agreement:

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

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Hospital's Community Health Needs Assessment:
http://assets.thehcn.net/content/sites/boone/Boone_Hospital_Center_CHNA.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2015/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<http://gocolumbiamo.com/Health/PublicHealthandHumanServicesPublications.php>
- Community Input Report created for Boone County Children's Services Board:
http://www.showmeboone.com/communityservices/common/pdf/Community_Input_Report_Final.pdf

3.5. Minimum Eligibility Requirements:

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

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

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000.00 available for purchase of services and pilot programs that address community health needs. Organizations should apply for funds under the Community Health Fund Purchase of Service application if the organization's program services may be purchased at a fixed unit measurement and rate. Applications for funding for purchase of services should expand availability of services currently offered in Boone County or make available a service that does not currently exist in Boone County. Organizations may apply under the Community Health Fund Pilot Program application if the organization is able to initiate, implement and achieve program outcomes within a two-year time period.

For Pilot Programs, Indirect expenses will be considered up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service or Pilot Program** as outlined in the information required in the following online application:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel.
 - 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service.
 - 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.
 - 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
 - 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.
- ### **3.8. Contractor Agency Requirements:**
- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this

contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

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

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

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

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

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

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

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

4. APPLICATION INFORMATION

4.1. Narrative

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

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

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

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

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

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET
(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the 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

October 8, 2015

**RE: Self-Insured General Liability and Professional Liability;
Curators of the University of Missouri**

To Whom It May Concern:

The Curators of the University of Missouri general liability program is self-insured. The self-insured program is used to provide coverage for exposures and claims arising from the negligence of the University, its officers, agents and employees. The general liability program has a plan limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually through actuarial study. The program is "occurrence" based, versus "claims-made".

The Curators of the University of Missouri maintain a self-insured medical malpractice program for its physicians and staff. The self-insured program covers University Physicians and Health Professions for procedures performed both at the University, and elsewhere, as long as all procedures are within the scope of their responsibilities with the University. Faculty, staff and students enrolled in courses of instruction or practical training offered by, or under the supervision of the University of Missouri, are provided medical professional liability coverage under the University of Missouri Medical Professional Liability self-insured plan. The self-insured medical malpractice program has a plan limit of \$7.5 million per occurrence and \$15 million annual aggregate. Reserves for the program are determined annually through actuarial study. The program is "occurrence" based, versus "claims-made".

Should you require additional information, please advise by contacting Leigh Hollinger at 573/882-7019 or by hollingerle@umsystem.edu.

Sincerely,

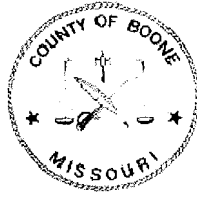
Ed Knollmeyer

Ed Knollmeyer
Director, Risk & Insurance Management

EK/rmh



MISSOURI



AGREEMENT FOR PURCHASE OF SERVICES Lifestyles Habits

THIS AGREEMENT dated the 31ST day of December, 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County", and **Mary Lee Johnston Community Learning Center**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as MLJCLC.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

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

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY MLJCLC

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

1. **Contract Documents.** This agreement shall consist of the Request for Proposal #26-15JUN15 (Purchase of Services) and MLJCLC'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 MLJCLC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

2. **Purchase.** The County agrees to purchase from the MLJCLC and the MLJCLC agrees to furnish nutritious meals and parent inclusion movement events for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the MLJCLC'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 \$14,800 unless compensation for specific identified additional services is authorized and approved by County in writing in advance of rendition of such services for which additional compensation is requested.

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

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

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
High quality, nutritional meals	1 meal	\$0.21	66,667	\$14,000.00
Parent Inclusion Movement Events and Nutritious Meals	1 parent/child event attendance	\$6.89	116	\$800.00

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

interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

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

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

8. **Monitoring.** MLJCLC agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County to monitor, survey and inspect MLJCLC'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, MLJCLC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of Community Health Funds and all other matters set forth in the contract.

9. **Modification or Amendment.** In the event MLJCLC requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County Commission for approval. A board resolution from MLJCLC may be required with the request.

OTHER TERMS OF THIS CONTRACT

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

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

12. **Community Health Fund to be used for Services Provided.** MLJCLC agrees that the Community Health Funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to MLJCLC's provision of such services.

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

14. **Conflict of Interest.** MLJCLC 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 MLJCLC, and this shall include any transaction in which MLJCLC is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

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

requirements stated herein and all other conditions and requirements of this contract agreement.

16. **Employment of Unauthorized Aliens Prohibited.** MLJCLC 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. MLJCLC shall require each subcontractor to affirmatively state in its Agreement with the MLJCLC 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 MLJCLC a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

18. **Board Ownership.** If MLJCLC ceases to be funded by the County or ceases to provide programs and services to address community health needs pursuant to this contract, all capital equipment, materials, and buildings purchased with Community Health Funds shall be returned to Boone County unless so otherwise approved by a majority vote of the County. In addition, if MLJCLC no longer uses capital equipment, materials, or buildings purchased with Community Health Funds for its original intent, MLJCLC will need County approval to re-direct the use of such.

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

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

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

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

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

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

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

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

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

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

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

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

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

27. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

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

Mary Lee Johnston Community Learning Center
Meg Bartlett, Executive Director
1509 Hinkson Ave.
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.

Mary Lee Johnston Community Learning Center

Boone County, Missouri

By: Boone County Commission

By: Chun Dickson
Signature

Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Chrissie Dickson
Printed Name/ Title Board President

APPROVED AS TO FORM:

ATTEST:

by: [Signature]
County Counselor

Wendy S. Noren
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable County obligation at this time.)

June Patchford by 12/28/15 (2130/71106/\$14,800)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Mary

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):

Mary Lee Johnston Community Learning Center

DBA:

Federal EIN Number:

43-0662462

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1509 Hinkson Avenue

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Phone Number:

573-449-5600

Website:

<http://www.mjclc.org>

Head of Organization

Meg Ann Bartlett

Head of Organization Phone:

573-449-5600

Address

1509 Hinkson Avenue

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Fax Number:

573-875-1535

Email:

mjclcxecdir@gmail.com

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

Executive Director

Head of Organization Email:

mjclcxecdir@gmail.com

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

Local Organization Name:

Mary Lee Johnston Community Learning Center

Address

Local Organization Fax:

573-875-1535

Address

1509 Hinkson Avenue

City

Columbia

State

Missouri

County

Boone

Zip

65201

Local Contact Name:

Meg Ann Bartlett

Local Contact Email:

mljclcexecdir@gmail.com

1509 Hinkson Avenue

City

Columbia

State

Missouri

County

Boone

Zip

65201

Local Contact Title:

Executive Director

Local Contact Phone:

573-449-5600

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

MLJCLC is committed to providing high quality, affordable care, and educational programs based on the needs of the community for children from six weeks to six years of age and their families.

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

MLJCLC has provided high quality care and education programs to Columbia for 81 years. Ripley Children's Center was the original facility. The Hinkson Children's Center acquired in 1968, with the Hinkson Infant Toddler Center in 1987. In 2001 the original building was sold and a new one built on the Hinkson campus. Our three building campus currently houses 88 children for six weeks to six years of age. Care is offered on a sliding fee based on income. Currently 85% of enrolled children are receiving tuition assistance. 78% of our families qualify for free or reduced lunches.

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

Our goal is that all children who attend MLJCLC receive high quality care and educational opportunities to enter kindergarten ready to succeed. Children who enter kindergarten ready for learning increase the probability of success throughout their educational experience with higher graduation and higher education pursuits. The success of kindergarten readiness in future community economic effect is as great as any child's potential.

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

/document/download/filename/1438103691_30405_StateofMOCertifofGoodStanding.pdf/

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

/document/download/filename/1438114044_30406_MLJCLCOrganizationalChart.pdf/

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

Care is offered in central Columbia with the majority of current clientele living within Columbia and a small percentage who work in Columbia and reside throughout Boone County.

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

We serve family's who have children. Children are a part of a family unit and not served alone. Connection is extended to the family and their unique dynamic that encompasses the whole child. Care is provided to children from 6 weeks of age through six years and their 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					Link Info	
Name	Board Position:	Current Board Term (Beginni...	Address:	Employer:	Active	Date
Laura Peiter	Member		2850 North McGill Creek Road Rocheport, MO 65279	MU Career Center		Added on 07/28/2015
Mary Ellen Muller	Member		3900 Gallant Fox Drive Columbia, MO 65202	Central Trust & Investment Company		Added on 07/28/2015
Phyllis Miller	Member		2106 Valley View Road Columbia, MO 65201	Retired Director of the Instructional Materials Lab - University of Missouri		Added on 07/28/2015
John Meyer	Member		1109 La Costa Ct. Columbia, MO 65203	Pediatrician		Added on 07/28/2015
Sarah Maguffee	Member		3705 Dublin Avenue Columbia, MO 65203	Attorney		Added on 07/28/2015
Stacy Peters	Member		1001 Marcassin Drive Columbia, MO 65201	Retired Educator		Added on 07/28/2015
Grace Johnston Elder	Member		4312 Glen Eagle Columbia, MO	Retired Kindergarten and 1st Grade Teacher - Columbia Public Schools		Added on 07/28/2015
John Paul Harris	Member		801 Timber Court Columbia, MO 65201	Woodcrest Chapel		Added on 07/28/2015
Mary Sue Gibson	Member		410 Russell Blvd. Columbia, MO	Retired Principle - Columbia Public Schools		Added on 07/28/2015
Ashley Gangloff	Member		1601 Stoney Brook Pl. Columbia, MO 65203	University of Missouri		Added on 07/28/2015
Allison Moore	Secretary		200 East Southhampton Drive Columbia, MO 65203	The Insurance Group		Added on 07/28/2015
Ed Musterman	Treasurer		5251 Woodson Harris Columbia, MO 65201	First State Community Bank		Added on 07/28/2015
Judi Schoonover	Vice President		2808 Biscayne Ct. Columbia, MO 65203	Retired Kindergarten Teacher - Columbia Public Schools		Added on 07/28/2015
Christine Dickson	President		701 Boulder Drive Columbia, MO 65201	Jumpstart Program - University of Missouri		Added on 07/28/2015

Total Active Links:14, Total Deactivated Links:0, Current Active Links:14, 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 through 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/1438114939_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/1438796938_29954_MLJAuditReport2014.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/1438796938_29955_MLJAuditReport2014.pdf/

Financial Policies and Procedures:

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

Financial activity is sent to our auditor every month who prepares the financial statements for presentation to the Board and Board Treasurer who then reports any concerns, insights, trends, current status at the monthly Board meetings. Annual audit is performed in April/May every year by a third party auditor.

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
Preschool Teacher	BA in Early Childhood	1.00	\$24,900.00	\$3,400.00	✓	Added on 08/03/2015
Toddler Teacher	BA in Early Childhood	1.00	\$26,300.00	\$3,500.00	✓	Added on 08/03/2015
Executive Director	BA	1.00	\$45,000.00	\$6,800.00	✓	Added on 07/29/2015
Infant Teacher	BA in Early Childhood and Elementary Ed	1.00	\$31,600.00	\$4,850.00	✓	Added on 08/03/2015
Assistant Director	BA	1.00	\$30,000.00	\$3,250.00	✓	Added on 08/03/2015

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:

We are accredited through Missouri Accreditation. Our current Accreditation Certificate is through November 9th, 2016. The Missouri Accreditation process evaluates the quality indicators of: Health Safety and Nutrition, Child and Family Relationships and Interactions, Physical Environment, and Programming / Curriculum.

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.

n/a

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

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

Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Link Info	
					Active	Date
Mary Lee Johnston Community Learning Center	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Single Parent Supports at MLJCLC - RG 3		Added on 06/02/2015
Mary Lee Johnston Community Learning Center	Community Health/Medical Fund - POS	Boone County	RFP #26-15JUN15	Lifestyle Habits		Added on 06/11/2015

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

System Fields

Record ID

15669

Modification Date

08/05/2015 12:48 pm CDT

Modified By

Mary Lee Johnston Community Learning Center ORG

Creation Date

06/02/2015 01:31 pm CDT

Created By

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)

Mary Lee Johnston Community Learning Center

Fund Source

Community Health/Medical Fund - POS

Funder

Boone County

Funding Cycle

RFP #26-15JUN15

Name of Program or Project

Lifestyle Habits

Amount of Request

\$31,000.00

Amount Awarded

\$14,800.00

Program Information

Program Website (will default to Organization website)

<http://www.mjclc.org>

Address

1509 Hinkson Avenue

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Name

Meg Ann Bartlett

Phone Number

573-449-5600

Address

1509 Hinkson Avenue

1509 Hinkson Ave

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Title

Executive Director

Email

mjclcexedir@gmail.com

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

/document/download/filename/1434400908_30421_AttachmentA.pdf/

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

/document/download/filename/1434400908_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1434400908_30419_AttachmentC.pdf/

Addendums

/document/download/filename/1434400908_30418_Addendum1%2C2%2C3CommunityHealth.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

Mary Lee Johnston Community Learning Center

1509 Hinkson Avenue

Meg Ann Bartlett

Added on
06/11/2015

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

Federal EIN Number (will auto-populate)

43-0662462

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Budget

Program Budget Instructions

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

Program Budget

PROGRAM REVENUE	PROPOSED YEAR	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A \$0.00	1A % 0
B. Other United Ways (300 character limit)	1B \$0.00	1B % 0
C. Capital Campaigns (300 character limit)	1C \$0.00	1C % 0
D. Grants (non-governmental) (300 character limit)	1D \$0.00	1D % 0
E. Fund Raising & Other Direct Support (300 character limit)	1E \$0.00	1E % 0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A \$0.00	2A % 0
B. Boone County - Community Health Funding (300 character limit) Seeking funding to support teaching lifestyle habits that reflect the importance of quality food selection and activity choices.	2B \$31,000.00	2B % 100
C. Boone County- Other Funding (300 character limit)	2C \$0.00	2C % 0
D. Funding from Other Counties (300 character limit)	2D \$0.00	2D % 0
E. City of Columbia - Social Service Funding (300 character limit)	2E \$0.00	2E % 0
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F \$0.00	2F % 0
G. City of Columbia - CHDO Funding (300 character limit)	2G \$0.00	2G % 0
H. City of Columbia - Other Funding (300 character limit)	2H \$0.00	2H % 0
I. Funding from Other Cities (300 character limit)	2I \$0.00	2I % 0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J \$0.00	2J % 0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K \$0.00	2K % 0
L. Other (Schools, Courts, etc.) (300 character limit)	2L \$0.00	2L % 0
3. Program Service Fees (300 character limit)	3.	3 %

	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	31000	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$0.00	0
2. Non-Personnel	2.	2. %
	\$31,000.00	100
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	31000	

System Fields

Record ID

16155

Modification Date

11/20/2015 11:04 am CST

Modified By

Apricot Subsystem

Creation Date

06/11/2015 09:28 am CDT

Created By

Mary Lee Johnston Community Learning Center ORG

Linked 'Program Overview' Records

Link Instructions

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)

Wholeness of the child for their immediate and life long health, partnered with the educational aspects of our programming, are the focus of what we strive to accomplish. With a high percentage of our families financially falling into the category of families at risk for food insecurity, the importance of quality food served on sight as well as teaching quality over quantity are essential. Coupling that with training and habit building activity will provide education for the whole child.

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 direct population affected by this program is the children themselves with a greater audience beyond with the extended family of each child. The high percentage of MLJCLC families that fall within 200% of the Federal Poverty Line are the families most at risk for food insecurity. As children are exposed to new foods, healthier forms of familiar entries, preparation experiences with food, planting and growth of produce, and movement choices, those are shared with the families. Partnering the education and healthy lifestyle habits toward the entire family can have a far reaching influence, even to the next generation.

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)

Missouri now has the 16th highest adult obesity rate in the nation (State of Obesity, 2014) We know that in order to combat this health crisis we need to impact the health habits of children today to become active movers and healthy eater. The financial result within the health industry to not address this with today's children is immeasurable. We must give children healthy habits today for a healthier Columbia, Boone County, Missouri.

Program Consumers

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

At Mary Lee Johnston Community Learning Center (MLJCLC) we serve 88 children from six weeks through 6 years of age. Our service extends to the family through the programs, events, and center activities that are provided. The clientele served are diverse with the majority (85%) at or below 200% of the Federal Poverty Level.

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

Children are at risk of developing poor health choices that have immediate and long term effects on their lives. Healthy lifestyle habits, including healthy

eating and physical activity, can lower the risk of becoming obese and developing related diseases. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem. Proper nutrition promotes the optimal growth and development of children. (CDC, 2014) MLJCLC takes a holistic approach to the care and education of our children to include quality nutrition and movement learning with the goal of instilling positive life time choices.

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

As MLJCLC has moved to include nutrition and movement into our program there was some challenge in the changes of the basic program with resistance from children and parents alike in healthier food served, however expose, teaching, and involving children and parents in the lifestyle changes has been productive. Our greatest challenge is the cost. High quality nutrition costs more.

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)

Education and development of lifestyle habits that reflect the importance of quality food selection and positive activity choices.

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)

It is with pride we share that MLJCLC (Mary Lee Johnston Community Learning Center) is currently the only facility in Columbia to have achieved reward of the Advanced Level in both the Missouri Eat Smart Program and the Missouri Move Smart Program. We intend to continue these programs. These levels of recognition impact the children's and families lives in many positive ways. We have moved to utilizing our two community garden spots as teaching tools for child and parents alike as we grow, harvest and prepare foods of the highest quality. Our program curriculum is infused with lots of movement activities. Sharing of quality food choices and movement activities is ongoing with the parents. Without doubt we recognize the benefits of these programs with MLJCLC however, there also is an impact on the facilities ability to fund these programs. Through cost comparisons of higher quality whole grain, low sugar, processed foods to lower quality products there is an across the board increase of 36%. Some items such as fresh fruits can have an increase of 58% over canned sugary alternatives. We know the right choice - so part of the program is teaching families to plant, harvest, prepare foods of highest quality for the greatest impact of their families health. We want to teach children and families to be active - together, and live long in health and knowledge.

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)

1505, 1509, & 1511 Hinkson Avenue, Columbia, MO 65201 7:00 a.m. through 5:30 p.m. Monday through Friday

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

All children enrolled in MLJCLC (ages 6 weeks through 6 years) and their families participate at various levels with the food and movement program.

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

As a childcare facility we are subject to State of Missouri Child Care Regulation License Standards. Health, Fire, and Sanitation.

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

Yes

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

Name of the Accreditation:

Missouri Accreditation

Current accreditation period:

November 9th, 2013 through November 9th, 2016

Description: (600 character limit)

Missouri Accreditation provides quality standards for programs serving children from birth to school-age within the state of Missouri. Programs that achieve accreditation become a member of an elite and unique group because they have achieved a high standard of quality. (Missouri Accreditation, 2015)

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

Yes

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

We follow all required best practices in food handling and preparation

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)

Developing lifestyle habits of healthy food selection and movement has far reaching influence to the well being of the individual. Habits are formed early in life and providing children with exposure to healthy choices increases the probability they will elect to follow healthy choices. As with many other life style habits, the early years play an important role in helping set the foundation for how a person approaches nutrition and physical activity. Unfortunately the unhealthy routines that too many young children have when it comes to eating and exercise can jeopardize later school success and their long-term overall health.(childtrends.org., 2011) The financial impact over a lifetime in relation to health issues for living an unhealthy lifestyle can be staggering. Healthy nutrition can potentially reduce the amount of money you spend on medical bills, up to \$175,000 for a couple.(Steve Vernon, 2010)

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)

With available funding we will enhance the children's experimentation and excitement with food preparation by providing the ability to send recipe ingredients home for the children to teach the parents the recipes they have learned at school broadening the family expose to higher quality choices as well.

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

As a community partner site with Central Missouri Community Action Early Head Start we partner to serve sixteen of our infant and toddler slots to families who have dual enrollment in MLJCLC and Early Head Start. These are among our families that benefit most from our nutrition and movement program challenged with financial stress.

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	MQ1	FTE1 0.00	SR1 FROM 0.00	SR1 TO
P2	MQ2	FTE2 0.00	SR2 FROM 0.00	SR2 TO
P3	MQ3	FTE3 0.00	SR3 FROM 0.00	SR3 TO
P4	MQ4	FTE4 0.00	SR4 FROM 0.00	SR4 TO
P5	MQ5	FTE5 0.00	SR5 FROM 0.00	SR5 TO
P6	MQ6	FTE6 0.00	SR6 FROM 0.00	SR6 TO
P7	MQ7	FTE7 0.00	SR7 FROM 0.00	SR7 TO
P8	MQ8	FTE8 0.00	SR8 FROM 0.00	SR8 TO
P9	MQ9	FTE9 0.00	SR9 FROM 0.00	SR9 TO
P10	MQ10	FTE10 0.00	SR10 FROM 0.00	SR10 TO

Program Personnel Narrative

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

no direct salary is requested with this funding

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)

A large percentage (85%) of the clientele served through MLJCLC have limited income (qualifying for free and reduced lunches) and additional fees would deter participation.

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

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

127

Average Cost per Individual

0

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 need for children to develop lifestyle habits that reflect the importance of quality food selection and activity choices is based on research. Healthy eating can stabilize children's energy, sharpen their minds, and even out their moods.(Maya W. Paul and Lawrence Robinson, June 2015) and, when kids are active, their bodies can do the things they want and need them to do. Regular exercise provides the following benefits: strong muscles and bones, weight control, decreased risk of developing type 2 diabetes, better sleep, and a better outlook on life. Healthy, physically active kids also are more likely to be academically motivated, alert, and successful. And physical competence builds self-esteem at every age. (Nemours, 2015)

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 requested funding is needed to continue the high quality food program for the children to: eat well while on site, learn and gain from the training received, and experience to build positive habits with quality food exposure. Expansion to then also include the family in making healthier choices. Expenses for movement activities are relatively minimal, but expanding that training to parents comes with expenditures that MLJCLC seeks support of. The end result is that both the children and families will gain in healthy lifestyle habits that ultimately will translate to a healthier Columbia.

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 benefits of this program are known. The cost to continue is hindered by the reduction our agency has received from Heart of Missouri United Way. Our ability to expand the program to benefit the family unit is currently cost prohibitive with the financial cut backs.

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)

http://www.huffingtonpost.com/2014/04/08/childhood-obesity-rates-increased_n_5111922.html

<http://www.cdc.gov/healthyyouth/nutrition/facts.htm>

<http://health.mo.gov/living/wellness/nutrition/eatsmartguidelines/>

<http://stateofobesity.org/states/mo/>

<http://www.helpguide.org/articles/healthy-eating/nutrition-for-children-and-teens.htm>

http://kidshealth.org/parent/nutrition_center/staying_fit/active_kids.html

<http://health.mo.gov/living/wellness/nutrition/movesmartguidelines/>

Dietary Guidelines Advisory Committee. Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2010, to the Secretary of Agriculture and the Secretary of Health and Human Services. Washington, DC: U.S. Department of Agriculture; 2010.

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)

Providing high quality nutritional food with whole grains, fresh fruits and vegetables.

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

One nutritionally balanced high quality meal.

Unit Rate (1)

\$0.21

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

The cost of maintaining the food quality at the highest quality is determined by calculating 88 children served per meal, for 750 meals per year at \$.21 increase providing the highest quality.

Number of Units of Service to be Provided (1)

750

Number of Unduplicated Individuals to be Served (1)

127

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

5.91

Average Cost of Service per individual (1)

1.24

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

Yes

Amount Requested (1)

\$14,000.00

Proposed Number of Units of Service (1)

66666.67

Program Service 2

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

Not Funded

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)

Yes

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)

Not Funded

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)

Yes

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)

Two planned parent inclusion movement events and nutritious meals with the children

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

one parent and child's participation in one of the events

Unit Rate (4)

\$6.89

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

No

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

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

33% of parents will participate in two planned parent movement activities with the children. To increase participation and teaching of nutritional food choices, a family meal will be provided for participation. (29 parents plus 29 children attend 2 activities)

Number of Units of Service to be Provided (4)

116

Number of Unduplicated Individuals to be Served (4)

127

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

0.91

Average Cost of Service per Individual (4)

6.29

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

Yes

Amount Requested (4)

\$800.00

Proposed Number of Units of Service (4)

116.11

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):

14800

Linked 'Program Performance Measures' Records

Linked Program Performance Measures Records

Program Performance Measures

Record Lock Outcome (1-1)

children receive high quality nutritious meals with whole grains, fresh fruits, and vegetables on site 250 days each year

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

Link Info

Active Date

Added on
06/15/2015

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
16281	11/20/2015 11:04 am CST	Apricot Subsystem	06/15/2015 09:51 am CDT	Mary Lee Johnston Community 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)

126

City of Columbia

125

Other Counties

1

Residence Total

127

Record Lock

1

Race/Ethnicity

NON-HISPANIC

White (alone)

52

Black or African American (alone)

23

Native American Indian or Alaskan Native (alone)

0

Asian (alone)

15

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

24

Some Other Race

0

Subtotal - Non-Hispanic

114

HISPANIC

Of all races

13

Race/Ethnicity Total

127

Gender**Female**

62

Male

65

Other Gender

0

Gender Total

127

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

109

Over 200% of Federal Poverty Level

18

Income Total

127

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

127

5-18 years

0

19-59 years

0

60 years and over

0

Age Total (1)

127

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
16266	11/20/2015 11:04 am CST	Apricot Subsystem	06/14/2015 05:09 pm CDT	Mary Lee Johnston Community 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	Record Lock	Link Info
Indicate Proposed Service (...)		Active Date
Providing high quality nutritional food with whole grains, fresh fruits and vegetables.		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)

Providing high quality nutritional food with whole grains, fresh fruits and vegetables.

Program Service 1 - Outputs

Units (1)	Unit Measure (1)	Unduplicated Individuals (1)
750	One nutritionally balanced high quality meal.	127

Program Service 1 - Outcomes

Outcome (1-1)

children receive high quality nutritious meals with whole grains, fresh fruits, and vegetables on site 250 days each year

Indicator (1-1)

100% of meals served meet the high nutritional standards of the Advanced level Eat Smart Food Program.

Method of Measurement (1-1)

retention of Eat Smart Advanced Level Award, and daily meal service attendance is recorded on USDA meal count forms

Additional Outcome (1-2)

Additional Indicator (1-2)

Additional Method (1-2)

only whole grain breads and pastas, fresh, frozen or no sugar added fruits and vegetables are served

50% of children broaden their "like" of nutritious foods

children's questionnaires track their "likes" every six months to measure broadening choices

Additional Outcome (1-3)

Additional Indicator (1-3)

Additional Method (1-3)

Additional Outcome (1-4)

Additional Indicator (1-4)

Additional Method (1-4)

Additional Outcome (1-5)

Additional Indicator (1-5)

Additional Method (1-5)

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit)

The need for quality nutritional meals is satisfied as the child are daily exposed to food choices that are healthy.

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

Children's daily attendance and continued enrollment impact the ability for them to obtain the quality meals served. Individual taste does deter children when first exposed to new flavors, healthier ingredients however exposure increases tasting, consuming, and requesting the healthier meals.

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

High quality - highly nutritious meals are provided for immediate health benefits as well as exposure and selection for lifestyle habits that will impact throughout a child's life.

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

The level of quality represents a desire of MLJCLC to meet the needs of the whole child preparing him/her to not only be successful in school, but feel healthy and be productive in life.

Program Service 2

Service (2)

Not Funded

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)
Not Funded

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)
Two planned parent inclusion movement events and nutritious meals with the children

Program Service 4 - Outputs

Units (4)	New Unit Measure Auto Populate4	Unduplicated Individuals(4)
116	one parent and child's participation in one of the events	127

Program Service 4 - Outcomes

Outcome (4-1) two physical movement activities with parents participating in a physical activity with their child	Indicator (4-1) 50% of enrolled families will participate with 75% of attending parents responding positively to the movement experience with their child	Method of Measurement (4-1) attendance record and parent questionnaire
Additional Outcome (4-2) using the Eat Smart Advanced Guideline, a highly nutritious meal is served to the parent and child to share	Additional Indicator (4-2) 50% of enrolled families will participate with 75% demonstrating importance of teaching good food choices	Additional Method (4-2) questionnaire
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)

Teaching lifestyle habits that reflect the importance of food selection and activity choices is not only for children but adults as well for a life long, and family commitment.

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

People are busy and there seems always cause for excuse, especially when asked to exert energy by many parents however, the responsibility of quality parenting needs exercised as together life habits are formed and changed.

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

Adhering to the program goals of eating well and moving more are guided by the high standards of the Eat Smart and Move Smart programs.

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

Through parent questionnaires we will have the ability to evaluate the experiences and improve on current ones, develop new ones, and increase the movement of MLJCLC parents and children.

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

16291

11/20/2015 11:04 am CST

Apricot Subsystem

06/15/2015 12:31 pm CDT

Mary Lee Johnston Community 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

Meg Bartlett
Printed Name - Agency Executive Director/President/CEO

6-15-15
Date

Meg Bartlett
Signature - Agency Executive Director/President/CEO

6-15-15
Date

Christine Dickson
Printed Name - Agency Board Chair

6-15-15
Date

CDickson
Signature - Agency Board Chair

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 ^(meg) Margaret Bartlett am an authorized agent of Mary Lee Johnston Community Learning Center (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

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

Meg Bartlett 6/15/15
Affiant Date
Meg Bartlett
Printed Name

Subscribed and sworn to before me this 15 day of June, 2015.

TANNER DODSON
Notary Public - Notary Seal
STATE OF MISSOURI
County of Cooper
My Commission Expires 11/28/2016
Commission # 12418689

Tanner Dodson
Notary Public

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

STATE OF MISSOURI
COUNTY OF COOPER

NOTARY PUBLIC

I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the County of Cooper, State of Missouri.

[Signature]
Notary Public

TANNER BOBSON
Notary Public - Notary Seal
STATE OF MISSOURI
County of Cooper
My Commission Expires 11/28/2018
Commission # 12418689



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

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

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

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) then \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

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

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

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

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

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name:

Marylee Johnston Community Learning Center

Address:

1509 Hinkson Ave
Columbia, MO 65201

Phone Number:

449 5600

Fax Number:

875 1535

E-mail:

mlyck_exec_dir@gmail.com

Authorized Representative Signature:



Date:

6-15-15

Authorized Representative Printed Name:

Meg Bartlett



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

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

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

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

Response: A program may entail multiple services.

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

OFFEROR has examined Addendum #2 to Request for Proposal# 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund, receipt of which is hereby acknowledged:

Company Name: Mary Lee Johnston Community Learning Center
Address: 1509 Hinkson Avenue Columbia MO 65201

Phone Number: 449-5600 Fax Number: 875-1535
E-mail: mjclc_exec_dir@gmail.com

Authorized Representative Signature: Meg Bartlett Date: 6-15-15

Authorized Representative Printed Name: Meg Bartlett

RFB #: 26-15JUN15



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #3 - Issued June 11, 2015

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

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

I. Clarification regarding Budget completion:

If an agency is proposing funds for two years, then complete the budget for two years (even though the budget says "proposed year").

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# 26-15JUN15 – *Purchase of Service and Pilot Program Contracts for the Community Health Fund*, receipt of which is hereby acknowledged:

Company Name: MaryLee Johnston Community Learning Center

Address: 1509 Hindson Ave
Columbia MO 65201

Phone Number: 449 5600 Fax Number: 875 1535

E-mail: mjlc_exec_dir@gmail.com

Authorized Representative Signature: Meg Bartlett Date: 6-15-15

Authorized Representative Printed Name: Meg Bartlett

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family & Children's Services	818-9955
3.	Mable S. Brown	Nora Stewart LLC	449-5981
4.	Michael Tapp	Phoenix Health Programs	777-3000
5.	Stephanie Banning	Old Bone Radiotherapy Services	911-7343
6.			501-331
7.			449-5000
8.			618-1000
9.			
10.			570-8000
11.			318-254-2221
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**

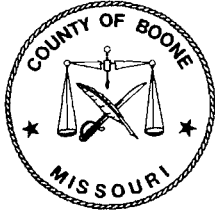
	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Putnam Community Theatre	573-480-4781
3.	Carolee Johnson	First City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia/Boone PHS	573-874-7224
5.	Andrea Wanner	Columbia/Boone PHS	573-874-7102
6.	Wendy Ellis	University Dept of Bilingual	573-475-1111
7.	Michelle Carter	University Dept of Bilingual	573-475-1111
8.	David Haskard	The Johnson Group	573-442-3251 X222
9.	Shelley Lock	Central Missouri State Univ of M	573-442-5451
10.	Michelle Carter	BOE	573-475-1111
11.	Michelle Carter	Central Missouri State Univ of M	573-442-5451
12.	Don Ralby	McWilliams Research	573-891-3334
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	886-4191
2	Nora Kellner	Edmond Enterprises	504-253-2221
3	Aaron Sanders	Boone County Purchasing	886-4191
4	Billy Boyer	Boone County Purchasing	813-442-5315
5	Michelle Foster	Boone County Purchasing	873-874-2273
6	PAM LEAHY	PROPERSED FAMILY HC	573-680-6705
7			
8	Nicole Brunner	Front Circle	573-412-9331
9	Jack Jensen	First Chance for Children	813-777-1815
10	Caroline Mitchell	Boone County Purchasing	523-343333
11	Kevin Williams	Boone County Purchasing	886-4191
12			
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**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	(502) 627-3218
3			
4			
5	Becky Miller	Boone County Purchasing	886-4391
6	City of Boone	Boone County Purchasing	886-4391
7	Christina Jones	Boone County Purchasing	886-4391
8	Janie Bakula	Rainbow House	573-474-6600
9	Scott W. Jones	Boone County Purchasing	886-4391
10	Boone County Purchasing	Boone County Purchasing	886-4391
11	Carolee Jones	Miss Gudge	573-268-4129
12			
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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

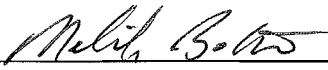
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By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

ADDENDUM #2 - Issued May 28, 2015

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Response: A program may entail multiple services.

By: _____

Melinda Bobbitt
**Melinda Bobbitt, CPPO, CPPB
Director of Purchasing**

OFFEROR has examined **Addendum #2** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

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

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

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

By: 
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

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

	Representative Name	Business Name	Telephone Number
1.	McLinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family Children's Services	815-9955
3.	Mable J. Grinn	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Brunning	Cd/Boone Public Health Human Services	874-7343
6.	Michael Smith	Polk Boone P.H.S.	814-4331
7.	Meg Bartlett	Maryland Jordan Community Learning	449-5600
8.	Kim Harvey	Thurston Early Learning Center	815-5959
9.	Lue Bell	City/County Public	774-7457
10.	Kate - Coe, Inc.	Presbyterian Children's Home, Inc.	314-881-727
11.	Christie Coe	Lutheran Family Children's Services	314-754-2231
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Partnership Community Health	573-480-4781
3.	Consuela Johnson	Fun City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHS	573-874-7632
6.	Nancy Ell	Univ. of MO - Dept. of Psychiatry	573 673-4057
7.	Wendy Boring	Univ. of MO Dept of Psychiatry	573- 673-4057
8.	Jessica Chapman	The Salvation Army	573-442-3229
9.	Shelly Lock	Child Care Assoc of MO	573-4455431
10.	Nicole Ann	BCCC	573-824-1690
11.	Michelle Elliott	Central Missouri Foster Care Adoption Assoc	573-894-7534
12.	Dan Reilly	MO Wellness Resource	573-894-7534
13.			
14.			
15.			

230-
311
573-
X222
573-894-7534

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kelleher	Epworth Lutheran Church	314-918-3321
3.	Alan Saunders	Columbia Center for Children, Youth & Families	573-356-9392
4.	Kathy Becker	Missouri Child Care	573-442-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEHTE	PREFERRED FAMILY HC	573 680 1905
7.	Urby Lane	Lantern House	573-474-6600
8.	Niede Prohner	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	513-777-1815
10.	Carly Mier	Becky's Child Care	573-234-8334
11.	KEVIN DRUNCE	EPWORTH	314-918-3508
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	CHH Low Income Services	573 443-2586
6.	Cathy D Richards	Boone County Public Admin	573-886-4190
7.	Clarie Blama	Rainbow House	573-474-6600
8.	JANIE BAKUTEC	Rainbow House	573 474 6600
9.	Scott Clardy	Blanchi Home Co. Pub. Adm. & Mgmt	573-441-5560
10.	Rebecca Kessler	Blanchi Home Co. Public Admin	573 424 4115
11.	Carole Schaefer	ma Bridge	573-268-4129
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 26-15JUN15
Purchase of Service and Pilot Program Contracts
Boone County Community Health/Medical Fund
2015 Application

RFP TIMELINE:

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

CONTACT INFORMATION:

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

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

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 26-15JUN15

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

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

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

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 26-15JUN15

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

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

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

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

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

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

1.3. Rejection of Proposals:

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

1.4. Acceptance of Proposals:

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

1.5. Requests for Clarification of Proposals:

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

1.6. Validity of Proposals:

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

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

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

1.8. Withdrawal of Proposals:

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

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

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Project Information and Requirements
- 4) Application Information
- 5) Organization Information – on-line
- 6) Organization Financial Information and Budget Narrative - online
- 7) Program Overview – on-line
- 8) Program Services – on-line
- 9) Program Budget Worksheet and Narrative – on-line
- 10) Program Consumer Demographics – on-line
- 11) Program Performance Measures Information Section – on-line
- 12) Attachment A - Agency Assurance Sheet
- 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

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

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

2.3. Pre-Proposal Conference

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

2.4. Term; Termination of Contract Agreement:

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

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Hospital's Community Health Needs Assessment:
http://assets.thehcn.net/content/sites/boone/Boone_Hospital_Center_CHNA.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2015/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<http://gocolumbiamo.com/Health/PublicHealthandHumanServicesPublications.php>
- Community Input Report created for Boone County Children's Services Board:
http://www.showmeboone.com/communityservices/common/pdf/Community_Input_Report_Final.pdf

3.5. Minimum Eligibility Requirements:

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

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

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000.00 available for purchase of services and pilot programs that address community health needs. Organizations should apply for funds under the Community Health Fund Purchase of Service application if the organization's program services may be purchased at a fixed unit measurement and rate. Applications for funding for purchase of services should expand availability of services currently offered in Boone County or make available a service that does not currently exist in Boone County. Organizations may apply under the Community Health Fund Pilot Program application if the organization is able to initiate, implement and achieve program outcomes within a two-year time period.

For Pilot Programs, Indirect expenses will be considered up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service or Pilot Program** as outlined in the information required in the following online application:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel.
 - 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service.
 - 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.
 - 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
 - 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.
- ### **3.8. Contractor Agency Requirements:**
- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this

contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

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

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

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

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

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

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

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

4. APPLICATION INFORMATION

4.1. Narrative

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

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

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

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

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

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the 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



Mary Lee Johnston Community Learning Center
1509 Hinkson Avenue PH. (573) 449-5600
Columbia, MO 65201 - 5738

December 4th, 2015

Dear Melinda Bobbitt,

In your communication with Mary Lee Johnston Community Learning Center dated November 20th, 2015, a request for proof of auto insurance was stated. Mary Lee Johnston Community Learning does not own or operate any vehicle in the operation of our services.

Please feel free to call with any further question or request for clarification.

Sincerely

A handwritten signature in black ink, appearing to read "Meg Bartlett", is written over the word "Sincerely".

Meg Bartlett
Executive Director

Live United





CERTIFICATE OF LIABILITY INSURANCE

MARYL-1

OP ID: PD

DATE (MM/DD/YYYY)

10/23/2015

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 Gary E. Grossnickle	CONTACT NAME: Bridgette Bigelow
	PHONE (A/C, No, Ext): 573-875-4800 FAX (A/C, No): 573-875-4514
	E-MAIL ADDRESS: bbigelow@theinsurancegrp.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Accident Fund Insurance	NAIC # 10166
INSURER B: West Bend Mutual Insurance Co	15350
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED **Mary Lee Johnston Community Learning Center**
1505 Hinkson Avenue
Columbia, MO 65201

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

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

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		A01190300	03/18/2015	03/18/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Prof Liab \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTIONS		A01190300	03/18/2015	03/18/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCV6111135	05/19/2015	05/19/2016	<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 is named as Additional Insured on the General Liability including a Waiver of Subrogation.

CERTIFICATE HOLDER	CANCELLATION
County of Boone - Missouri 801 E Broadway Columbia, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Pamela Douglas</i>

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AGREEMENT FOR DENTAL TREATMENT AND EYEGLOSS REPLACEMENT FOR PUBLIC ADMINISTRATOR CLIENTS

THIS AGREEMENT dated the 31ST day of December, 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County", and the Public Administrator of Boone County, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as PABC.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

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

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY PABC

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

1. **Contract Documents.** This agreement shall consist of the Request for Proposal #26-15JUN15 and PABC'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 PABC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

2. **Purchase.** The County agrees to purchase from the PABC and the PABC agrees to furnish dental treatment and replacement of eyeglasses to PABC clients, as described and in compliance with the original Request for Proposal and as presented in the PABC'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 \$20,000 unless compensation for specific identified additional services is authorized and approved by County in writing in advance of rendition of such services for which additional compensation is requested.

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

4. **Billing and Payment.** The County agrees to purchase dental treatment and eyeglass replacement obtained by the PABC to meet the dental and eyeglass replacement needs of PABC's clients, when no other source of payment exists, up to a total amount of \$20,000. The following additional terms and conditions shall apply:

- a. PABC will make all reasonable efforts to obtain the most cost-efficient dental treatment or eyeglass replacement to meet the needs of PABC's clients, including entering into term and supply contracts with providers when applicable.
- b. For each client PABC obtains dental services or eyeglass replacement, PABC shall provide the treatment plan indicating the need for the services and the invoice for such services.
- c. PABC will obtain all needed information from the service providers from whom services are obtained to establish the providers as vendors for Boone County.

After receipt of all documentation from PABC necessary to process a payment request, including an appropriate treatment plan and provider invoice, the County will pay the service provider directly for the services obtained by PABC to meet the dental treatment or eyeglass replacement needs of PABC's clients.

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 PABC, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

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

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

8. **Monitoring.** PABC agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the

County to monitor, survey and inspect PABC'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, PABC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of Community Health Funds and all other matters set forth in the contract.

9. **Modification or Amendment.** In the event PABC requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County Commission for approval. A board resolution from PABC may be required with the request.

OTHER TERMS OF THIS CONTRACT

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

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

12. **Community Health Fund to be used for Services Provided.** PABC agrees that the Community Health Funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to PABC's provision of such services.

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

14. **Conflict of Interest.** PABC 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 PABC, and this shall include any transaction in which PABC is a party, including the subject

matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

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

16. **Employment of Unauthorized Aliens Prohibited.** PABC 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. PABC shall require each subcontractor to affirmatively state in its Agreement with the PABC 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 PABC a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

18. **Board Ownership.** If PABC ceases to be funded by the County or ceases to provide programs and services to address community health needs pursuant to this contract, all capital equipment, materials, and buildings purchased with Community Health Funds shall be returned to Boone County unless so otherwise approved by a majority vote of the County. In addition, if PABC no longer uses capital equipment, materials, or buildings purchased with Community Health Funds for its original intent, PABC will need County approval to re-direct the use of such.

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

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

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

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

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

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

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

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

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

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

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

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

27. **Notice.** Any written notice or communication to the County shall be mailed or delivered to:

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

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

Cathy D. Richards, Public Administrator of Boone County
701 E. Walnut
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.

**Cathy Richards, Public Administrator
Boone County**

**Boone County, Missouri
By: Boone County Commission**

By: Cathy D Richards
Signature

Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Cathy D Richards, BOC. Public Administrator
Printed Name/ Title

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 [Signature] 12/28/15 (2130/71100/\$20,000)
Signature Date Appropriation Account

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

Proposal Request Information

Organization Name (will auto-populate)

Cathy D. Richards, Public Administrator of Boone County

Fund Source

Community Health/Medical Fund - Pilot

Funder

Boone County

Funding Cycle

RFP #26-15JUN15

Name of Program or Project

Public Administrator's dental and eye care for adults

Amount of Request

\$60,000.00

Amount Awarded

\$20,000.00

Program Information

Program Website (will default to Organization website)
<http://www.showmeboone.com/public-administrator>
Address

701 E Walnut

City

Columbia

State

Missouri

County

Boone

Zip

65205-1307

Program Administrator Name

Cathy D. Richards

Phone Number

573-886-4190

Address

701 E Walnut

City

Columbia

State

Missouri

County

Boone

Zip

65205-1307

Program Administrator Title

Public Administrator

Email

crichards@boonecountymmo.org

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet

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

Attachment C Work Authorization Certification

Addendums

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

Cathy D. Richards, Public Administrator of Boone County

701 E Walnut

Cathy D. Richards



Added on
05/29/2015

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

Federal EIN Number (will auto-populate)

436000349

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund

ADDENDUM #1 - Issued May 21, 2015

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

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

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15JUN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) then \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

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

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

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

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

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

OFFEROR has examined **Addendum #1** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: Cathy D Richards, Boone County Public Admin
Address: Po Box 1307, Columbia, mo

Phone Number: 573-886-4190 Fax Number: 573-886-4193

E-mail: crichards@boonecountymo.org

Authorized Representative Signature: Cathy D Richards Date: 11-30-15

Authorized Representative Printed Name: Cathy D Richards

**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/Boone Public Health Human Services	874-7343
6.	Mona J. Davis	Boone PETS	874-6331
7.	Meg O'Neil	Madison Area Community Learning	449-5600
8.	Kim Harvey	Madison Area Community Learning	815-5957
9.	Gene Kelly	Center for the Arts	777-5457
10.	Robert Grayson	Presbyterian Women's Home, Inc.	874-381-7271
11.	Christina Garcia	Lutheran Family Children's Services	317-758-2231
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Putnam Community Health	573-480-4781
3.	Carolee Johnson	Fun City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHHS	573-874-7632
6.	Nerdy Ell	Univ. of MO - Dept. of Psychology	573 673-4457
7.	Wendy Beck	Univ. of MO Dept of Psychology	573
8.	JANIA L. HARMON	The Salvation Army	573 442-3229
9.	Shelley Lock	Chuck Coe Au. of MO	573 4455431
10.	Wendy Beck	BCCC	573 874-1690
11.	Michelle Ellich	Central Missouri Post-Adoption Assoc	573 874-1690
12.	Dan Reilly	MO Wellness Project	573 884-7534
13.			
14.			
15.			

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~~573~~
 X222
 573 874-1690

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kelleher	Epworth Middle School & Grady	314-918-3321
3.	Alexander Souders	Edwards Center for Learning	573-356-9512
4.	Kathy Becka	Missouri Child Trust	573-642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEYHE	PREFERRED FAMILY HC	573-680-1705
7.	Verdy Lane	Linn County	319-441-6600
8.	Nicole Thomas	Great Circle	573-442-9331
9.	Jack Jensen	First Chance for Children	615-777-1815
10.	Carolyn Mickley	Deep River Child	573-234-8334
11.	KEVIN DRUMMER	EPWORTH	314-918-3308
12.			
13.			
14.			
15.			

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jones	Youth Empowerment Zone	(603) 697 3215
3.			
4.			
5.	Becky Mackey	CITA Low Income Services	573 443-2536
6.	Cathy O'Rourke	Boone County Public Admin	513 886 7190
7.	Christe Blama	Rainbow House	573-474-6600
8.	Janie Bakute	Rainbow House	573 474 6600
9.	Scott Slandy	Blanche Home Care	573-474-5566
10.	Ridge Hill	Boone County	573-474-6600
11.	Carole Sauer	ma Budget	573-268-4109
12.			
13.			
14.			
15.			



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

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

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

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

Response: A program may entail multiple services.

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

OFFEROR has examined **Addendum #2** to Request for Proposal# 26-15JUN15 – **Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: Cathy D Richards, Boone county Public Admin
Address: PO box 1307, Columbia, mo

Phone Number: 573-886-4190 Fax Number: 573-886-4193
E-mail: crichards@boonecountymo.org

Authorized Representative Signature: Cathy D Richards Date: 11/30/15

Authorized Representative Printed Name: CATRY D RICHARDS



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

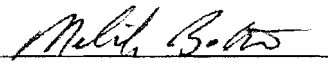
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*.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

Catny D Richards, Public Administrator

Address:

PO BOX 1307, Columbia, MO 65205

Phone Number: 573-886-4190

Fax Number: 573-886-4193

E-mail: C Richards@

boonecountymissouri.org
Authorized Representative Signature: Catny D Richards Date: 11-30-15

Authorized Representative Printed Name: CATNY D RICHARDS

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

Cathy D Richards, Boone County Public Administrator
Printed Name - Agency Executive Director/President/CEO

11/30/15
Date

Cathy D Richards, Bo Co. Public Admin
Signature - Agency Executive Director/President/CEO

11/30/15
Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

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):

Cathy D. Richards, Public Administrator of Boone County

DBA:

Boone County Public Administrator's Office

Federal EIN Number:

436000349

Organization Type:

Governmental

Organization Contact Information

Address

701 E Walnut

City

Columbia

State

Missouri

County

Boone

Zip

65205-1307

Organization Phone Number:

573-886-4190

Website:

<http://www.showmeboone.com/public-administrator>

Head of Organization

Cathy D. Richards

Head of Organization Phone:

573-886-4190

Address

701 E Walnut

City

Columbia

State

Missouri

County

Boone

Zip

65205-1307

Organization Fax Number:

573-886-4193

Email:

crichards@boonecountymmo.org

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

Elected Official

Head of Organization Email:

crichards@boonecountymmo.org

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

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose): **Provide your organization's mission statement. (600 character limit)**
 To provide oral care (pre-dental and dental work) and eye glasses (if broken or lost) for clients that are mandated through the 13th Judicial Court Services and assigned to the Public Administrator

Organization History: **Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**
 The Public Administrator's office was created to relieve the Office of Commissioners across the State of Missouri in the early 1900's. Statute Codes were developed in the early 1900's to provide guidance to the Public Administrators in administering to the people who were found to be incapacitated and disabled by the probate courts in Missouri.

Brief Statement of Organization's Major Goals: **Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**
 To provide needed dental and eye care to clients that are Boone County Residents and were once under the care of Medicaid that provided dental and eye care needs. Medicaid no longer provides dental and eye care is offered every 2 years. There is no money to help these individuals without applying for funds. The Public Administrator's Office asks for funds to be provided to the individuals who cannot work or has no trust fund or family members that can help in their dental care or eye care.

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

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

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
 Care for dental and eye needs are provided through private businesses such as Dental offices, Eye Care Offices and City and County Health Department (if applicable). Services to clients are provided all across the state of Missouri due to placement of these clients.

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
 All adult clients or wards that have been found to be incapacitated and disabled by the Circuit Court of Boone County.

Governing Board

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

Governing Board Member

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:

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)

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)

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)

Financial Policies and Procedures:

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

The Public Administrator would be governed by the Treasurers and Auditor's office of Boone County providing documentation from dentists and optometrist throughout the state.

General Liability Insurance:
general liability insurance.

Upload current proof of

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

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

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:

The Public Administrator of Boone County is an elected official who has been sworn in by the County Clerk of Boone County to serve and protect, provide and care for individuals (wards of the state) who has been found to no longer can take care of themselves or is presented with a diagnosis that may harm themselves or others without custodial care.

Accreditation 2:

Notes

Accreditation 3:

Notes

Certifications:

Certifications:

Please indicate that the above named organization:

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

yes

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

yes

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

yes

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

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
Cathy D. Richards, Public Administrator of Boone County	Community Health/Medical Fund - Pilot	Boone County	RFP #26-15JUN15	Public Administrator's dental and eye care for adults	✓	Added on 05/29/2015

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

System Fields

Record ID

15631

Linked 'New Proposal' Records



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

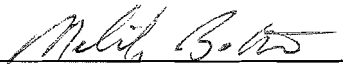
ADDENDUM #3 - Issued June 11, 2015

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

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

I. Clarification regarding Budget completion:

If an agency is proposing funds for two years, then complete the budget for two years (even though the budget says "proposed year").

By: 
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund

ADDENDUM #2 - Issued May 28, 2015

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

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

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

Response: A program may entail multiple services.

By: _____

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI

**Request for Proposal #: 26-15JUN15 – Purchase of Service and Pilot Program
Contracts for the Community Health Fund**

ADDENDUM #1 - Issued May 21, 2015

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

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

- I. The deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.
- II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.
- III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.
- IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.
- V. The County received the following questions and is providing a response:
 - a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

- b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of \$50,000.00 and \$15,000.00 of the budget is personnel costs (\$10,000.00 salary expense plus \$5,000.00 benefit cost) then \$1,500.00 will be considered for indirect expenses (\$10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

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

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.show-me-boone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

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

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

By:



**Melinda Bobbitt, CPPO, CPPB
Director of Purchasing**

OFFEROR has examined **Addendum #1** to Request for Proposal# **26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund**, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

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

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
3.	Mable J. Brown	Nora Stewart	449-5981
4.	Richard Toapp	Phoenix Health Programs	777-3000
5.	Stephanie Branning	Ad/Prin. Public Health	870-7343
6.	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
7.	M. D. Bell	<i>[Handwritten]</i>	449-4600
8.	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
9.	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
10.	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
11.			
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	Pottawamy Community Health	573-480-4781
3.	Carolee Johnson	First City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia Boone PHS	573-874-7224
5.	Andrea Warner	Columbia Boone PHS	573-874-7032
6.	Wendy Eli	Univ. of MO - Dept of Psychology	573-433-4117
7.	Yvonne Coleman	Univ. of MO - Dept of Psychology	573-433-4117
8.	Wendy Eli	The Information Agency	573-442-3221 X222
9.	Shelly Luck	Clara Center - Wash. Co. MO	573-445-5431
10.	John Smith	FOI	573-520-1680
11.	John Smith	Information Agency	573-442-3221
12.	John Smith	Information Agency	573-442-3221
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.	Maria Pelletro	Springfield Child Group	314-715-3361
3.	Allen Decker	Boone County Purchasing	886-4391
4.	Timmy Baker	Boone County Purchasing	573-492-5345
5.	...	...	573-372-2273
6.	PAM LEAHY	PREFERRED FAMILY HC	573-680-7005
7.	...	...	573-492-5345
8.	Minda Thomas	Grand Circle	573-492-9331
9.	Jack Jensen	First Chance for Children	313-777-1815
10.	Caroline Mitterley	Boone County Child	573-434-8334
11.	Kevin Damm	...	314-715-3361
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) 697-5215
3.			
4.			
5.	Supriya	...	573-443-1126
6.	Cathy R. Hub	...	573-886-7790
7.	Chloe	...	573-443-6000
8.	JANIE BAKUTZ	Rainbow House	573-474-6600
9.	Scott	...	573-443-5560
10.			
11.	Carole	...	573-268-4100
12.			
13.			
14.			
15.			



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 26-15JUN15
Purchase of Service and Pilot Program Contracts
Boone County Community Health/Medical Fund
2015 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 5, 2015
Written Questions Due By	mbobbitt@boonecountymmo.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@boonecountymmo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 26-15JUN15

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

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

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

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 26-15JUN15

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

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

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

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

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

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

1.3. Rejection of Proposals:

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

1.4. Acceptance of Proposals:

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

1.5. Requests for Clarification of Proposals:

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

1.6. Validity of Proposals:

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

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

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 16, 2015 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2015 Bid Tabulations".
- c) Proposal responses are due by Monday, June 15, 2015 at 5:00 p.m. No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Project Information and Requirements
 - 4) Application Information
 - 5) Organization Information – on-line
 - 6) Organization Financial Information and Budget Narrative - online
 - 7) Program Overview – on-line
 - 8) Program Services – on-line
 - 9) Program Budget Worksheet and Narrative – on-line
 - 10) Program Consumer Demographics – on-line
 - 11) Program Performance Measures Information Section – on-line
 - 12) Attachment A - Agency Assurance Sheet
 - 13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 13, 2015. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 18, 2015 at 1:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

2.4. Term; Termination of Contract Agreement:

- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Hospital's Community Health Needs Assessment:
http://assets.thehcn.net/content/sites/boone/Boone_Hospital_Center_CHNA.pdf
- County Health Rankings (Boone):
<http://www.countyhealthrankings.org/app/missouri/2015/rankings/outcomes/overall>
- Columbia/Boone County Community Health Assessment:
<http://gocolumbiamo.com/Health/PublicHealthandHumanServicesPublications.php>
- Community Input Report created for Boone County Children's Services Board:
http://www.showmeboone.com/communityservices/common/pdf/Community_Input_Report_Final.pdf

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available

There is a total of \$1,000,000.00 available for purchase of services and pilot programs that address community health needs. Organizations should apply for funds under the Community Health Fund Purchase of Service application if the organization's program services may be purchased at a fixed unit measurement and rate. Applications for funding for purchase of services should expand availability of services currently offered in Boone County or make available a service that does not currently exist in Boone County. Organizations may apply under the Community Health Fund Pilot Program application if the organization is able to initiate, implement and achieve program outcomes within a two-year time period.

For Pilot Programs, **Indirect expenses** will be considered up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service or Pilot Program** as outlined in the information required in the following online application:

- 3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel.
 - 3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service.
 - 3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.
 - 3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.
 - 3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.
- ### **3.8. Contractor Agency Requirements:**
- 3.8.1. **Boone County Insurance Requirements:** The Contractor shall not commence work under this

contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative

The Application Narrative must be completed on the on-line system Apricot by CTK® and can be accessed by clicking on the following link: https://ctk.apricot.info/document/edit/id/new/form_id/23 to create an Organizational Profile and submit RFP responses. If you do not already have a username and password for the system, complete the following:

- a) Copy and paste the following link into your internet browser, preferably Google Chrome:
https://ctk.apricot.info/auth/autologin/org_id/1975/hash/365efb9c0edf7fddf3652ecd2de1868058db6b53
- b) Fill in the required information and select save.
- c) You will be redirected to a login screen where you will be able to complete the Organizational Profile and Proposal Forms.

4.2. Submission of Proposal

- 4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2015 AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Agency Strategic Plan
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Printed Name - Agency Executive Director/President/CEO _____
Date

Signature - Agency Executive Director/President/CEO _____
Date

Printed Name - Agency Board Chair _____
Date

Signature - Agency Board Chair _____
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

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

31st

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 adopt the recommendation of the Personnel Advisory Committee to add Personnel Policy 2.4 Holiday Hours Worked as described in the attached document.

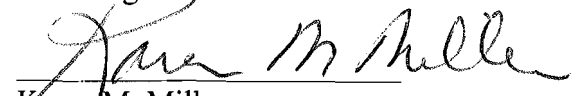
Done this 31st day of December, 2015.

ATTEST:

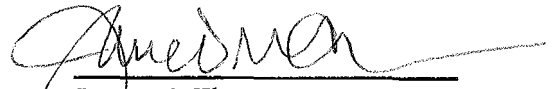
Wendy S. Noren
Wendy S. Noren
Clerk of the County Commission



Daniel K. Atwill
Presiding Commissioner



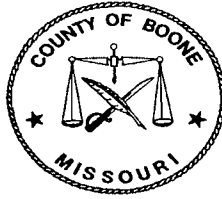
Karen M. Miller
District I Commissioner



Janet M. Thompson
District II Commissioner

Boone County Human Resources

Jenna Redel-Reed
Director, Human Resources
and Risk Management



613 E. Ash Street
Columbia, MO 65201
Phone: (573) 886-4405
Fax: (573) 886-4444

December 29, 2015

Recommendations from Personnel Advisory Committee

The Personnel Advisory Committee met on December 28, 2015 to review and discuss a request to add a new Personnel Policy, 2.4 Holiday Hours Worked, to address compensation for county employees who are required to work on holidays. The Committee agreed to bring forward the following recommendations to the Commission:

Add Personnel Policy 2.4 to read as follows:

HOLIDAY HOURS WORKED:

Non-exempt, employees required by their administrative authority to work on a Family Holiday will receive 1.5 times their regular rate of pay for hours worked on the Family Holiday. If the employee required to work the family holiday is in a benefitted position, she/he will also receive holiday pay when applicable.

Family Holidays shall be defined as 12:00 AM to 11:59 PM New Year's Day (January 1), Memorial Day (The last Monday in May), Independence Day (July 4), Labor Day (The first Monday in September), Thanksgiving Day (The fourth Thursday in November), and Christmas Day (December 25).

*Personnel Advisory Committee Members Present– Tom Darrough, Stan Shawver, Christy Blakemore, Kelly Wallis, Jane Telander, Jackie Davidson, Nora Dietzel, Dan Atwill, Dwayne Carey, Chad Martin, Melinda Bobbitt, Bonnie Atkins, Terry Cassil.

Best Regards,

Jennifer Redel-Reed

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

31st

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 agreement between Boone County and True North of Columbia, Inc.

The terms of the Agreement are stipulated in the attached Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Agreement.

Done this 31st 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

630-2015

AGREEMENT

THIS AGREEMENT entered into this 31ST day of December, 2015, by and between the County of Boone, Missouri, through its County Commission, hereinafter called "County", and True North of Columbia, Inc. hereinafter called "Provider";

WITNESSETH:

WHEREAS, County desires to purchase the following program service:

Shelter for Victims of Domestic Violence

as stated in the proposal, including any revisions, received by and on file with the County, which is hereby incorporated by reference as fully as if herein set forth;

NOW, THEREFORE, it is hereby agreed by and between County and Provider as follows:

I.

Provider agrees to furnish and County agrees to purchase:

Emergency shelter and supportive services for victims of domestic violence.

II.

Provider agrees that the services provided under this Agreement shall be provided to residents of Boone County and funds shall be spent as set forth in the FY2016 proposal on file with the County.

Provider certifies that this expenditure is essential to the provision of the services as described in Paragraph I.

III.

Provider agrees to submit to and maintain with the County current versions of the following required documents of the contracted entity: IRS Tax Exempt Status Determination letter; documentation from the Missouri Secretary of State indicating the entity is registered as a corporation in good standing; most recently completed IRS 990 or 990 EZ; financial statement and accompanying assurance completed within six months of the end of the entity's most recent fiscal year; organizational chart; board of directors roster; if applicable, an ADA plan of accommodation and a transition plan.

IV.

Provider agrees that the County shall be recognized as a financial supporter in all its promotional materials and advertising. A copy of the County logo will be used whenever possible.

V.

Provider agrees that it is responsible for all funds made available to Provider by this agreement and further agrees that it will reimburse to the County any funds expended in

violation of County, State or Federal law or in violation of this Agreement.

VI.

This Agreement shall not be assigned, and no services contained herein shall be subcontracted, by the Provider to any persons or entities without the prior written approval of the County. Any sub-contractor or assignee shall be subject to the audit requirements stated herein and all other conditions and requirements of this Agreement.

VII.

Provider shall be liable, and agrees to be liable for, and shall indemnify, defend and hold the County 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. It is the responsibility of the Provider to identify and maintain insurance coverage which shall meet the Provider's obligation to indemnify the County as set out above.

VIII.

Provider agrees to comply with all applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; the Omnibus Reconciliation Act of 1981, as amended; the Americans 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 on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

IX.

EMPLOYMENT OF UNAUTHORIZED ALIENS PROHIBITED

(a) Provider 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.

For agreements in excess of five thousand dollars (\$5,000):

(b) As a condition for the award of this Agreement the Provider shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. The Provider shall also sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

(c) Provider shall require each sub-contractor to affirmatively state in its Agreement with Provider that the sub-contractor 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 sub-contractor to provide Provider with a sworn affidavit under the penalty of perjury attesting to the fact that the sub-contractor's employees are lawfully present in the United States.

X.

County agrees to pay Provider the sum of \$27,120.29 (based on the cash balance available in Boone County Domestic Violence Account (Dept. #2030, Acct. # 86900) as of September 30, 2015) as follows:

630-2015

- A. The County will pay 50% of the contracted sum in January, 2016.
- B. The County will pay 50% of the contracted sum in July, 2016.

XI.

Provider agrees to submit to the County an annual report, due by March 31, 2017, in the form and the medium proscribed by the County.

XII.

NON-APPROPRIATION CLAUSE: Notwithstanding any other provision of this Agreement, all obligations of the County under this Agreement which require the expenditure of funds are conditioned on the availability of funds appropriated for that purpose.

XIII.

This Agreement shall be for a term of one year commencing on January 1, 2016 and ending on December 31, 2016; provided, however, that either party may terminate this agreement upon thirty (30) days written notice, in which event all reports required by the Agreement shall be submitted within thirty (30) days following the effective date of said termination.

XIV.

The signatories to this Agreement, by signing this Agreement, represent that they have obtained authority to enter into this Agreement on behalf of the respective parties to this Agreement and bind such parties to all terms and conditions contained in this Agreement.

XV.

There is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against Provider or any individual acting on Provider's behalf, including sub-contractors, which seek to enjoin or prohibit Provider from entering into this Agreement of performing its obligations under this Agreement.

XVI.

RECORD RETENTION CLAUSE: Provider shall keep and maintain records relating to this Agreement sufficient to verify the delivery of services in accordance with the terms of this Agreement for a period of three (3) years following expiration of this Agreement and any applicable renewal.

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

December Session of the October Adjourned

Term. 20 15

County of Boone

31st 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 Consulting Services agreement with Terracon Consultants, Inc for Geotechnical services for Shalimar Drive and Alfalfa Drive/Bulrush Drive.

The terms of the Agreement are stipulated in the attached Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Consultant Services Agreement.

Done this 31st 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

631-2015

APPROVAL OF PROPOSAL FOR CONSULTANT SERVICES

Effective the _____ day of December, 2015, Boone County, Missouri, a political subdivision of the State of Missouri through its County Commission (herein "Owner") hereby approves and authorizes professional services by the Consultant referred to below for the services specified herein.

Consultant Name: Terracon Consultants, Inc. 11600 Lilburn Park Road; St. Louis, MO 63146


Project/Work Description: Geotechnical services for Shalimar Dr and Alfalfa Dr/Bulrush Dr

Proposal Description: Borings, laboratory tests and analysis as outlined in the attached proposal.

Modifications to Proposal: Fees and expenses shall not exceed \$2,400.00 without prior written approval of Owner.

This form agreement and any attachments to it shall be considered the approved proposal; signature by all parties below constitutes a contract for services in accordance with the above described proposal and any approved modifications to the proposal, both of which shall be in accordance with the terms and conditions of the General Consultant Services Agreement signed by the Consultant and Owner for the current calendar year on file with the Boone County Resource Management Department, which is hereby incorporated by reference. Performance of Consultant's services and compensation for services shall be in accordance with the approved proposal and any approved modifications to it and shall be subject to and consistent with the General Consultant Services Agreement for the current calendar year. In the event of any conflict in interpretation between the proposal approved herein and the General Consultant Services Agreement, or the inclusion of additional terms in the Consultant's proposal not found in the General Consultant Services Agreement, the terms and conditions of the General Consultant Services Agreement shall control unless the proposal approved herein specifically identifies a term or condition of the General Consultant Services Agreement that shall not be applicable or this Approval of Proposal indicates agreement with a specific term or terms of Consultant's proposal not found in the General Consultant Services Agreement.

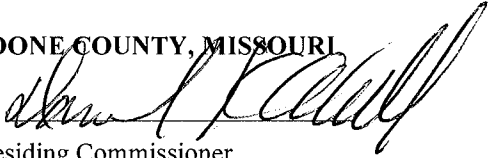
TERRACON CONSULTANTS, INC

By 

Title Office Manager

Dated: 12/17/15

BOONE COUNTY, MISSOURI

By 

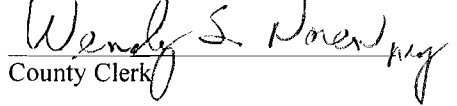
Presiding Commissioner

Dated: 12-31-15

APPROVED AS TO FORM:

By: 
County Attorney

ATTEST:

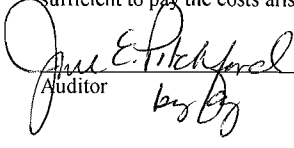

County Clerk

APPROVED:


Resource Management Director

Certification:

I certify that this contract is within the purpose of the appropriation to which it is to be charged and there is an unencumbered balance of such appropriations sufficient to pay the costs arising from this contract.

 12/21/15 2041-71102
Auditor Date

631-2015

December 8, 2015



Boone County Resource Management
801 E. Walnut Rm.315
Columbia, Missouri 65201

Attn: Mr. Micah Taylor, P.E.
P: [573] 886-4480
E: mtaylor@boonecountymo.org

Re: Proposed Geotechnical Services
Shalimar & Willowbrook Pavement Rehabilitations
Columbia, Missouri
Terracon Proposal No. D0915170

Dear Mr. Taylor:

We appreciate the opportunity to provide geotechnical services for the above-referenced project. This document provides our understanding of the project, our planned work scope and associated fees, and our terms and conditions associated with the performance of this work.

1.0 PROJECT INFORMATION

1.1 Site Location

Item	Description
Location	1. East Shalimar Drive and Highway 763 in Columbia, Missouri. Latitude: 39.0061° N; Longitude: -92.3255° W 2. East Alfalfa Drive and E Bulrush Drive in Columbia, Missouri Latitude: 39.0206° N; Longitude: -92.3009° W
Current ground cover	Concrete paved roadways
Existing topography	Topographic survey not provided, appears relatively level based on aerial photography.

Terracon Consultants, Inc. 11600 Lilburn Park Road St. Louis, Missouri 63146

P [314] 692 8811 F [314] 692 8810 terracon.com

Environmental



Facilities



Geotechnical



Materials

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1.2 Project Description

Item	Description
Proposed improvements	We understand that the project involves removal of the existing concrete pavement and its replacement with base rock and new asphalt pavement. (Typically 6" of Roller Compacted Concrete topped with 2" of Asphalt Mix)
Traffic loads (Assumed by Terracon)	Not provided; We assumed a light-duty auto area; 1,000 cars and less than 5 delivery or service trucks per day
Grading	None anticipated
Cut and fill slopes	None anticipated
Below grade areas	None anticipated

Should any of the above information be inconsistent with the planned construction please let us know so that we may make any necessary modifications to this proposal.

2.0 SCOPE OF SERVICES

The project will consist of field exploration and laboratory testing under the guidance of a geotechnical engineer to characterize the subsurface conditions. The following sections provide an overview of the work scope for each of these aspects of the project.

2.1 Field Exploration

As requested, we propose to drill total of seven (7) borings at the two sites. The thickness of the concrete pavement and any underlying base course will be measured. The borings will be drilled to depths of approximately 5 feet below existing grade, or to auger refusal, whichever occurs first. No rock coring is included in the proposal except for the concrete pavement coring. The ground surface elevations for the test locations will be obtained by the drill crew using an engineer's level and grade rod, and referenced to a temporary benchmark.

2.1.1 Procedures

If the borings are not marked by others prior to our mobilization to the site, then we will locate the borings at the provided locations using a handheld GPS and reference to the site features. During drilling of the borings, two test samples will be collected within the top 5 feet, at depths of roughly 2 feet and 4 feet. The borings will be sampled using thin-walled sampling devices consistent with ASTM D1587.

The field exploration will also include observations for groundwater. This will occur during the exploration program while the borehole is being advanced. No provisions have been made to

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collect water level data other than the observations made during the advancement of the borings.

2.1.2 Site Access

We anticipate that the boring locations are accessible to our ATV-mounted drilling equipment and no site clearing, wet ground conditions, repair of landscape damage or location of underground utilities beyond contacting the Missouri One-Call utility locating system is required. If such conditions are known to exist on the site, Terracon should be notified so that we may adjust our scope of services and fee, if necessary.

Terracon will contact the Missouri One-Call service and request location and markings for all utilities they are responsible for before commencing drilling at the site. This does not typically result in the location of water and/or sewer lines on private property. All private lines should be marked by others prior to commencement of drilling. Location of private lines on the property is not part of the Missouri one-call or Terracon scope. If this is not acceptable, then a private utility locate service could be utilized for an additional fee.

In order to conduct our explorations of the project site, we must be granted access by the property owner. By acceptance of this proposal without information to the contrary, we consider that you have provided access to our exploration equipment for the conduct of our work consistent with the agreed work scope.

2.1.3 Property Disturbance

We will take reasonable efforts to reduce damage to the property as a result of our exploration activities, such as damage and rutting of the ground surface. However, in the normal course of our work some such disturbance may occur. We have not budgeted to restore the site beyond backfilling our boreholes. If there are any restrictions or special requirements regarding the site or exploration, please provide them with your acceptance of this proposal.

The borings will be backfilled immediately after completion with soil cuttings and capped with concrete to match the surface elevation. The borings can be backfilled with bentonite chips or cement grout, at your request for an additional fee, if required for environmental or other reasons. Because backfill material often settles below the surface after a period of time, you should observe the exploration points periodically for signs of depressions and backfill them if necessary. We could provide this service at your request, but this would involve additional costs. Settlement of the borehole backfill is anticipated to be less with cement grout as compared to soil backfill or bentonite chips.

2.2 Laboratory Testing

The samples will be tested in our laboratory to measure physical engineering characteristics. Testing will be performed under the direction of a civil/geotechnical engineer licensed in the

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State of Missouri. Shelby tube samples will be tested for water content, dry density and unconfined compressive tests. Hand penetrometer tests may also be completed when appropriate. We also plan to perform a total of four (4) Atterberg Limits, on the 2-foot deep samples from two different borehole locations from each site to confirm the visual soil classifications and physical index properties. Soil samples will be visually classified in accordance with the Unified Soil Classification System (USCS). Additional tests could be performed for an additional fee, if requested.

2.3 Geotechnical Engineering Analysis

The results of our field and laboratory programs will be evaluated by a professional civil/geotechnical engineer. The engineer will review the subsurface conditions and provide a geotechnical engineering letter that includes the following:

1. Soil boring logs with field and laboratory data, soil stratification based on visual soil classification
2. Groundwater levels observed during and after completion of drilling
3. Site and boring location plans
4. Subsurface exploration procedures
5. Description of subsurface conditions

3.0 SCHEDULE

We can typically commence drilling within five to ten days after receiving written notice to proceed, site and weather conditions permitting. Our completed letter will be submitted within about one week of the completion of drilling. In situations where information is needed prior to submittal of our report, we can provide verbal information or recommendations for specific project requirements after we have completed our field and laboratory programs. Please contact us if this schedule is not acceptable, and we will work with you to develop an acceptable schedule.

4.0 COMPENSATION

For the proposed scope of geotechnical services that includes the soil drilling, laboratory testing, and a letter, we submit a fee of \$2,400. This fee is based on the assumption that all field services will be performed under safety Level D personal protective procedures and that only one site visit will be made by Terracon personnel. Should subsurface conditions be encountered which require major revisions in the subsurface exploration program and/or additional fees, we will contact you to discuss the conditions encountered and our recommendations for changes in scope prior to initiating any additional services.

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Any stand-by time spent on-site for unforeseen reasons (i.e. on-site safety training, delays caused by on-site activities, etc.) will be billed at an additional unit rate of \$200/hour. Unless instructed otherwise, we will submit our invoice(s) to the address shown at the beginning of this proposal.

5.0 AUTHORIZATION

This proposal may be accepted by executing the attached *Agreement for Services* and returning it along with this proposal to Terracon. This proposal is valid only if authorized within sixty days from the listed proposal date.

We appreciate the opportunity to provide this proposal and look forward to working with you on this project. Please call the undersigned if you have any questions or comments regarding this proposal.

Sincerely,
Terracon Consultants, Inc.

Sruthi Mantri, E.I.
Staff Geotechnical Engineer

Allen G. Minks, P.E.
Geotechnical Department Manager

Attachment: Agreement for Services

631-2015



Reference Number: D0915170

MASTER SERVICES AGREEMENT

TASK ORDER

This **TASK ORDER** is issued under the **MASTER SERVICES AGREEMENT** (dated 02/26/2015, agreement reference number Consultant Services Agreement) between Boone County Resource Management ("Client") and Terracon Consultants, Inc. ("Consultant") for Services to be provided by Consultant for Client on the Shalimar & Willowbrook Pavement Rehabilitations project ("Project"), as described in the Project Information section of the Consultant's Task Order Proposal dated 12/07/2015 ("Task Order Proposal") unless the Project is otherwise described below or in Exhibit A to this Task Order (which section or Exhibit are incorporated into this Task Order). This Task Order is incorporated into and part of the Master Services Agreement.

1. Project Information

ProjectInformationText

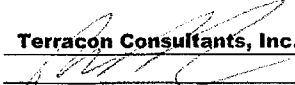
2. Scope of Services The scope of Services to be provided under this Task Order are described in the Scope of Services section of the Consultant's Task Order Proposal, unless Services are otherwise described below or in Exhibit B to this Task Order.

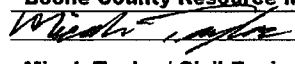
ScopeOfServiceText

3. Compensation Client shall pay compensation for the Services performed at the fees stated in the Task Order Proposal unless fees are otherwise stated below or in Exhibit C to this Task Order.

CompensationText

All terms and conditions of the **Master Services Agreement** shall continue in full force and effect. This Task Order is accepted and Consultant is authorized to proceed.

Consultant: **Terracon Consultants, Inc.**
 By:  Date: **12/8/2015**
 Name/Title: **Brian W Robben / Department Manager II- Professional**
 Address: **3601 Mojave Ct. Suite A**
Columbia, MO 65202
 Phone: **(573) 214-2677** Fax: **(573) 214-2714**
 Email: **Brian.Robben@terracon.com**

Client: **Boone County Resource Management**
 By:  Date: **12-15-15**
 Name/Title: **Micah Taylor / Civil Engineer**
 Address: **801 E. Walnut Room 315 Boone County Government Center**
Columbia, MO 65201
 Phone: **(573) 886-4495** Fax: _____
 Email: **mtaylor@boonecountymo.org**

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