

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

May Session of the April Adjourned

Term. 20 17

County of Boone

In the County Commission of said county, on the

2nd

day of

May

20

17


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

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

- Scenic View Estates Plat 1. S18-T48N-R13W & S13-T48N-R14W. A-2. Hereth Properties LLC, owner. Kevin M. Schweikert, surveyor.
- Williams Acres Plat 1. S23-T50N-R12W. A-2. Traxler Family Farms LLC, owner. Steven R. Proctor, surveyor.
- Pop's. S2-T51N-R13W. A-2. C and Do Property Management II, LLC. Owner. Steven R. Proctor, surveyor.
- River Hills Estates Plat 3. A-1. Philip H. Jen Revocable Living Trust, owner. Kevin M. Schweikert, surveyor.

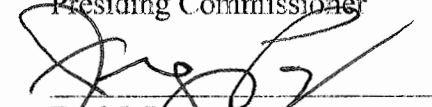
Done this 2nd day of May, 2017.

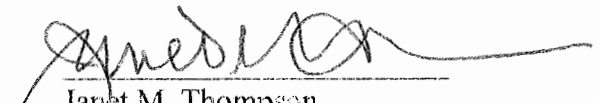
ATTEST:


 Wendy S. Noren
 Clerk of the County Commission

Absent

Daniel K. Atwill
Presiding Commissioner


 Fred J. Parry
 District I Commissioner


 Janet M. Thompson
 Acting Presiding Commissioner

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

May Session of the April Adjourned

Term. 20 17

County of Boone

In the County Commission of said county, on the

2nd

day of

May

20

17

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

Now on this day the County Commission of the County of Boone does hereby approve the request by the Purchasing Department to dispose of the attached list of equipment by auction on GovDeals or by destruction for whatever is not suitable for auction.

It is further ordered the Acting Presiding Commissioner is hereby authorized to sign said Request for Disposal forms.

Done this 2nd day of May, 2017

ATTEST:

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

Absent
Daniel K. Atwill
Presiding Commissioner

Fred J. Parzy
Fred J. Parzy
District I Commissioner

Janet M. Thompson
Janet M. Thompson
Acting Presiding Commissioner

Boone County Purchasing
David Eagle
Purchasing Assistant



613 E. Ash Street
Columbia, MO 65201
Phone: (573) 886-4394

MEMORANDUM

TO: Boone County Commission
FROM: David Eagle
RE: Surplus Disposal
DATE: April 18, 2017

The Purchasing Departments requests permission to dispose of the following list of surplus equipment by auction on GovDeals or by destruction for whatever is not suitable for auction.

	Asset #	Description	Make & Model	Department	Condition of Asset	
1	18042	PAVEMENT STYLE TRAFFIC COUNTER		DESIGN & CONSTRUCTION	BROKEN - RECYCLE WITH ELECTRONICS	REMOVE FROM INVENTORY
2	8220	BLACK AND WHITE SECURITY CAMERA	SONY	FACILITY SECURITY	OUTDATED	
3	8221	BLACK AND WHITE SECURITY CAMERA	SONY	FACILITY SECURITY	OUTDATED	
4	8218	BLACK AND WHITE SECURITY CAMERA	SONY	FACILITY SECURITY	OUTDATED	
5	11335	27" CRT TELEVISION	DS27630	JURY SERVICES AND COURT COSTS	POOR	
6	NO TAG	DVD PLAYER	SD-K510U	JURY SERVICES AND COURT COSTS	FAIR	
7	4164	TELEVISION		CIRCUIT COURT	POOR	

8	NO TAG	BATTERY CHARGER WITH 11 BATTERIES	ENERGIZER AA-AAA	CIRCUIT COURT	GOOD	
9	NO TAG	VHS VIDEO CASSETTE REWINDER	RADIO SHACK	CIRCUIT COURT	GOOD	
10	NO TAG	WIRELESS LAN CONTROLLER	AIR-WLC2106-K9	CIRCUIT COURT	BROKEN	
11	10109	OFFICE CHAIR		PUBLIC ADMINISTRATOR	BROKEN	REMOVE FROM INVENTORY
12	16449	CELL PHONE	SPRINT PALM BLACKBERRY	CIRCUIT COURT	GOOD	
13	NO TAG	OFFICE CUBICLES FROM 609 E. WALNUT		JOINT COMMUNICATIONS	OLD	
14	NO TAG	TWO BOXES OF CHAIR PARTS		JOINT COMMUNICATIONS	OLD	REMOVE FROM INVENTORY
15	NO TAG	BOX OF ALPHA NUMERIC PAGERS		JOINT COMMUNICATIONS	OLD	REMOVE FROM INVENTORY
16	NO TAG	BOX OF PC SPEAKERS		JOINT COMMUNICATIONS	OLD	REMOVE FROM INVENTORY
17	NO TAG	BUTTON MAKING KIT		JOINT COMMUNICATIONS	OLD	REMOVE FROM INVENTORY
18	4953	BROWN METAL TYPING TABLE		SHERIFF	OLD	REMOVE FROM INVENTORY
19	NO TAG	DRY ERASE BOARD		JOINT COMMUNICATIONS	OLD	

20	NO TAG	FOUR DRAWER FILE CABINET		JOINT COMMUNICATIONS	OLD	
21	NO TAG	ID CAMERA	POLOROID	JOINT COMMUNICATIONS	OLD	
22	NO TAG	TV WALL MOUNT		JOINT COMMUNICATIONS	OLD	
23	NO TAG	FOUR BOXES OF FORM FEED PAPER		JOINT COMMUNICATIONS	OLD	
24	NO TAG	MISC. OFFICE SUPPLIES		JOINT COMMUNICATIONS	OLD	
25	NO TAG	TWO TAPE PLAYERS	SONY AND OPTIMUS	JOINT COMMUNICATIONS	OLD	
26	10097	GREEN CLOTH TASK CHAIR		INFORMATION TECHNOLOGY	BROKEN	REMOVE FROM INVENTORY
27	11392	BLUE OFFICE CHAIR		PROSECUTING ATTORNEY	BROKEN	REMOVE FROM INVENTORY
28	19761	ELECTRIC DRYER	SPEEDQUEEN	SHERIFF	RUINED (RECYCLE)	REMOVE FROM INVENTORY
29	NO TAG	DESK		PROSECUTING ATTORNEY	OLD	
30	6822	COMPUTER TABLE		PROSECUTING ATTORNEY	OLD	
31	NO TAG	BROWN TABLE		PROSECUTING ATTORNEY	OLD	

32	NO TAG	TYPING TABLE		PROSECUTING ATTORNEY	OLD	
33	NO TAG	TYPING TABLE		PROSECUTING ATTORNEY	OLD	
34	7955	TELEPHONE	MERIDIAN	HUMAN RESOURCES	UNKNOWN	
35	NO TAG	CELL PHONE	SAMSUNG	HUMAN RESOURCES	UNKNOWN	
36	NO TAG	MICROCASSETTE – TRANSCRIBER	SONY - M-2000	HUMAN RESOURCES	UNKNOWN	
37	NO TAG	CELL PHONE		DESIGN & CONSTRUCTION	BROKEN	
38	NO TAG	CELL PHONE ACCESSORIES		DESIGN & CONSTRUCTION	DOES NOT WORK WITH CURRENT PHONES	
39	NO TAG	HEAVY DUTY DRILL	MILWAUKEE	DESIGN & CONSTRUCTION	BROKEN	REMOVE FROM INVENTORY
40	8708	2-WAY RADIO		FACILITY MAINTENANCE	POOR	
41	13010	PHONE	NORTEL	PURCHASING	BROKEN	
42	10899	VEHICLE PARTITION FOR CROWN VICTORIA		SHERIFF	RECYCLE	REMOVE FROM INVENTORY
43	11028	6 CHANNEL RADIO	MOTOROLA MAXTRAX	FACILITY MAINTENANCE	POOR	

44	14079	TABLE	KI	EMERGENCY MANAGEMENT	FAIR	
45	14110	TABLE	KI	JOINT COMMUNICATIONS	GOOD	
46	12727	DESK	HON	EMERGENCY MANAGEMENT	GOOD	
47	5794	BURGUNDY CHAIR		EMERGENCY MANAGEMENT	FAIR	
48	5796	BURGUNDY CHAIR		EMERGENCY MANAGEMENT	FAIR	
49	8482	DESK	HASKELL	JOINT COMMUNICATIONS	FAIR	
50	NO TAG	OFFICE CHAIR		JOINT COMMUNICATIONS	BROKEN	REMOVE FROM INVENTORY
51	5795	CHAIR		JOINT COMMUNICATIONS	UNKNOWN	
52	NO TAG	TWO MAROON STACKABLE CHAIRS		SHERIFF	FAIR	REMOVE FROM INVENTORY
53	NO TAG	SIX GREEN STACKABLE CHAIRS		SHERIFF	GOOD	
54	9465	GREEN TABLE		SHERIFF	GOOD	
55	9479	GREEN TABLE		SHERIFF	GOOD	

56	NO TAG	BLUE FABRIC OFFICE CHAIR WITHOUT ARMS		CIRCUIT COURT	POOR	
57	NO TAG	2 DRAWER WOODEN FILE CABINET		MAIL SERVICE	BROKEN	REMOVE FROM INVENTORY
58	9747	ROLLING DESK CHAIR		COMMISSION	GOOD	
59	NO TAG	DESK PHONES		COMMUNITY SERVICES	OLD	
60	NO TAG	CALCULATOR		COMMUNITY SERVICES	OLD	
61	NO TAG	MISCELLANEOUS ITEMS		COMMUNITY SERVICES	OLD	
62	10479	MID-BACK MANAGEMENT CHAIR		PROSECUTING ATTORNEY	BROKEN	REMOVE FROM INVENTORY
63	NO TAG	12 PARKING LOT LIGHTS		FACILITIES MAINTENANCE	FAIR	
64	NO TAG	MISC. OLD CELL PHONES & ACCESSORIES		BUILDING CODES	FAIR	
65	NO TAG	3 DIGITAL CAMERAS		BUILDING CODES	FAIR	
66	NO TAG	3 CAMERA DOMES FOR DROPPED CEILING LITES		FACILITY MAINTENANCE	FAIR	
67	11582	PRINTER TABLE ON ROLLERS		COMMISSION	POOR	

68	NO TAG	DVR-DIGITAL VIDEO RECORDER	EXACQ VISION	FACILITY SECURITY	OUTDATED	
69	NO TAG	DVR	GE SYMPEC 16	FACILITY SECURITY	OUTDATED	
70	NO TAG	DVR	GE STORESAFE PRO 2	FACILITY SECURITY	OUTDATED	
71	16422	DVR	GE SYMPEC 16	FACILITY SECURITY	OUTDATED	
72	16842	DVR	GE SYMPEC 16	FACILITY SECURITY	OUTDATED	
73	NO TAG	EXTERIOR CAMERA MOUNT	GE	FACILITY SECURITY	OUTDATED	
74	NO TAG	FOUR BOXES OF CAMERA EQUIPMENT	GE	FACILITY SECURITY	OUTDATED	
75	NO TAG	SIX DOME CAMERAS	GANZ	FACILITY SECURITY	OUTDATED	
76	7924	PHONE	MERIDIAN MODEL NT4X31	COMMISSION	BROKEN	REMOVE FROM INVENTORY
77	NO TAG	TYPEWRITER	BROTHER	COMMISSION	GOOD	
78	NO TAG	MISCELLANEOUS OFFICE SUPPLIES		COMMISSION	GOOD	
79	NO TAG	MISCELLANEOUS MIRRORS		COMMISSION	GOOD	

80	11868	CHAIR		SHERIFF	BROKEN	REMOVE FROM INVENTORY
81	NO TAG	MICROWAVE		SHERIFF	POOR	REMOVE FROM INVENTORY
82	14554	CHAIR		RESOURCE MANAGEMENT	POOR	REMOVE FROM INVENTORY
83	10006	CHAIR		RESOURCE MANAGEMENT	POOR	REMOVE FROM INVENTORY
84	14458	CHAIR		RESOURCE MANAGEMENT	POOR	REMOVE FROM INVENTORY
85	14260	CHAIR		RESOURCE MANAGEMENT	POOR	REMOVE FROM INVENTORY
86	9333	CHAIR		RESOURCE MANAGEMENT	POOR	REMOVE FROM INVENTORY
87	14555	CHAIR		RESOURCE MANAGEMENT	POOR	REMOVE FROM INVENTORY
88	NO TAG	CHAIR		RESOURCE MANAGEMENT	POOR	REMOVE FROM INVENTORY
89	NO TAG	CHAIR		RESOURCE MANAGEMENT	POOR	REMOVE FROM INVENTORY
90	NO TAG	CHAIR		RESOURCE MANAGEMENT	POOR	REMOVE FROM INVENTORY
91	3515	VERTICAL FILE CABINET		CIRCUIT COURT	FAIR	

92	11991	CHAIR		CIRCUIT COURT	POOR	REMOVE FROM INVENTORY
93	12901	CHAIR		CIRCUIT COURT	POOR	REMOVE FROM INVENTORY
94	9318	CHAIR		CIRCUIT COURT	POOR	REMOVE FROM INVENTORY
95	NO TAG	KEYBOARD TRAY		CIRCUIT COURT	POOR	
96	NO TAG	WIRE FRAMES		CIRCUIT COURT	FAIR	REMOVE FROM INVENTORY
97	NO TAG	15 WOODEN FOLDING TABLES		JOINT COMMUNICATIONS	FAIR	
98	NO TAG	FOLDING FABRIC PROJECTOR SCREEN		JOINT COMMUNICATIONS	OLD	
99	NO TAG	19 STACKING CHAIRS		JOINT COMMUNICATIONS	OLD	
100	NO TAG	WALL MOUNTED FOLD UP BOARD USED FOR A DESK		JOINT COMMUNICATIONS	OLD	
101	NO TAG	DICTAPHONE,	MODEL 32251-032	JOINT COMMUNICATIONS	UNKNOWN	
102	NO TAG	ORACOM CABINET WITH POWER SUPPLY AND CABLES		JOINT COMMUNICATIONS	UNKNOWN	
103	NO TAG	METAL DESK WITH WOODEN TOP		JOINT COMMUNICATIONS	UNKNOWN	

104	NO TAG	TWO DOOR ROLLING WOODEN CART		JOINT COMMUNICATIONS	UNKNOWN	
105	NO TAG	TWO POSITION METAL DESK WITH OVERHEAD CABINETS		JOINT COMMUNICATIONS	UNKNOWN	
106	NO TAG	CORNER CABINET SHELF		JOINT COMMUNICATIONS	UNKNOWN	
107	NO TAG	5 OLD COTTON BLANKETS		JOINT COMMUNICATIONS	OLD	
108	NO TAG	CEILING MOUNTED PULL DOWN PROJECTION SCREEN		JOINT COMMUNICATIONS	FAIR	
109	NO TAG	WHITE BOARD FOR WALL (DIVIDED INTO GRAPH SQUARES)		JOINT COMMUNICATIONS	UNKNOWN	
110	NO TAG	17 OFFICE CHAIRS		JOINT COMMUNICATIONS	UNKNOWN	
111.	NO TAG	TV WITH VHS PLAYER AND ROLLING CART		JOINT COMMUNICATIONS	UNKNOWN	
112	NO TAG	WHITE BOARD ON EASEL		JOINT COMMUNICATIONS	UNKNOWN	
113	NO TAG	LARGE CONFERENCE TABLE WITH POWER OUTLETS		JOINT COMMUNICATIONS	UNKNOWN	
114	NO TAG	TWO PRINTER STANDS		JOINT COMMUNICATIONS	UNKNOWN	
115	NO TAG	CUBICLE PANELS WITH WORK STATION DIVIDER		JOINT COMMUNICATIONS	UNKNOWN	

116	NO TAG	LIGHTED MAP CAROSEL WITH PEDESTAL STAND		JOINT COMMUNICATIONS	UNKNOWN	
117	NO TAG	METAL HANGING MAIL BOXES		JOINT COMMUNICATIONS	UNKNOWN	
118	NO TAG	CASSETTE TAPE RECORDER	RADIO SHACK	JOINT COMMUNICATIONS	UNKNOWN	
119	NO TAG	HANGING DRY ERASE BOARD		JOINT COMMUNICATIONS	UNKNOWN	
120	NO TAG	BROTHER COPY POINT CP 2000		JOINT COMMUNICATIONS	UNKNOWN	
121	15256	GREEN OFFICE CHAIR	HUMANSCALE	FACILITY MAINTENANCE	BROKEN	REMOVE FROM INVENTORY
122	11039	HANDHELD RADAR UNIT		SHERIFF	POOR	
123	11040	HANDHELD RADAR UNIT		SHERIFF	POOR	
124	NO TAG	HANDHELD RADAR UNIT		SHERIFF	POOR	
125	NO TAG	PAYROLL RECORDER	PYRAMID TECHNOLOGIES 1000 SERIES	JOINT COMMUNICATIONS	UNKNOWN	
126	NO TAG	VCR/VWM-260		CIRCUIT COURT	UNKNOWN	

cc: Heather Acton. Auditor's office
Surplus File

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

Date: 11/2/2016

Fixed Asset Tag Number: 18042

NOV 03 2016

Description of Asset: Pavement style traffic counter

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): NC2-134318

Condition of Asset: Does not work

Reason for Disposition: Does not work

Location of Asset and Desired Date for Removal to Storage: Resource Management office, budget administrator cube

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2045-Design & Construction

Signature Shelle Westcott

To be Completed by: AUDITOR

Original Acquisition Date 3-16-12

G/L Account for Proceeds 2045-3836 HC

Original Acquisition Amount \$1,490.92

Original Funding Source 2741

Account Group 1604

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/09/2017

Fixed Asset Tag Number: 08220

RECEIVED

Description of Asset: Sony Black and White security camera.

FEB 10 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: **BOONE COUNTY AUDITOR**

Other Information (Serial number, etc.): 117473C

Condition of Asset: Functional, outdated.

Reason for Disposition: Replaced

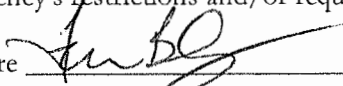
Location of Asset and Desired Date for Removal to Storage: Gov. Center RM 228, any date.

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: FM - Security 6103

Signature 

To be Completed by: AUDITOR *Already Retired in System*

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 *na*

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3-3-17

Fixed Asset Tag Number: 08221

Description of Asset: Sony Black & White Video camera.

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

MAR 03 2017

Other Information (Serial number, etc.): 117463C

BOONE COUNTY AUDITOR

Condition of Asset: FUNCTIONAL - OUTDATED

Reason for Disposition: Replaced.


Location of Asset and Desired Date for Removal to Storage: G.C. Rm 123

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: F.M. 6103

Signature: 

To be Completed by: AUDITOR Already Retired in System
Original Acquisition Date _____ G/L Account for Proceeds 1190-3836 NO

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

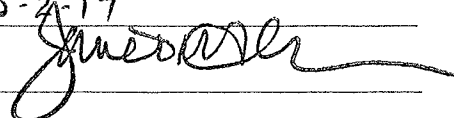
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature: 

BOONE COUNTY
Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/09/2017

Fixed Asset Tag Number: 08218

Description of Asset: Sony Black and White security camera.

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

FEB 10 2017

Other Information (Serial number, etc.): 122034A

BOONE COUNTY AUDITOR

Condition of Asset: Functional, outdated.

Reason for Disposition: Replaced

Location of Asset and Desired Date for Removal to Storage: Gov. Center RM 228, any date.

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: FM - Security

Signature _____

To be Completed by: AUDITOR

Original Acquisition Date _____ *Already Retired in System*

G/L Account for Proceeds 1190-3836 *HA*

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved _____

Signature _____ *[Handwritten Signature]*

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 10/17/16

Fixed Asset Tag Number: 6822

Description of Asset: Computer Table

RECEIVED

OCT 17 2016

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.):

Condition of Asset: Good

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage: Bill Haws office - When new furniture arrives this week.

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1261 Prosecuting Attorney

Signature

Bonnie Atkins

To be Completed by: AUDITOR

Original Acquisition Date 10-26-1990

G/L Account for Proceeds 1190-3836

Original Acquisition Amount \$164.00

Original Funding Source 2731

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature *James [unclear]*

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 10/17/16

Fixed Asset Tag Number: No Tag

Description of Asset: Brown Table

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Old and unstable

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage: Prosecuting Attorney's conference room

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1261 Prosecuting Attorney

Signature

Bonnie Adams

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature *[Signature]*

RECEIVED

OCT 17 2016

BOONE COUNTY AUDITOR

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 10/17/16

Fixed Asset Tag Number: No Tag

Description of Asset: Typing table

RECEIVED

OCT 17 2016

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Old and unstable

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage: Prosecuting Attorney's conference room

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1261 Prosecuting Attorney

Signature *Boone Atkins*

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 HR

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature *[Signature]*

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 10/17/16

Fixed Asset Tag Number: No Tag

Description of Asset: Typing table

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

OCT 17 2016

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.):

Condition of Asset: Old but functional

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage: Bill Haws' office - When new furniture arrives this week.

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1261 Prosecuting Attorney

Signature

Bonnie Adams

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 *HE*

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade ____ Auction ____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature *[Signature]*

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 10-21-16 FIXED ASSET TAG NUMBER: 7955

DESCRIPTION: MERIDIAN TELEPHONE

REQUESTED MEANS OF DISPOSAL: ANY

OTHER INFORMATION:

CONDITION OF ASSET: UNKNOWN

REASON FOR DISPOSITION:

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1115

SIGNATURE [Signature]

RECEIVED

OCT 24 2016

BOONE COUNTY AUDITOR

AUDITOR

ORIGINAL PURCHASE DATE 9-9-93

RECEIPT INTO 1190-3836 HA

ORIGINAL COST 454.39

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE 2731

GRANT NAME _____

% FUNDING _____

ASSET GROUP 1604

AGENCY _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS _____

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE [Signature]

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 10-21-16 FIXED ASSET TAG NUMBER: NO TAG

DESCRIPTION: SAMSUNG CELL PHONE

REQUESTED MEANS OF DISPOSAL: ANY

OTHER INFORMATION:

CONDITION OF ASSET: UNKNOWN

REASON FOR DISPOSITION: NO LONGER NEEDED

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET

DEPARTMENT: 1115

SIGNATURE 

AUDITOR

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 1190-3836 HA

ORIGINAL COST

GRANT FUNDED (Y/N)

ORIGINAL FUNDING SOURCE

GRANT NAME

% FUNDING

AGENCY

ASSET GROUP

DOCUMENTATION ATTACHED (Y/N)

TRANSFER CONFIRMED

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE 

RECEIVED

OCT 24 2016

BOONE COUNTY AUDITOR

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 10-21-16

FIXED ASSET TAG NUMBER: NO TAG

DESCRIPTION: SONY MICRO CASSETTE - TRANSCRIBER M-2000

REQUESTED MEANS OF DISPOSAL: ANY

RECEIVED

OTHER INFORMATION:

OCT 24 2016

CONDITION OF ASSET: UNKNOWN

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION:

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1115

SIGNATURE 

AUDITOR

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 1190-3836 NA

ORIGINAL COST _____

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE _____

GRANT NAME _____

% FUNDING _____

AGENCY _____

ASSET GROUP _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17 

SIGNATURE _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 11/2/2016

Fixed Asset Tag Number: No tag

Description of Asset: Cell phone

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: If someone wants okay but may not be worth the trouble

Other Information (Serial number, etc.): LG Envoy II

Condition of Asset: Does not work

Reason for Disposition: Does not work

Location of Asset and Desired Date for Removal to Storage: Resource Management office, budget administrator cube

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2045-Design & Construction

Signature *Heidi Westcott*

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2045-3836HA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number _____

Date Approved 5-2-17 *[Signature]*

SIGNATURE _____

S:\all\AUDITOR\Accounting Forms\Fixed Asset Disposal.docx

Revised: September 2016

RECEIVED

NOV 03 2016

BOONE COUNTY AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 11/2/2016

Fixed Asset Tag Number: No tag

Description of Asset: Cell phone accessories

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: If someone wants okay but may not be worth the trouble

Other Information (Serial number, etc.): 3 car charges, 3 wall charges & 1 case

Condition of Asset: Do not work with current phones

Reason for Disposition: Do not work with current phones

Location of Asset and Desired Date for Removal to Storage: Resource Management office, budget administrator cube

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2045-Design & Construction

Signature Shella Westcott

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2045-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

SIGNATURE [Signature]

S:\all\AUDITOR\Accounting Forms\Fixed Asset Disposal.docx

Revised: September 2016

RECEIVED

NOV 03 2016

BOONE COUNTY AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 11/2/2016

Fixed Asset Tag Number: No tag

Description of Asset: Milwaukee Heavy Duty Drill

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: If someone wants okay but may not be worth the trouble

RECEIVED

Other Information (Serial number, etc.): Also has a case

NOV 03 2016

Condition of Asset: Batteries do not hold a charge

BOONE COUNTY AUDITOR

Reason for Disposition: Batteries do not hold a charge and used in the field where not able to recharge

Location of Asset and Desired Date for Removal to Storage: Resource Management office, budget administrator cube

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2045-Design & Construction

Signature Kello Westfall

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2045-3836 HA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

SIGNATURE [Signature]

S:\all\AUDITOR\Accounting Forms\Fixed Asset Disposal.docx

Revised: September 2016

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

NOV 17 2016

BOONE COUNTY AUDITOR

Date: 11/16/16

Fixed Asset Tag Number: 8708

Description of Asset: 2-way radio

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): 415KLT0117

Condition of Asset: poor

Reason for Disposition: no longer used

Location of Asset and Desired Date for Removal to Storage: FM office

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 6100

Signature Jody Moore

To be Completed by: AUDITOR

Original Acquisition Date 5-25-94

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \$ 506.40

Original Funding Source 2731

Account Group 1604

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature J. Moore

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 11/28/2016

FIXED ASSET TAG NUMBER: 13010

DESCRIPTION: Nortel Phone

RECEIVED

REQUESTED MEANS OF DISPOSAL:

NOV 28 2016

OTHER INFORMATION:

BOONE COUNTY AUDITOR

CONDITION OF ASSET: Handsfree Button not working /Numbers are sticking

REASON FOR DISPOSITION: Handsfree Button not working /Numbers are sticking

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

LOCATION OF ASSET AND DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Room 109, Jacob Garrett Office

Arner Building

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Boone County Purchasing *1118* SIGNATURE _____

AUDITOR

ORIGINAL PURCHASE DATE 5-24-01

RECEIPT INTO 1190-3836 *HA*

ORIGINAL COST \$195.27

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2731

GRANT NAME _____

% FUNDING _____

AGENCY _____

ASSET GROUP 1604

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

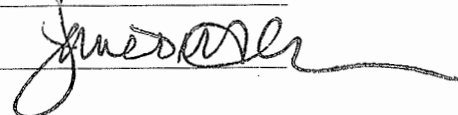
INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 11-10-2016

Fixed Asset Tag Number: 10899

RECEIVED

NOV 23 2016

BOONE COUNTY AUDITOR

Description of Asset: Setina vehicle partition for Crown Victoria

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): None.

Condition of Asset: Poor, obsolete.

Reason for Disposition: This item is vehicle specific (Crown Victoria). Vehicle ceased production in 2011 and this item is obsolete.

Location of Asset and Desired Date for Removal to Storage: Sheriff's department. This item is bulky and heavy. I would like to recycle it via the metal recycling dumpster located at Public Works.

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Sheriff / Enforcement 1251

Signature David Alexander

To be Completed by: AUDITOR

Original Acquisition Date 4-24-97

G/L Account for Proceeds 1190-3836 He

Original Acquisition Amount \$ 318.25

Original Funding Source 2731

Account Group 1604

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

SIGNATURE

James [Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 11/30/16

Fixed Asset Tag Number: 11028

RECEIVED

NOV 30 2016

Description of Asset: Motorola Maxtrax 6 channel radio

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): D43MJA77A3K

Condition of Asset: poor - purchased in 1997

Reason for Disposition: no longer used

Location of Asset and Desired Date for Removal to Storage: Facilities Maint - as soon as possible

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 6100 Facilities Maintenance

Signature

J Moore

To be Completed by: AUDITOR

Original Acquisition Date 5-21-97

G/L Account for Proceeds 6100-3836 HQ

Original Acquisition Amount \$412.08

Original Funding Source 2784

Account Group 1604

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature

J Moore

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 12/2/2016

Fixed Asset Tag Number: 14079

Description of Asset: KI Table

RECEIVED

DEC 02 2016

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Fair

Reason for Disposition: no longer needed

Location of Asset and Desired Date for Removal to Storage: 609 E Walnut - ASAP

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2702 Emergency Man. Signature: J Moore (see attached email)

To be Completed by: AUDITOR

Original Acquisition Date: 5-21-03

G/L Account for Proceeds: 1190-3836 Ha

Original Acquisition Amount: \$381.16

Original Funding Source: 2731

Account Group: 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name: Number:

Location within Department:

Individual:

Trade Auction Sealed Bids

Other Explain:

Commission Order Number: 217-2017

Date Approved: 5-2-17

Signature: J Moore

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 12/2/2016

Fixed Asset Tag Number: 14110

Description of Asset: KI Workzone table

RECEIVED

DEC 02 2016

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.):

Condition of Asset: good

Reason for Disposition: no longer using

Location of Asset and Desired Date for Removal to Storage: 609 E Walnut - ASAP

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 Joint Com.

Signature: J Moore - from Chad Martin (see email)

To be Completed by: AUDITOR

Original Acquisition Date 5-21-03

G/L Account for Proceeds 1190-3836 HO

Original Acquisition Amount \$381.16

Original Funding Source 2731

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name Number

Location within Department

Individual

Trade Auction Sealed Bids

Other Explain

Commission Order Number 217-2017

Date Approved 5-2-17

Signature: J Moore

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 12/2/2016

Fixed Asset Tag Number: 12727

Description of Asset: HON Desk

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

RECEIVED

Other Information (Serial number, etc.):

DEC 02 2016

Condition of Asset: good

BOONE COUNTY AUDITOR

Reason for Disposition: no longer using

Location of Asset and Desired Date for Removal to Storage: 609 E Walnut

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2702 Emergency Mng.

Signature: J Moore *see email from Chad Martin*

To be Completed by: AUDITOR

Original Acquisition Date: 12-7-00

G/L Account for Proceeds: 1190-3836 NA

Original Acquisition Amount: \$1,084.00

Original Funding Source: 2731

Account Group: 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name: Number:

Location within Department:

Individual:

Trade Auction Sealed Bids

Other Explain:

Commission Order Number: 217-2017

Date Approved: 5-2-17

Signature: *James [unclear]*

BOONE COUNTY
Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 12/2/2016

Fixed Asset Tag Number: 5794

Description of Asset: Burgundy Chair

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

DEC 02 2016

Other Information (Serial number, etc.):

BOONE COUNTY AUDITOR

Condition of Asset: fair

Reason for Disposition: no longer using

Location of Asset and Desired Date for Removal to Storage: 609 E Walnut - ASAP

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2702 Emergency mgmt

Signature: [Signature] *See email from Chad Maitz*

To be Completed by: AUDITOR

Original Acquisition Date 5-20-88

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \$130.00

Original Funding Source 2731

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 12/2/2016

Fixed Asset Tag Number: 5796

Description of Asset:

Burgandy Chair

RECEIVED

DEC 02 2016

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.):

Condition of Asset: fair

Reason for Disposition: no longer using

Location of Asset and Desired Date for Removal to Storage: 609 E Walnut ASAP

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2702 Emergency mg

Signature: J Moore ^{see email from Chad Mark}

To be Completed by: AUDITOR

Original Acquisition Date 5-20-88

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \$130.00

Original Funding Source 2731

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name Number

Location within Department

Individual

Trade Auction Sealed Bids

Other Explain

Commission Order Number 217-2017

Date Approved 5-2-17

Signature: J Moore

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 12/2/2016 Fixed Asset Tag Number: 8482

Description of Asset: Askele Desk

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

DEC 02 2016

Other Information (Serial number, etc.):

BOONE COUNTY AUDITOR

Condition of Asset: fair

Reason for Disposition: no longer needed

Location of Asset and Desired Date for Removal to Storage: 609 E Walnut - ASAP

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 Joint Com.

Signature Jody Moore from Chad
see email from Chad
Martin

To be Completed by: AUDITOR

Original Acquisition Date 1-13-92

G/L Account for Proceeds 1190-3836 AR

Original Acquisition Amount \$567.92

Original Funding Source 2782

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

___ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

___ Trade ___ Auction ___ Sealed Bids

___ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature *James [Signature]*

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED
DEC 05 2016
BOONE COUNTY
AUDITOR

Date: Dec. 1, 2016

Fixed Asset Tag Number: NO TAG

Description of Asset: Office chair (purchased used)
Pay Req/invoice attached for reference.

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Broken (slight risk of injury if one sits on it)

Reason for Disposition: Not worth cost to repair.

Location of Asset and Desired Date for Removal to Storage: Mary Pat Murphy's office.
Remove ASAP.

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 BC Joint Communications

Signature: 
CHAD MARTIN, Director

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2701-3836 HA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

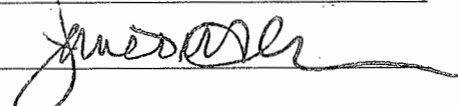
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature: 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

DEC 19 2016

BOONE COUNTY AUDITOR

Date: 12/17

Fixed Asset Tag Number: 5795

Description of Asset: Chair

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: unknown

Reason for Disposition: No longer used

Location of Asset and Desired Date for Removal to Storage: 409 E Walnut

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 Joint Communication Signature: J Moore for Chad Martin
Completing form for Chad Martin

To be Completed by: AUDITOR

Original Acquisition Date: 5-20-88

G/L Account for Proceeds: 1190-3836 HQ

Original Acquisition Amount: \$130.00

Original Funding Source: 2731

Account Group: 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name: Number:

Location within Department:

Individual:

Trade Auction Sealed Bids

Other Explain:

Commission Order Number: 217-2017

Date Approved: 5-2-17

Signature: *J Moore*

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 12/21/16

Fixed Asset Tag Number: N/A

Description of Asset: 2 Maroon stackable chairs

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Good

Reason for Disposition: No longer needed for substation usage

Location of Asset and Desired Date for Removal to Storage: 12/20/16 (already moved)

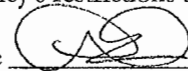
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Sheriff's 1251

Signature



To be Completed by: AUDITOR

No DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 Ha

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

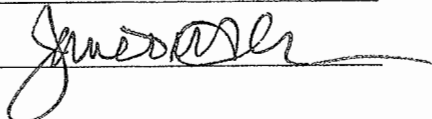
____ Trade ____ Auction ____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature



BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 12/21/16

Fixed Asset Tag Number: N/A

Description of Asset: ⁶ Green stackable chairs

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Good

Reason for Disposition: No longer needed for substation usage

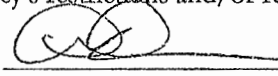
Location of Asset and Desired Date for Removal to Storage: 12/20/16 (already moved)

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Sheriff's 1251

Signature 

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/I. Account for Proceeds 1190-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

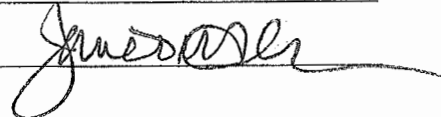
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 12/21/16

Fixed Asset Tag Number: 09465

Description of Asset: Green table

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Good

Reason for Disposition: No longer needed for substation usage

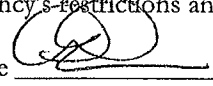
Location of Asset and Desired Date for Removal to Storage: 12/20/16 (already moved)

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Sheriff's 1251

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 6-30-95

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \$214.46

Original Funding Source 2782

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 12/21/16

Fixed Asset Tag Number: 09479

Description of Asset: Green table

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Good

Reason for Disposition: No longer needed for substation usage

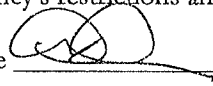
Location of Asset and Desired Date for Removal to Storage: 12/20/16 (already moved)

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Sheriff's 1251

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 6/30/95

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \$214.46

Original Funding Source 2782

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

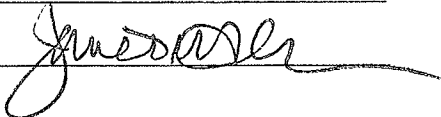
Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/10/17

FIXED ASSET TAG NUMBER: No Asset Tag

RECEIVED

DESCRIPTION: Blue fabric office chair without arms.

FEB 14 2017

REQUESTED MEANS OF DISPOSAL: Surplus

BOONE COUNTY AUDITOR

OTHER INFORMATION: This chair is located in the Boone County Courthouse, 2nd floor, Room 235, Law Library

CONDITION OF ASSET: Poor, uncomfortable to sit in.

REASON FOR DISPOSITION: No longer using.

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE

Mary Eppery

AUDITOR

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 1190-3836 HA

ORIGINAL COST _____

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE _____

GRANT NAME _____

% FUNDING _____

AGENCY _____

ASSET GROUP _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE

James [Signature]

Revised Sept2015

BOONE COUNTY
Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02/22/17

Fixed Asset Tag Number: No Tag

Description of Asset: 2 drawer wooden file cabinet.

RECEIVED

FEB 22 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): N/A

Condition of Asset: Foundation of cabinet broken.

Reason for Disposition: Broke and no longer needed.

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1194 - Mail Service

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

Date: 2/24/17

Fixed Asset Tag Number: 09747

FEB 27 2017

Description of Asset: Rolling desk chair

**BOONE COUNTY
AUDITOR**

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: Please retain this chair until Commissioner Parry vacates office; at that time, please return it to the Commission office.

Other Information (Serial number, etc.):

RECEIVED

Condition of Asset: Good

FEB 27 2017

Reason for Disposition: Commissioner brought in his own desk chair, so this is currently an extra

BOONE COUNTY AUDITOR

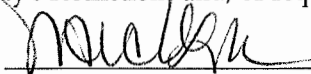
Location of Asset and Desired Date for Removal to Storage: Commission office, as soon as convenient

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1121

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 5-11-95

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \$301.76

Original Funding Source 2782

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

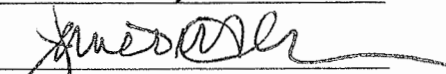
Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/23/17

Fixed Asset Tag Number: ~~B0526D~~ no tag

Description of Asset: Desk Phones (w/ box)

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: Surplus

Other Information (Serial number, etc.):

Condition of Asset: Old

Reason for Disposition: Was left behind from previous tenant

Location of Asset and Desired Date for Removal to Storage: Centralia, Boone County Office. ASAP

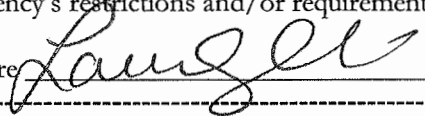
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2160/Community Services

Signature



To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

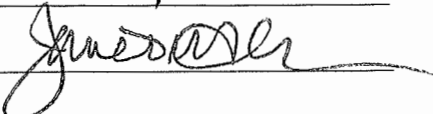
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

RECEIVED
FEB 23 2017
BOONE COUNTY AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/23/17

Fixed Asset Tag Number: ~~D6539~~ no tag

RECEIVED

Description of Asset: Calculator

FEB 23 2017

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: Surplus

Other Information (Serial number, etc.): Canon MP31D Electronic Calculator

Condition of Asset: Average

Reason for Disposition: Was left behind from previous tenant

Location of Asset and Desired Date for Removal to Storage: Centralia, Boone County Office. ASAP

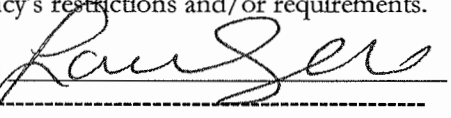
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2160/Community Services

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

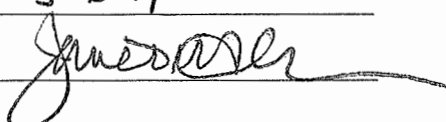
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/23/17

Fixed Asset Tag Number: No Tag, No Number

RECEIVED

Description of Asset: See Attachment

FEB 23 2017

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: Surplus

Other Information (Serial number, etc.): See Attachment

Condition of Asset: Average

Reason for Disposition: Was left behind from previous tenant

Location of Asset and Desired Date for Removal to Storage: Centralia, Boone County Office. ASAP

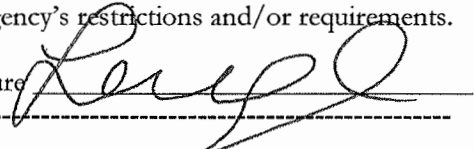
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2160/Community Services

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

Lauren Schnitzler

From: Melinda Bobbitt
Sent: Monday, April 13, 2015 8:57 AM
To: Bob Davidson; Lauren Schnitzler
Cc: Dave Eagle
Subject: Re: Furniture

Lauren,

If it has asset tags, each asset will need it's own Disposal Form completed. If there are no asset tags, then you could attach a list of items.

Thanks,
Melinda

>>> Bob Davidson 4/13/2015 8:55 AM >>>

Check with Purchasing on that. They take the lead on furniture moves and Facilities just moves everything when they send out the work request.

>>> Lauren Schnitzler 4/13/2015 8:52 AM >>>

I will fill out the disposal paper work right now. Can I include all on one page or does each item need it's own page?

Best regards,

Lauren Schnitzler
Administrative Assistant, Community Services
Boone County, Missouri
605 E. Walnut, Ste. A
Columbia, MO 65201
Office: (573) 886-4298
Lschnitzler@boonecountymmo.org

>>> Bob Davidson 4/13/2015 8:47 AM >>>

Hi Lauren,

Jody is out of the office today and I am not up to date on this move. Have you filled out the disposal paperwork? I have not seen any request to move from Purchasing surplus but I was not looking for them in particular so I could have just missed them.

Thanks,
Bob

>>> Lauren Schnitzler 4/10/2015 5:01 PM >>>

Hi Jody,

Item Description	Code
Misc Box of "Community Caring" office supplies. Includes: Daily log books, phone books, stationary, paper, hanging file folders, mouse pads, rolodex, flopp disks and storage box, etc.)	No codes on items
Blue IBM Typewriter	No Sticker/No Code
Panasonic Boombox Radio	No Sticker/No Code
VM Headset w/ Mouth piece	No Sticker/No Code
Daily Logbook	No Sticker/No Code
Butterfly Coffee Cup	No Sticker/No Code
HP Black Ink 51626A	No Sticker/No Code
3com Office Connect CD	No Sticker/No Code
Avery Index Labels	No Sticker/No Code
Xerox Toner - NEW	No Sticker/No Code

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/1/17

Fixed Asset Tag Number: 10479

RECEIVED

Description of Asset: Mid-Back Management Chair

MAR 01 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.):

Condition of Asset: Broken

Reason for Disposition: Broken

Location of Asset and Desired Date for Removal to Storage: In hallway by PA Conference Room

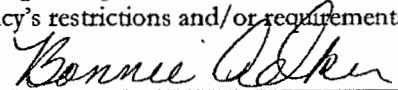
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1261 PA Administration

Signature



To be Completed by: AUDITOR

Original Acquisition Date 3-21-96

G/L Account for Proceeds 1190-3836 *HP*

Original Acquisition Amount \$ 343.20

Original Funding Source 2731

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

MAR 06 2017

BOONE COUNTY AUDITOR

Date: 3/6/17

Fixed Asset Tag Number: none

Description of Asset: 12 parking lot lights

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: fair

Reason for Disposition: upgraded fixtures

Location of Asset and Desired Date for Removal to Storage: FM

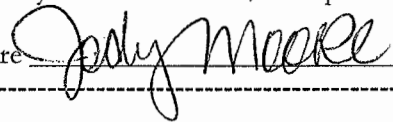
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 6102

Signature



To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 6102-3836

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

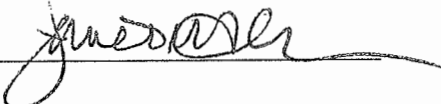
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

RECEIVED

Request for Disposal/Transfer of County Property

MAR 09 2017

Complete, sign, and return to Auditor's Office

BOONE COUNTY
AUDITOR

Date: 3/9/2017

Fixed Asset Tag Number: N/A

Description of Asset: 5 Cell phones & cell phone components; 1 Motorola V3 flip phone & 4 iPhone 4

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: As per County policy for cell phones

Other Information (Serial number, etc.): N/A

Condition of Asset: Motorola unsure, iPhones were still working

Reason for Disposition: Motorola was replaced some time ago; able to upgrade iPhones for 99 cents

Location of Asset and Desired Date for Removal to Storage: Kelle's cube Res Mngmnt, Rm 315 Gvn't Cntr; ASAP

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1720 Building Codes

Signature Kelle Westcott

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature [Signature]

BOONE COUNTY
Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

Date: 3/9/2017

Fixed Asset Tag Number: N/A

MAR 09 2017

Description of Asset: 3 Digital Cameras; 1 Kodak EasyShare & 2 Casio QV-R40

**BOONE COUNTY
AUDITOR**

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: As per County policy sell if worth while

Other Information (Serial number, etc.): N/A

Condition of Asset: Working as far as I know

Reason for Disposition: No longer needed as inspectors can now take photos with tablets


Location of Asset and Desired Date for Removal to Storage: Kelle's cube Res Mngmnt, Rm 315 Gvn't Cntr; ASAP

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1720 Building Codes

Signature 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 NR

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3-7-17

Fixed Asset Tag Number:

Description of Asset:

3 Camera domes for dropped ceiling, lit's - No Cameras -

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset:

Fair

Reason for Disposition:

Replaced

Location of Asset and Desired Date for Removal to Storage:

6.C. Rm 123

Was asset purchased with grant funding? YES NO

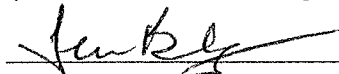
If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name:

FM - Security 6103

Signature



To be Completed by: AUDITOR

NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

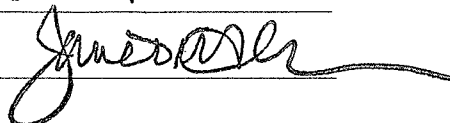
_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature



RECEIVED

MAR 07 2017

BOONE COUNTY AUDITOR

BOONE COUNTY
Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

Date: 03/09/2017

Fixed Asset Tag Number: 11582

MAR 09 2017

Description of Asset: Printer table on rollers

**BOONE COUNTY
AUDITOR**

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: feel free to reuse if able, but we don't feel it's of good enough condition.

Other Information (Serial number, etc.):

Condition of Asset: poor

Reason for Disposition: poor condition and lack of need

Location of Asset and Desired Date for Removal to Storage: Commission office, whenever possible

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1121 Commission

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 5-12-98

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \$107.20

Original Funding Source 2731

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County **RECEIVED**

Complete, sign, and return to Auditor's Office

MAR 17 2017

Date: 3-17-17

Fixed Asset Tag Number:

BOONE COUNTY AUDITOR

Description of Asset:

Execq Vision DVR - Digital Video Recorder - Removed from Bus - G.C. -
HARD DRIVES ALREADY REMOVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

No visible serial #. Model # 1608-48-4000-R2

Condition of Asset:

FUNCTIONAL - OUTDATED

Reason for Disposition:

Replacement

Location of Asset and Desired Date for Removal to Storage:

G.C. - Rm 123 - Any Date

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: FM - SECURITY 6103

Signature 

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 NR

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3-14-17

Fixed Asset Tag Number: NO-TAG

Description of Asset: 6E Symtec 16 DVR - HARD DRIVSS REMOVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

RECEIVED

Other Information (Serial number, etc.): SN# J406-206-890007

MAR 14 2017

Condition of Asset: FUNCTIONAL - OUTDATED

BOONE COUNTY AUDITOR

Reason for Disposition: Replacement

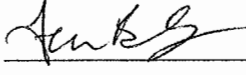
Location of Asset and Desired Date for Removal to Storage: B.C. RM 123, any date.

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 6103 FACILITIES SECURITY

Signature: 

To be Completed by: AUDITOR
Original Acquisition Date: NO DATA

G/L Account for Proceeds: 1190-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

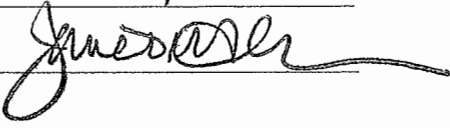
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature: 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3-14-17

Fixed Asset Tag Number: NO-TAG

Description of Asset:

6E STORE SAFE PRO 2 - HARD DRIVE removed

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): SN# D606-YP12-5D 1218

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MAR 14 2017

Condition of Asset:

FUNCTIONAL - OUTDATED

BOONE COUNTY AUDITOR

Reason for Disposition:

REPLACEMENT

Location of Asset and Desired Date for Removal to Storage:

G.C. Rm 1231 any date

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name:

6103 FACILITIES SECURITY

Signature



To be Completed by: AUDITOR

NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3-14-17 Fixed Asset Tag Number: 16422

Description of Asset: GE Sym Disc 16 DVR.

RECEIVED

MAR 14 2017

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): SN# V406-412-750308

Condition of Asset: Functional - OUTDATED - HARD DRIVES REMOVED.

Reason for Disposition:

Replacement

Location of Asset and Desired Date for Removal to Storage: B.C. Rm 123, any date.

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 6103 FACILITIES - SECURITY

Signature: [Signature]

To be Completed by: AUDITOR

Original Acquisition Date 12-21-07

G/L Account for Proceeds 6100-3835 NO

Original Acquisition Amount \$7,800.00

Original Funding Source 2784

Account Group 1604

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature: [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3-14-17

Fixed Asset Tag Number: 16842

Description of Asset: GE Sym Disc 16 DVR - HARD DRIVES removed

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): SN# V406-206-740515

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Condition of Asset: FUNCTIONAL - OUTDATED

MAR 14 2017

Reason for Disposition: Replacement

BOONE COUNTY AUDITOR

Location of Asset and Desired Date for Removal to Storage: G.C. Rm 123, any date

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 6103 FACILITIES - SECURITY 2907 Signature: [Signature]

To be Completed by: AUDITOR

Original Acquisition Date: 12-31-08

G/L Account for Proceeds: 1190-3835 NA

Original Acquisition Amount: \$6,700.00

Original Funding Source: 2782

Account Group: 1604

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name: _____ Number: _____

Location within Department: _____

Individual: _____

Trade Auction Sealed Bids

Other Explain: _____

Commission Order Number: 217-2017

Date Approved: 5-2-17

Signature: [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3-17-17

Fixed Asset Tag Number: No TAG
Removed from the
B.C. ANNSY

Description of Asset:

GE EXTERIOR BULLET CAMERA/MOUNT

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

S/N # 110915671

Condition of Asset:

FUNCTIONAL - OUTDATED

Reason for Disposition:

Replacement.

Location of Asset and Desired Date for Removal to Storage:

6C Rm 123, ANY DATE

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: FM-6103 SECURITY

Signature: 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 NR

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature: 

RECEIVED

MAR 20 2017

BOONE COUNTY AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3-17-17

Fixed Asset Tag Number: NO TAGS

REMOVED FROM
COURTHOUSE
BOX CAMERAS

Description of Asset: GE-PTZ CONTROLLER, KIT-405. 3-6ANZ
36ANZ DOME CAMERAS - 4 BOX CAMERAS W/ MOUNT. 2-24VAC TRANSFORMERS

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

PTZ CONTROL T072600422. Box Cam - 2A013494, 8I063669, IM091188

Condition of Asset: DOME, R1A01143, TJB15677, S1B06227. BOX W/ MOUNT
896003352005

Reason for Disposition: FUNCTIONAL - AUTOATS0

Replacement

Location of Asset and Desired Date for Removal to Storage:

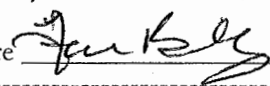
6C Rm 123, ANY DATE

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 6103 FM - SECURITY

Signature: 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature: 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3-17-17

Fixed Asset Tag Number: No TAG

Description of Asset:

6- 6002 Doms Cameras

Removed from the Gov. Course

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Serial #'s BEA45419, BEA45413, EEA38555, EEA38556, EEA38561,

Condition of Asset: EEA38560

Reason for Disposition: Functional - OUTFITS

Location of Asset and Desired Date for Removal to Storage: Replacement
6C Rm 123, 1 Aug DATE

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 6103 IM - Security

Signature: 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

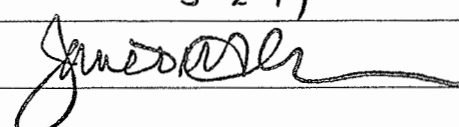
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature: 

BOONE COUNTY
Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

Date: 03/14/17

Fixed Asset Tag Number: 07924

MAR 14 2017

Description of Asset: Meridian Business Phone Model NT4X31

BOONE COUNTY
AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: non-functioning

Reason for Disposition: non-functioning

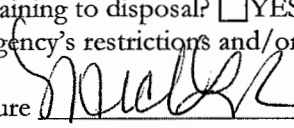
Location of Asset and Desired Date for Removal to Storage: Commission office, as soon as possible

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1121/Commission

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 9-15-93

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \$454.39

Original Funding Source 2731

Account Group 1604

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

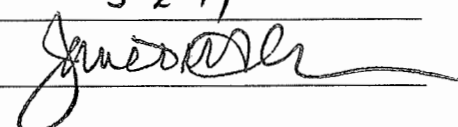
Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

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MAR 14 2017

BOONE COUNTY
AUDITOR

Date: 03/14/17

Fixed Asset Tag Number:

Description of Asset: Brother Electronic Typewriter ~~and ribbons~~

GX-6750

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: It is in working order as far as I know, but I'm not sure how useful it is. Please dispose as you see fit.

Other Information (Serial number, etc.): Serial# F6K514901

Condition of Asset: good

Reason for Disposition: no longer needed

Location of Asset and Desired Date for Removal to Storage: Commission office, as soon as possible


Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1121/Commission

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 HEU

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

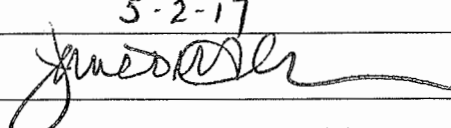
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

Date: 03/14/17

Fixed Asset Tag Number:

MAR 14 2017

Description of Asset: Miscellaneous office supplies

BOONE COUNTY
AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: All seems to be in good repair, but I'm not sure how useful it all is. Please dispose as you see fit.

Other Information (Serial number, etc.):

Condition of Asset: good

Reason for Disposition: no longer needed

Location of Asset and Desired Date for Removal to Storage: Commission office, as soon as possible

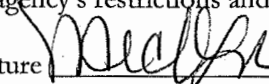
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1121/Commission

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 HLR

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

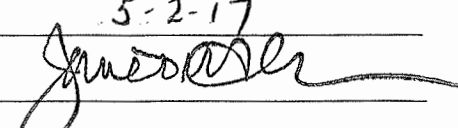
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

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MAR 15 2017

BOONE COUNTY
AUDITOR

Date: 03/15/17

Fixed Asset Tag Number:

Description of Asset: Miscellaneous Mirrors (mirror and clock/mirror combo)

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: whatever you feel is appropriate

Other Information (Serial number, etc.):

Condition of Asset: good

Reason for Disposition: no longer needed

Location of Asset and Desired Date for Removal to Storage: Commission office, as soon as possible

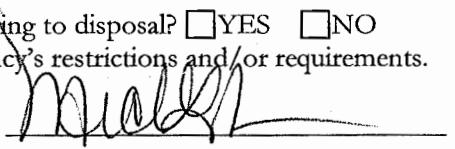
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1121/Commission

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

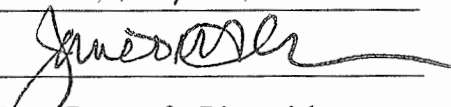
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 03/15/17

FIXED ASSET TAG NUMBER: 11868

DESCRIPTION: Chair

REQUESTED MEANS OF DISPOSAL: Throw away

OTHER INFORMATION: Broken lift cylinder

CONDITION OF ASSET: Poor

REASON FOR DISPOSITION: Chair is broken

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 03/15/17

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff's 1251

SIGNATURE 

RECEIVED

MAR 15 2017

BOONE COUNTY AUDITOR

AUDITOR

ORIGINAL PURCHASE DATE 6-10-99

RECEIPT INTO 2500-3836 

ORIGINAL COST \$419.86

GRANT FUNDED (Y/N) _____

GRANT NAME _____

ORIGINAL FUNDING SOURCE 2752

% FUNDING _____

AGENCY _____

ASSET GROUP 1602

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE 

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 03/15/17

FIXED ASSET TAG NUMBER:

DESCRIPTION: Microwave

REQUESTED MEANS OF DISPOSAL: Throw away

OTHER INFORMATION: Very old and rusty on the inside

CONDITION OF ASSET: Poor

REASON FOR DISPOSITION: Works but old and rusty on the inside

RECEIVED

MAR 15 2017

BOONE COUNTY AUDITOR

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 03/15/17

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff's 1251

SIGNATURE 

AUDITOR

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 1190-3836 NA

ORIGINAL COST _____

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE _____

GRANT NAME _____

% FUNDING _____

AGENCY _____

ASSET GROUP _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 3/16/17

Fixed Asset Tag Number: 14554

RECEIVED

MAR 17 2017

Description of Asset: Chair w/ arms - Seaweed color

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Heavily used

Reason for Disposition: Purchased new chair

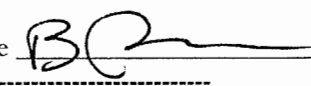
Location of Asset and Desired Date for Removal to Storage: Resource Management

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2045 RM- Design & Const

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 6-23-04

G/L Account for Proceeds 2045-3836 NA

Original Acquisition Amount \$382.20

Original Funding Source 2741

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

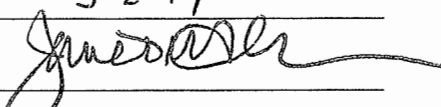
Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 3/16/17

Fixed Asset Tag Number: 10006

RECEIVED

Description of Asset: Cloth Task Chair

MAR 17 2017

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): This chair was moved during remodel of the Government Center. Must have gotten misplaced during the move. Asset tag indicates it belongs to the Treasurer's office dept 1140 but was purchased by 4010 Admin. Building Construction.

Condition of Asset: Heavily used

Reason for Disposition: Purchased new chair

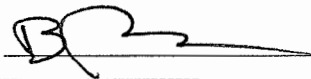
Location of Asset and Desired Date for Removal to Storage: Resource Management

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1710 RM- Building

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 5-11-95

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \$301.76

Original Funding Source 2782

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

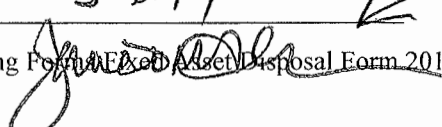
Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

SIGNATURE



BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 3/16/17

Fixed Asset Tag Number: 14458

RECEIVED

Description of Asset: Chair mid-back - blue

MAR 17 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: **BOONE COUNTY AUDITOR**

Other Information (Serial number, etc.):

Condition of Asset: Heavily used - broken

Reason for Disposition: Purchased new chair

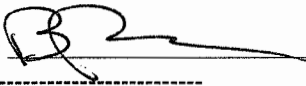
Location of Asset and Desired Date for Removal to Storage: Resource Management

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1720 RM- Building

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 3-2-04

G/L Account for Proceeds 1190-3836 Ha

Original Acquisition Amount \$427.50

Original Funding Source 2731

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 3/16/17

Fixed Asset Tag Number: 14260

RECEIVED

Description of Asset: Chair Managerial

MAR 17 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.):

Condition of Asset: Heavily used

Reason for Disposition: Purchased new chair

Location of Asset and Desired Date for Removal to Storage: Resource Management

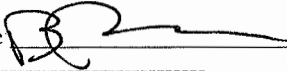
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1720 RM- Building

Signature



To be Completed by: AUDITOR

Original Acquisition Date 12-31-03

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \$396.76

Original Funding Source 2731

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

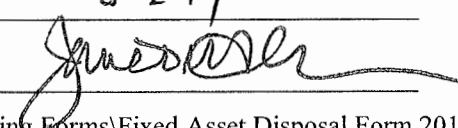
Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 3/16/17

Fixed Asset Tag Number: 09333

RECEIVED

Description of Asset: Task Chair

MAR 17 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: **BOONE COUNTY AUDITOR**

Other Information (Serial number, etc.):

Condition of Asset: Heavily used

Reason for Disposition: Purchased new chair

Location of Asset and Desired Date for Removal to Storage: Resource Management

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1710 RM- Planning

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 5-11-95

G/L Account for Proceeds 1190-3836 NR

Original Acquisition Amount \$301.76

Original Funding Source 2731

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

MAR 17 2017

BOONE COUNTY AUDITOR

Date: 3/16/17

Fixed Asset Tag Number: 14555

Description of Asset: Chair w/ Arms - Seaweed color

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Heavily used

Reason for Disposition: Purchased new chair

Location of Asset and Desired Date for Removal to Storage: Resource Management

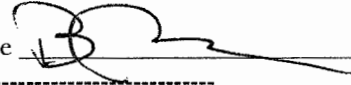
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2045 RM- Design & Const

Signature



To be Completed by: AUDITOR

Original Acquisition Date 6-23-04

G/L Account for Proceeds 2045-3836 HA

Original Acquisition Amount \$382.20

Original Funding Source 2741

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

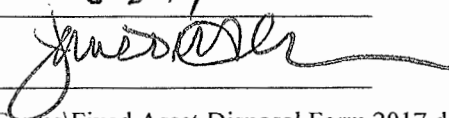
Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature



BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED
MAR 17 2017
BOONE COUNTY AUDITOR

Date: 3/16/17

Fixed Asset Tag Number: none

Description of Asset: Mid-back light green chair

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Heavily used

Reason for Disposition: Purchased new chair


Location of Asset and Desired Date for Removal to Storage: Resource Management

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2045 RM- Design & Const

Signature 

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2045-3836 NO

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

MAR 17 2017

BOONE COUNTY AUDITOR

Date: 3/16/17

Fixed Asset Tag Number: none

Description of Asset: Mid-back light green chair

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Heavily used

Reason for Disposition: Purchased new chair

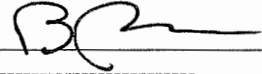
Location of Asset and Desired Date for Removal to Storage: Resource Management

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2045 RM- Design & Const

Signature 

To be Completed by: AUDITOR

NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2045-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/16/17

Fixed Asset Tag Number: none

Description of Asset: Mid-back light green chair

RECEIVED

MAR 17 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.):

Condition of Asset: Heavily used

Reason for Disposition: Purchased new chair

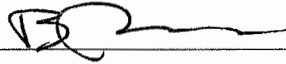
Location of Asset and Desired Date for Removal to Storage: Resource Management

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2045 RM- Design & Const

Signature 

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2045 - 3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 3/13/17 FIXED ASSET TAG NUMBER: 03515

DESCRIPTION: Vertical file cabinet

REQUESTED MEANS OF DISPOSAL: Surplus

RECEIVED

OTHER INFORMATION: _____

MAR 14 2017

CONDITION OF ASSET: fair

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: no longer needed

COUNTY / COURT IT DEPT. (check one) DOES DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: AYEC

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1221 Circuit Clerks SIGNATURE: [Signature]

AUDITOR

ORIGINAL PURCHASE DATE 11-21-83 RECEIPT INTO 1190-3836 na

ORIGINAL COST \$50.00 GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE 2731 GRANT NAME _____

ASSET GROUP 1602 % FUNDING _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE ____ AUCTION ____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE [Signature]

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 3/13/17 FIXED ASSET TAG NUMBER: 11991

DESCRIPTION: Chair

REQUESTED MEANS OF DISPOSAL: Surplus

RECEIVED

MAR 14 2017

OTHER INFORMATION: _____

CONDITION OF ASSET: DOOR

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: replaced

COUNTY / COURT IT DEPT. (check one) DOES DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: AYEC

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1221 SIGNATURE: [Signature]

AUDITOR

ORIGINAL PURCHASE DATE 8-26-99 RECEIPT INTO 1190-3836 NA
ORIGINAL COST \$612.00 GRANT FUNDED (Y/N) _____
ORIGINAL FUNDING SOURCE 2731 GRANT NAME _____
ASSET GROUP 1602 % FUNDING _____
AGENCY _____
DOCUMENTATION ATTACHED (Y/N) _____
TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE [Signature]

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 3/13/17 FIXED ASSET TAG NUMBER: 12901

DESCRIPTION: Chair

REQUESTED MEANS OF DISPOSAL: Surplus

RECEIVED

MAR 14 2017

OTHER INFORMATION: _____

CONDITION OF ASSET: POOR

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: won't lock in

COUNTY / COURT IT DEPT. (check one) DOES DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: AYEC

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1221 Circuit Clerks SIGNATURE Debbie Lee

AUDITOR

ORIGINAL PURCHASE DATE 3-23-01

RECEIPT INTO 1190-3836 NO

ORIGINAL COST \$280.00

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE 2731

GRANT NAME _____

ASSET GROUP 1602

% FUNDING _____

AGENCY _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2617

DATE APPROVED 5-2-17

SIGNATURE [Signature]

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 3/13/17 FIXED ASSET TAG NUMBER: 09318

DESCRIPTION: Chair

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: _____

CONDITION OF ASSET: DOOR

REASON FOR DISPOSITION: replaced

RECEIVED

MAR 14 2017

BOONE COUNTY AUDITOR

COUNTY / COURT IT DEPT. (check one) DOES / DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: AYEC

WAS ASSET PURCHASED WITH GRANT FUNDING? YES / NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1221

SIGNATURE Duane Lee

AUDITOR

ORIGINAL PURCHASE DATE 5-16-95

RECEIPT INTO 1190-3836 NA

ORIGINAL COST \$249.00

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE 2731

GRANT NAME _____

ASSET GROUP 1602

% FUNDING _____

AGENCY _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE [Signature]

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 3/13/17 FIXED ASSET TAG NUMBER: NA

DESCRIPTION: Old Keyboard tray - in box

REQUESTED MEANS OF DISPOSAL: Surplus

RECEIVED

OTHER INFORMATION: _____

MAR 14 2017

CONDITION OF ASSET: POOR

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: replaced

COUNTY / COURT IT DEPT. (check one) DOES DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: AYEC

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1221 Circuit Clerks SIGNATURE: [Signature]

AUDITOR

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 1190-3836 NA

ORIGINAL COST _____

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE _____

GRANT NAME _____

% FUNDING _____

ASSET GROUP _____

AGENCY _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE [Signature]

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 3/13/17 FIXED ASSET TAG NUMBER: NA

DESCRIPTION: Wire Frames

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: _____

CONDITION OF ASSET: Fair

REASON FOR DISPOSITION: no longer needed

COUNTY / COURT IT DEPT. (check one) DOES DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: AYEC

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1221 Circuit Clerk SIGNATURE Debbie Lee

RECEIVED

MAR 14 2017

BOONE COUNTY AUDITOR

AUDITOR

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 1190-3836

ORIGINAL COST _____

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE _____

GRANT NAME _____

% FUNDING _____

ASSET GROUP _____

AGENCY _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE James [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

Date: 3/3/17

Fixed Asset Tag Number: None

MAR 03 2017

Description of Asset: 15 wooden folding tables

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: Some have missing parts

Reason for Disposition: No longer needed by department.

Location of Asset and Desired Date for Removal to Storage: Basement of the City Armory building

3/3/17

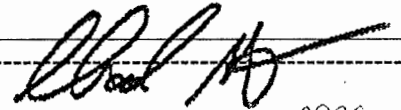
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Comm

Signature



To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

MAR 03 2017

BOONE COUNTY AUDITOR

Date: 3/3/17

Fixed Asset Tag Number: None

Description of Asset: Folding fabric projector screen (city tag 21588)

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: Old

Reason for Disposition: No longer needed by department.

Location of Asset and Desired Date for Removal to Storage: Basement of the City Armory building

3/3/17

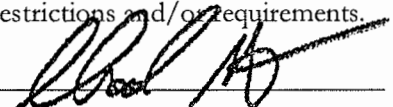
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Comm

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

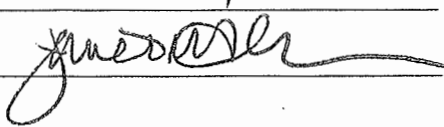
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/3/17

Fixed Asset Tag Number: None

RECEIVED

MAR 03 2017

BOONE COUNTY AUDITOR

Description of Asset: 19 Stacking chairs

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: Old

Reason for Disposition: No longer needed by department.

Location of Asset and Desired Date for Removal to Storage: Basement of the City Armory building

3/3/17

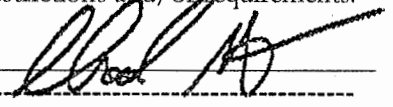
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Comm

Signature



To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 3/3/17

Fixed Asset Tag Number: None

RECEIVED

Description of Asset: Wall mounted fold up board used for a desk

MAR 03 2017

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: Old

Reason for Disposition: No longer needed by department.

Location of Asset and Desired Date for Removal to Storage: Basement of the City Armory building

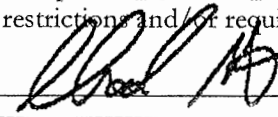
3/3/17

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Comm

Signature 

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2701-3836 HQ

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade ____ Auction ____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: Dictaphone, model 32251-032

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): S/N = 337044

Condition of Asset: unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

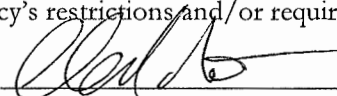
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

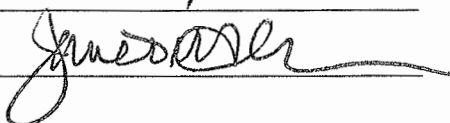
____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature



RECEIVED

FEB 23 2017

BOONE COUNTY AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: Orbacom cabinet with power supply and cables

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

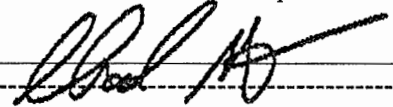
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

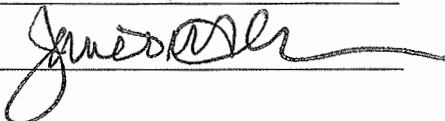
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

RECEIVED

FEB 23 2017

BOONE COUNTY AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: Metal desk with wooden top

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

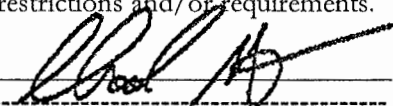
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

RECEIVED

FEB 23 2017

BOONE COUNTY AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: two-door rolling wooden cart

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

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Other Information (Serial number, etc.): N/A

FEB 23 2017

Condition of Asset: unknown

BOONE COUNTY AUDITOR

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

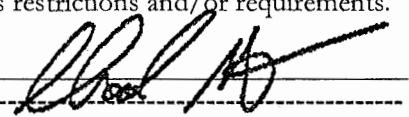
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature



To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2-701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

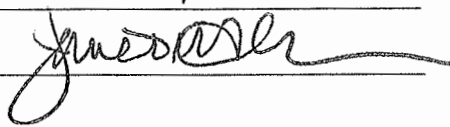
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: 2 position metal desk with overhead cabinets

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset:

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

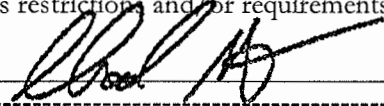
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restriction and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature _____



To be Completed by: AUDITOR

Original Acquisition Date _____ **NO DATA**

G/L Account for Proceeds 2701-3836 **na**

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

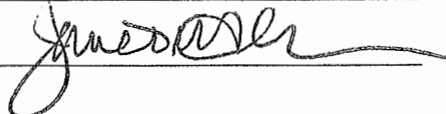
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature _____


RECEIVED

FEB 23 2017

BOONE COUNTY AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: Corner cabinet shelf

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

FEB 23 2017

Other Information (Serial number, etc.): N/A

BOONE COUNTY AUDITOR

Condition of Asset: Unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: 5 old blankets

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FEB 23 2017

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: old

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

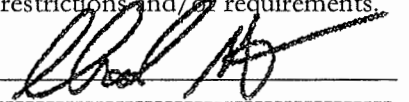
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

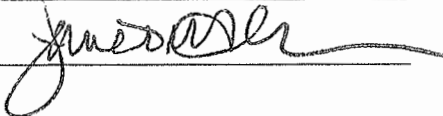
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: Ceiling mounted pull down projection screen (will need to be removed from the ceiling)

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

FEB 23 2017

Other Information (Serial number, etc.): N/A

BOONE COUNTY AUDITOR

Condition of Asset:

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

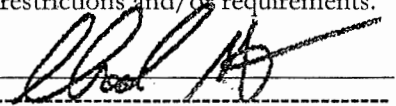
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

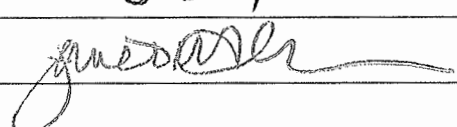
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: white board for wall (divided into graph squares)

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

FEB 23 2017

Other Information (Serial number, etc.): N/A

BOONE COUNTY AUDITOR

Condition of Asset: unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2701-3836 Na.

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

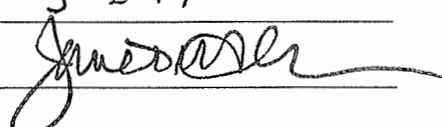
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: 17 office chairs

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

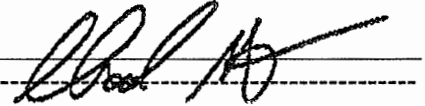
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

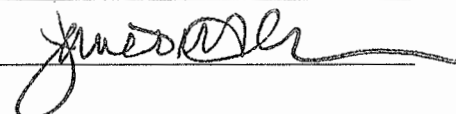
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

RECEIVED

FEB 23 2017

BOONE COUNTY AUDITOR

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: TV with VHS player and rolling cart

RECEIVED

FEB 23 2017

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

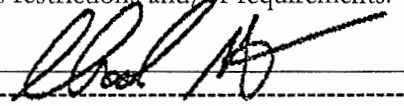
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature _____



To be Completed by: AUDITOR

Original Acquisition Date _____ **NO DATA**

G/L Account for Proceeds **2701-3836 HA**

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

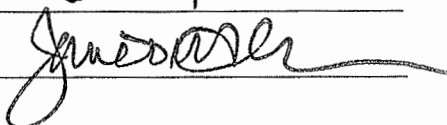
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number **217-2017**

Date Approved **5-2-17**

Signature _____


BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: white board on easel

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

FEB 23 2017

Other Information (Serial number, etc.): N/A

BOONE COUNTY AUDITOR

Condition of Asset: unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

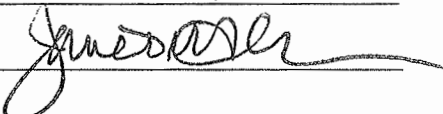
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

RECEIVED

Description of Asset: Large conference room table with power outlets

FEB 23 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: **BOONE COUNTY AUDITOR**

Other Information (Serial number, etc.): N/A

Condition of Asset: Unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

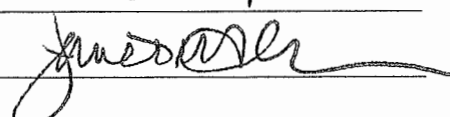
Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: Two printer stands

RECEIVED

FEB 23 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): N/A

Condition of Asset: Unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature _____

To be Completed by: AUDITOR

Original Acquisition Date _____ NO DATA

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature _____

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: Cubicle panels with work station divider

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

FEB 23 2017

Other Information (Serial number, etc.): N/A

BOONE COUNTY AUDITOR

Condition of Asset: Unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

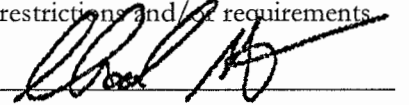
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements

Dept Number & Name: 2701 - Joint Communications

Signature _____



To be Completed by: AUDITOR

Original Acquisition Date _____ **NO DATA**

G/L Account for Proceeds **2701-3836 NA**

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

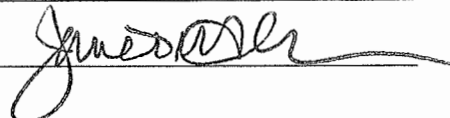
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number **217-2017**

Date Approved **5-2-17**

Signature _____


BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: Lighted map carosel with pedestal stand

RECEIVED

FEB 23 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): N/A

Condition of Asset: Unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements

Dept Number & Name: 2701 - Joint Communications

Signature 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

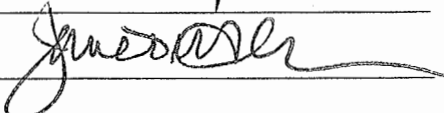
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

RECEIVED

Description of Asset: Metal hanging mail boxes

FEB 23 2017

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: Unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature _____

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature _____

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

RECEIVED

Description of Asset: Radio Shack cassette tape recorder

FEB 23 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): N/A

Condition of Asset: Unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

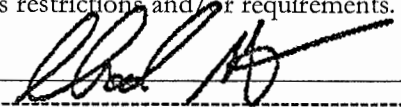
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature _____



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2701-3836 HA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

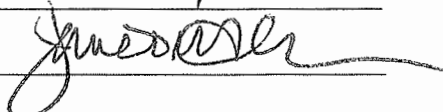
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

RECEIVED

FEB 23 2017

BOONE COUNTY AUDITOR

Date: 2-17-2017

Fixed Asset Tag Number: None

Description of Asset: Hanging dry erase board

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: Unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

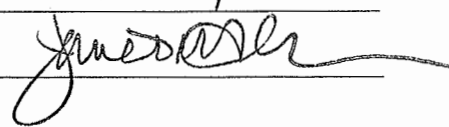
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

RECEIVED

Description of Asset: Brother Copy point CP 2000

FEB 23 2017

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): S/N = U56489D19514509

Condition of Asset: Unknown

Reason for Disposition: No longer needed by department

Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 4/4/17

Fixed Asset Tag Number: 15256

Description of Asset: Humanscale Chair - green

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): purchased in 2005 from Inside the Lines

Condition of Asset: poor - broken arm, fabric in poor condition

Reason for Disposition: poor condition

Location of Asset and Desired Date for Removal to Storage: FM office - as soon as possible

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 6100

Signature Jody Moore

To be Completed by: AUDITOR

Original Acquisition Date 10-13-05

G/L Account for Proceeds 6100-3836 *HA*

Original Acquisition Amount \$683.50

Original Funding Source 2784

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature J. Moore

RECEIVED

APR 04 2017

BOONE COUNTY AUDITOR

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 03/21/17

FIXED ASSET TAG NUMBER: 11039

DESCRIPTION: Handheld Radar Unit

RECEIVED

MAR 21 2017

REQUESTED MEANS OF DISPOSAL:

BOONE COUNTY AUDITOR

OTHER INFORMATION: MPH Speedgun HHM373 990373

CONDITION OF ASSET: Poor/not working properly

REASON FOR DISPOSITION: Unit is not working properly

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 03/21/17

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff's 1251

SIGNATURE 

AUDITOR

ORIGINAL PURCHASE DATE 7-31-97

RECEIPT INTO 1190-3836 NA

ORIGINAL COST \$1,695.00

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE 2746

GRANT NAME _____

% FUNDING _____

ASSET GROUP 1604

AGENCY _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

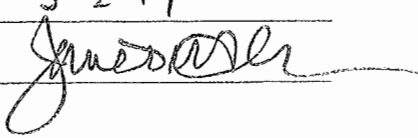
INDIVIDUAL _____

____ TRADE ____ AUCTION ____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE 

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 03/21/17

FIXED ASSET TAG NUMBER: 11040

DESCRIPTION: Handheld Radar Unit

RECEIVED

MAR 21 2017

BOONE COUNTY AUDITOR

REQUESTED MEANS OF DISPOSAL:

OTHER INFORMATION: MPH Speedgun HHM373 990373

CONDITION OF ASSET: Poor/not working properly

REASON FOR DISPOSITION: Unit is not working properly

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 03/21/17

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff's 1251

SIGNATURE 

AUDITOR

ORIGINAL PURCHASE DATE 7-31-97

RECEIPT INTO 1190-3836 na

ORIGINAL COST \$1,695.00

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE 2746

GRANT NAME _____

% FUNDING _____

ASSET GROUP 1604

AGENCY _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

___ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

___ TRADE ___ AUCTION ___ SEALED BIDS

___ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-207

DATE APPROVED 5-2-17

SIGNATURE 

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 03/21/17

FIXED ASSET TAG NUMBER: No Tag

RECEIVED

DESCRIPTION: Handheld Radar Unit

MAR 21 2017

REQUESTED MEANS OF DISPOSAL:

BOONE COUNTY AUDITOR

OTHER INFORMATION: MPH Speedgun HHM373 990373 Serial #HHM373 000119

CONDITION OF ASSET: Poor/not working properly

REASON FOR DISPOSITION: Unit is not working properly

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 03/21/17

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff's 1251

SIGNATURE 

AUDITOR

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 1190-3836

ORIGINAL COST _____

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE _____

GRANT NAME _____

% FUNDING _____

AGENCY _____

ASSET GROUP _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2-17-2017

Fixed Asset Tag Number: None

RECEIVED

Description of Asset: Pyramid Technologies 1000 Series Payroll Recorder

FEB 23 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): N/A

Condition of Asset: Unknown

Reason for Disposition: No longer needed by department

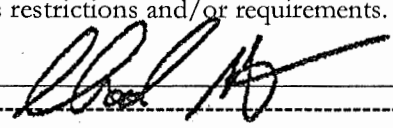
Location of Asset and Desired Date for Removal to Storage: Basement of Armory, 701 E. Ash St., 2-17-2017

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications

Signature 

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 2701-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

EDATE: _____ FIXED ASSET TAG NUMBER: 4164

DESCRIPTION: TELEVISION

REQUESTED MEANS OF DISPOSAL: RECYCLE / TRASH

OTHER INFORMATION: SERIAL 33558676

CONDITION OF ASSET: POOR

REASON FOR DISPOSITION: OUTDATED

RECEIVED

FEB 06 2017

BOONE COUNTY AUDITOR

COUNTY / COURT IT DEPT. (circle one) DOES / DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: IMMEDIATELY

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1210

SIGNATURE Mary Eppin

AUDITOR

ORIGINAL PURCHASE DATE 3-21-84

RECEIPT INTO 1190-3836 NA

ORIGINAL COST \$319.00

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2745

GRANT NAME _____

% FUNDING _____

AGENCY _____

ASSET GROUP 1604

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE [Signature]

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 1/25/17

FIXED ASSET TAG NUMBER: No asset tag

RECEIVED

DESCRIPTION: Energizer AA-AAA 15 minute battery charger with 11 batteries

JAN 31 2017

REQUESTED MEANS OF DISPOSAL: Surplus

BOONE COUNTY AUDITOR

OTHER INFORMATION: This item is located in the Judges Office Reception Desk, Room 235

CONDITION OF ASSET: Good

REASON FOR DISPOSITION: Outdated and no longer use.

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

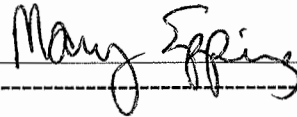
DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE



AUDITOR

ORIGINAL PURCHASE DATE

NO DATA

RECEIPT INTO

1190-3836

NA

ORIGINAL COST

GRANT FUNDED (Y/N)

ORIGINAL FUNDING SOURCE

GRANT NAME

% FUNDING

AGENCY

ASSET GROUP

DOCUMENTATION ATTACHED (Y/N)

TRANSFER CONFIRMED

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER

DEPARTMENT NAME

NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE

AUCTION

SEALED BIDS

OTHER

EXPLAIN

COMMISSION ORDER NUMBER

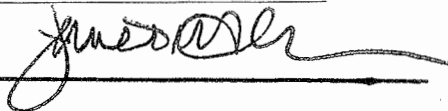
217-2017

DATE APPROVED

5-2-17

SIGNATURE

Revised Sept2015



BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 1/25/17

FIXED ASSET TAG NUMBER: No asset tag

RECEIVED

DESCRIPTION: RadioShack VHS Video Cassette Rewinder

JAN 31 2017

REQUESTED MEANS OF DISPOSAL: Surplus

BOONE COUNTY AUDITOR

OTHER INFORMATION: This item is located in the Judges Office Reception Desk, Room 235

CONDITION OF ASSET: Good

REASON FOR DISPOSITION: Outdated and no longer use.

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

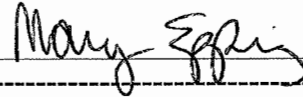
DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE



AUDITOR

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 1190-3836 Her

ORIGINAL COST _____

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE _____

GRANT NAME _____

% FUNDING _____

AGENCY _____

ASSET GROUP _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

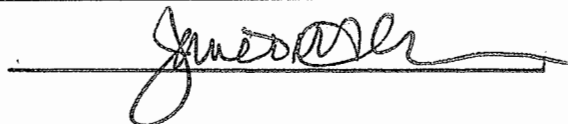
____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE



Revised Sept2015

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 02/01/2017 Fixed Asset Tag Number: <none>
 Description of Asset: Wireless LAN Controller / AIR-WLC2106-K9
 Requested Means of Disposal: Recycle/Trash
 Other Information: SERIAL NUMBER: JMX1510Z0A8
 Condition of Asset: BROKEN
 Reason for Disposition: BROKEN/NO LONGER FUNCTIONS
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

RECEIVED
 FEB 02 2017
BOONE COUNTY AUDITOR

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 1210

SIGNATURE: *Mary Eppin*

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Acct for Proceeds 1190-3836 *HA*

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

_____ Transfer Department Name: _____ Number _____

Location within Department: _____

Individual: _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approve: _____
 Signature *[Signature]*

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

JAN 19 2017

BOONE COUNTY
AUDITOR

Date: 01/18/2017

Fixed Asset Tag Number: 10109

Description of Asset: office chair

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: bad

Reason for Disposition: not comfortable to use

Location of Asset and Desired Date for Removal to Storage: Public Administrator Office/Court House

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1200 Public Administrator Office

Signature *Janja B Boone*

To be Completed by: AUDITOR

Original Acquisition Date 5-11-95

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \$301.76

Original Funding Source 2782

Account Group 1602

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature *James [unclear]*

BOONE COUNTY
REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 1/19/17

FIXED ASSET TAG NUMBER: 16449

DESCRIPTION: **Sprint Palm Blackberry phone**

REQUESTED MEANS OF DISPOSAL: **Surplus**

OTHER INFORMATION: **The phone is located at the reception desk in the Judges Office, Room 235, Boone County Courthouse**

CONDITION OF ASSET: **Good**

REASON FOR DISPOSITION: **Outdated**

RECEIVED

JAN 20 2017

BOONE COUNTY AUDITOR

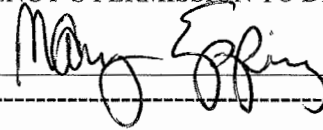
COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: **ASAP**

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: **Circuit Court 1210**

SIGNATURE



AUDITOR

ORIGINAL PURCHASE DATE 3-4-08

RECEIPT INTO 1190-3836

Ha

ORIGINAL COST \$1.00

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE 2731

GRANT NAME _____

% FUNDING _____

ASSET GROUP 1604

AGENCY _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

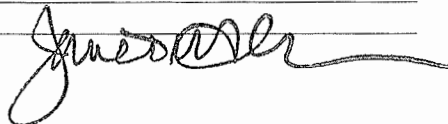
INDIVIDUAL _____

____ TRADE ____ AUCTION ____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 1-20-2017

Fixed Asset Tag Number: None

RECEIVED

Description of Asset: Office cubicles from 609 E. Walnut

JAN 20 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): None

Condition of Asset: Old

Reason for Disposition: No longer in use by department

Location of Asset and Desired Date for Removal to Storage: N/A

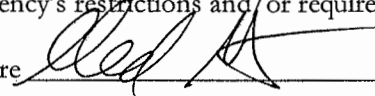
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701/Joint Communications

Signature



To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 HP

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 1-20-2017

Fixed Asset Tag Number: None

Description of Asset: Arm rest cushions for office chairs. 2 boxes of misc office chair parts

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

JAN 20 2017

Other Information (Serial number, etc.): None

BOONE COUNTY AUDITOR

Condition of Asset: Old

Reason for Disposition: No longer in use by department

Location of Asset and Desired Date for Removal to Storage: Basement of 600 E. Walnut Street

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701/Joint Communications

Signature

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 HR

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature [Signature]

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 1-20-2017

Fixed Asset Tag Number: None

RECEIVED

Description of Asset: Box of PC speakers

JAN 20 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain **BOONE COUNTY AUDITOR**

Other Information (Serial number, etc.): None

Condition of Asset: Old

Reason for Disposition: No longer in use by department

Location of Asset and Desired Date for Removal to Storage: Basement of 600 E. Walnut Street

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701/Joint Communications

Signature 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 1-20-2017

Fixed Asset Tag Number: None

RECEIVED

Description of Asset: Button making kit

JAN 20 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain **BOONE COUNTY AUDITOR**

Other Information (Serial number, etc.): None

Condition of Asset: Old

Reason for Disposition: No longer in use by department

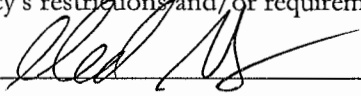
Location of Asset and Desired Date for Removal to Storage: Basement of 600 E. Walnut Street

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701/Joint Communications

Signature 

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

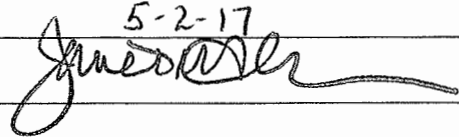
Individual _____

____ Trade ____ Auction ____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 1/30/17

FIXED ASSET TAG NUMBER: 04953

DESCRIPTION: Brown metal typing table

REQUESTED MEANS OF DISPOSAL: no longer needed

OTHER INFORMATION:

CONDITION OF ASSET: good

REASON FOR DISPOSITION: no longer needed - Bob Schwartz will be the contact person here

COUNTY / COURT IT DEPT. (check one) DOES / DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 1/31/17

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff-Jail

SIGNATURE

Capt J. Schwartz

AUDITOR

ORIGINAL PURCHASE DATE Already retired in system

RECEIPT INTO 1190-3836 NA

ORIGINAL COST _____

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE _____

GRANT NAME _____

% FUNDING _____

AGENCY _____

ASSET GROUP _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE _____ AUCTION _____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED _____

SIGNATURE _____

RECEIVED

JAN 31 2017

BOONE COUNTY AUDITOR

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 1-20-2017

Fixed Asset Tag Number: None

Description of Asset: Dry erase board

RECEIVED

JAN 20 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): None

Condition of Asset: Old

Reason for Disposition: No longer in use by department

Location of Asset and Desired Date for Removal to Storage: Basement of 600 E. Walnut Street

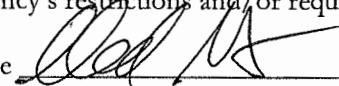
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701/Joint Communications

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

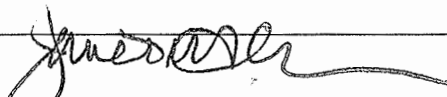
____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature



BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 1-20-2017

Fixed Asset Tag Number: None

Description of Asset: Four drawer filing cabinet (has old city tag # 5857 on it)

RECEIVED

JAN 20 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: **BOONE COUNTY AUDITOR**

Other Information (Serial number, etc.): None

Condition of Asset: Old

Reason for Disposition: No longer in use by department

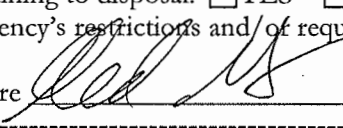
Location of Asset and Desired Date for Removal to Storage: Basement of 600 E. Walnut Street

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701/Joint Communications

Signature 

To be Completed by: AUDITOR NO DATA

Original Acquisition Date _____

G/L Account for Proceeds 1190-3836 *HR*

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 1-20-2017

Fixed Asset Tag Number: None

Description of Asset: Poloroid ID camera

RECEIVED
JAN 20 2017
BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): None

Condition of Asset: Old

Reason for Disposition: No longer in use by department

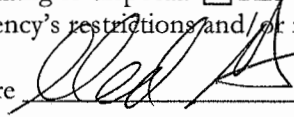
Location of Asset and Desired Date for Removal to Storage: Basement of 600 E. Walnut Street

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701/Joint Communications

Signature 

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-7017

Date Approved Jan 5 2017

Signature 

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 1-20-2017

Fixed Asset Tag Number: None

RECEIVED

Description of Asset: TV wall mount

JAN 20 2017

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain **BOONE COUNTY AUDITOR**

Other Information (Serial number, etc.): None

Condition of Asset: Old

Reason for Disposition: No longer in use by department

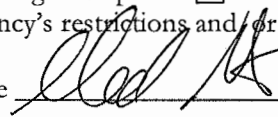
Location of Asset and Desired Date for Removal to Storage: Basement of 600 E. Walnut Street

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701/Joint Communications

Signature 

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

____ Trade _____ Auction _____ Sealed Bids

____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 1-20-2017

Fixed Asset Tag Number: None

Description of Asset: Four boxes of form feed paper

RECEIVED

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

JAN 20 2017

Other Information (Serial number, etc.): None

BOONE COUNTY AUDITOR

Condition of Asset: Old

Reason for Disposition: No longer in use by department

Location of Asset and Desired Date for Removal to Storage: Basement of 600 E. Walnut Street

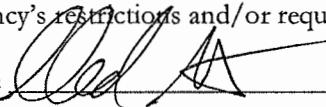
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701/Joint Communications

Signature



To be Completed by: AUDITOR

Original Acquisition Date _____ *NO DATA*

G/L Account for Proceeds 1190-3836 NR

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Scaled Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-3-17 

Signature _____

BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 1-20-2017

Fixed Asset Tag Number: None

Description of Asset: Misc. office supplies

RECEIVED

JAN 20 2017

BOONE COUNTY AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): None

Condition of Asset: Old

Reason for Disposition: No longer in use by department

Location of Asset and Desired Date for Removal to Storage: Basement of 600 E. Walnut Street

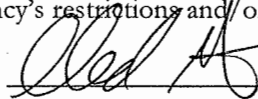
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701/Joint Communications

Signature _____



To be Completed by: AUDITOR

Original Acquisition Date _____ *NO DATA*

G/L Account for Proceeds 1190-3836 *HA*

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

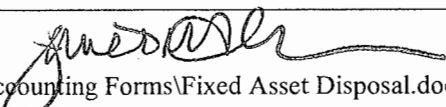
_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature _____



BOONE COUNTY
Request for Disposal/Transfer of County Property
Complete, sign, and return to Auditor's Office

Date: 1-20-2017

Fixed Asset Tag Number: None

Description of Asset: One Sony tape player/recorder and one Optimus tape player, both with tapes and cases

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

Other Information (Serial number, etc.): None

Condition of Asset: Old

Reason for Disposition: No longer in use by department

Location of Asset and Desired Date for Removal to Storage: Basement of 600 E. Walnut Street

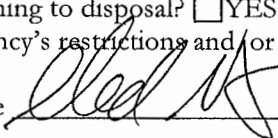
Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701/Joint Communications

Signature



To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 #2

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

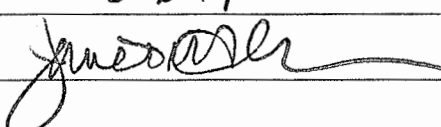
Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature 

RECEIVED
JAN 20 2017
BOONE COUNTY AUDITOR

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 09/20/16

FIXED ASSET TAG NUMBER: 100⁰97

DESCRIPTION: Cloth Task Chair – Green

RECEIVED

REQUESTED MEANS OF DISPOSAL:

SEP 20 2016

OTHER INFORMATION: No asset tag found. Estimate purchase year – 1995.

BOONE COUNTY AUDITOR

CONDITION OF ASSET: Poor – Lift mechanism non-working.

REASON FOR DISPOSITION:

COUNTY / COURT IT DEPT. (circle one) DOES / DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

LOCATION OF ASSET AND DESIRED DATE FOR ASSET REMOVAL TO STORAGE: In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Information Technology ¹¹⁷⁰

SIGNATURE

Judy Fisher

AUDITOR

ORIGINAL PURCHASE DATE 5/11/95

RECEIPT INTO 1190-3836

ORIGINAL COST \$301.76

GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE 2782

GRANT NAME _____

% FUNDING _____

ASSET GROUP 1602

AGENCY _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER

DEPARTMENT NAME _____

NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE

____ AUCTION

____ SEALED BIDS

____ OTHER

EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE

J. [Signature]

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 9/28/2016

FIXED ASSET TAG NUMBER: 11392

DESCRIPTION: Chair - Blue

REQUESTED MEANS OF DISPOSAL: Remove from PA Office

RECEIVED

OTHER INFORMATION: Chair is located in the hall by prosecutor's office conference room.

SEP 28 2016

CONDITION OF ASSET: Broken

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: Broken - Height is no longer adjustable

COUNTY / COURT IT DEPT. (check one) DOES DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: When convenient

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Prosecuting Attorney

SIGNATURE

Bonnie Adams

AUDITOR

ORIGINAL PURCHASE DATE Already Retired in System

RECEIPT INTO 1190-3836

HA

ORIGINAL COST _____

GRANT FUNDED (Y/N) _____

GRANT NAME _____

ORIGINAL FUNDING SOURCE _____

% FUNDING _____

AGENCY _____

ASSET GROUP _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER

DEPARTMENT NAME _____

NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE

____ AUCTION

____ SEALED BIDS

____ OTHER

EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE _____

[Signature]

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 10/06/16

FIXED ASSET TAG NUMBER: 19761

DESCRIPTION: Speedqueen Electric Dryer

RECEIVED

OCT 0 / 2016

REQUESTED MEANS OF DISPOSAL: Trash

BOONE COUNTY AUDITOR

OTHER INFORMATION: This is an industrial dryer that was completely ruined in a dryer fire

CONDITION OF ASSET: no longer usable - can't be repaired - door and panel blown off during the fire

REASON FOR DISPOSITION: trashed

COUNTY / COURT IT DEPT. (check one) DOES / DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: asap

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff-Jail (attn. Atwell) 1255 SIGNATURE _____

AUDITOR

ORIGINAL PURCHASE DATE 8-27-16 RECEIPT INTO 1190-3836 na

ORIGINAL COST \$4,797.00 GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2731 GRANT NAME _____

ASSET GROUP 1604 % FUNDING _____

AGENCY _____

DOCUMENTATION ATTACHED (Y/N) _____

TRANSFER CONFIRMED _____

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

____ TRANSFER DEPARTMENT NAME _____ NUMBER _____

LOCATION WITHIN DEPARTMENT _____

INDIVIDUAL _____

____ TRADE ____ AUCTION ____ SEALED BIDS

____ OTHER EXPLAIN _____

COMMISSION ORDER NUMBER 217-2017

DATE APPROVED 5-2-17

SIGNATURE 


10/7/16

BOONE COUNTY
Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 10/17/16

Fixed Asset Tag Number: No Tag

RECEIVED

Description of Asset: Desk

OCT 17 2016

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.):

Condition of Asset: Old but functional

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage: Amanda Douglass's office - When new furniture arrives this week.

Was asset purchased with grant funding? YES NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? YES NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1261 Prosecuting Attorney

Signature

Bonnie Adkins

To be Completed by: AUDITOR

Original Acquisition Date NO DATA

G/L Account for Proceeds 1190-3836 *HA*

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____ Transfer Department Name _____ Number _____

Location within Department _____

Individual _____

_____ Trade _____ Auction _____ Sealed Bids

_____ Other Explain _____

Commission Order Number 217-2017

Date Approved 5-2-17

Signature *[Signature]*

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

May Session of the April Adjourned

Term. 20 17

County of Boone

In the County Commission of said county, on the

2nd

day of

May

20

17

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

Now on this day the County Commission of the County of Boone does hereby award bid 48-15DEC16 – Early Childhood Prevention Programs as follows:

Vendor: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Program: Boone County Early Childhood Coalition
Contract awarded through December 31, 2019, not to exceed \$1,888,203.34

Vendor: Moberly Area Community College
Program: Boone County Children’s Services Fund Quality Child Care
Contract awarded through December 31, 2019, not to exceed \$1,626,007.40

Terms of the bid award are stipulated in the attached Agreements for Purchase of Services. It is further ordered the Acting Presiding Commissioner is hereby authorized to sign said Agreements.

Done this 2nd day of May, 2017

ATTEST:

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

Absent
Daniel K. Atwill
Presiding Commissioner

Fred J. Parry
Fred J. Parry
District I Commissioner

Janet M. Thompson
Janet M. Thompson
Acting Presiding 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: April 24, 2017
RE: RFP Award Recommendation: *48-15DEC16 – Early Childhood Prevention Programs*

Request for Proposal *48-15DEC16 – Early Childhood Prevention Programs* closed on December 15, 2016. Five proposal responses were received.

Recommendation for award is as follows:

Vendor: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Program: Boone County Early Childhood Coalition
Contract from date of award through December 31, 2019
Not to exceed contract amount: \$1,888,203.34

Vendor: Moberly Area Community College
Program: Boone County Children's Services Fund Quality Child Care
Contract from date of award through December 31, 2019
Not to exceed contract amount: \$1,626,007.40

Attached are the review team's evaluation and score sheets and the Request for Proposal Opening.

Invoices will be paid from department 2161 – CCS Funding Opportunities, account 71106 – Contracted Services. \$4,000,000 is budgeted.

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

Proposals Received for RFP #48-15DEC16

Organization Name	Name of Program or Project
The Curators of the University of Missouri on behalf of the College of Human Environmental Sciences	Boone County Children's Initiative (BCCI)
The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Boone County Early Childhood Coalition
The Curators of the University of Missouri (on behalf of the Department of Human Development and Family Science Center for Family Policy and Research)	Promoting Social and Emotional Wellness of Young Children in Boone County
Moberly Area Community College	BCCSF Quality Childcare Grant
Compass Health, Inc.	Family Check-Up



AGREEMENT FOR PURCHASE OF SERVICES Boone County Early Childhood Coalition

THIS AGREEMENT dated the 2nd day of May, 2017 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 BCECC.

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, BCECC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; 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 BCECC

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

2. **Contract Documents.** BCECC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #48-15DEC16 (Purchase of Services), any addenda, and BCECC’s response to the County of Boone’s Request for Proposal and addenda, 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 BCECC’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 BCECC and BCECC agrees to furnish the **Boone County Early Childhood Coalition (BCECC)** 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 BCECC’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 **\$1,888,203.34** 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, 2019 subject to the provisions for termination specified below. BCECC agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

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
Triple P (Universal) Campaign*	1 campaign	\$91,288.91	3	\$273,866.73
Training for Triple P (Level 2,3, and 4)	1 trainee	\$4,276.68	60	\$256,600.80
Triple P Interventions (Level 2 and 3)	1 visit	\$75.00	3300	\$247,500.00
Development of Screening Hub	1 hour	\$49.77	4760.25	\$236,917.64
Social Emotional Focused Screenings	1 screening	\$156.93	2000	\$313,860.00
Triple P Prevention Support	15 minutes	\$12.31	6425	\$79,091.75
Program Development and Implementation	15 minutes	\$22.74	17,166	\$390,354.84
Evaluation	15 minutes	\$10.82	8319	\$90,011.58
*Actual Costs, up to \$91,288.91 per campaign will be reimbursed for this service. An Accounting of Funds will be required when seeking reimbursement.				

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 BCECC, 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 BCECC to monitor service delivery and program expenditures. BCECC agrees to submit to the BCCSB an Interim Report by July 31, 2017 for the period beginning with the date of contract execution to June 30, 2017 and a Year End Final Report by January 31, 2018, for the period of contract execution through December 31, 2017. BCECC agrees to submit to the BCCSB another Interim Report by July 31, 2018 for the period beginning with the January 1, 2018 to June 30, 2018 and a Year End Final Report by January 31, 2019, for the period January 1, 2018 through December 31, 2018. BCECC also agrees to submit to the BCCSB another Interim Report by July 31, 2019 for the period January 1, 2019 to June 30, 2019 and a Year End Final Report by January 31, 2020, for the period of January 1, 2019 through December 31, 2019. Variations on this date may be requested by BCECC and, if so stipulated, are noted on this contract document. Payments may be withheld from BCECC 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. BCECC agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** BCECC 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 BCECC, 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.** BCECC 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 BCECC'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, BCECC 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 BCECC 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 BCECC 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 BCECC's policies and procedures and in accordance with any local/state/federal regulations. BCECC 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. BCECC must comply with Missouri law regarding confidentiality of client records.

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

16. **Subcontracts.** BCECC may enter into subcontracts for components of the contracted service as BCECC 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, BCECC 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.** BCECC agrees to comply with Missouri State Statute section 285.530. BCECC 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. BCECC shall require each subcontractor to affirmatively state in its Agreement with the BCECC 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.** BCECC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against BCECC or any individual acting on the BCECC's behalf, including subcontractors, which seek to enjoin or prohibit BCECC from entering into this contract agreement of performing its obligations under this agreement.

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

20. **Failure to Perform/Default.** In the event BCECC, 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 BCECC 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 BCECC 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, BCECC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the BCECC 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, BCECC 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 **Moberly Area Community College**, (meaning anyone, including but not limited to consultants having a contract with BCECC or subcontractor for part of the services), or anyone directly or indirectly employed by BCECC, or of anyone for whose acts BCECC 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.** BCECC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. BCECC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. BCECC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. BCECC 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 BCECC. The BCCSB does not recognize any of the BCECC'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.** BCECC shall keep and maintain all records relating to this contract 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.

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 BCECC 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**

By: Karen M Geren
Signature

Karen M Geren
Pre-Award Manager / Authorized Signer
By: Sponsored Programs Administration
Printed Name/ Title

APPROVED AS TO FORM:
[Signature]
County Counselor

Boone County, Missouri

By: Boone County Commission
[Signature]
JANET M. THOMPSON, ACTING PRESIDING COMMISSIONER

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

ATTEST:
[Signature]
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Jane Pitchford by jj 04/25/17 (2161/71106/\$1,888,203.34)
Signature Date Appropriation Account

The Curators of the University of Missouri (on behalf of the Department of Psychiatry) – Boone County Early Childhood Coalitions Chart of Outputs & Rates

Service Description	Unit Measurement	Unit Rate	Total Amount Requested Yr. 1	Total Amount Requested Yr. 2	Total Amount Requested Yr. 3	Total Amount Requested Yr. 1 - Yr. 3
Triple P (Universal) Campaign	1 campaign	\$91,288.91	\$91,288.91 (1)	\$91,288.91 (1)	\$91,288.91 (1)	\$273,866.73
Training for Triple P (Level 2,3, and 4)	1 trainee	\$4,276.68	\$85,533.60 (20)	\$85,533.60 (20)	\$85,533.60 (20)	\$256,600.80
Triple P Interventions (Level 2 and 3)	1 visit	\$75.00	\$67,500 (900)	\$90,000.00 (1200)	\$90,000.00 (1200)	\$247,500.00
Development of Screening Hub	1 hour	\$49.77	\$64,613.90 (1298.25)	\$86,151.87 (1731)	\$86,151.87 (1731)	\$236,917.64
Social Emotional Focused Screenings	1 screening	\$156.93	\$78,465.00 (500)	\$117,697.50 (750)	\$117,697.50 (750)	\$313,860.00
Triple P Prevention Support	15 minutes	\$12.31	\$15,818.35 (1285)	\$31,636.70 (2570)	\$31,636.70 (2570)	\$79,091.75
Program Development and Implementation	15 minutes	\$22.74	\$109,561.32 (4818)	\$140,396.76 (6174)	\$140,396.76 (6174)	\$390,354.84
Evaluation	15 minutes	\$10.82	\$30,003.86 (2773)	\$30,003.86 (2773)	\$30,003.86 (2773)	\$90,011.58
Corrected totals with 1st year reductions			\$542,784.94	\$672,709.20	\$672,709.20	\$1,888,203.34

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
Email: mbobbitt@boonecountymo.org

February 3, 2017

The Curators of the University of Missouri
On Behalf of the Department of Psychiatry
Office of Sponsored Programs
Attn: Craig David, Director, OSPA and Laine M. Young-Walker, Vice-Chair
115 Business Loop 70W
Columbia, MO 65211-0001
grantsdc@missouri.edu & youngwalkerl@health.missouri.edu

RE: Clarification to 48-15DEC16 – Early Childhood Prevention Programs

Dear Mr. David and 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. February 3, 2017 by e-mail to mbobbitt@boonecountymo.org

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

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

Sincerely,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

BOONE COUNTY - MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: 48-15DEC16 – *Early Childhood Prevention Programs*

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

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

As we have worked to respond to these questions we have revised some of the costs within the program services. The initial overall proposed budget was \$3,005,658. The budget has been revised and the overall current proposed budget is \$2,845,938. We have reduced all program services, some have deeper reductions than others. Overall, the total budget is \$159,721 less than originally proposed.

- 1) Provide updated Organization Chart in the Organization Profile section.
See attached
- 2) Update the Governing Board Members.
See attached
- 3) Provide information on employers, expertise/experience/qualifications for all Governing Board Members.
See attached
- 4) Provide accreditation information for MU or the Department of Psychiatry.
See attached
- 5) Upload the most recent Form 990.
See attached
- 6) The project seems very personnel heavy as detailed in the Project Personnel Information section. Please provide a justification for the all the staff and a brief outline of their duties.
Staff on the program include:
 - 1) **Program Lead 1—will be trained in Triple P interventions and lead the training and implementation of Triple P interventions. Specifically they will work with primary care providers and home visitation agencies to obtain training and to implement individual and group interventions. This person will also lead the literacy efforts.**
 - 2) **Program Lead 2—will lead the Screening initiative, working closely with FACE in developing the screening hub, providing education to the community (re: the social-emotional screening tool and access to the hub through FACE).**
 - 3) **Support Staff—aid the Program Lead 1 and 2 in implementation of all interventions.**
- 7) In the Project Personnel Information section, there are four staff member listed at .05 FTE, is this correct? Please provide more information.
Coordination with existing Boone County funded projects is very important. We plan to utilize the expertise of the coordinators of the SOAR program (Wendy, Melody) and EC-

PBS (Vicki). We also have an established relationship with an individual with parenting education experience (Carrie) to provide support to the Program leads of this project in order to aid with implementation. Their time on this project will be to aid with smooth implementation and coordinate with existing activities.

- 8) Service #1 – Provide more information about the campaign and justification for the proposed budgeted amount of \$278,972.49.
The revised budgeted amount for the entire project (Years 1-3) for program service 1 is \$273,866.72. This includes personnel costs of \$70,143.98 and campaign costs of \$203,722.75. The campaign costs include TV ads, radio ads, print media, campaign materials on signs and transportation, communications support and branding, social and digital media, website development and work with other early child providers (parent educators and primary care providers) to promote and share the public awareness campaign material.
- 9) Service #1 – Provide a description of how the population will be surveyed as described in the Outcome/Method of Measurement section. Include information on the distribution of this survey as well as the collection of data.
The survey will target parents/caregivers of young children in Boone County. Participants will be surveyed via random dial (landlines and cell phones). Census data will be used to calculate a representative sample of Boone County and the number of completed surveys will secure a margin of error of plus or minus 5%, at the 95% confidence level.
- 10) Service #2 – Have any MOUs been developed with parent educators and primary care providers to agree to attend these trainings?
We have MOU's developed with Centralia Parents as Teachers, Dr. Nathan Beucke, and Dr. Kristen Sohl with the University of Missouri. These were submitted with the original application. We communicated with Columbia Parents as Teachers but there was not enough time for her to get the MOU completed.
- 11) Service #2 – Per the information uploaded into the Apricot System, it would cost approximately \$4,352.96 to train one person. This is very expensive. Provide justification for this budget amount of \$261,177.80.
The revised budgeted amount for the entire project (Years 1-3) for program service 2 is \$256,601.05. The total training cost per person is \$4,276.68 This training cost includes training 60 providers in Triple P one of the most effective evidence-based parenting programs. This training will be provided by the developers of the Triple P Program who will come to Columbia to train 20 providers annually for 3 years in Level 2, 3 and 4 interventions. This will give parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing. It is estimated that the Triple P interventions of the parent educators and primary care providers will impact 11,000 parents.
- 12) Service #3 – Will primary care physicians and parent educators have the time during their visits to provide the Level 3 interventions? Please provide more information.
In conversations we have had with physicians and parent educators there is much enthusiasm and excitement at being trained and implementing Triple P interventions. We

have MOU's with multiple pediatricians. Parent educators have committed to working with us and we are continuing to get MOU's. We have been informed that these providers will be able to implement the Triple P interventions in their practice.

- 13) Service #3 – Provide more information about the possibility of primary care physicians billing health insurance for this service.
Level 2 and 3 individual interventions will occur in the context of regularly scheduled appointments. We are not billing the board for these visits in the primary care settings. The group interventions (seminars and discussion groups) are not billable to Medicaid.
- 14) Service #3 – Provide an explanation describing why there is no mention of Level 4 interventions. **We believe that it is critical for the physicians and parent educators to have knowledge of level 4 interventions and to be poised to implement them. Therefore, we would provide training in these interventions, which will allow the providers to move to the next level when needed. The provision of training on level 4 interventions creates sustainability of the practices within the Triple P continuum and could lead to future efforts and funding.**
- 15) Service #3 – Who will provide the Seminar Series and Discussion Groups?
The primary care providers and parent educators will provide the seminar series and the discussion groups. The Project Lead 1 and Support Staff will help them with implementation.
- 16) Service #3 - Have any MOUs been developed with other parent educators in the county and primary care providers in other practices to agree to provide the interventions?
MOU's have been developed and submitted with Centralia Parents as Teachers and Dr. Beucke. These were submitted with the proposal. Additional MOU's are included for more pediatricians at South Providence Medical Building and Tiger Pediatrics. In addition, we are working on MOU's with Columbia, Hallsville and Harrisburg Parents as Teachers.
- 17) Service #3 - Per the information uploaded into the Apricot System, it would cost approximately \$241.41 per hour to provide these interventions. This is very expensive. Provide justification for this budget amount of \$602,551.04.
The revised budgeted amount for the entire project (Years 1-3) for program service 3 is \$599,113.78. This includes personnel costs of \$74,668.50 and Triple P implementation cost of \$524,445.28. Over the three years 18 parent educators will be supported part time to aid with implementation of Triple P interventions in the children and families they serve. Also, discussion groups and seminar series will be supported through funding.
- 18) Service #4 – Provide a timeline for development and implementation of the Screening Hub.
**Months 1-6:
Develop the social-emotional screening tool in coordination with FACE. This will be a downward extension of the current screening tool with a focus on social-emotional development of children ages birth to kindergarten. Work with the programmer in development.**
**Months 6-12:
Social-Emotional screening made available to the community. Initiate education of partners involved in the project and the FACE ECC staff mental health person on the tool and use of the hub.**

**Year 2 and 3— Widespread use of the screening tool and implementation of the hub.
Continue education and training of the community re: use of the hub and referral sources.**

- 19) Service #4 – Provide justification for the budget amount of \$149,905.08.
The revised budgeted amount for the entire project (Years 1-3) for program service 4 is \$258,460.32. This includes personnel costs of \$30,339.78 and Screening Hub Development cost of \$228,120.55. This is higher than the original proposed amount due to a calculation error that was found when reviewing the budget. Included in the Screening Hub Development cost is the cost for programming time, work with FACE coordinator and an early child liaison case manager at FACE.
- 20) Service #5 – Further explain the use of the proposed screening tools for this service? Will ASQ continue to be used or will there be a new screening introduced?
There is not a possibility to add the ASQ to the current Boone County Funded FACE tool. As a result we will not use the ASQ, however we will not discourage the use of the ASQ as it is an evidence based tool that the community has been trained to use. We will pilot using the newly created social-emotional screening tool and the ASQ for a period of time in order to obtain validity and reliability data, including local norms, for the tool.
- 21) Service #5 – Provide more information on the five providers, as listed in the Outcomes section, who will conduct the SE screenings.
Screenings will be completed by the FACE liaison, the Program Lead #2, and additional providers who are trained to implement Triple P. We plan to start a pilot of 3 trained providers utilizing and inputting the screen in the hub. We will evaluate the success and plan to increase the number of providers conducting and inputting the screens in the screening hub.
- 22) Service #5 – Provide clarification on the numbers listed in Indicator (#5-1) that states that 1500 children will be screened but in the Output section it states that 2250 Unduplicated Individuals will be served.
This was an error. For program service 5 a total of 2250 will be screened (750 per year).
- 23) Service #5 - Provide justification for the budget amount of \$332,486.72.
The revised budgeted amount for the entire project (Years 1-3) for program service 5 is \$353,083.70. This includes personnel costs of \$288,529.30 and screening cost of \$64,554.40. Screening cost will include supplies, copies and travel to complete screenings.
- 24) Service #6 – Provide justification for this budget amount of \$337,613.12. Please include information on the cost of the van, the cost of the early childhood events, and the cost of the child care workshops as proposed in the Outputs/Outcomes section.
The revised budgeted amount for the entire project (Years 1-3) for program service 6 is \$332,462.69. This includes personnel costs of \$23,381.33 and Early Literacy cost of \$309,081.36 which includes \$155,000 for the purchase of a sprinter van, \$98,816 for staff to operate the van, and the remainder for supplies, early childhood events and childcare workshops.

- 25) Service #7 – Provide more information on the purpose and duties performed by the community partners and the Boone County Early Childhood Stakeholders identified in the proposal. **The purpose of the community partners and Boone County Early Childhood Stakeholders is to have a project with strong collaboration. Including Early Childhood Stakeholders in discussions, regular meetings and implementation will allow us to have one voice re: public awareness campaign, to be fully aware of each organization's programs, to share information re: screening hub development, to allow everyone to access the hub, and to increase the community's knowledge of the Triple P Parenting interventions. This collaboration will strengthen every organization's efforts.**
- 26) Service #7 – Provide rationale for the unduplicated individuals to be listed as 40,460. **The total to be served in the 3 years of the grant is 40,460. Program service 7 'Program Development and Implementation' will touch all lives served by the grant.**
- 27) Service #7 - Provide justification for the budget amount of \$589,199.52. How many FTEs will be funded with this budgeted amount? **The revised budgeted amount for the entire project (Years 1-3) for program service 7 is \$443,655.70. This includes \$341,087.57 in personnel costs and \$102,568.13 for costs incurred in collaborating with outside agencies, supplies, and other items needed for development and implementation.**

The program Service 7 corrected title should be, 'Program Development and Implementation. This service is utilized to cover the time and effort that Dr. Melissa Stormont and Dr. Young-Walker will need in order to create the program, implement it, and provide continuous quality improvement to ensure its success.

Professor Melissa Stormont is requesting funding at the level of 30% to support her co-Project Director role and to allow the leadership, supervision, data management, and problem solving responsibilities involved in such a large project. The responsibilities of a tenured professor in the department of special education at the University of Missouri are divided across three areas of teaching (40%), research (40%), and service (20%). In order to fulfill responsibilities of the grant, Dr. Stormont was written into the grant for 30% of her time to allow her to buy out of one course each semester as well as other activities as negotiated by Dr. Stormont with her department chair for the duration of the grant. Without this level of funding her teaching and advising responsibilities would not be minimized to allow for focused time on the Early Childhood Coalition project.

Dr. Young-Walker is requesting funding at the level of 20% in order to support her co-Project Director role and allow the leadership, supervision and problem solving responsibilities involved in such a large project. This is the maximum she can request provided her other job responsibilities at the University.

As co-leaders on the grant, Drs. Young-Walker and Dr. Stormont's vast and varied expertise and experiences will be harnessed to allow for effective leadership of this project. Dr. Stormont will be the primary leader for the screening hub as she has extensive expertise in early childhood assessment, screening, and evaluation. She will work closely with FACE and the BCMHC to determine how to create an efficient, valid, and useful tool for supporting children and families in Boone County. Dr. Stormont will also be the primary contact/leader for the literacy activities and outreach. Finally, Dr. Stormont will

work closely with the evaluator as she is currently an evaluator for other grants. Dr. Young-Walker will help oversee coordination with other early child stakeholders and the work with primary care providers and parent educators. Drs. Stormont and Young-Walker will meet weekly to discuss progress toward key services.

- 28) Service #8 – Provide rationale for the unduplicated individuals to be listed as 40,460.
The total to be served in the 3 years of the grant is 40,460. Program service 8 ‘Evaluation’ will touch all lives served by the grant.
- 29) Service #8 - Provide justification for the budget amount of \$382,216.64. How many FTEs will be funded with this budgeted amount?
The revised budgeted amount for the entire project (Years 1-3) for program service 8 is \$328,693.86. This includes personnel costs \$84,570.75 and other costs \$244,123.11. Other costs include \$150,000.00 for contracted evaluation personnel, contracted evaluation personnel travel, and survey costs of \$40,000.
- 30) Services #1 - #8 – The information in the Output and Outcomes sections must be updated to ensure that proper information is entered in each box. Most of the information entered in the Outcomes/Additional Outcomes section includes Output information. Please remember that all information in the Outcomes and Output sections measure has a direct correlation to the actual service.
See attachment
- 31) Program Budget Section – This entire section was not completed. Please fill in the appropriate information. Please remember that the Budget Section totals should be equal to the total amount requested for all services.
**Personnel \$985,352.56
Non-personnel \$1,860,585.28**

If you would like this inputted in Apricot project expense narrative section, please let us know. If you need more information please let us know.

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: The Curators of the University of Missouri

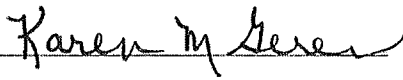
Address: Office of Sponsored Programs. 115 Business 70 W, 5th Floor
Columbia, MO 65211-0001

Telephone: 573-8822-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 436003859

Print Name: Karen M. Geren

Title: Pre-Award Manager, Authorized Signer
on behalf of the Curators of the University of Missouri

Signature: 

Date: 02/03/2017

E-mail: grantsdc@missouri.edu

MU Project00057669

Boone County Early Childhood Coalition (BCECC) Evaluation Plan
 Revised 2-3-17

Program Service #1	Outputs	Method of Measurement	Implementation Years Assessed (Years of Grant)	Outcomes	Indicators	Method of Measurement	Implementation Years Assessed (Years of Grant)
Triple P (Universal) Numbers Served: 10,000 Yrs 1-3; total 30,000	10 partners will be contacted	Log of distributions	Years 1-3	Increased community awareness of parenting resources	75% of the community will show a 50% increase in awareness of parenting resources	Partnership Survey Pre-post population survey	Year 1 Pretest Year 3 Posttest
	5 new community partnerships will be developed			Increased awareness of parenting issues	75% of the community will show a 50% increase in awareness of parenting issues		
	100 resources will be distributed			Decreased stigma about parenting support	75% of the community will show a 50% decrease in stigma about parenting support		
	600 impressions on website, Facebook, and Twitter						
	2000 print media will be distributed						
	4 ads will be played on TV						
	4 ads will be played on radio						
	10,000 people will be reached through campaign efforts (30,000 over three years)						
Program Service #2	Outputs	Method of Measurement	Implementation Years Assessed (Years of Grant)	Outcomes	Indicators	Method of Measurement	Implementation Years Assessed (Years of Grant)
Training for Triple P	# of trainings conducted	Attendance Sheets	Years 1-3	Increased practitioners knowledge and	80% of practitioners will have a 50%	Pre/Post Training Survey	Years 1-3

LEVEL 2	# of providers trained			skills in detecting and managing child behavior problems and positive parenting	increase in knowledge and skills in detecting and managing child behavior problems and positive parenting Participants will have 90% satisfaction with the training	Training Satisfaction Survey	
Training for Triple P LEVEL 3	# of trainings conducted # of providers trained (60)	Attendance Sheets	Years 1-3	Increased practitioners knowledge and skills in detecting and managing child behavior problems and positive parenting Increased practitioners parent consultation skills Increased practitioners skills in identifying indicators that suggest more intervention is require referral	80% of practitioners will have a 50% increase in knowledge and skills in detecting and managing child behavior problems and positive parenting 80% of practitioners will have a 50% increase parent consultation skills 80% of practitioners will have a 50% increase in identifying indicators that suggest more intervention is require referral Participants will have 90%	Pre/Post Training Survey Training Satisfaction Survey	Years 1-3

					satisfaction with the training		
Training for Triple P LEVEL 4	# of trainings conducted # of providers trained	Attendance Sheets	Years 1-3	<p>Increased practitioners knowledge and skills in key parenting strategies to a broad range of target behaviors</p> <p>Increased practitioners parent consultation skills via telephone consultations</p> <p>Increased practitioners skills in identifying indicators that suggest more intervention and require a referral</p>	<p>80% of practitioners will have a 50% increase in knowledge and skills in detecting and managing child behavior problems and positive parenting</p> <p>80% of practitioners will have a 50% increase parent telephone consultation skills</p> <p>80% of practitioners will have a 50% increase in identifying indicators that suggest more intervention and require a referral</p> <p>Participants will have 90% satisfaction with the training</p>	<p>Pre/Post Training Survey</p> <p>Training Satisfaction Survey</p>	Years 1-3

<p>Training for Triple P LEVEL 4</p> <p>Numbers Served: 20 Yrs 1-3; total 60</p>	<p># of trainings conducted</p> <p># of providers trained</p>	<p>Attendance Sheets</p>	<p>Years 1-3</p>	<p>Increased practitioners knowledge and skills in key parenting strategies to a broad range of target behaviors</p> <p>Increased practitioners parent consultation skills via telephone consultations</p> <p>Increased practitioners skills in identifying indicators that suggest more intervention and require a referral</p>	<p>80% of practitioners will have a 50% increase in knowledge and skills in detecting and managing child behavior problems and positive parenting</p> <p>80% of practitioners will have a 50% increase parent telephone consultation skills</p> <p>80% of practitioners will have a 50% increase in identifying indicators that suggest more intervention and require a referral</p> <p>Participants will have 90% satisfaction with the training</p>	<p>Pre/Post Training Survey</p> <p>Training Satisfaction Survey</p>	<p>Years 1-3</p>
<p>Program Service #3</p>	<p>Outputs</p>	<p>Method of Measurement</p>	<p>Implementation Years Assessed (Years of Grant)</p>	<p>Outcomes</p>	<p>Indicators</p>	<p>Method of Measurement</p>	<p>Implementation Years Assessed (Years of Grant)</p>
<p>Triple P Interventions LEVEL 2</p>	<p># of trained providers conducting seminars</p> <p># of seminars conducted</p> <p># parents participated in program (5500)</p>	<p>Attendance Sheets</p>	<p>Years 1-3</p>	<p>Increase parents' competence in promoting healthy development and managing common behavior problems and</p>	<p>80% of parents will have a 50% increase in competence in promoting healthy development and managing common behavior problems and developmental issues</p>	<p>Family Background Questionnaire</p> <p>Parenting Experience Survey</p> <p>Parent Satisfaction Survey</p>	<p>Years 1-3</p>

	# children of parents who participated in program			developmental issues	Participants will have 90% satisfaction with the training		
Triple P Interventions LEVEL 3	# of trained providers participating in the program	Attendance Sheets	Years 1-3	Increase parent satisfaction			
Numbers Served: 1000 Yr 1; 5000 Yr 2 and Yr 3; total 11,000	# of groups conducted						
	# parents participated in program (5500)						
	# children of parents who participated in program						
Program Service #4	Outputs	Method of Measurement	Implementation Years Assessed (Years of Grant)	Outcomes	Indicators	Method of Measurement	Implementation Years Assessed (Years of Grant)
Development of Screening Hub	# of providers trained to use the system (20)	Training attendance sheet	Years 1-3	Increased number of screenings being tracked through the hub	90% of trainings will have 75% attendance	Training attendance sheet	Years 1-3
Numbers served: 100 Yr 1; 1000 Yr 2 and 3; total 2200	# of providers using the system	Reports generated from electronic system		Increase number of linkages being tracked through the hub	90% of trained providers will track 75% of screens using the system	Reports generated from electronic system	
	# screenings being tracked through the hub				90% of trained providers will track 75% of linkages through the hub		
	# of linkages being tracked through the hub						
Program Service #5	Outputs	Method of Measurement	Implementation Years Assessed (Years of Grant)	Outcomes	Indicators	Method of Measurement	Implementation Years Assessed (Years of Grant)
Social Emotional Focused Screenings	# of providers conducting SE screenings	Provider log	Years 1-3	Increase the number providers conducting SE	5 providers will conduct SE screenings	Provider log	Years 1-3
		Screening and referral log			2250 children will be	Screening and referral log	

Numbers served: 750 Yrs 1-3; total 2250	# of children screened using the SE # of children screened with the SE with scores above cut-off # of children referred using the SE			screenings Increase the number SE screenings conducted Increase the number SE referrals	screened with the SE All children scoring over the cut-off will be referred		
Program Service #6	Outputs	Method of Measurement	Implementation Years Assessed (Years of Grant)	Outcomes	Indicators	Method of Measurement	Implementation Years Assessed (Years of Grant)
Enhancing Early Literacy Numbers served: 50 Yrs 1; 250 Yr 2 and 3; total 550	# of children care centers receiving bookmobile services # of bookmobile visits for each childcare center # of children served # of books checked out # of screening kits checked out # of story times provided to childcare centers # of children attending story times	Bookmobile log Screening kit log	Years 1-3	Increased social emotional (SE) literacy	90% of childcare providers will have 50% increase in knowledge/perceptions of social emotional literacy in children Childcare providers will have 90% satisfaction with bookmobile	Pretest/Posttest that assesses childcare providers perceptions of social emotional literacy in children before book mobile services and after Post satisfaction survey	Years 1-3
	# of library card drives # of classroom cards	Library card log	Years 1-3	Increased number teachers, children, and	80% of teachers, children, and their parents will have personal library cards	Library card log	Years 1-3

	issued # of teachers, children, and parents issued personal library cards			their parents who have a personal library card			
	# of special early childhood bookmobile events Complete 12-18 special early childhood events	Sign In sheets		Increased number of special early childhood events	Attendees will have 90% satisfaction with events	Sign In sheets Post satisfaction survey	Years 1-3
	# of state-approved literacy workshops # of child care centers participating in literacy workshops # of attendees at literacy workshops	Sign-in sheets	Years 1-3	Increased number of childcare providers participating in state approved literacy workshops Increased trained childcare providers knowledge of the importance of literacy and the young child	80% of childcare providers will have 50% increase in knowledge of the importance of literacy and the young child Attendees will have 90% satisfaction with literacy workshop	Pretest/Posttest that assesses childcare providers knowledge Post state evaluation form Providers receive child care clock hours Post satisfaction survey	Years 1-3

Program Service #7	Outputs	Method of Measurement	Implementation Years Assessed (Years of Grant)	Outcomes	Indicators	Method of Measurement	Implementation Years Assessed (Years of Grant)
Agency and Activity Coordination	# providers involved in partnership # of new partners # of existing partners # of partners providing interventions (screening, training, library activities, etc.)	Community partner log	Years 1-3	Increased coordination among community partners	90% community partners will have 50% increase in level of coordination	Pre/Post Partner Collaboration Survey (e.g., Levels of Collaboration Scale)	Years 1-3
	# of contacts with early childhood FACE liaison # of coalition meetings with community partners Meeting attendance	Contact log	Years 1-3	Increased coordination efforts between program directors and FACE	Weekly and more frequently as needed contact with EC FACE liaison.	Pre/Post Partner Collaboration Survey (e.g., Levels of Collaboration Scale)	Years 1-3
	# of program meetings	Meeting sign-in sheets	Years 1-3	Program directors and program staff will regularly attend program meeting	90% of meetings will have 75% attendance	Meeting sign-in sheets Meeting minutes	Years 1-3
Program Service #8	Outputs	Method of Measurement	Implementation Years Assessed (Years of Grant)	Outcomes	Indicators	Method of Measurement	Implementation Years Assessed (Years of Grant)
Evaluation of Boone County Early	Evaluation efforts will focus on all outputs/outcomes	Evaluation efforts will focus on all outputs/outcomes	Years 1-3	Evaluation efforts will focus on all outputs/outcomes	Evaluation efforts will focus on all outputs/outcomes	Evaluation efforts will focus on all	Years 1-3

Child Coalition Project	already identified in Program Services #1 through #7	already identified in Program Services #1 through #7		already identified in Program Services #1 through #7	already identified in Program Services #1 through #7	outputs/ outcomes already identified in Program Services #1 through #7	
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Memorandum of Understanding (MOU) between the Boone County Early Child Coalition and Tiger Pediatrics

Tiger Pediatrics will:

- Engage with Boone County Early Child Coalition in promoting the Triple P Public Awareness Campaign to the patients and families served.
- Refer young children and their families to FACE for screening and referral if the young child is experiencing social-emotional difficulties or families have issues that affect parenting.
- Obtain Triple P training for up to five nurse practitioners and physician champions.
- Provide Triple P Level 2 and Level 3 interventions for the young children treated in Tiger Pediatric clinics.
- Promote the Boone County Regional Library bookmobile by sharing information with parents on the childcare centers participating.
- Provide information of program implementation to the evaluation team.

Boone County Early Child Coalition will:

- Provide materials from Triple P Level 1 Public Awareness Campaign to Tiger Pediatrics.
- Provide Triple P training to pediatricians at Tiger Pediatrics.
- Provide a Support Specialist to help the pediatricians implement Triple P Level 2 and Level 3 interventions.

Kenneth L. Dutton
Pediatrician, Tiger Pediatrics

2/3/17
Date

Judith H. Mendez for Melissa Stormont
Melissa Stormont, BCECC

2/3/2017
Date

L. Young-Walker
Laize Young-Walker, BCECC

2-3-17
Date

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[Signature] 2/3/17
 Pediatrician, Tiger Pediatrics Date

[Signature] 2/6/2017
 Melissa Stormont, BCECC Date

[Signature] 2-3-17
 Laine Young-Walker, BCECC Date

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Paula Stueben

Pediatrician, Tiger Pediatrics

2/3/17

Date

Paula Stueben

Melissa Stormont, BCECC

2/6/17

Date

Laine Young-Walker

Laine Young-Walker, BCECC

2-3-17

Date

UNIVERSITY of MISSOURI

DEPARTMENT OF PSYCHIATRY
SCHOOL OF MEDICINE

Memorandum of Understanding (MOU) between the Boone County Early Child Coalition and Healthy Steps Program (Andrea Pauley, MSW)

The Healthy Steps Program will:

- Engage with Boone County Early Child Coalition in promoting the Triple P Public Awareness Campaign to the patients and families served.
- Refer young children and their families to FACE for screening and referral if the young child is experiencing social-emotional difficulties or families have issues that affect parenting.
- Obtain Triple P training for the Healthy Steps Specialist and several physician champions.
- Provide Triple P Level 2 and Level 3 interventions for the young children treated in the South Providence Child Health Clinic.
- Promote the Boone County Regional Library bookmobile by sharing information with parents on the childcare centers participating.
- Provide information of program implementation to the evaluation team.

Boone County Early Child Coalition will:

- Provide materials from Triple P Level 1 Public Awareness Campaign to the South Providence Child Health Clinic.
- Provide Triple P training to pediatricians at the South Providence Child Health Clinic.
- Provide Triple P training to the Healthy Steps Specialist.
- Provide a Support Specialist to help the pediatricians and Healthy Steps Specialist implement Triple P Level 2 and Level 3 interventions.

Andrea Pauley
Andrea Pauley, South Providence
Child Health Clinic

1-31-17
Date

Erica Lembke on behalf of Melissa Stormont
Melissa Stormont, BCECC

2/1/17
Date

L. Young-Walker MS
Laine Young-Walker, BCECC

2-2-17
Date



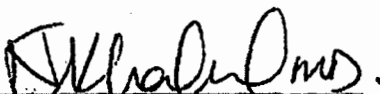
**Memorandum of Understanding (MOU) between the Boone County
Early Child Coalition and Healthy Steps Program (Nabila Khaleel, MD)**

The Healthy Steps Program will:

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Nabila Khaleel, South Providence
Child Health Clinic

1/31/17

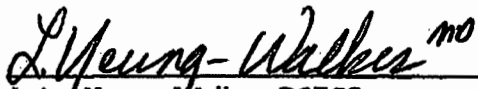
Date

Rica Lemke on behalf of Melissa Stormont

Melissa Stormont, BCECC

2/1/17

Date



Laine Young-Walker, BCECC

2-2-17

Date

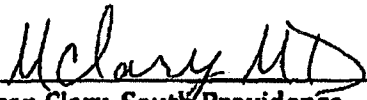
**Memorandum of Understanding (MOU) between the Boone County
Early Child Coalition and Healthy Steps Program (Megan Clary, MD)**

The Healthy Steps Program will:

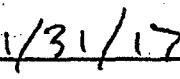
- Engage with Boone County Early Child Coalition in promoting the Triple P Public Awareness Campaign to the patients and families served.
- Refer young children and their families to FACE for screening and referral if the young child is experiencing social-emotional difficulties or families have issues that affect parenting.
- Obtain Triple P training for the Healthy Steps Specialist and several physician champions.
- Provide Triple P Level 2 and Level 3 interventions for the young children treated in the South Providence Child Health Clinic.
- Promote the Boone County Regional Library bookmobile by sharing information with parents on the childcare centers participating.
- Provide information of program implementation to the evaluation team.

Boone County Early Child Coalition will:

- Provide materials from Triple P Level 1 Public Awareness Campaign to the South Providence Child Health Clinic.
- Provide Triple P training to pediatricians at the South Providence Child Health Clinic.
- Provide Triple P training to the Healthy Steps Specialist.
- Provide a Support Specialist to help the pediatricians and Healthy Steps Specialist implement Triple P Level 2 and Level 3 interventions.



Megan Clary, South Providence
Child Health Clinic

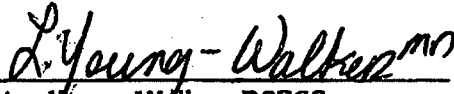


Date

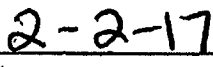
Erica Leimbke on behalf of Melissa Stormont 2/1/17

Melissa Stormont, BCECC

Date



Laine Young-Walker, BCECC



Date

**Memorandum of Understanding (MOU) between the Boone County
Early Child Coalition and Healthy Steps Program (Alexandra James, MD)**

The Healthy Steps Program will:

- Engage with Boone County Early Child Coalition in promoting the Triple P Public Awareness Campaign to the patients and families served.
- Refer young children and their families to FACE for screening and referral if the young child is experiencing social-emotional difficulties or families have issues that affect parenting.
- Obtain Triple P training for the Healthy Steps Specialist and several physician champions.
- Provide Triple P Level 2 and Level 3 interventions for the young children treated in the South Providence Child Health Clinic.
- Promote the Boone County Regional Library bookmobile by sharing information with parents on the childcare centers participating.
- Provide information of program implementation to the evaluation team.

Boone County Early Child Coalition will:

- Provide materials from Triple P Level 1 Public Awareness Campaign to the South Providence Child Health Clinic.
- Provide Triple P training to pediatricians at the South Providence Child Health Clinic.
- Provide Triple P training to the Healthy Steps Specialist.
- Provide a Support Specialist to help the pediatricians and Healthy Steps Specialist implement Triple P Level 2 and Level 3 interventions.


Alexandra James, South Providence
Child Health Clinic

1/31/17
Date

Erica Lemke on behalf of Melissa Stormont

Melissa Stormont, BCECC

2/1/17
Date


Laine Young-Walker, BCECC

2-2-17
Date

Memorandum of Understanding (MOU) between the Boone County Early Child Coalition and Hallsville Parents as Teachers

Parents as Teachers will:

- Engage with Boone County Early Child Coalition in promoting the Triple P Public Awareness Campaign to the patients and families served.
- Refer young children and their families to FACE for screening and referral if the young child is experiencing social-emotional difficulties or families have issues that affect parenting.
- Obtain Triple P training for one or more Hallsville PAT educators.
- Provide Triple P Level 2 and Level 3 interventions for the young children served in Hallsville PAT.
- Promote the Boone County Regional Library bookmobile by sharing information with parents on the childcare centers participating.
- Provide information of program implementation to the evaluation team.

Boone County Early Child Coalition will:

- Provide materials from Triple P Level 1 Public Awareness Campaign to Hallsville PAT.
- Provide Triple P training to pediatricians at Hallsville Parents as Teachers.
- Provide a Support Specialist to help the PAT educators implement Triple P Level 2 and Level 3 interventions.

Karen D. Smith
Parent Educators, Hallsville PAT

2-3-17
Date

Judy Mendy for Melissa Stormont
Melissa Stormont, BCECC

2/3/2017
Date

L. Young-Walker MO
Laine Young-Walker, BCECC

2-3-17
Date

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Early Child Coalition and Tiger Pediatrics

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- Engage with Boone County Early Child Coalition in promoting the Triple P Public Awareness Campaign to the patients and families served.
- Refer young children and their families to FACE for screening and referral if the young child is experiencing social-emotional difficulties or families have issues that affect parenting.
- Obtain Triple P training for up to five nurse practitioners and physician champions.
- Provide Triple P Level 2 and Level 3 interventions for the young children treated in Tiger Pediatric clinics.
- Promote the Boone County Regional Library bookmobile by sharing information with parents on the childcare centers participating.
- Provide information of program implementation to the evaluation team.

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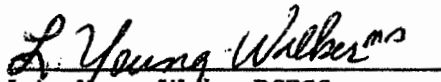
Pediatrician, Tiger Pediatrics

2/3/17
Date



Melissa Stormont, BCECC

2/3/2017
Date



Laine Young-Walker, BCECC

2-3-17
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- Provide a Support Specialist to help the pediatricians implement Triple P Level 2 and Level 3 interventions.

John Recordano
Pediatrician, Tiger Pediatrics

2-3-17
Date

Melissa Stormont
Melissa Stormont, BCECC

2/3/2017
Date

Laine Young-Walker
Laine Young-Walker, BCECC

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Ellen Thomas
Pediatrician, Tiger Pediatrics

2/3/17
Date

Judy Hedges for Melissa Stormont
Melissa Stormont, BCECC

2/3/2017
Date

Laine Young-Walker
Laine Young-Walker, BCECC

2-3-17
Date

Joanne Nelson

From: Young Walker, Laine M. <YoungWalkerL@health.missouri.edu>
Sent: Friday, March 10, 2017 2:03 PM
To: Joanne Nelson; Kelly Wallis; Melinda Bobbitt
Cc: Stormont, Melissa; Matheny, Pamela
Subject: Response

Ok for **Services 1, 2, 3, 4, and 8**

Service 5— This rate of \$156.93 should cover all the time for effort, interpretation, consultation, travel, copies, supplies, etc. that can't really be captured in an hourly rate.

Service 6-- This service is to provide needed support to the pediatricians and parent educators in order to facilitate implementation of individual interventions, seminars and discussion groups. There will be staff assigned to work with every provider who is trained to implement Triple P Interventions. The pediatricians will need someone to help with ensuring they have all of the materials necessary for the interventions, arranging the location and times of seminar series/discussion groups, marketing to existing clients of the pediatricians and parent educators, and ensuring that the providers of the individual and group interventions have everything they need in order to successfully implement the interventions. Research shows these supports are critical for implementation of interventions in practice.

Service 7— We apologize. The number of units is incorrect. It should be 18,520. The total cost is 421,133.64

From: Joanne Nelson [<mailto:JNelson@boonecountymo.org>]
Sent: Wednesday, March 08, 2017 10:41 AM
To: Young Walker, Laine M. <YoungWalkerL@health.missouri.edu>; Stormont, Melissa <StormontM@missouri.edu>
Cc: Kelly Wallis <KWallis@boonecountymo.org>; Melinda Bobbitt <MBobbitt@boonecountymo.org>; Matheny, Pamela <MathenyP@health.missouri.edu>
Subject: RE: 3/14/17 Meeting Follow Up

Thank you for the information you provided below. I am starting to work on the contract and I have a few more items that need a response before we move forward:

- Service #1 – Universal Triple P Awareness Campaign
 - Based on the response we received in the clarification letter (2/3/17) and our meetings, the cost of the service was lowered to \$273,866.72 for three years. I changed this service to \$273,866.73 so it could be divided evenly over three years at a cost of \$91,288.91 per year.
 - We will use an Accounting of Funds system for this service. This basically means that you will receive a partial payment at the beginning of contract signing, after the Interim Report is approved, and the last payment will be received once the Year End Report and the Accounting of Funds are approved.
 - We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.
- Service #2 – Training for Triple P (Level 2,3, and 4)
 - Based on the response we received in the clarification letter (2/3/17) and our meetings, the cost of the service was lowered to \$256,601.05 for three years. I changed this service to \$256,600.80 so it could be divided evenly with 60 trainees at a cost of \$4,276.68 per person. Please update this information in Apricot.
 - We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.
- Service #3 –Triple P Interventions (Level 2 and 3)
 - Based on the response we received in the clarification letter (2/3/17) and our meetings, the cost of the service was lowered to \$270,000.00 for three years. You will need to update the changes to Service #3 in Apricot to reflect the changes listed on the 2/24/17 email.
 - We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.
- Service #4 –Development of Screening Hub
 - Based on the response we received in the clarification letter (2/3/17) and our meetings, the cost of the service was raised to \$258,460.32 for three years. You will need to update the changes to Service #4 in Apricot.
 - We will need to update the Unit Rate, Proposed # of Units, and the # of Unduplicated Individuals to be served.
 - We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.
- Service #5 – Social Emotional Focused Screenings

- In an effort to provide clarity, this services needs to be changed to reflect a Unit Measure as a “screening”. Utilizing the hourly rate, the number children to be screened, and the total amount requested seems to average approximately 3.8 hours per screening. Does this time seem to be an accurate reflection?
- Here are our thoughts:

Service	Unit Measurement	Unit Rate	Proposed Units	Total Amount Requested
Social Emotional Screening	1 screening	\$156.93	2250	\$353,092.50 (This was changed from \$353,083.70)

- This rate of \$156.93 should cover all the time for effort, interpretation, consultation, travel, copies, supplies, etc. that can’t really be captured in an hourly rate.
- Provide an email response regarding this information.
- We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.
- Service #6 – Triple P Prevention Support
 - Your email on 2/24/17 indicates that this new service would cover “additional costs necessary to ensure successful implementation of the Triple P interventions for the home visitors and the pediatricians.” We will need more detailed information on this service before we proceed, specifically what “additional costs” you are referring to?
 - The math you had in the emailed chart (2/24/17) was incorrect. The total you had was \$94,928.34 and it should be $\$12.31 \times 7696 = \$94,891.68$.
- Service #7 – Program Development and Implementation
 - Based on the response we received in the clarification letter (2/3/17) our meetings, and the email on 2/24/17, the cost of the service was lowered to \$443,655.70 for three years. You will need to update the changes to Service #7 in Apricot to reflect the changes listed on the 2/24/17 email.
 - The math you had in the emailed chart (2/24/17) was incorrect. The total you had was \$421,133.64 and it should be $\$22.74 \times 15180 = \$345,193.20$.
 - We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.
- Service #8 - Evaluation

- Based on the response we received in the clarification letter (2/3/17), our meetings, and the email on 2/24/17 the cost of the service was lowered to \$90,000.00 for three years. You will need to update the changes to Service #8 in Apricot to reflect the changes listed on the 2/24/17 email.
- The math you had in the emailed chart (2/24/17) was incorrect. The total you had was \$90,000.00 and it should be $\$10.82 \times 8320 = \$90,022.40$.
- We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.

The following items must also be updated/uploaded to the Organization Profile in Apricot too:

- Organization Chart – You provided us with a copy but we need this uploaded in Apricot
- Governing Board Members – You provided a copy of their information but we need this information entered into Apricot.
- Financial Statement/Audit – Upload an updated Audit.
- Form 990 – You provided us with a copy but we need this information uploaded in Apricot.
- Accreditation Information – You provided us with a copy of Accreditation but this information must be entered into Apricot.

We would like to have your response to all the items above as soon as possible. If everything is approved, then you can make the appropriate changes listed above in both the Program Narrative and the Program Information sections in Apricot for each of these services.

Looking forward to hearing your response.

Joanne Nelson

Program Manager

Boone County Community Services Department

605 E. Walnut, Ste. A

Columbia, MO 65201

Phone: 573-886-4298

From: Young Walker, Laine M. [<mailto:YoungWalkerL@health.missouri.edu>]
Sent: Friday, February 24, 2017 4:37 PM
To: Joanne Nelson <JNelson@boonecountymo.org>; Stormont, Melissa <StormontM@missouri.edu>
Cc: Kelly Wallis <KWallis@boonecountymo.org>; Melinda Bobbitt <MBobbitt@boonecountymo.org>; Matheny, Pamela <MathenyP@health.missouri.edu>
Subject: RE: 3/14/17 Meeting Follow Up

Response to the questions below. Please let us know if you have any additional questions.

TOTAL 3 Year BUDGET--\$1,954,968.17

Service 3 Triple P interventions

Service Description	Unit Measurement	Unit Rate	Proposed Units	Total Amount Requested
Triple P intervention add on to Home Visitation	1 visit	\$75.00	3600	\$270,000.00

Service 7 Program Development and Implementation

Service Description	Unit Measurement	Unit Rate	Proposed Units	Total Amount Requested
Lead the program development and ensure successful implementation	15 min unit	\$22.74	15180	\$421,133.64

Service 8 Evaluation

Service Description	Unit Measurement	Unit Rate	Proposed Units	Total Amount Requested
Provide evaluation of project outcomes	15 min unit	\$10.82	8320	\$90,000.00

Service 6 was not funded so it was removed. In adjusting Service 3 to be solely home visitation cost there are additional costs necessary to ensure successful implementation of the Triple P interventions for the home visitors and the pediatricians.

We propose to place these costs in Program Service 6.

Service 6 'Triple P Intervention Support'

Service Description	Unit Measurement	Unit Rate	Proposed Units	Total Amount Requested
Triple P Intervention Support	15 minute unit	\$12.33	7696	\$94,928.34

From: Joanne Nelson [<mailto:JNelson@boonecountymo.org>]

Sent: Tuesday, February 14, 2017 12:10 PM

To: Young Walker, Laine M. <YoungWalkerL@health.missouri.edu>; Stormont, Melissa <StormontM@missouri.edu>

Cc: Kelly Wallis <KWallis@boonecountymo.org>; Melinda Bobbitt

<MBobbitt@boonecountymo.org>; Joanne Nelson <JNelson@boonecountymo.org>

Subject: 3/14/17 Meeting Follow Up

Laine and Melissa,

Thank you meeting with us this morning. Below are the items that we will need more information on as we work on your contract:

- Service #3 – Review the proposed cost for this service.
- Service #7 – Review the personnel costs in the other services and see if there is any overlap with this service.
- Service #8 – Review the proposed costs for this service.

Attached you will find a copy of First Chances For Children's Rate Chart for comparison. We would really like this information returned no later than 2/27/17.

Thanks,

Joanne Nelson

Program Manager

Boone County Community Services Department

605 E. Walnut, Ste. A

Columbia, MO 65201

Phone: 573-886-4298

www.showmeboone.com

Joanne Nelson

From: Young Walker, Laine M. <YoungWalkerL@health.missouri.edu>
Sent: Tuesday, March 21, 2017 4:44 PM
To: Joanne Nelson
Cc: Kelly Wallis; Melinda Bobbitt; Stormont, Melissa; Matheny, Pamela
Subject: Re: final to send to bCCSB

Will do

Laine Young-Walker, MD
Associate Dean for Student Programs

Associate Professor of Psychiatry
Division Chief, Child and Adolescent Psychiatry

On Mar 21, 2017, at 4:40 PM, Joanne Nelson <JNelson@boonecountymo.org> wrote:

I just caught a math error at the bottom of the chart for the totals of each column. The numbers in red are the numbers I have changed. The total is still the same. Please replace your previous chart with the one attached.

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Young Walker, Laine M. [<mailto:YoungWalkerL@health.missouri.edu>]
Sent: Tuesday, March 21, 2017 10:45 AM
To: Joanne Nelson <JNelson@boonecountymo.org>; Kelly Wallis <KWallis@boonecountymo.org>; Melinda Bobbitt <MBobbitt@boonecountymo.org>
Cc: Stormont, Melissa <StormontM@missouri.edu>; Matheny, Pamela <MathenyP@health.missouri.edu>
Subject: RE: final to send to bCCSB

I am very sorry for the math errors. We are fine with it.

I want to make sure I know what else we need to do. Is it to change the budget numbers and units in apricot only? or is there something else?

From: Joanne Nelson [<mailto:JNelson@boonecountymo.org>]
Sent: Tuesday, March 21, 2017 10:34 AM
To: Young Walker, Laine M. <YoungWalkerL@health.missouri.edu>; Kelly Wallis

<KWallis@boonecountymo.org>; Melinda Bobbitt <MBobbitt@boonecountymo.org>

Cc: Stormont, Melissa <StormontM@missouri.edu>; Matheny, Pamela

<MathenyP@health.missouri.edu>

Subject: RE: final to send to bCCSB

Laine,

I just went through and checked the math. There were a few numbers that were off. I have attached an updated chart where I have crossed out the incorrect numbers and added the new numbers in red.

Could you please review and let me know if this is correct.

Joanne Nelson

Program Manager

Boone County Community Services Department

605 E. Walnut, Ste. A

Columbia, MO 65201

Phone: 573-886-4298

www.showmeboone.com

From: Young Walker, Laine M. [<mailto:YoungWalkerL@health.missouri.edu>]

Sent: Monday, March 20, 2017 8:50 PM

To: Joanne Nelson <JNelson@boonecountymo.org>; Kelly Wallis <KWallis@boonecountymo.org>;

Melinda Bobbitt <MBobbitt@boonecountymo.org>

Cc: Stormont, Melissa <StormontM@missouri.edu>; Matheny, Pamela

<MathenyP@health.missouri.edu>

Subject: Fwd: final to send to bCCSB

Let me know if it's ok to enter in Apricot. The # units are in parentheses beneath the dollar amount for each year.

Laine Young-Walker, MD

Associate Dean for Student Programs

Associate Professor of Psychiatry

Division Chief, Child and Adolescent Psychiatry

<BCECC Chart of Costs and Units Final.docx>

Joanne Nelson

From: Joanne Nelson
Sent: Thursday, March 16, 2017 1:20 PM
To: 'Young Walker, Laine M.'
Cc: Matheny, Pamela; Stormont, Melissa
Subject: RE: Chart of Costs and Units for 3 years 3.15.17

Please resubmit what chart you would like to use. I will need to run this by Kelly. I'll let you know if I have any other follow up questions regarding the chart.

Thanks,

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Young Walker, Laine M. [<mailto:YoungWalkerL@health.missouri.edu>]
Sent: Thursday, March 16, 2017 12:40 PM
To: Joanne Nelson <JNelson@boonecountymo.org>
Cc: Matheny, Pamela <MathenyP@health.missouri.edu>; Stormont, Melissa <StormontM@missouri.edu>
Subject: RE: Chart of Costs and Units for 3 years 3.15.17

For program service #7--When we reviewed what we had submitted the units were incorrect. The dollar amount in the table has the correct units. I may not have communicated that to you. We can discuss if you need us to do something different.

From: Joanne Nelson [<mailto:JNelson@boonecountymo.org>]
Sent: Thursday, March 16, 2017 12:09 PM
To: Young Walker, Laine M. <YoungWalkerL@health.missouri.edu>
Cc: Matheny, Pamela <MathenyP@health.missouri.edu>; Stormont, Melissa <StormontM@missouri.edu>
Subject: RE: Chart of Costs and Units for 3 years 3.15.17

Laine,

Please see my response below in red. Please let me know if you have any further questions.

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Young Walker, Laine M. [<mailto:YoungWalkerL@health.missouri.edu>]
Sent: Thursday, March 16, 2017 11:26 AM

To: Joanne Nelson <JNelson@boonecountymmo.org>

Cc: Matheny, Pamela <MathenyP@health.missouri.edu>; Stormont, Melissa <StormontM@missouri.edu>

Subject: Chart of Costs and Units for 3 years 3.15.17

I had a couple of questions and want to make sure we are on the same page.

- Program service 4 (Screening Hub) in terms of 1 hour instead of 15 minute unit. I thought (may be wrong) that everything was in terms of 15 minute unit. Please advise There are no hard, set rules right now for this. You can make the proposed number of units 15 minutes or 1 hour. They all would be charged by 15 minute increments. For example, 45 minutes would be either 3 units for 15 minutes or .75 for one hour. In some cases it is easier to count by units in hours.
- Program service 7—the numbers we had are different than yours. I wanted to verify that our numbers are accurate. In your written response to the original Clarification Letter (2/3/17) you stated that you would revise the budget to \$443,665.70. Kelly and I met with you on 2/14/17 and discussed our concerns about cost. I sent you an email follow up on that same day. Your email response on 2/24/17 indicates that you would lower the Proposed Units to 15180 (15 minutes) for a total of \$421,133.64. In my email to you on 3/8/17, I indicated that there was an error in the math and that $\$22.74 \times 15180 = \$345,193.20$. That is how I got this total.

Let me know. There has been a lot of back and forth and I want to make sure we are on the same page

Laine Young-Walker, MD
Associate Dean for Student Programs
Associate Professor of Psychiatry
Division Chief, Child and Adolescent Psychiatry

Joanne Nelson

From: Young Walker, Laine M. <YoungWalkerL@health.missouri.edu>
Sent: Wednesday, March 08, 2017 4:42 PM
To: Joanne Nelson
Cc: Matheny, Pamela; Stormont, Melissa
Subject: RE: 3/14/17 Meeting Follow Up

So the information should already be added and we don't need to respond to the information highlighted below in your e-mail?

From: Joanne Nelson [mailto:JNelson@boonecountymo.org]
Sent: Wednesday, March 08, 2017 4:40 PM
To: Young Walker, Laine M. <YoungWalkerL@health.missouri.edu>
Cc: Matheny, Pamela <MathenyP@health.missouri.edu>; Stormont, Melissa <StormontM@missouri.edu>
Subject: RE: 3/14/17 Meeting Follow Up

The Curators of the University of Missouri (on behalf of the Department of Psychiatry) only has one Organization Profile. All of the programs: EC-PBS, SOAR, The Bridge Program, and the soon to be funded Boone County Early Childhood Coalition are linked to this Organization Profile. I hope that helps clarify. Please let me know if I can be of any other assistance.

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Young Walker, Laine M. [mailto:YoungWalkerL@health.missouri.edu]
Sent: Wednesday, March 08, 2017 4:34 PM
To: Joanne Nelson <JNelson@boonecountymo.org>
Cc: Matheny, Pamela <MathenyP@health.missouri.edu>; Stormont, Melissa <StormontM@missouri.edu>
Subject: RE: 3/14/17 Meeting Follow Up

Joann—please advise

From: Matheny, Pamela
Sent: Wednesday, March 08, 2017 4:32 PM
To: Young Walker, Laine M. <YoungWalkerL@health.missouri.edu>; Stormont, Melissa <StormontM@missouri.edu>
Subject: RE: 3/14/17 Meeting Follow Up

The Organization Profile is the only place I could find for Organization information and the items are updated. There is no place in the Coalition proposal for uploading the Organizational information.

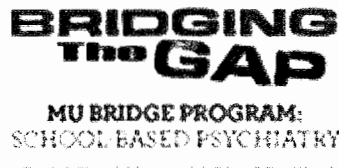
Pamela M Matheny, Ph.D. I-O Psychology, MBA-HCM, PMP, CMPE
University of Missouri
Department of Psychiatry

MU Psychiatric Center Room PC3307
1 Hospital Drive
Columbia, MO 65212

Phone 573-884-1062

Psychiatry Community Outreach Programs

Early Childhood Positive Behavior Support



<http://helpingyoungchildrensoar.org>

<http://medicine.missouri.edu/psychiatry/bridge-program.html>

From: Joanne Nelson [<mailto:JNelson@boonecountymmo.org>]

Sent: Wednesday, March 08, 2017 10:41 AM

To: Young Walker, Laine M. <YoungWalkerL@health.missouri.edu>; Stormont, Melissa <StormontM@missouri.edu>

Cc: Kelly Wallis <KWallis@boonecountymmo.org>; Melinda Bobbitt <MBobbitt@boonecountymmo.org>; Matheny, Pamela <MathenyP@health.missouri.edu>

Subject: RE: 3/14/17 Meeting Follow Up

Thank you for the information you provided below. I am starting to work on the contract and I have a few more items that need a response before we move forward:

- Service #1 – Universal Triple P Awareness Campaign
 - Based on the response we received in the clarification letter (2/3/17) and our meetings, the cost of the service was lowered to \$273,866.72 for three years. I changed this service to \$273,866.73 so it could be divided evenly over three years at a cost of \$91,288.91 per year.
 - We will use an Accounting of Funds system for this service. This basically means that you will receive a partial payment at the beginning of contract signing, after the Interim Report is approved, and the last payment will be received once the Year End Report and the Accounting of Funds are approved.
 - We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.
- Service #2 – Training for Triple P (Level 2,3, and 4)
 - Based on the response we received in the clarification letter (2/3/17) and our meetings, the cost of the service was lowered to \$256,601.05 for three years. I changed this service to \$256,600.80 so it could be divided evenly with 60 trainees at a cost of \$4,276.68 per person. Please update this information in Apricot.
 - We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.

- Service #3 –Triple P Interventions (Level 2 and 3)
 - Based on the response we received in the clarification letter (2/3/17) and our meetings, the cost of the service was lowered to \$270,000.00 for three years. You will need to update the changes to Service #3 in Apricot to reflect the changes listed on the 2/24/17 email.
 - We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.
- Service #4 –Development of Screening Hub
 - Based on the response we received in the clarification letter (2/3/17) and our meetings, the cost of the service was raised to \$258,460.32 for three years. You will need to update the changes to Service #4 in Apricot.
 - We will need to update the Unit Rate, Proposed # of Units, and the # of Unduplicated Individuals to be served.
 - We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.
- Service #5 – Social Emotional Focused Screenings
 - In an effort to provide clarity, this services needs to be changed to reflect a Unit Measure as a “screening”. Utilizing the hourly rate, the number children to be screened, and the total amount requested seems to average approximately 3.8 hours per screening. Does this time seem to be an accurate reflection?
 - Here are our thoughts:

Service	Unit Measurement	Unit Rate	Proposed Units	Total Amount Requested
Social Emotional Screening	1 screening	\$156.93	2250	\$353,092.50 (This was changed from \$353,083.70)
 - This rate of \$156.93 should cover all the time for effort, interpretation, consultation, travel, copies, supplies, etc. that can’t really be captured in an hourly rate.
 - Provide an email response regarding this information.
 - We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.
- Service #6 – Triple P Prevention Support
 - Your email on 2/24/17 indicates that this new service would cover “additional costs necessary to ensure successful implementation of the Triple P interventions for the home visitors and the pediatricians.” We will need more detailed information on this service before we proceed, specifically what “additional costs” you are referring to?
 - The math you had in the emailed chart (2/24/17) was incorrect. The total you had was \$94,928.34 and it should be $\$12.31 \times 7696 = \$94,891.68$.
- Service #7 – Program Development and Implementation
 - Based on the response we received in the clarification letter (2/3/17) our meetings, and the email on 2/24/17, the cost of the service was lowered to \$443,655.70 for three years. You will need to update the changes to Service #7 in Apricot to reflect the changes listed on the 2/24/17 email.
 - The math you had in the emailed chart (2/24/17) was incorrect. The total you had was \$421,133.64 and it should be $\$22.74 \times 15180 = \$345,193.20$.
 - We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.
- Service #8 - Evaluation
 - Based on the response we received in the clarification letter (2/3/17), our meetings, and the email on 2/24/17 the cost of the service was lowered to \$90,000.00 for three years. You will need to update the changes to Service #8 in Apricot to reflect the changes listed on the 2/24/17 email.
 - The math you had in the emailed chart (2/24/17) was incorrect. The total you had was \$90,000.00 and it should be $\$10.82 \times 8320 = \$90,022.40$.

- We will revise and update the Outcomes/Indicators/Method of Measurement once the contract is finalized.

The following items must also be updated/uploaded to the Organization Profile in Apricot too:

- Organization Chart – You provided us with a copy but we need this uploaded in Apricot
- Governing Board Members – You provided a copy of their information but we need this information entered into Apricot.
- Financial Statement/Audit – Upload an updated Audit.
- Form 990 – You provided us with a copy but we need this information uploaded in Apricot.
- Accreditation Information – You provided us with a copy of Accreditation but this information must be entered into Apricot.

We would like to have your response to all the items above as soon as possible. If everything is approved, then you can make the appropriate changes listed above in both the Program Narrative and the Program Information sections in Apricot for each of these services.

Looking forward to hearing your response.

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Young Walker, Laine M. [<mailto:YoungWalkerL@health.missouri.edu>]

Sent: Friday, February 24, 2017 4:37 PM

To: Joanne Nelson <JNelson@boonecountymmo.org>; Stormont, Melissa <StormontM@missouri.edu>

Cc: Kelly Wallis <KWallis@boonecountymmo.org>; Melinda Bobbitt <MBobbitt@boonecountymmo.org>; Matheny, Pamela <MathenyP@health.missouri.edu>

Subject: RE: 3/14/17 Meeting Follow Up

Response to the questions below. Please let us know if you have any additional questions.

TOTAL 3 Year BUDGET--\$1,954,968.17

Service 3 Triple P interventions

Service Description	Unit Measurement	Unit Rate	Proposed Units	Total Amount Requested
Triple P intervention add on to Home Visitation	1 visit	\$75.00	3600	\$270,000.00

Service 7 Program Development and Implementation

Service Description	Unit Measurement	Unit Rate	Proposed Units	Total Amount Requested
Lead the program development and	15 min unit	\$22.74	15180	\$421,133.64

ensure successful implementation				
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Service 8 Evaluation

Service Description	Unit Measurement	Unit Rate	Proposed Units	Total Amount Requested
Provide evaluation of project outcomes	15 min unit	\$10.82	8320	\$90,000.00

Service 6 was not funded so it was removed. In adjusting Service 3 to be solely home visitation cost there are additional costs necessary to ensure successful implementation of the Triple P interventions for the home visitors and the pediatricians.

We propose to place these costs in Program Service 6.

Service 6 'Triple P Intervention Support'

Service Description	Unit Measurement	Unit Rate	Proposed Units	Total Amount Requested
Triple P Intervention Support	15 minute unit	\$12.33	7696	\$94,928.34

From: Joanne Nelson [mailto:JNelson@boonecountymo.org]

Sent: Tuesday, February 14, 2017 12:10 PM

To: Young Walker, Laine M. <YoungWalkerL@health.missouri.edu>; Stormont, Melissa <StormontM@missouri.edu>

Cc: Kelly Wallis <KWallis@boonecountymo.org>; Melinda Bobbitt <MBobbitt@boonecountymo.org>; Joanne Nelson <JNelson@boonecountymo.org>

Subject: 3/14/17 Meeting Follow Up

Laine and Melissa,

Thank you meeting with us this morning. Below are the items that we will need more information on as we work on your contract:

- Service #3 – Review the proposed cost for this service.
- Service #7 – Review the personnel costs in the other services and see if there is any overlap with this service.
- Service #8 – Review the proposed costs for this service.

Attached you will find a copy of First Chances For Children’s Rate Chart for comparison. We would really like this information returned no later than 2/27/17.

Thanks,

Joanne Nelson

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

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - ECPP RFP #48-15DEC16 (BCCSB Review ends 01/31/2017 12:00 AM CST)

Organization Name (will auto-populate)

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

Fund Source

Children's Services Fund - Early Childhood Prevention Programs RFP

Funder

Boone County

Funding Cycle

RFP #48-15DEC16

Name of Program or Project

Boone County Early Childhood Coalition

Amount of Request

\$0.00

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

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

Program Information

Program Website (will default to Organization website)

<http://research.missouri.edu>

Address

Office of Sponsored Programs
115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

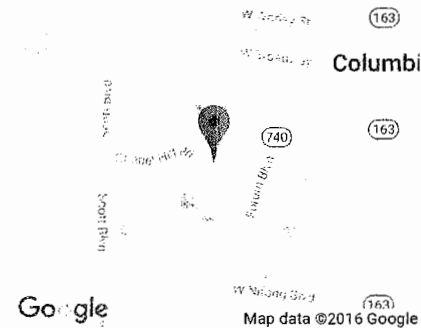
Missouri

County

Boone County

Zip

65211-0001

**Address**

Office of Sponsored Programs
115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

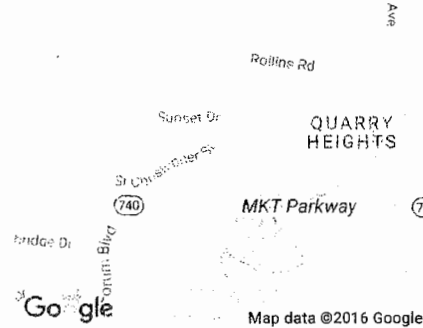
Missouri

County

Boone County

Zip

65211-0001

**Program Administrator Name**

Laine Young Walker

Phone Number**Program Administrator Title**

Associate Dean for Student Programs & Associate Professor of Psychiatry

Email

youngwalkerl@health.missouri.edu

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2016 Agency Assurance Sheet

/6.5.2/document/download/filename/1481817157_30421_AttachmentA2016AgencyAssuranceSheet.pdf/

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

/6.5.2/document/download/filename/1481817157_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/6.5.2/document/download/filename/1481817157_30419_AttachmentCWorkAuthorizationCert.pdf/

Signed Addendums

/6.5.2/document/download/filename/1481817157_30418_AddendumsforRFP48-15DEC16.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Office of Sponsored Programs	Craig David		Added on 12/13/2016

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

Federal EIN Number (will auto-populate)

43-6003859

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

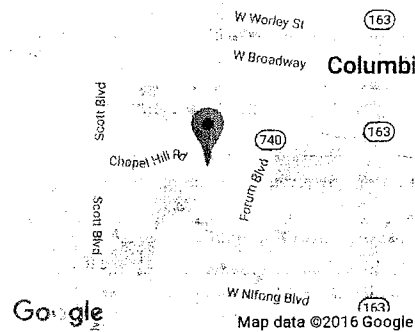
Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

Office of Sponsored Programs
115 Business Loop 70W, Mizzou North, Room 501
City
Columbia
State
Missouri
County
Boone County
Zip
65211-0001

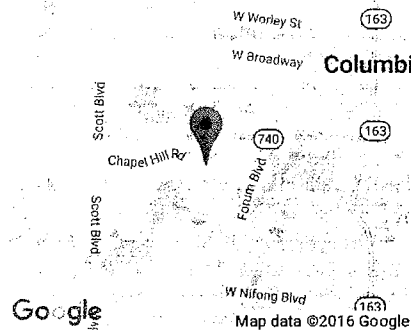


Organization Phone Number:

573-882-7560

Address

Office of Sponsored Programs
115 Business Loop 70W, Mizzou North, Room 501
City
Columbia
State
Missouri
County
Boone County
Zip
65211-0001



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

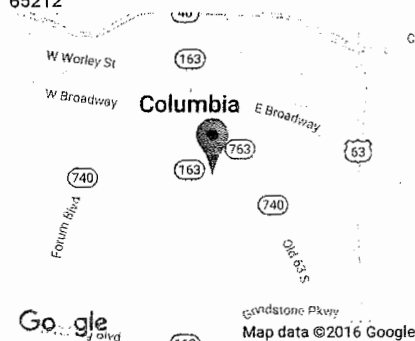
Local Organization Contact Information (If there is a local office with differen

Local Organization Name:
University of Missouri Department of Psychiatry

Local Organization Fax:
573-884-1070

Address
1 Hospital Drive
DC067.00
City
Columbia
State
Missouri
County
Boone County
Zip
65212

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 Title:
Vice-Chair, Director of Child and Adolescent Psychiatry

Local Contact Email:
youngwalkerl@health.missouri.edu

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)
/6.5.2/document/download/filename/1433872181_30405_Articlesofincorporation.pdf/
Articles of Incorporation:
Provide a copy of the organization's Articles of Incorporation.

Bylaws (MUST BE IN PDF FORMAT)
/6.5.2/document/download/filename/1472501425_34051_10.030BoardBylaws.pdf/
Bylaws: Provide a copy of the organization's Bylaws.

Organizational Chart (MUST BE IN PDF FORMAT)
/6.5.2/document/download/filename/1468268633_30406_orgchart2015-bp.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.

Conflict of Interest Policy: Does your organization have a written Conflict of Interest policy?
yes

Whistleblower Policy: Does your organization have a written Whistleblower policy?
yes

Business Continuity Plan: Does your organization have a written Business Continuity plan?
yes

Records Retention Policy: Does your organization have a written Records Retention policy?
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):
6 years

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 Begin Date:	Current Board Term End Date:	Address:	Active	Date
Thomas R. Voss	Board of Curators	01/01/2016	01/01/2021	Board of Curators Office 316 University Hall Columbia, MO 65211	Added on	07/11/2016
Jon T. Sundvold	Board of Curators		01/01/2017	Board of Curators Office 316 University Hall Columbia, MO 65211	Added on	07/11/2016
David L. Steelman	Board of Curators	01/01/2014	01/01/2019	Board of Curators Office 316 University Hall Columbia, MO 65211	Added on	07/11/2016
Phillip H. Snowden	Board of Curators	01/01/2015	01/01/2021	Board of Curators Office 316 University Hall Columbia, MO 65211	Added on	07/11/2016
John R. Phillips	Board of Curators	01/01/2013	01/01/2019	Board of Curators Office 316 University Hall Columbia, MO 65211	Added on	07/11/2016
Mary E. Nelson	Board of Curators	01/01/2016	01/01/2019	Board of Curators Office 316 University Hall Columbia, MO 65211	Added on	07/11/2016
Pamela Quigg Henrickson	Board of Curators	01/01/2011	01/01/2017	Board of Curators Office 316 University Hall Columbia, MO 65211	Added on	07/11/2016
Donald L. Cupps	Board of Curators	01/01/2011	01/01/2017	Board of Curators Office 316 University Hall Columbia, MO 65211	Added on	07/11/2016
Maurice B. Graham	Board of Curators	01/01/2015	01/01/2021	Board of Curators Office 316 University Hall Columbia, MO 65211	Added on	07/11/2016
David L. Steward					Added on	05/27/2016

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

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

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

Notes

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

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)

/6.5.2/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)

/6.5.2/document/download/filename
/1468268734_29954_finrpt15.pdf/

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

990/990 EZ (MUST BE PDF FORMAT)

/6.5.2/document/download/filename
/1468269470_29955_990-TPublicDisclosure2014%2806-30-15%29.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.

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 hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click **+New** to add Employee Compensation information.

Employees

Employees Compensation

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Link Info
					Active Date
Professor of Psychiatry and Chair	M.D.	1.00	\$374,556.00	\$0.00	Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	1.00	\$185,858.04	\$0.00	Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	1.00	\$190,958.04	\$0.00	Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	1.00	\$210,958.08	\$0.00	Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	0.80	\$187,625.04	\$0.00	Added on 08/30/2016

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

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:

Text

Accreditation 2:

Text

Accreditation 3:

Text

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)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

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

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet		Link Info				
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - ECPP RFP #48-15DEC16 (BCCSB Review ends 01/31/2017 12:00 AM CST)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - Early Childhood Prevention Programs RFP	Boone County	RFP #48-15DEC16		Added on 12/13/2016
Children's Services Fund - RFP #29-15JUN16 (Closed ends 12/16/2016 12:00 AM CST)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - ECPP RFP	Boone County	RFP #29-15JUN16		Added on 06/20/2016
Children's Services Fund - POS RFP #25-15JUN15 (Application in Progress ends 12/23/2016 12:00 AM CST)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - POS	Boone County	RFP #25-15JUN15		Added on 05/21/2015
Children's Services Fund - POS RFP #27-10JUN14 (Year End Reporting ends 03/23/2016 8:00 AM CDT)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - POS	Boone County	RFP #27-10JUN14		Added on 06/26/2015
Children's Services Fund - POS RFP #27-10JUN14 (Year End Reporting ends 03/23/2016 8:00 AM CDT)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - POS	Boone County	RFP #27-10JUN14		Added on 06/26/2015

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

System Fields

Project Narrative - Early Childhood Prevention Programs RFP

Children's Services Fund - ECPP RFP #48-15DEC16...

Quick View Information

Grant	Children's Services Fund - ECPP RFP #48-15DEC16 (BCCSB Review ends 01/31/2017 12:00 AM CST)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Fund Source	Children's Services Fund - Early Childhood Prevention Programs RFP
Funder	Boone County
Funding Cycle	RFP #48-15DEC16
Name of Program or Project	Boone County Early Childhood Coalition
Amount of Request	\$0.00 <i>see Progm Budget</i>
Record Lock	

Project Narrative Instructions

The purpose of the Project Narrative is to provide information regarding developing your responses, please adhere to the following guidelines.

Responses should contemplate a three-year project timeline. Respond as if the reviewers have no prior knowledge of the project. Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and do sources outside of your organization and should include geographical state, national).

All sources of information should be properly cited using the American text citation. All sources that are cited must appear in the reference list. Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

YR 1 \$1,097,534.35

YR 2 \$882,506.27

YR 3 \$1,025,017.19

TOTAL \$ 3,005,057.81

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Project Goal

Instructions: Complete the narrative question below outlining the goal of the proposed project.

Important Reminders:

The project goal should focus on county-wide, systemic efforts to prevent mental and behavioral health issues by promoting early childhood social and emotional health of children birth to kindergarten entry through universal prevention programming and correspond to the organization's major goal as stated in the Organization Profile section.

Programming would include, but is not limited to Missouri state-approved early childhood curriculum, comprehensive formative assessment, research-based social and emotional development programs/strategies, and community awareness campaigns. Preventive programming and community awareness campaigns should be a county-wide, systemic collaborative effort with currently funded Children's Services programs and other early childhood organizations with the same or similar goals.

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

The goals of this project are to simultaneously support four key efforts: a community wide mental health promotion campaign (universal Triple P); a complementary parent education and support program (Triple P); evidence based screening efforts with FACE; and early literacy promotion.

Project Purpose

Instructions: Provide clear, concise narrative information pertaining to the overall purpose of the proposed project and the service(s) to be offered.

Important Reminders: The Boone County Children's Services Board seeks a coordinated, county-wide, systemic, community effort to decrease adverse childhood experiences, increase child resilience, and increase the protective factors of those who care for children,

with an emphasis on trauma informed practices.

a. Describe how the project will promote the social and emotional wellness of Boone County children ages birth through kindergarten entry. (1500 character limit)

Children with unidentified mental health concerns are at greater risk for continuing to experience problems when they enter elementary school and, if mental health concerns are persistent, there is less that can be done to remediate them over time. Fortunately, research has identified the necessary components of comprehensive systems that both prevent and address mental health challenges (Racz, King, Wu, Witkiewitz & McMahon, 2013). The literature on mental health challenges indicates that communities can be successful in reducing challenging behavior when a proactive prevention and early intervention program is implemented (e.g., Stormont, Lewis, Beckner, & Johnson, 2008). The most effective early intervention approaches utilize several key components including screening, parent awareness and education, and effective early literacy activities. In this project, we have outlined strategies and services around utilizing a promotion campaign (stay positive, triple P) for increasing community awareness of mental health needs in young children, systematic strategies for increasing and tracking completed screening of mental social emotional health issues, supporting early literacy activities around mental health literature in child care facilities and children's homes, and addressing parent needs for support (Triple P). This prevention and intervention project will promote social emotional wellness in Boone County.

b. Describe how the Boone County population and community is affected by the issue(s) to be addressed by the proposed project. (1500 character limit)

Mental health issues affect all communities. Children in Boone County have mental health issues that, when left untreated, will likely become worse once they transition into elementary school. A local study found that many children were rated by local kindergarten teachers as poor or fair in their readiness for kindergarten and that the readiness ratings correlated strongly with social emotional skills (Stormont et al., 2015). Often children who have social emotional needs also have academic and experiential deficits that further contribute to their challenges in early learning. These deficits include early literacy rich environments and spending positive time with family members reading and discussing various topics of interest, including social emotional development. Recent data from Boone County and an urban school district in Missouri have found that kindergarten readiness is associated with reading achievement and social emotional outcomes at the end of kindergarten (Stormont et al., 2014). Research has been clear on factors that affect children's healthy and optimal early development; these include screening and early intervention when needed, parenting support, and immersion in literacy rich environments. Children in Boone County are affected by a lack of consistent and widespread screening for mental health issues in early childhood as well as limited access to appropriate referrals and a need for more parenting support and support for early literacy experiences.

c. Describe how this proposed project will work with other Children's Service funded and community early childhood programs in Boone County. (1500 character limit)

Boone County Children's Services has supported multiple prevention and intervention based programs and services, harnessing various collaborative opportunities and stakeholders, to address mental health issues that affect citizens in Boone County. In tandem with these opportunities to extend current work, there are multiple additional needs this proposal is requesting funding to support. We will work with other partners in Boone County, including several currently funded through Children's Service. As identified throughout this proposed project we have established clearly articulated partnerships with other early childhood providers and professionals and submitted MOUs with FACE, Healthy Steps, and SOAR (no MOU given Laine is the PI), which are currently funded. We also have additional partners conducting innovative work in Boone County who are involved in the Early Childhood Coalition but do not currently have Boone County funding including Parents as Teachers (Centralia), Daniel Boone Regional Library, and Dr. Sohl's work with the local refugee population. Under each service we articulate how the interrelated parts contribute to the whole of the work on behalf of the Boone County Early Childhood Coalition in support of children's mental health and ultimate readiness for entering elementary school. Importantly, we have met several times with colleagues from FACE to plan to create a true partnership and extension of their critical work to early childhood.

d. Provide a justification for the requested level of funding from Boone County. (1500 character limit)

The requested level of funding for 3 years is \$2,914,122.41. This cost serve 40,460 people (children from birth to kindergarten and their parents). The program will provide an evidence based Universal Public Awareness Campaign to the entire county, enhance literacy in early childhood, train providers to deliver an evidence based parenting support program (Triple P), increase social emotional screenings and provide a centralized screening hub that all providers in the county can access.

e. Provide a description of any other funding source that will contribute to the delivery of this project. (1500 character limit)

Several partners in this proposed project are providing in kind funding and currently funded interventions to implement this proposed project. Their collaboration will extend the potential impact that the utilization of the universal Triple P program could have on Boone County. Daniel Boone Regional Library is contributing in kind funding to support the bookmobile (insurance and fuel). SOAR professionals will train FACE case managers and professionals in screening through SOAR funding.

Project Implementation and Sustainability Plan

a. Outline the three-year timeline for key steps in the Project implementation process. Discuss the plan for the implementation of the proposed project service(s) including how the requested funds will be used to implement the service(s) over the three-year time period. (3000 character limit)

Year 1—Meet with Boone County Early Childhood Stakeholders to inform them of access to elements of the Universal Triple P materials. Plan for implementation of the campaign including ordering campaign materials, creation of a website, and engagement with social media. Launch the campaign by month 6 of year one. Train 20 providers (practitioners and parent educators) to implement Triple P level 2 and 3 interventions. These providers will implement individual and group Level 2 and 3 Triple P interventions in their practices, during home visits and during seminar sessions/discussion groups. We will support 1.5 FTE parent educators to implement these interventions. PCP's will implement them with the patients they serve. Work with FACE in order to add questions that are similar to questions on the ASQ, other valid measures and other important early childhood indicators. Purchase the Junior Bookmobile (which takes 9 months to create), the technology components that need to be on the Bookmobile and begin delivery of books to the identified childcare centers by the eleventh month. A state-approved workshop would be held for child care providers at the library on the importance of literacy and the young child. Meet with all stakeholders in the coalitions and with other early child providers in Boone County to coordinate efforts and engage them in the delivery of the program services.

Year 2—Continue Universal Triple P awareness campaign. Train 20 additional providers to implement Triple P level 2 and 3 interventions. These providers will implement individual and group Level 2 and 3 Triple P interventions in their practices, during home visits and during seminar sessions/discussion groups (support 3.0 FTE parent educators). Provide education to early child providers who are completing screenings so that they may participate in the screening hub through FACE. Bookmobile visits 20-25 childcare centers in Columbia, Ashland and Centralia. Participation in 12-18 screening events in Boone County. A second state-approved workshop would be held for child care providers at the library on the importance of early literacy. Continued meetings with all stakeholders in the coalitions and with other early child providers in Boone County to coordinate efforts and engage them in the delivery

of the program services.

Year 3— Continue Universal Triple P awareness campaign. Train 20 additional providers to implement Triple P level 2 and 3 interventions. These providers will implement individual and group Level 2 and 3 Triple P interventions. (support 6.0 FTE parent educators). Provide education to early child providers who are completing screenings so that they may participate in the screening hub through FACE. Bookmobile visits 20-25 childcare centers in Columbia, Ashland and Centralia. Participation in 12-18 screening events in Boone County. A third state-approved workshop for childcare providers. Continued meetings with all stakeholders.

b. What is your sustainability plan for the proposed project? (3000 character limit)

Once the materials for the Universal Triple P are purchased they will be shared with other early child stakeholders so that everyone in Boone County has access. As a result each organization can continue to utilize the Universal Triple P materials whenever needed. Through the course of the project 60 providers (primary care providers and parent educators) will be trained to deliver Triple P individual and group interventions in their existing practices with young children. After the initial 3 years these providers will continue to implement the interventions. The screening hub at FACE will continue to be utilized and practitioners will be knowledgeable of how to access the system. We anticipate that after 3 years of intense focus on use of social emotional screening, providers in Boone County will be more familiar with completing SE screenings and will be more aware of referral sources through FACE. The Daniel Boone Regional Library is committed to increasing their reach through accessing additional child care centers in Ashland, Columbia, and Centralia. They are providing in kind funding for the 3 years of the project in order to ensure its success. During the course of the project, we will work with the library to identify funding to continue to staff the second Bookmobile.

Project 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 project.

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)

Project Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	FULL-TIME SALARY RANGE FROM: (wages, social security and Medicare)	FULL-TIME SALARY RANGE TO:
P1 Program Lead 1	MQ1 Doctorate	FTE1 0.20	SR1 FROM \$251,115.00	SR1 TO \$300,000.00
P2 Program Lead 2	MQ2 Doctorate	FTE2 0.30	SR2 FROM \$103,689.00	SR2 TO \$125,000.00
P3 Support Staff 1	MQ3 Master's	FTE3 1.00	SR3 FROM \$50,000.00	SR3 TO \$55,000.00
P4 Support Staff 2	MQ4 Bachelor's	FTE4 1.00	SR4 FROM \$35,000.00	SR4 TO \$40,000.00
P5 Support Staff 3	MQ5 Master's	FTE5 1.00	SR5 FROM \$75,000.00	SR5 TO \$80,000.00
P6 LSW1	MQ6 Social Work License	FTE6 0.05	SR6 FROM \$50,000.00	SR6 TO \$65,000.00
P7 LSW2	MQ7 Social Work License	FTE7 0.05	SR7 FROM \$60,000.00	SR7 TO \$65,000.00
P8 LSW3	MQ8 Social Work License	FTE8 0.05	SR8 FROM \$60,000.00	SR8 TO \$65,000.00
P9 Professional Staff	MQ9 Social Work License	FTE9 0.05	SR9 FROM \$60,000.00	SR9 TO \$65,000.00
P10	MQ10	FTE10 0.00	SR10 FROM \$0.00	SR10 TO \$0.00

Project Personnel Narrative

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

Some work is higher level and required to be completed by those with a Masters, License, Doctorate, or Bachelor's level of education.

Proposed Service(s) Narrative Section

Instructions: The purpose of the Proposed Service(s) sections are to provide detailed information for each proposed service that the project entails. Organizations will be required to:

- Name and define the service
- Provide a very detailed description of the service
- Provide specific information on the consumers
- Describe fees related to this service.

This section must be completed for each proposed service(s).

Service #1 - Name and Definition

Name of Service #1 (150 character limit)

Universal Triple P

Definition of Service #1 (300 character limit)

Universal Triple P is a communications strategy designed to reach a broad cross section of the population with positive parenting information and messages.

Service #1 - Narrative

a. Provide a very detailed description of the proposed service (#1). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Dr. Matthew Sanders created the Triple P-Positive Parenting Program in 1977 (Pearl, 2009; Triple P, n.d.). Triple P is based on social learning and developmental theories and focuses on the prevention and treatment of severe behavior and emotional problems in children, ages 0-12 (Sanders et al., 2012). Triple P uses a 5 level approach to increase parent education and skills for effective parenting. The first level is a community level public awareness campaign to increase awareness of parenting issues and help destigmatize parenting support; encourage parents to participate in positive parenting interventions; increase the visibility and reach of positive parenting interventions; help parents become more confident and self-sufficient in their parenting. This level of Triple P is structured but responsive to local community needs and characteristics. The step-by-step protocol of the Triple P program brings together the consultants and trainers to work closely alongside the local providers to build and implement the awareness campaign. Through this proposed program service, a public awareness campaign will be implemented. This campaign will include website development, print materials, social media, digital media advertising, and provision of promotional items. These public awareness campaign materials will be shared with members of the Boone County Early Child Coalition and other Boone County Early Child Stakeholders to utilize for their organizations.

b. Are other organizations in Boone County currently providing the proposed service (#1)?

No (if no, move on to c.)

If Yes - provide the name of the organization/business providing this proposed service (#1). Also include how your organization will partner with this organization. (1500 character limit)

Narrative

c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.), and any other logistical information for proposed service (#1). (600 character limit)

The location and days/hours of operation are Monday to Friday from 8 AM to 5 PM.

d. Describe the eligibility criteria (e.g. income, age, etc.), if any, to be utilized for determining eligibility for the proposed service (#1). (600 character limit)

This is a Universal Program Services that targets all parents of young children.

e. Describe any external requirements of proposed service (#1), such as licensing, minimum standards, etc. (600 character limit)

There are no external requirements.

f. Is the proposed service (#1) currently accredited by one or more recognized accrediting body?

No (if no, move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (600 character limit)

Narrative

g. Are there best practices for the proposed service (#1)?

No (if no, move on to h.)

If Yes - Indicate the best practices and whether or not they will be utilized in this proposed service (#1). (600 character limit)

Narrative

h. Is there evidence to support the efficacy of the proposed service (#1)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

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

The research to support the Triple P program is vast. The Triple P Positive Parenting Program is listed on SAMSHA's NREPP's National Registry of Evidence-Based programs and practices. Triple P is one of the few parenting programs in the world based on evidence and research about what works. There are more than 30 years of ongoing international research behind Triple P. There are more than 200 evaluation papers, including 113 randomized controlled trials that show Triple P can work for most families – across different cultures, socio-economic groups and in many different family structures. Some key findings: Triple P reduces problem behavior in children and improves parents' well-being and parenting skills. In communities where Triple P is widely available, children have fewer behavioral and emotional problems. Parents using Triple P say they are less stressed, less depressed and don't use harsh discipline. Triple P has positive effects on a range of outcomes including children's social, emotional and behavioral measures, parenting satisfaction and effectiveness, and parent relationships. Triple P can produce community-wide positive effects such as slowing the rate of child abuse and reducing foster care placements. In addition, Triple P is effective in reducing disruptive behaviors of children with developmental disabilities.

If No - Provide rationale for utilizing this proposed service (#1). (1500 character limit)

Narrative

i. Describe any unique or innovative aspects of the proposed service (#1) that will enhance the quality and effectiveness of the proposed service (#1). (1500 character limit)

Although this proposed service focuses on Universal Triple P, we will work with the refugee population in Dr. Sohl's APA sponsored grant in order to reach parents in that population.

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#1). (1500 character limit)

We will partner with Healthy Steps, Parents as Teachers, Daniel Boone Regional Library, and Dr. Sohl's project with refugee children in the Boone County Early Childhood Coalition. We will provide Universal Triple P to them and to other early child stakeholders.

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

If MOUs or contracts/agreements related to the proposed service (#1) are in place, please upload these documents (2) PDF Format (#1):

If MOUs or contracts/agreements related to the proposed service (#1) are in place, please upload these documents (3) PDF Format (#1):

k. How will feedback from consumers be collected and utilized? (#1) (1500 character limit)

Universal Triple P will include website development, print materials, social media, digital media advertising, and provision of promotional items. We will share this information with partners with whom we have an MOU and with other early child stakeholders. We will complete partnership surveys and obtain feedback from parents who utilize the resources.

Service #1 - Consumers

a. How many consumers (unduplicated individuals) will be served by the proposed service (#1)?

30000

b. Describe the consumers which will be served by proposed service (#1) including characteristics and demographics. (1500 character limit)

Universal Triple P is designed to reach all parents of young children. There is not an identified population. All parents of young children and children birth to Kindergarten will be served.

c. Why will these consumers be served in the proposed service (#1)? (1500 character limit)

These consumers will be served in order to implement an awareness campaign that is universal for parents of young children.

d. Describe any impediments or challenges in serving these proposed service (#1) consumers. (600 character limit)

Potential challenges to the proposed service include obtaining universal buy in from early child stakeholders to utilize the same awareness message.

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#1). (600 character limit)

This is a universal public awareness campaign. Therefore, there is no service to charge.

b. Is this proposed service (#1) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (600 character limit)

Narrative

If No - Explain why the proposed service (#1) is not billable to a third party payor. (600 character limit)

Public awareness is not a billable service.

c. What fee payment options will be provided for proposed service (#1) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

d. Does your organization have a purchase of service agreement with any other funder for this service? (#1)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and the unit rate. (#1) (300 character limit)

Narrative

Service #2 - Name and Definition

Name of Service #2 (150 character limit)

Training for Triple P (Level 2, 3, and 4 Interventions)

Definition of Service #2 (300 character limit)

Training on Levels 2-4 of Triple P will be provided to primary care practitioners and parent educators in order for them to be able to implement the interventions with the children and families they serve.

Service #2 - Narrative

a. Provide a very detailed description of the proposed service (#2). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

This program services focus on training of primary care practitioners and parent educators in Level 2, 3 and 4 of the Triple P system. This population was selected due to them having an established population of children and families with which they can implement the Triple P interventions.

Level 2 training focuses on brief and flexible consultation with individual parents and parenting seminars of large groups of parents. This "light touch" intervention provides brief one-time assistance to parents who are generally coping well but have one or two concerns with their child's behavior or development.

Level 3 focuses on a brief face-to-face or telephone intervention with a provider. It involves a series of four brief consultations that incorporate active skills training and the selective use of parenting tip sheets covering common developmental and behavioral problems. In addition to tip sheets Positive Parenting Booklet is utilized to reinforce strategies. Level 3 is targeted counseling for parents of a child with mild to moderate behavioral difficulties. Level 3 interventions deal with a specific problem behavior or issue.

Level 4 training is an intensive strategy for parents of children with more severe behavior difficulties. It is designed to teach positive parenting skills and their application to a range of target behaviors, settings, and children.

Through this service training will be provided to 20 practitioners (including primary care providers and parent educators) will be trained every year. These providers will be trained on Level 2, Level 3 and Level 4 Triple P Interventions.

b. Are other organizations in Boone County currently providing the proposed service (#2)?

No (if no, move on to c.)

If Yes - provide the name of the organization/business providing this proposed service (#2). Also include how your organization will partner with this organization. (1500 character limit)

Narrative

c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.) and any other logistical information for the proposed service (#2). (600 character limit)

The location of the trainings will be in Boone County based on where the majority of participants are from. Trainings will occur on Monday to Saturday from 8 AM to 5 PM.

d. Describe the eligibility criteria (e.g. income, age, etc.), if any, to be utilized for determining eligibility for the proposed service (#2). (600 character limit)

Eligible providers include: Primary Care Providers and Parent Educators. We plan to work with the others in the Coalition and other early child stakeholders to determine if other groups should be included in the training.

e. Describe any external requirements of the proposed service (#2) such as licensing, minimum standards, etc. (600 character limit)

N/A

f. Is the proposed service (#2) currently accredited by one or more recognized accrediting body?

No (if no, move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (#2) (600 character limit)

Narrative

g. Are there best practices for the proposed service (#2)?

No (if no, move on to h.)

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed service. (#2) (600 character limit)

Narrative

h. Is there evidence to support the efficacy of the proposed service (#2)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit) (#2)

The research to support the Triple P program is vast. The Triple P Positive Parenting Program is listed on SAMSHA's NREPP's National Registry of Evidence-Based programs and practices. Triple P is one of the few parenting programs in the world based on evidence and research about what works. There are more than 30 years of ongoing international research behind Triple P. There are more than 200 evaluation papers, including 113 randomized controlled trials that show Triple P can work for most families – across different cultures, socio-economic groups and in many different family structures. Some key findings: Triple P reduces problem behavior in children and improves parents' well-being and parenting skills. In communities where Triple P is widely available, children have fewer behavioral and emotional problems. Parents using Triple P say they are less stressed, less depressed and don't use harsh discipline. Triple P has positive effects on a range of outcomes including children's social, emotional and behavioral measures, parenting satisfaction and effectiveness, and parent relationships. Triple P can produce community-wide positive effects such as slowing the rate of child abuse and reducing foster care placements. In addition, Triple P is effective in reducing disruptive behaviors of children with developmental disabilities.

If No - Provide rationale for utilizing the proposed service (#2). (1500 character limit)

Narrative

i. Describe any unique or innovative aspects of the proposed service (#2) that will enhance access the quality and effectiveness of the proposed service (#2). (1500 character limit)

N/A

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#2). (1500 character limit)

We will collaborate with Parents as Teachers and pediatricians to implement this program service.

If MOUs or contracts/agreements related to the proposed service (#2) are in place, please upload these documents (1) PDF Format (#2):

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

If MOUs or contracts/agreements related to the proposed service (#2) are in place, please upload these documents (3) PDF Format (#2):

k. How will feedback from consumers be collected and utilized? (#2) (1500 character limit)

Feedback will be obtained through Pre/Post Training Survey and Training Satisfaction Survey.

Service #2 - Consumers

a. How many consumers (unduplicated individuals) will be served by the proposed service (#2)?

60

b. Describe the consumers which will be served by the proposed service (#2) including characteristics and demographics. (1500 character limit)

Primary Care Providers and Parent Educators. We plan to work with the others in the Coalition and other early child stakeholders to determine if other groups should be included in the training.

c. Why will these consumers be served in proposed service (#2)? (1500 character limit)

These consumers were selected due to their pre-existing families and children that they serve. This will make it easy for them to implement Triple P interventions that they are trained on.

d. Describe any impediments or challenges in serving these proposed service (#2) consumers. (600 character limit)

Challenges to serving these proposed consumers include buy-in to the training and the practitioners having time to commit to training.

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#2)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

No fees are charged as there are not any current billable services for training.

b. Is this proposed service (#2) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (#2) (600 character limit)

Narrative

If No - Explain why the proposed service (#2) is not billable to a third party payor. (600 character limit)

It is not a billable service.

c. What fee payment options will be provided for proposed service (#2) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

d. Does your organization have a purchase of service agreement with any other funder for this service? (#2)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and the unit rate. (#2) (300 character limit)

Narrative

Service #3 - Name and Definition

Name of Service #3 (150 character limit)

Triple P Interventions (Level 2 and 3)

Definition of Service #3 (300 character limit)

Triple P Level 2 and Level 3 Interventions are focused on parents and include individual sessions, seminar series and discussion groups.

Project #3 - Narrative

a. Provide a very detailed description of the proposed service (#3). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Level 2 (Seminar Series and Individual Primary Care)--has utility for many parents and is intended to normalize parenting interventions. The brief and flexible consultation format and is designed for parents whose children have relatively minor and fairly discrete problem behaviors that do not require more intensive levels of intervention. An introduction to the strategies of positive parenting and Triple P. Parents attend any number of three 90-minute seminars (Power of Positive Parenting; Raising Confident, Competent Children; and Raising Resilient Children). Take-home tip sheets are given to all parents who attend Triple P seminars. The primary care providers and parent educators trained will implement individual interventions and seminar sessions in their practice.

Level 3 (Discussion Groups and Individual Primary Care)--This program level is especially appropriate for parents of infants, toddlers and preschoolers with respect to common child behavior problems and parenting challenges. Two-hour small group sessions, targeting a specific problem behavior or issue. Each discussion group can be taken as a stand-alone session or as part of a series. There are four topics for parents of children 0-12 (Dealing with disobedience; Managing fighting and aggression; Developing good bedtime routines; and Hassle-free shopping with children). This brief and flexible consultation modality also builds in generalization enhancement strategies for teaching parents how to apply knowledge and skills gained to non-targeted behaviors and other children in the family. The primary care providers and parent educators trained will implement individual level 3 interventions and discussion groups in their practice.

b. Are other organizations in Boone County currently providing the proposed service (#3)?

No (if no, move on to c.)

If Yes - provide the name of the organization/business providing this proposed service (#3). Also include how your organization will partner with this organization. (1500 character limit)

Narrative

c. Provide details on the location, days/hours of operation (e.g. Monday - Friday, 8 a.m. - 5 p.m.) and any other logistical information for the proposed service (#3). (600 character limit)

These individual parent sessions will occur in the homes of families served by parent educators and in primary care offices. The seminar series and discussion groups will occur in community locations. They will occur Monday to Saturday from 8 AM to 5 PM.

d. Describe the eligibility criteria (e.g. income, age, etc.) to be utilized for determining eligibility for the proposed service (#3). (600 character limit)

Eligibility for interventions will include all parents with children birth to Kindergarten. There will be no income or diagnosis criteria.

e. Describe any external requirements of the proposed service (#3) such as licensing, minimum standards, etc. (600 character limit)

There are no external requirements.

f. Is the proposed service (#3) currently accredited by one or more recognized accrediting body?

No (if no; move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (#3) (600 character limit)

Narrative

g. Are there best practices for the proposed service (#3)?

No (if no, move on to h.)

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed service (#3). (600 character limit)

Narrative

n. Is there evidence to support the efficacy of the proposed service (#3)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit) (#3)

The research to support the Triple P program is vast. The Triple P Positive Parenting Program is listed on SAMSHA's NREPP's National Registry of Evidence-Based programs and practices. Triple P is one of the few parenting programs in the world based on evidence and research about what works. There are more than 30 years of ongoing international research behind Triple P. There are more than 200 evaluation papers, including 113 randomized controlled trials that show Triple P can work for most families – across different cultures, socio-economic groups and in many different family structures. Some key findings: Triple P reduces problem behavior in children and improves parents' well-being and parenting skills. In communities where Triple P is widely available, children have fewer behavioral and emotional problems. Parents using Triple P say they are less stressed, less depressed and don't use harsh discipline. Triple P has positive effects on a range of outcomes including children's social, emotional and behavioral measures, parenting satisfaction and effectiveness, and parent relationships. Triple P can produce community-wide positive effects such as slowing the rate of child abuse and reducing foster care placements. In addition, Triple P is effective in reducing disruptive behaviors of children with developmental disabilities.

If No - Provide rationale for utilizing the proposed service (#3). (1500 character limit)

Narrative

i. Describe any unique or innovative aspects of the proposed service (#3) that will enhance access the quality and effectiveness of the proposed service (#3). (1500 character limit)

A unique aspect of this proposed service is that we will work with the refugee population in Dr. Sohl's APA sponsored grant in order to reach parents in the refugee population.

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#3). (1500 character limit)

We will collaborate with Parents as Teachers and pediatricians to implement this program service.

If MOUs or contracts/agreements related to the proposed service (#3) are in place, please upload these documents (1) PDF Format (#3):

/6.5.2/document/download/filename/1481766080_33624_MOUwithCentraliaPAT_final.pdf

If MOUs or contracts/agreements related to the proposed service (#3) are in place, please upload these documents (2) PDF Format (#3)

/6.5.2/document/download/filename/1481766080_33623_MOUwithHealthySteps_final.pdf

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

/6.5.2/document/download/filename/1481766080_33622_MOUwithRefugeeProgram_final.pdf

k. How will feedback from consumers be collected and utilized? (#3) (1500 character limit)

The parents served through Triple P Level 2-3 interventions will provide feedback through a Parenting Experience Survey. We will track attendance at seminar series presentations and discussion groups through the use of attendance sheets. Also a family background questionnaire will be completed.

Service #3 - Consumers

a. How many consumers (unduplicated individuals) will be served by the proposed service (#3)?

5100

b. Describe the consumers which will be served by proposed service (#3) including characteristics and demographics. (1500 character limit)

Parents of children birth to Kindergarten who are served by Primary Care Providers and Parent Educators will be served. We plan to work with the others in the Coalition and other early child stakeholders to determine if other groups should be included in the training.

c. Why will these consumers be served in proposed service (#3)? (1500 character limit)

These consumers will be served since the practitioners being trained to implement the interventions serve this population.

d. Describe any impediments or challenges in serving these proposed service (#3) consumers. (600 character limit)

Challenges in serving these proposed consumers will be imbedding the intervention in the primary care provider's daily practice.

Service #3 - Service Fee

a. Will proposed service (#3) consumers be charged a fee?

Yes

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

Parents who receive individual Triple P Level 2 and 3 interventions from their primary care provider will be billed to their health insurance for the service. It will not be billed to BCCSB. The parent educators can't bill for Triple P services. There will be some FTE of parent educators that will be paid for using the BCCSB funding.

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#3). (600 character limit)

There is an established billing service for primary care providers to implement individual interactions with parents.

There is no established billing for this service for parent educators.

b. Is this proposed service (#3) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (#3) (600 character limit)

Narrative

If No - Explain why the proposed service (#3) is not billable to a third party payor. (600 character limit)

It is not a billable service for parent educators.

c. What fee payment options will be provided for proposed service (#3) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

None—insurance will pay for routine medical visits with PCPs.

d. Does your organization have a purchase of service agreement with any other funder for this service? (#3)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and the unit rate. (#3) (300 character limit)

Narrative

Service #4 - Name and Definition

Name of Service #4 (150 character limit)

Development of Screening Hub

Definition of Service #4 (300 character limit)

Screenings completed on young children to be housed in the same system as the FACE assessment system currently used for families accessing FACE for service referrals. This will allow screenings for children birth to graduation from high school to be housed in the same location.

Project #4 - Narrative

a. Provide a very detailed description of the proposed service (#4). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Dr. Young-Walker's previously funded (LAUNCH-SAMHSA) grant trained numerous providers throughout Boone County to complete evidence-based developmental screenings using ASQ-3, ASQ: SE, and ASQ: SE. One challenge to the increase in screenings throughout the county is tracking the screenings. There is no centralized place to track screenings. As a result, efforts are being duplicated, which creates frustration among parents who have to complete the same screening several times by various providers. This program services proposes developing a centralized hub where screenings results can be kept in one location. A challenge with this option that we have problem solved a solution for is that the ASQ does not allow a centralized, local hub where the results can be shared and used to make decisions regarding community needs. As a result, we will utilize the electronic system currently being developed by the Family Access Center for Excellence (FACE). The system will allow access to questions that are similar to questions on the ASQ and other valid measures and other important early childhood indicators (e.g., additional questions on academic readiness) for providers to access and complete the information as needed, and review the data and referral possibilities as needed. This will allow screenings completed on young children to be housed in the same system as the FACE assessment system currently used for families accessing FACE for service referrals. Working with a half-time funded case manager with FACE devoted to this work will be key in also identifying resource needs in the community. Our plan is to work to get the system and processes up and functioning year one and to start using the hub year 2.

b. Are other organizations in Boone County currently providing the proposed service (#4)?

Yes

If Yes - provide the name of the organization/business providing this service (#4). Also include how your organization will partner with this organization. (1500 character limit)

FACE is currently tracking screenings for children from Kindergarten to completion of high school in the proposed system. This program will allow early child assessments to be placed in the system as well. Such a downward extension would provide a county-wide, preschool-high school (~3-18) social, emotional, and behavioral monitoring system.

c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.) and any other logistical information for the proposed service (#4). (600 character limit)

Location of screening hub will be at the FACE. Hours of operation are Monday to Friday from 8 AM to 5 PM.

d. Describe the eligibility criteria (e.g. income, age, etc.) to be utilized for determining eligibility for the proposed service (#4). (600 character limit)

All children birth to kindergarten will be eligible. There are no eligibility criteria.

e. Describe any external requirements of the proposed service (#4) such as licensing, minimum standards, etc. (600 character limit)

None

f. Is the proposed service (#4) currently accredited by one or more recognized accrediting body?

No (if no, move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (#4) (600 character limit)

Narrative

g. Are there best practices for the proposed service (#4)?

No (if no, move on to h.)

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed service (#4). (600 character limit)

Narrative

h. Is there evidence to support the efficacy of the proposed service (#4)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

No

If Yes - Identify cite, and describe the evidence. (1500 character limit) (#4)

Narrative

If No - Provide rationale for utilizing the proposed service (#4). (1500 character limit)

There has been an increase in developmental screenings in Boone County but no way to centralize them. As a result screenings are being repeated and early child providers are not aware that they have been completed. Results are not shared so the early child providers are not able to support referrals that another provider has made. The creation of a centralized hub for early child screenings will eliminate these issues. Also, linking it to an existing hub for children from Kindergarten to Graduation will allow accessible and easy to read reports at the child, community, and county levels for children from birth through graduation.

i. Describe any unique or innovative aspects of the proposed service (#4) that will enhance access the quality and effectiveness of the proposed service (#4). (1500 character limit)

The innovative aspect of this proposed service is the creation of an integrated information management system that tracks children from birth to graduation from high school. It is a system that is owned by Boone County and will benefit children, families, providers, and funding stakeholders in our home county.

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#4). (1500 character limit)

The partnership with FACE and SOAR will help to facilitate this program service implementation.

If MOUs or contracts/agreements related to the proposed service (#4) are in place, please upload these documents (1) PDF Format (#4):

/6.5.2/document/download/filename/1481767009_33651_MOUwithFACE_final.pdf/

If MOUs or contracts/agreements related to the proposed service (#4) are in place, please upload these documents (2) PDF Format (#4)

If MOUs or contracts/agreements related to the proposed service (#4) are in place, please upload these documents (3) PDF Format (#4):

k. How will feedback from consumers be collected and utilized? (#4) (1500 character limit)

Surveys regarding the use of the hub will be created, disseminated and the results shared with all stakeholders who are using the system.

Service #4 - Consumers

a. How many consumers (unduplicated individuals) will be served by the proposed service (#4)?

2100

b. Describe the consumers which will be served by proposed service (#4) including characteristics and demographics. (1500 character limit)

The consumers served are all children ages birth to Kindergarten who are receiving early child screenings from primary care providers, home visitors, childcare providers, and other early childhood stakeholders.

c. Why will these consumers be served in proposed service (#4)? (1500 character limit)

These consumers will be served as a result of their age and the need for having developmental assessments.

d. Describe any impediments or challenges in serving these proposed service (#4) consumers. (600 character limit)

A challenge to serving those proposed service consumers is providers resistance to using a different screening tool than they are used to using.

Service #4 - Service Fee

a. Will proposed service (#4) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

There will not be a fee for use of the screening hub.

b. Is this proposed service (#4) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (#4) (600 character limit)

Narrative

If No - Explain why the proposed service (#4) is not billable to a third party payor. (600 character limit)

This is not a billable service.

c. What fee payment options will be provided for proposed service (#4) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#4) (600 character limit)

None.

d. Does your organization have a purchase of service agreement with any other funder for this service? (#4)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and the unit rate. (#4) (300 character limit)

Narrative

Service #5 - Name and Definition

Name of Service #5 (150 character limit)

Social Emotional Screenings in Early Childhood

Definition of Service #5 (300 character limit)

Focus on Social-Emotional Screenings that can be completed by the Coalition and Early Child Stakeholders with the goal of interfacing with the FACE electronic system.

Service #5 - Narrative

a. Provide a very detailed description of the proposed service (#5). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Research suggests that screening young children for developmental and behavioral problems and connecting them to services and/or treatment can improve child outcomes. The American Association of Pediatrics (AAP) recommends that all children receive early identification services, including surveillance and screening, and if needed a developmental or diagnostic evaluation. Dr. Young-Walker's previously funded (LAUNCH-SAMHSA) grant trained numerous physicians and other early childhood providers in Boone County to conduct developmental screenings with young children. Over the course of the grant, around 4000 screenings were conducted by local pediatricians; however, only a small percentage of these screenings were conducted using the Social Emotional screening tool. The purpose of this proposed program service is to increase social emotional screenings in Boone County and link families to appropriate resources. We will hire a staff member with expertise in the mental health needs of young children to complete social-emotional screenings.

b. Are other organizations in Boone County currently providing the proposed service (#5)?

Yes

If Yes - provide the name of the organization/business providing this service (#5). Also include how your organization will partner with this organization. (1500 character limit)

Other organizations are providing the proposed service (social-emotional screenings) but none are focusing on screenings that can interface with the FACE electronic system thereby creating a system that tracks screenings from birth through completion of high school.

c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.) and any other logistical information for the proposed service (#5). (600 character limit)

Screenings will occur in the community from Monday to Saturday 8 AM to 5 PM.

d. Describe the eligibility criteria (e.g. income, age, etc.) to be utilized for determining eligibility for the proposed service (#5). (600 character limit)

All children birth to kindergarten will be eligible to receive the service.

e. Describe any external requirements of the proposed service (#5) such as licensing, minimum standards, etc. (600 character limit)

Training in screening

f. Is the proposed service (#5) currently accredited by one or more recognized accrediting body?

No (if no, move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (#5) (600 character limit)

Narrative

g. Are there best practices for the proposed service (#5)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed service (#5). (600 character limit)

The use of screening is a recommended practice by the American Association of Pediatrics (AAP), which recommends screening at 9, 18, and 24 or 30 months (new reference). In addition, children should be screened whenever surveillance demonstrates risk. We plan to screen at these intervals.

h. Is there evidence to support the efficacy of the proposed service (#5)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit) (#5)

Research has documented that physicians, for example, are poor at identifying children at risk for delays without the use of screening tools (Stoppler, 2015). When properly applied, screening tests for mental health problems in preschool children that are connected to early implementation of treatment can improve outcomes for children. Therefore, screening is supported by research as an essential practice to support young children at risk for various problematic outcomes, including mental health problems (Stormont et al., 2016).

If No - Provide rationale for utilizing the proposed service (#5). (1500 character limit)

Narrative

i. Describe any unique or innovative aspects of the proposed service (#5) that will enhance access the quality and effectiveness of the proposed service (#5). (1500 character limit)

The innovation is in using social-emotional screening that can become a part of the existing FACE electronic system.

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#5). (1500 character limit)

Our partnerships with FACE, Healthy Steps and Dr. Sohl will enhance the effectiveness of this proposed service.

If MOUs or contracts/agreements related to the proposed service (#5) are in place, please upload these documents (1) PDF Format (#5):

If MOUs or contracts/agreements related to the proposed service (#5) are in place, please upload these documents (2) PDF Format (#5):

If MOUs or contracts/agreements related to the proposed service (#5) are in place, please upload these documents (3) PDF Format (#5):

k. How will feedback from consumers be collected and utilized? (#5) (1500 character limit)

Feedback from parents of children screened will be used to enhance the utilization of future screenings.

Service #5 - Consumers

a. How many consumers (unduplicated individuals) will be served by the proposed service (#5)?

2250

b. Describe the consumers which will be served by proposed service (#5) including characteristics and demographics. (1500 character limit)

All young children birth to kindergarten will be served.

c. Why will these consumers be served in proposed service (#5)? (1500 character limit)

As this is a prevention focused project, all young children will be served.

d. Describe any impediments or challenges in serving these proposed service (#5) consumers. (600 character limit)

Challenges faced will be the adoption of social-emotional screening by early childhood stakeholders.

Service #5 - Service Fee

a. Will proposed service (#5) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

Screenings that are a part of primary care appointments will be charged to insurance and screenings as part of home visitation are charged to their funder. Community screenings will not be charged. Currently screenings outside of medical appointments and in the context of home visitation are not charged to the parent.

b. Is this proposed service (#5) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

Yes

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (#5) (600 character limit)

In the context of primary care appointments and home visitation they are billed to a third party and they will continue to be billed this way.

If No - Explain why the proposed service (#5) is not billable to a third party payor. (600 character limit)

Narrative

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

None.

d. Does your organization have a purchase of service agreement with any other funder for this service? (#5)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and the unit rate. (#5) (300 character limit)

Narrative

Service #6 - Name and Definition

Name of Service #6 (150 character limit)

Enhancing Early Literacy

Definition of Service #6 (300 character limit)

Providing exposure to literacy with a focus on integrating literature that promotes social emotional knowledge.

Service #6 - Narrative

a. Provide a very detailed description of the proposed service (#6). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Daniel Boone Regional Library has a junior bookmobile service for childcare centers in Harrisburg and Sturgeon. By purchasing a smaller bookmobile (i.e., Farber Sprinter Van) the proposed program service will be able to enhance early child literary with a focus on integrating literature that promotes social emotional knowledge and well-being (e.g., stories about feelings, making friends) by expanding bookmobile services to 20-25 childcare sites in Columbia, Ashland, and Centralia. Once a month, each location will receive a bookmobile visit, story time in their center, and a book deposit collection of 20-30 books. A library card drive will be done at each location to encourage teachers, children, and their parents to get a personal library card. Classroom cards may also be issued. The bookmobile vehicle will have a cart of teacher resources, screening kits, big books (i.e., oversized books used for large groups of kids), fiction, and non-fiction picture books for classroom use. Booklists will also be available for educators. This proposed expansion would also include bookmobile attendance at 12-18 special early childhood events and screening events over two years. Lastly, a state-approved workshop would be held for child care providers at the library on the importance of literacy and the young child in years 1-3.

b. Are other organizations in Boone County currently providing the proposed service (#6)?

Yes

If Yes - provide the name of the organization/business providing this proposed service (#6). Also include how your organization will partner with this organization. (1500 character limit)

The Daniel Boone Regional Library currently provides this service through the use of the Junior Bookmobile to communities outside of Columbia and Ashland. This has been a successful program but has been limited due to the inability to travel to other childcare centers. This program service would expand the reach of early literacy promotion to childcare centers outside of the service areas.

c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.), and any other logistical information for proposed service (#6). (600 character limit)

The location will be 20-25 childcare sites in Columbia, Ashland, and Centralia. The hours of operation are Monday to Friday from 8 AM to 5 PM.

d. Describe the eligibility criteria (e.g. income, age, etc.), if any, to be utilized for determining eligibility for the proposed service (#6). (600 character limit)

All young children (birth to Kindergarten) in the childcare centers are eligible to receive services. There are no income requirements.

e. Describe any external requirements of proposed service (#6), such as licensing, minimum standards, etc. (600 character limit)

The only external requirements will be that the staff utilizing the Bookmobile will have the appropriate driving license, maintain insurability, and be assessed for any history of abuse in the state system.

f. Is the proposed service (#6) currently accredited by one or more recognized accrediting body?

No (if no, move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (#6) (600 character limit)

Narrative

g. Are there best practices for the proposed service (#6)?

No (if no, move on to h.)

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed service (#6). (600 character limit)

Narrative

h. Is there evidence to support the efficacy of the proposed service (#6)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit) (#6)

This bookmobile provides access to enhance early literacy. There is evidence to support early literacy. The ability to read proficiently is an essential skill needed to effectively participate and succeed in today's world. However, according to the National Assessment of Educational Progress (NAEP), many children struggle in learning how to read National Center on Education Statistics, 2013), 65% of fourth graders and 64% of eight graders scored at or below the basic level of reading achievement. Early exposure to reading through access to books is a critical component to supporting a more literate community. As family involvement in reading is also fundamental for building early language, vocabulary, and exposure to print, it is important to

overcome barriers to providing young children with books to take home and read with their families. Bookmobiles are a service often provided by libraries to communities; however, funding and other challenges makes it challenging for bookmobile support. They are an essential way to bridge the resources available in local libraries and the community members who would benefit from these resources (American Library Association, 2016).

If No - Provide rationale for utilizing the proposed service (#6). (1500 character limit)

Narrative

i. Describe any unique or innovative aspects of the proposed service (#6) that will enhance access the quality and effectiveness of the proposed service (#6). (1500 character limit)

An innovative aspect of this proposed service is bringing elements that enhance early literacy to childcare centers.

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#6). (1500 character limit)

A partnership with the Daniel Boone Regional Library is critical to the success of this program service. They have committed to implementation and will provide some of the necessary items in-kind.

If MOUs or contracts/agreements related to the proposed service (#6) are in place, please upload these documents (1) PDF Format (#6):

/6.5.2/document/download/filename/1481767009_36677_MOUwithDanialBooneRegionalLibrary_final.pdf/

If MOUs or contracts/agreements related to the proposed service (#6) are in place, please upload these documents (2) PDF Format (#6):

If MOUs or contracts/agreements related to the proposed service (#6) are in place, please upload these documents (3) PDF Format (#6):

k. How will feedback from consumers be collected and utilized? (#6) (1500 character limit)

Feedback will be obtained through Pre-test/Post-test that assesses childcare providers perceptions of social emotional literacy in children before book mobile services and after. Also a post satisfaction survey will be completed.

Service #6 - Consumers

a. How many consumers (unduplicated individuals) will be served by the proposed service (#6)?

550

b. Describe the consumers which will be served by proposed service (#6) including characteristics and demographics. (1500 character limit)

Young children (birth to Kindergarten) who attend the 20-25 childcare centers in Columbia, Ashland, and Centralia.

c. Why will these consumers be served in proposed service (#6)? (1500 character limit)

These consumers are not currently receiving any service like this. By providing this service, the value of early literacy will be communicated and actions to move forward with early literacy will be implemented.

d. Describe any impediments or challenges in serving these proposed service (#6) consumers. (600 character limit)

There are no known impediments to the proposed service.

Service #6 - Service Fee

a. Will proposed service (#6) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#6). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#6)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#6). (600 character limit)

The childcare centers do not have funding to support this service, but it is critical to successful enhancement of early literacy to programs who are not currently supporting early literacy.

b. Is this proposed service (#6) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (#6) (600 character limit)

Narrative

If No - Explain why the proposed service (#6) is not billable to a third party payor. (600 character limit)

It is not a billable service.

c. What fee payment options will be provided for proposed service (#6) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There will be no fee payment options provided.

d. Does your organization have a purchase of service agreement with any other funder for this service? (#6)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and unit rate (#6) (300 character limit)

Narrative

Service #7 - Name and Definition

Name of Service #7 (150 character limit)

Agency and Activity Coordination

Definition of Service #7 (300 character limit)

The Boone County Early Child Coalition will have several community partners. This program service will help with coordination and implementation of all program activities and continuous program improvement. Also, this program service will focus on sustainability of the activities.

Service #7 - Narrative

a. Provide a very detailed description of the proposed service (#7). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The proposed program involves multiple agencies (i.e., Family Access Center for Excellence (FACE), Daniel Boone Regional Library, Parents as Teachers, local pediatricians, EC-PBS, and SOAR. Program Directors, Melissa Stormont and Laine Young-Walker will work together to coordinate all aspects of the program. This will include establishing an effective early child coalition that will work together to achieve the program's desired outcomes. In order to accomplish this, coalition meetings with involved agencies will occur and be facilitated by program directors. The program directors will also coordinate work that will be done with an early child liaison from FACE.

In addition, the program directors will oversee all aspects of the grant and supervise program and evaluation staff. In order to achieve this, weekly program meeting with program staff will take place and be facilitated by the program directors.

b. Are other organizations in Boone County currently providing the proposed service (#7)?

No (if no, move on to c.)

If Yes - provide the name of the organization/business providing this proposed service (#7). Also include how your organization will partner with this organization. (1500 character limit)

Narrative

c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.), and any other logistical information for proposed service (#7). (600 character limit)

Hours of operation are typically Monday to Friday from 8 AM to 5 PM but will also provide this service on Saturdays and Sundays (when needed).

d. Describe the eligibility criteria (e.g. income, age, etc.), if any, to be utilized for determining eligibility for the proposed service (#7). (600 character limit)

All children birth through Kindergarten and all early child stakeholders will be eligible for coordination activities completed through this program service.

e. Describe any external requirements of proposed service (#7), such as licensing, minimum standards, etc. (600 character limit)

N/A

f. Is the proposed service (#7) currently accredited by one or more recognized accrediting body?

No (if no, move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (#7) (600 character limit)

Narrative

g. Are there best practices for the proposed service (#7)?

No (if no, move on to h.)

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed service (#7). (600 character limit)

Narrative

h. Is there evidence to support the efficacy of the proposed service (#7)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

No

If Yes - Identify cite, and describe the evidence. (1500 character limit) (#7)

Narrative

If No - Provide rationale for utilizing the proposed service (#7). (1500 character limit)

Coordination of all program activities is critical to the success of the Boone County Early Child Coalition work.

i. Describe any unique or innovative aspects of the proposed service (#7) that will enhance access the quality and effectiveness of the proposed service (#7). (1500 character limit)

N/A

We will partner with Healthy Steps, Parents as Teachers, Daniel Boone Regional Library, and Dr. Sohl's project with refugee children in the Boone

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#7). (1500 character limit)

County Early Childhood Coalition. We will provide Universal Triple P to them and to other early child stakeholders.

If MOUs or contracts/agreements related to the proposed service (#7) are in place, please upload these documents (1) PDF Format (#7):

If MOUs or contracts/agreements related to the proposed service (#7) are in place, please upload these documents (2) PDF Format (#7):

If MOUs or contracts/agreements related to the proposed service (#7) are in place, please upload these documents (3) PDF Format (#7):

k. How will feedback from consumers be collected and utilized? (#7) (1500 character limit)

Feedback from consumers will be collected using pre and post collaboration surveys. This information will be reviewed and utilized to improve coordination/collaboration among agencies.

Service #7 - Consumers

a. How many consumers (unduplicated individuals) will be served by the proposed service (#7)?

40460

b. Describe the consumers which will be served by proposed service (#7) including characteristics and demographics. (1500 character limit)

This service focuses on the coordination of every program service that will be implemented. The numbers of consumers served (35660) includes the numbers for all program services 1-6.

c. Why will these consumers be served in proposed service (#7)? (1500 character limit)

These are the consumers who will be served because the focus of the program is early childhood (birth to Kindergarten) for children and parents seeking university prevention and promotion activities.

d. Describe any impediments or challenges in serving these proposed service (#7) consumers. (600 character limit)

Challenges to serving these proposed service consumers include: buy in of providers to support the program components and accessing young children and their families. Access will be improved through our partnerships with FACE, Healthy Steps, Parents as Teachers and Dr. Soh's refugee group.

Service #7 - Service Fee

a. Will proposed service (#7) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#7). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#7)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#7). (600 character limit)

There is no fee to the consumer for coordinating the program and strengthening collaborations among early child stakeholders.

b. Is this proposed service (#7) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (#7) (600 character limit)

Narrative

If No - Explain why the proposed service (#7) is not billable to a third party payor. (600 character limit)

This is not a billable service.

c. What fee payment options will be provided for proposed service (#7) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

None.

d. Does your organization have a purchase of service agreement with any other funder for this service? (#7)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and unit rate (#7) (300 character limit)

Narrative

Service #8 - Name and Definition

Name of Service #8 (150 character limit)

Evaluation of all aspects of the project

Definition of Service #8 (300 character limit)

Service #8 - Narrative

a. Provide a very detailed description of the proposed service (#8). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The proposed project evaluation will be conducted by the Missouri Institute of Mental Health (MIMH). MIMH is a part of the University of Missouri-St. Louis, specializing in research, evaluation, professional training, and community outreach related to the promotion, prevention, and the improvement of behavioral health and wellness for children and adults. MIMH faculty and staff have served as evaluators on hundreds of federal, state, and local grants, and have expertise in designing process and outcome evaluations and developing research and evaluation tools that are culturally sensitive. MIMH has worked closely with the program team to identify the outcomes, indicators, and methods of measurement outlined in the specific program services for this project. MIMH will collect, manage, analyze, and report the all the data for this project. During all phases of the evaluation, MIMH will work with the program team and attend weekly meetings.

b. Are other organizations in Boone County currently providing the proposed service (#8)?

Yes

If Yes - provide the name of the organization/business providing this proposed service (#8). Also include how your organization will partner with this organization. (1500 character limit)

There are multiple organizations who provide evaluation for research projects.

c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.), and any other logistical information for proposed service (#8). (600 character limit)

The evaluation team will be housed out of St. Louis with hours of operation on Monday to Friday 8 AM to 5 PM.

d. Describe the eligibility criteria (e.g. income, age, etc.), if any, to be utilized for determining eligibility for the proposed service (#8). (600 character limit)

N/A

e. Describe any external requirements of proposed service (#8), such as licensing, minimum standards, etc. (600 character limit)

N/A

f. Is the proposed service (#8) currently accredited by one or more recognized accrediting body?

No (if no, move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (#8) (600 character limit)

Narrative

g. Are there best practices for the proposed service (#8)?

No (if no, move on to h.)

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed service (#8). (600 character limit)

Narrative

h. Is there evidence to support the efficacy of the proposed service (#8)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit) (#8)

MIMH will serve as the external evaluator to help program staff set program goals, identify lessons, make midcourse adjustments, and measure program effectiveness. MIMH has the knowledge and expertise to do the instrument design, data collection, data management, and statistical analysis. In addition, an outside evaluator brings objectivity to our program and they are able to get information that may be more difficult for our program staff to access.

The proposed program service #8 will serve the following purposes: 1) accountability: to measure the results of programs and account for use of program resources, 2) knowledge generation: to create new understanding about what works and what does not, and 3) program planning or improvement: to support clear, well-designed, feasible, and measurable program services and to support ongoing program planning, implementation, and overall program effectiveness.

If No - Provide rationale for utilizing the proposed service (#8). (1500 character limit)

Narrative

i. Describe any unique or innovative aspects of the proposed service (#8) that will enhance access the quality and effectiveness of the proposed service (#8). (1500 character limit)

No.

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#8). (1500 character limit)

We will partner with Healthy Steps, Parents as Teachers, Daniel Boone Regional Library, and Dr. Sohl's project with refugee children in the Boone County Early Childhood Coalition. We will provide Universal Triple P to them and to other early child stakeholders. These partnerships will enhance the rich data to be obtained about program implementation.

If MOUs or contracts/agreements related to the proposed service (#8) are in place, please upload these documents (1) PDF Format (#8):

If MOUs or contracts/agreements related to the proposed service (#8) are in place, please upload these documents (2) PDF Format (#8):

If MOUs or contracts/agreements related to the proposed service (#8) are in place, please upload these documents (3) PDF Format (#8):

k. How will feedback from consumers be collected and utilized (#8) (1500 character limit)

Feedback will be collected through the use of pre and post surveys, partnership surveys, training satisfaction surveys, levels of collaboration, Parenting Experience Surveys, Family Background Questionnaires and post satisfaction surveys. Information from the evaluation components will be used to enhance and improve the program.

Service #8 - Consumers

a. How many consumers (unduplicated individuals) will be served by the proposed service (#8)?

40460

b. Describe the consumers which will be served by proposed service (#8) including characteristics and demographics. (1500 character limit)

This service focuses on the evaluation of every program service that will be implemented. The numbers of consumers served (35660) includes the numbers for all program services 1-6.

c. Why will these consumers be served in proposed service (#8)? (1500 character limit)

These are the consumers who will be served because the focus of the program is early childhood (birth to Kindergarten) for children and parents seeking university prevention and promotion activities.

d. Describe any impediments or challenges in serving these proposed service (#8) consumers. (600 character limit)

Challenges to serving these proposed service consumers include: buy in of providers to support the program components and accessing young children and their families. Access will be improved through our partnerships with FACE, Healthy Steps, Parents as Teachers and Dr. Sohl's refugee group.

Service #8 - Service Fee

a. Will proposed service (#8) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#8). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#8)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#8). (600 character limit)

This is not a service provided to consumers. It is the evaluation of the program in order to provide continuous quality improvement.

b. Is this proposed service (#8) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (#8) (600 character limit)

Narrative

If No - Explain why the proposed service (#8) is not billable to a third party payor. (600 character limit)

It is not a billable service.

c. What fee payment options will be provided for proposed service (#8) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

d. Does your organization have a purchase of service agreement with any other funder for this service? (#8)

No (if no, move to the next service if applicable)

If Yes - Provide the name of the funder and unit rate (#8) (300 character limit)

Narrative

Reference List

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

Reference List: (5000 character limit)

American Academy of Pediatrics. (2010). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. Statement of the American Academy of Pediatrics.
Campbell N. (2002). When and How to Use External Evaluators. The James Irvine Foundation. Retrieved from

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System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By
19893	12/14/2016 11:37 PM CST	MU Dept of Psychiatry ORG	12/13/2016 1:13 PM CST	MU Dept of Psychiatry ORG

Project Information - Early Childhood Prevention Programs RFP

Children's Services Fund - ECPP RFP #48-15DEC16...

Quick View Information

Project Budget Instructions

Complete the Project Budget section below reflecting funds to be utilized over a three-year time period and only the funds from other funders that will be utilized to support the proposed project. This should **NOT** be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field **MUST** be completed. Provide information on how other funders will help support the proposed project.

The Boone County - Children's Services Funding (CSF) *Proposed* box should only include the total amount of funds you are requesting for the proposed project.

Three-Year Project Budget

PROJECT REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
	/	
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0
	/	
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
	/	
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
	/	
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$0.00	0
	/	
2. GOVERNMENT CONTRACTS/SUPPORT:		
*A. Boone County - Children's Services Funding (300 character limit)	*2A	2A %
Narrative	\$0.00	0
	/	
B. Boone County - Community Health Funding (300 character limit)	2B	2B %

Narrative	\$0.00	0
/		
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
/		
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
/		
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
/		
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
/		
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
/		
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
/		
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
/		
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Narrative	\$0.00	0
/		
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Narrative	\$0.00	0
/		
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
/		
3. Program Service Fees (300 character limit)	3.	3 %
Narrative	\$0.00	0
/		
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
/		
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0
/		
TOTAL PROJECT REVENUE	TOTAL REVENUE	
	0	

PROJECT EXPENSES

1. Personnel	*1. \$0.00	1. % 0
Personnel Narrative (300 character limit) Narrative	//	
2. Non-Personnel	*2. \$0.00	2. % 0
Non-Personnel Narrative (300 character limit) Narrative	//	
TOTAL PROJECT EXPENSES	TOTAL EXPENSES 0	

Yearly Amount Request from Children's Services Fund

*Year 1 Total Request	*Year 2 Total Request	Year 3 Total Request
\$1,097,534.35	\$882,506.27	\$1,025,617.19
Total Amount Request from CSF		
3005657.81		

Consumer Demographics Instructions

Complete the Residence, Race/Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed project service(s) over the three-year time period. **The totals for all sub-sections should be identical.**

If providing training for consumers, please complete the Training subsection. No individual's demographic information will be required. We will only need totals.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

*Boone County (includes City of Columbia residents)	*City of Columbia	Other Counties
40460	26300	0
Residence Total		
40460		
Record Lock		

Race/Ethnicity

NON-HISPANIC

White (alone)

31760

Black or African American (alone)

4046

Native American Indian or Alaskan Native

405

Asian (alone)

1214

Native Hawaiian or other Pacific Islander (alone)

202

Multiple Races

1214

Some Other Race

405

Subtotal - Non-Hispanic

39246

HISPANIC**Of all races**

1214

Race/Ethnicity Total

40460

Gender**Female**

21348

Male

19112

Other Gender

0

Gender Total

40460

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

22658

Over 200% of Federal Poverty Level

17802

Income Total

40460

Age**Infant/Toddler (birth – 2 years)**

2000

Preschool (3 years – 5 years)

2580

School Age (6 years – 11 years)

400

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

3550

Parent/Guardian (age 20 and over)

31870

Age Total

Individuals Trained

Individuals to be Trained

60

Performance Measures Instructions

The purpose of this section is to provide information and performance measurement data for each proposed service. In the fields provided, indicate each proposed service along with the corresponding number of units of service to be provided, the unit of service measure, and the number of unduplicated individuals to be served. For each proposed service, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Reminder that this should cover a two-year time period.

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

Information provided in the Program Performance Measures Section should correlate to the information provided in the Project Narrative.

***Indicates Required Field.**

Service #1 - Name

*Service #1 Name (150 character limit)

Triple P (Universal)

Service #1 - Amount Requested

*What is the total amount requested for proposed service #1?

\$278,972.49

Service #1 - Output

*Units (#1)	*Unit Measure (#1) (500 character limit)	*Unit Rate (#1)	*Unduplicated Individuals (#1)
3	Annual Campaign	\$92,990.83	30000

Service #1 - Output Narrative

***Is the proposed Unit Rate (#1) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)**

Year one total cost is heavy to establish website and create branding etc, costs go down in year 2 and 3 Unit cost above is the total costs divided by 3 units, 3 annual campaigns. There is no established public funding rate.

Service #1 - Outcome(s)

*Outcome (#1-1)	*Indicator (#1-1)	*Method of Measurement (#1-1)
-----------------	-------------------	-------------------------------

Outputs:	10 partners will be contacted	Partnership Survey
# new community partners	5 new community partnerships will be developed	Log of distributions
# resources distributed		
# website hits, likes on Facebook, Twitter followers	100 resources will be distributed	
# print media		
# information presentations	600 impressions on website, Facebook, and Twitter	
# radio ads, # of TV ads		
	2000 print media will be distributed	
	4 ads will be played on TV	
	4 ads will be played on radio	
Additional Outcome (#1-2)	Additional Indicator (#1-2)	Additional Method (#1-2)
Outcomes:	30000 people will be reached through campaign efforts (over three years)	Pre-post population survey
Increased community awareness of parenting resources	75% of the community will show a 50% increase in awareness of parenting resources and issues	
Increased awareness of parenting issues		
Decreased stigma about parenting support	75% of the community will show a 50% decrease in stigma about parenting support	
Additional Outcome (#1-3)	Additional Indicator (#1-3)	Additional Method (#1-3)
Text	Text	Text
Additional Outcome (#1-4)	Additional Indicator (#1-4)	Additional Method (#1-4)
Text	Text	Text
Additional Outcome (#1-5)	Additional Indicator (#1-5)	Additional Method (#1-5)
Text	Text	Text

Service #1 - Outcome(s) Narrative

***a. Describe how each outcome is attributable to the Project Goal, as stated in the Project Narrative section (#1) (600 character limit)**

The goal of this program service is to create a public awareness campaign for early childhood by implementing Triple P public awareness campaign. The anticipated outcomes of the campaign are to increase community awareness of parenting resources and issues and decrease the stigmatization of parenting support.

***b. 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 proposed outcomes may be lack of interest in communicated public awareness messages to targeted audiences, limited resources, getting messages to more rural areas, and even if target audience becomes more "aware" they might take "action".

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

We will measure the impacts of the campaign by tracking number of new community partners, resources distributed, website hits, likes on Facebook, Twitter followers, print media, information presentations, radio ads, # of TV ads. We will measure the community's awareness of parenting resources and issues and stigma around parenting support and expect 75% of the community will show a 50% increase in awareness of parenting resources and issues and decrease in stigma about parenting support.

***d. Provide a rationale for each method of measurement (#1) (600 character limit)**

Our external evaluator in collaboration with input from the program team will design a pre/post survey to measure the anticipated outcomes. We will track the number of new community partners, resources distributed, website hits, likes on Facebook, Twitter followers, print media, information presentations, radio ads, # of TV ads.

Service #2 - Name

Service #2 Name (150 character limit)

Service #2 - Amount Requested

What is the total amount requested for proposed service #2?

\$261,177.80

Service #2 - Output

Units (#2)	Unit Measure (#2) (500 character limit)	Unit Rate (#2)	Unduplicated Individuals (#2)
60	Person	\$4,352.96	60

Service #2 - Output Narrative

Is the proposed Unit Rate (#2) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)

Cost for individual training providers in Level 2, 3 and 4 interventions. These providers will have an established population of young children and their families which they are currently serving. There is no established public funding rates.

Service #2 - Outcome(s)

Outcome (#2-1)	Indicator (#2-1)	Method of Measurement (#2-1)
Level 2 Outputs: # of trainings conducted # of providers trained Outcomes: Increased practitioners knowledge and skills in detecting and managing child behavior problems and positive parenting	Level 2 80% of practitioners will have a 50% increase in knowledge and skills in detecting and managing child behavior problems and positive parenting 100% participants will have 90%	Level 2 Pre/Post Training Survey Training Satisfaction Survey
Additional Outcome (#2-2) Level 3 Outputs: # of trainings conducted # of providers trained Outcomes: Increased practitioners knowledge and skills in detecting and managing child behavior problems and positive parenting Increased practitioners parent consultation skills	Additional Indicator (#2-2) Level 3 80% of practitioners will have a 50% increase in knowledge and skills in detecting and managing child behavior problems and positive parenting 80% of practitioners will have a 50% increase parent consultation skills	Additional Method (#2-2) Level 3 Pre/Post Training Survey
Additional Outcome (#2-3) Level 3 cont. Outcomes: Increased practitioners skills in identifying indicators that suggest more intervention is needed thus requiring a referral	Additional Indicator (#2-3) Level 3 cont. 80% of practitioners will have a 50% increase in identifying indicators that suggest more intervention needed thus requiring a referral 100% participants will have 90%	Additional Method (#2-3) Level 3 cont. Pre/Post Training Survey Training Satisfaction Survey
Additional Outcome (#2-4)	Additional Indicator (#2-4)	Additional Method (#2-4)

Level 4

Outputs:
of trainings conducted
of providers trained

Outcomes:
Increased practitioners knowledge and skills in key parenting strategies to a broad range of target behaviors

Increased practitioners parent consultation skills via telephone consultations

Level 4

80% of practitioners will have a 50% increase in knowledge and skills in detecting and managing child behavior problems and positive parenting

80% of practitioners will have a 50% increase parent telephone consultation

Additional Indicator (#2-5)

Level 4 Cont.

80% of practitioners will have a 50% increase in identifying indicators that suggest more intervention is needed thus requiring a referral

100% participants will have 90%

Level 4

Pre/Post Training Survey

Additional Method (#2-5)

Level 4 Cont.

Pre/Post Training Survey
Training Satisfaction Survey

Service #2 - Outcome(s) Narrative

a. Describe how each outcome is attributable to the Project Goal, as stated in the Project Narrative section (#2) (600 character limit)

Practitioners who complete the training process are more likely to deliver the program with families in the community and use the program at higher rates than practitioners who have not completed the process. Trained practitioners will have increased knowledge and skills in detecting and managing child behavior problems and positive parenting; parent consultation skills (in-person and via phone), skills in identifying indicators that suggest more intervention needed thus requiring a referral, practitioners knowledge and skills in key parenting strategies to a broad range of

b. 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 outcomes may be buy-in from providers and time constraints.

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

We will measure practitioners level of knowledge and skills and expect a 80% of practitioners will have a 50% increase in knowledge and skills and 100% of the practitioners will have 90% satisfaction.

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

Triple P is an evidence-based program with reliable and valid tools (pre/post training surveys and satisfaction surveys).

Service #3 - Name

Service #3 Name (150 character limit)

Triple P Interventions (Level 2 and 3)

Service #3 - Amount Requested

What is the total amount requested for proposed service #3?

\$602,551.04

Service #3 - Output

Units (#3)

2496

Unit Measure (#3) (500 character limit)

Unit Rate (#3)

\$241.41

Unduplicated Individuals (#3)

5500

Service #3 - Output Narrative

Is the proposed Unit Rate (#3) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)

Costs for Level 2 and 3 individual and group interventions. Currently Parent Educators and pediatricians have been identified to implement the Triple P interventions. There is no established public funding rates.

Service #3 - Outcome(s)

Outcome (#3-1)	Indicator (#3-1)	Method of Measurement (#3-1)
Level 2 # trained providers conducting seminars # seminars conducted # parents participated in program # children participated in program Increase parents' competence in promoting healthy development & managing common behavior problems and developmental issues	Level 2 80% of parents will have a 50% increase in competence in promoting healthy development and managing common behavior problems and developmental issues 100% participants will have 90%	Level 2 Attendance Sheets Family Background Questionnaire Parenting Experience Survey Parent Satisfaction Survey
Additional Outcome (#3-2) Level 3 Outputs: # of trained providers participating in the program # of groups conducted # parents participated in program # children participated in program	Additional Indicator (#3-2) Level 3 80% of parents will have a 50% increase in competence in promoting healthy development and managing common behavior problems and developmental issues	Additional Method (#3-2) Level 3 Attendance Sheets Family Background Questionnaire Parenting Experience Survey Parent Satisfaction Survey
Additional Outcome (#3-3) Level 3 Cont. Outcomes: Increase parents' competence in promoting healthy development and managing common behavior problems and developmental issues	Additional Indicator (#3-3) Level 3 Cont. 80% of parents will have a 50% increase in competence in promoting healthy development and managing common behavior problems and developmental issues 100% participants will have 90%	Additional Method (#3-3) Level 3 Cont. Attendance Sheets Family Background Questionnaire Parenting Experience Survey Parent Satisfaction Survey
Additional Outcome (#3-4) Text	Additional Indicator (#3-4) Text	Additional Method (#3-4) Text
Additional Outcome (#3-5) Text	Additional Indicator (#3-5) Text	Additional Method (#3-5) Text

Service #3 - Outcome(s) Narrative

a. Describe how each outcome is attributable to the Project Goal, as stated in the Project Narrative section (#3) (600 character limit)

The overall goal is to improve the social emotional health of young children to help children succeed in school and beyond. Parents will have increased competence in promoting healthy development & managing common behavior problems and developmental issues and high levels of satisfaction with the program.

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

External factors that may affect the proposed outcomes may be recruitment and retention of parents. Time constraints and buy-in from practitioners.

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

We will measure parents level of competence and expect a 80% of parents will have a 50% increase in competence and 100% of the parents will have 90% satisfaction with the program.

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

Triple P is an evidence-based program with reliable and valid tools (Family Background Questionnaire, Parenting Experience Survey, Parent Satisfaction Survey).

Service #4 - Name

Service #4 Name (150 character limit)

Development of Screening hub

Service #4 - Amount Requested

What is the total amount requested for proposed service #4?

\$149,905.08

Service #4 - Output

Units (#4)	Unit Measure (#4) (500 character limit)	Unit Rate (#4)	Unduplicated Individuals (#4)
1404	Hour	\$106.77	2100

Service #4 - Output Narrative

Is the proposed Unit Rate (#4) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)

Development of a screening hub utilizing the current system within FACE. This project will provide a downward extension of the screening hub that already exists for children from Kindergarten to Graduation. It will allow one system which houses screenings for children from birth through graduation from high school. There is no established public funding rates.

Service #4 - Outcome(s)

Outcome (#4-1)	Indicator (#4-1)	Method of Measurement (#4-1)
Outputs: # of providers trained to use the system # of providers using the system	20 providers will be trained to use the system 90% of trainings will have 75% attendance	Training attendance sheet Reports generated from electronic system
Additional Outcome (#4-2)	Additional Indicator (#4-2)	Additional Method (#4-2) Reports generated from electronic system

Outcomes: 90% of trained providers will track 75% of screens using the system

Increased number of screenings being tracked through the hub

90% of trained providers will track 75% of linkages using the system

Increase number of linkages being tracked through the hub

Additional Outcome (#4-3)

Additional Indicator (#4-3)

Additional Method (#4-3)

Text

Text

Text

Additional Outcome (#4-4)

Additional Indicator (#4-4)

Additional Method (#4-4)

Text

Text

Text

Additional Outcome (#4-5)

Additional Indicator (#4-5)

Additional Method (#4-5)

Text

Text

Text

Service #4 - Outcome(s) Narrative

a. Describe how each outcome is attributable to the Project Goal, as stated in the Program Overview section (#4) (600 character limit)

This goal of this program service is to develop a centralized hub where screenings results can be kept in one location. Providers will be trained in the screening system and track their screening and linkages using the screening hub. We will utilize the existing system within FACE to provide a downward extension for early childhood.

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

External factors that may affect the proposed outcomes may be buy-in from providers and time constraints.

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

We will measure attendance at the training and expect 90% of training will have 75% attendance. We will also measure whether trained providers are tracking screening and linkages using the screening hub and expect 90% of trained providers will track 75% of screens and linkages using the system.

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

Training attendance sheet will be used to track attendance at training. Our external evaluate will work with FACE to get quarterly reports of screenings and linkages.

Service #5 - Name

Service #5 Name (150 character limit)

Social Emotional Focused Screenings

Service #5 - Amount Requested

What is the total amount requested for proposed service #5?

\$332,486.72

Service #5 - Output

Units (#5)

Unit Measure (#5) (500 character limit)

Unit Rate (#5)

Unduplicated Individuals (#5)

7644

\$40.88

2250

Service #5 - Output Narrative

Is the proposed Unit Rate (#5) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)

Completion of screenings focused on social emotional development and work with providers in Boone County to increase their awareness of the importance of social emotional screenings and therefore increase their completion of these screenings. There is no established public funding rates.

Service #5 - Outcome(s)

Outcome (#5-1)	Indicator (#5-1)	Method of Measurement (#5-1)
Outputs: # providers conducting social emotional (SE) screenings # children screened using a SE screenings # children referred using the a SE screenings Outcomes: Increase number providers conducting SE screenings Increase number SE screenings conducted	5 providers will conduct SE screenings 1500 children will be screened with the SE screening Referrals for all children over the cut-off will be referred	Provider log Screening and referral log
Additional Outcome (#5-2)	Additional Indicator (#5-2)	Additional Method (#5-2)
Text	Text	Text
Additional Outcome (#5-3)	Additional Indicator (#5-3)	Additional Method (#5-3)
Text	Text	Text
Additional Outcome (#5-4)	Additional Indicator (#5-4)	Additional Method (#5-4)
Text	Text	Text
Additional Outcome (#5-5)	Additional Indicator (#5-5)	Additional Method (#5-5)
Text	Text	Text

Service #5 - Outcome(s) Narrative

a. Describe how each outcome is attributable to the Project Goal, as stated in the Program Overview section (#5) (600 character limit)

The goal of this proposed program service is to increase social emotional screenings in Boone County and link families to appropriate resources. The proposed outcomes include an increase in the number of providers conducting developmental screenings and an increase in the number social emotional screenings and referrals.

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

External factors that may affect the proposed outcome is providers time constraints to conduct the screenings.

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

We anticipate that there will be 5 providers conducting social emotional screens, 1500 individual screenings and appropriate referrals made.

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

One proposed outcome is an increase in the number of providers screening and the number of developmental screenings and referrals. Measurement of this can be accomplished by counting the the number of providers conducting screenings, number developmental screenings and referrals completed in Boone County for children during the time of funding and comparing it to screening averages prior to the initiation of the

Service #6 - Name

Service #6 Name (150 character limit)

Enhancing Early Literacy

Service #6 - Amount Requested

What is the total amount requested for proposed service #6?

\$337,613.12

Service #6 - Output

Units (#6)	Unit Measure (#6) (500 character limit)	Unit Rate (#6)	Unduplicated Individuals (#6)
1248	Hour	\$270.52	550

Service #6 - Output Narrative

Is the proposed Unit Rate (#6) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)

Expansion of the Daniel Boone Regional Library bookmobile to include Columbia, Ashland and Centralia. Year one costs are heavy for purchase of a van. Years 2 and 3 don't have those costs. There is no established public funding rates.

Service #6 - Outcome(s)

Outcome (#6-1)	Indicator (#6-1)	Method of Measurement (#6-1)
Outputs: # childcare centers receiving bookmobile services # of bookmobile visits for each childcare center # children served # books checked out # screening kits checked out # story times provided to childcare centers # children attending story times Outcome: Increased child literacy	90% childcare providers will have 50% increase in knowledge/perceptions of literacy in children 100% childcare providers will have 90% satisfaction	Bookmobile log Screening kit log Pretest/Posttest that assesses childcare providers perceptions of literacy in children before book mobile services and after Post satisfaction survey
Additional Outcome (#6-2)	Additional Indicator (#6-2)	Additional Method (#6-2)
Outputs: # of library card drives # of classroom cards issued # of teachers, children, and parents issued personal library cards Outcomes: Increased number teachers, children, and their parents who have a personal library card	80% of teachers, children, and their parents will have personal library cards	Library card log

Additional Outcome (#6-3)

Outputs:

of special early childhood bookmobile events

Outcomes:

Increased number of special early childhood library events

Additional Indicator (#6-3)

Complete 12-18 special early childhood events

100% attendees will have 90% satisfaction with events

Additional Method (#6-3)

Sign In sheets

Post satisfaction survey

Additional Outcome (#6-4)

Outputs:

of state-approved literacy workshops
of child care centers participating in literacy workshops
of attendees at literacy workshops**Additional Indicator (#6-4)**

3 literacy workshops will be conducted

Attendees at each literacy workshop

Additional Method (#6-4)

Sign-in sheets

Additional Outcome (#6-5)

Outcomes:

Increased number of childcare providers participating in state approved literacy workshops

Increased trained childcare providers knowledge of the importance of literacy and the young child

Additional Indicator (#6-5)

80% childcare providers will have 50% increase in their knowledge of the importance of literacy and the young child

100% attendees will have 90% satisfaction with literacy workshop

Additional Method (#6-5)

Pretest/Posttest that assesses childcare providers knowledge

Post state evaluation form

Providers receive child care clock hours

Post satisfaction survey

Service #6 - Outcome(s) Narrative**a. Describe how each outcome is attributable to the Project Goal, as stated in the Project Narrative section (#6) (600 character limit)**

The overall goal is to increase child literacy by providing access to books with an emphasis on social-emotional books, increasing the number of teachers, children, and their parents who have a personal library card, increasing the number of special early childhood library events, increasing number of childcare providers participating in state approved literacy workshops, and increasing trained childcare providers knowledge of the importance of literacy and the young child.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#6) (600 character limit)

External factors that may affect the proposed outcomes are child care centers willingness to participate in program.

c. Provide a rationale for the measurement level(s) for each indicator (#6) (600 character limit)

We will measure child care providers increase in knowledge/perceptions of literacy in children and expect that 90% childcare providers will have 50% increase their knowledge/perceptions. 100% childcare providers will have 90% satisfaction with the program. We anticipate that 12-18 special early childhood events and 3 literacy workshops will be conducted. And 80% of teachers, children, and their parents will have personal library

d. Provide a rationale for each method of measurement (#6) (600 character limit)

Our external evaluator in collaboration with input from library staff will design a pre/post survey and satisfaction survey to measure the anticipated outcomes, providers knowledge/perceptions of literacy in children and satisfaction with the program. We will count the numbers of special early childhood events, literacy workshops conducted, and the number of teachers, children, and their parents will have personal library card.

Service #7 - Name**Service #7 Name (150 character limit)**

Agency and Activity Coordination

Service #7 - Amount Requested**What is the total amount requested for proposed service #7?**

\$589,199.52

Service #7 - Output

Units (#7)	Unit Measure (#7) (500 character limit)	Unit Rate (#7)	Unduplicated Individuals (#7)
4368	Hour	\$134.89	40460

Service #7 - Output Narrative

Is the proposed Unit Rate (#7) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)

Provision of coordination of County agencies providing services within this funded project. Also, this will include working with all agencies who serve young children in Boone County. We will provide Universal Triple P to the entire Boone County Early Child Stakeholders. Also will hold meetings to establish common goals regarding prevention and early intervention in young children. There is no established public funding rates.

Service #7 - Outcome(s)

Outcome (#7-1)	Indicator (#7-1)	Method of Measurement (#7-1)
<p>Outputs: # providers involved in partnership # of new partners # of existing partners # of partners providing interventions (screening, training, library activities, etc.)</p> <p>Outcomes: Increased coordination among community partners</p>	90% community partners will have 50% increase in level of coordination	<p>Community partner log</p> <p>Pre/Post Partner Collaboration Survey (e.g., Levels of Collaboration Scale)</p>
<p>Additional Outcome (#7-2)</p> <p>Outputs: # of contacts with early childhood FACE liaison</p> <p>Outcomes: Increased coordination efforts between program directors and FACE</p>	<p>Additional Indicator (#7-2)</p> <p>Weekly and more frequently as needed contact with EC FACE liaison.</p>	<p>Additional Method (#7-2)</p> <p>Contact log</p> <p>Pre/Post Partner Collaboration Survey (e.g., Levels of Collaboration Scale)</p>
<p>Additional Outcome (#7-3)</p> <p>Outputs: # of coalition meetings with community partners</p> <p>Meeting attendance</p> <p>Outcomes: Partners will regularly attend coalition meetings</p>	<p>Additional Indicator (#7-3)</p> <p>90% of meeting will have 75% attendance</p>	<p>Additional Method (#7-3)</p> <p>Meeting sign-in sheets</p> <p>Meeting minutes</p>
<p>Additional Outcome (#7-4)</p> <p>Outputs: # of program meetings</p> <p>Outcome: Program directors and program staff will regularly attend program meeting</p>	<p>Additional Indicator (#7-4)</p> <p>90% of meeting will have 75% attendance</p>	<p>Additional Method (#7-4)</p> <p>Meeting sign-in sheets</p> <p>Meeting minutes</p>
<p>Additional Outcome (#7-5)</p> <p>Text</p>	<p>Additional Indicator (#7-5)</p> <p>Text</p>	<p>Additional Method (#7-5)</p> <p>Narrative</p>

Service #7 - Outcome(s) Narrative

a. Describe how each outcome is attributable to the Project Goal, as stated in the Project Narrative section (#7) (600 character limit)

The goal of the program service is the coordination of program agencies and program activities by increasing coordination efforts among community partners, program staff, and other early childhood stakeholders.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#7) (600 character limit)

External factors that may affect the proposed outcomes are partners willingness to commitment to collaboration and time constraints to participate.

c. Provide a rationale for the measurement level(s) for each indicator (#7) (600 character limit)

We will measure coordination efforts and expect 90% community partners will have 50% increase in level of coordination. We will also measure the frequency and duration of program staff contact and meeting attendance.

d. Provide a rationale for each method of measurement (#7) (600 character limit)

One proposed outcome measure the coordination among community partners and will be measured with a valid and reliable tool (e.g., The Levels of Collaboration Scale). Partner meetings and staff meeting will be documented with sign-in sheets and meeting minutes.

Service #8 - Name

Service #8 Name (150 character limit)

Evaluation of Boone County Early Child Coalition Project

Service #8 - Amount Requested

What is the total amount requested for proposed service #8?

\$382,216.64

Service #8 - Output

Units (#8)	Unit Measure (#8) (500 character limit)	Unit Rate (#8)	Unduplicated Individuals (#8)
1248	Hour	\$306.26	40460

Service #8 - Output Narrative

Is the proposed Unit Rate (#8) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)

Evaluation of each program service will allow us to track outcomes and to enhance/improve the program each year. The costs are heavy in year one due to building evaluation processes. Costs reduce in years 2 and 3. There is no established public funding rates.

Service #8 - Outcome(s)

Outcome (#8-1)

Evaluation efforts will focus on all outputs/outcomes already identified in Program Services #1 through #7

Indicator (#8-1)

Evaluation efforts will focus on all indicators already identified in Program Services #1 through #7

Method of Measurement (#8-1)

Evaluation efforts will focus on all measures already identified in Program Services #1 through #7

Additional Outcome (#8-2)

Text

Additional Indicator (#8-2)

Text

Additional Method (#8-2)

Text

Additional Outcome (#8-3)

Additional Indicator (#8-3)

Additional Method (#8-3)

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Additional Outcome (#8-4)

Additional Indicator (#8-4)

Additional Method (#8-4)

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Additional Outcome (#8-5)

Additional Indicator (#8-5)

Additional Method (#8-5)

Text

Text

Text

Service #8 Outcome(s) Narrative

a. Describe how each outcome is attributable to the Project Goal, as stated in the Project Narrative section (#8) (600 character limit)

The goal of this program service to have our evaluation conducted by an external evaluator. The evaluator will be responsible for collecting data, managing the data, and analyzing all outputs/outcomes already identified in Program Services #1 through #7 Our external evaluator has knowledge and expertise in instrument design, data collection, data management, and statistical analysis. They also bring objectivity to our program and they are able to get information that may be more difficult for our program staff to access.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#8) (600 character limit)

External factors that may affect the proposed outcomes is getting the data from participants.

c. Provide a rationale for the measurement level(s) for each indicator (#8) (600 character limit)

N/A

d. Provide a rationale for each method of measurement (#8) (600 character limit)

N/A

The total below should match the Total Amount Requested for the proposed project

Services #1 - #8

2934122.41



BOONE COUNTY, MISSOURI

Request for Proposal #: 48-15DEC16 – Early Childhood Prevention Programs

ADDENDUM #1 - Issued November 9, 2016

This addendum is issued in accordance with 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.

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. ADD: Question Due Date: 5:00 p.m., December 7, 2016
- II. CHANGE: 3.6 to a "three-year" period
- III. The attached Pre-Proposal Sign-In Sheet is attached for informational purpose.
- IV. The County has received the following questions and is providing a response below:

Question 1: Is there a way to add supporting information such as charts and tables that would make it easier to understand the distribution of participants/recipients of the grant? Apricot does not accept tables but would there be an option to attach this document/file to our application?

Response: No charts or tables will be accepted.

Question 2: Can you clarify as to whom the services can be provided? Can the funds be used to deliver professional development for early learning teachers and caregivers that would support such programs listed in 3.3 and 3.4?

For example: We offer a collaborative library of online courses for early learning practitioners that align with NAEYC and Headstart standards that address best practices, interventions and teaching children with disabilities.

Response: Yes, professional development can be a reimbursed service.

Question 3: Section 3.7.2: Reference is made to consumer demographics. Our services are provided directly to practitioners for whom demographic data is not collected. Should that be stated or should we include the demographic information for the programs in which they currently serve?

Response: For any training/professional development the Consumer Demographics has a section that only requests the number of individuals trained. No other specific information is required.

Question 4: How do you define Universal Preventative Intervention?

Response: See attached sheet.

Question 5: How do you define Comprehensive Formative Assessment?

Response: Below are some helpful websites for the definition of Comprehensive Formative Assessment your review:

- <https://elc.grads360.org/#communities/comprehensive-assessment>
- <http://www.ed.gov/early-learning/elc-draft-summary/definitions>
- <http://www.ed.gov/early-learning/elc-draft-summary/definitions>
- https://www.masteryconnect.com/guide/pdf/guide-to-formative-assessment.pdf?utm_source=content&utm_medium=feature_guide&utm_campaign=formative

Question 6: Are you looking for any assessment at all?

Response: Yes, assessment would be considered if it is a coordinated effort with the Family Access Center of Excellence (FACE) of Boone County and other providers.

Question 7: Do you consider screening as primary prevention?

Response: Yes, keep in mind that any screening should be a coordinated county-wide effort.

Question 8: Do you consider family strengthening programs as preventative? Possible programs include Incredible Years, CSEFEL Parenting, Parenting Cafés

Response: Yes, however, we will not fund any duplicative effort. It also must be strongly supported with research and a plan to reach targeted consumers.

Question 8: If you get two significant applications and they dovetail, would that work? Or should they be one large proposal?

Response: Yes, they can be separate applications if they contemplate each other with prior discussions held and they have entered into a MOU.

Question 9: What if you attempt to work with some organization but they decline?

Response: Please include this information in your proposal response so we are made aware.

Question 10: Can we collaborate with groups/organizations that are not currently funded by the Children's Services Fund?

Response: Yes

Questions 11: How do we figure indirect/administrative costs into the unit service price?

Response: These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. These costs should not exceed 15% of salary expenses as stated in the BCCSB Funding Policy.

Question 12: What is the initial term of the contract?

Response: We will start as soon as possible, some time after the first of the year.

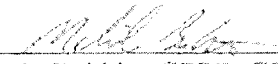
Questions 13: Do you accept letters of support?

Response: No

Question 14: How are programs paid/reimbursed?

Response: Payments are typically made once the service has been provided but we will sometimes allow for upfront costs. Decisions will be made during contract negotiations.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

BIDDER has examined **Addendum #1** to Request for Proposal # *48-15DEC16 -- Early Childhood Prevention Programs* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70W, Mizzou North Rm 501, Columbia, MO 65211-0001

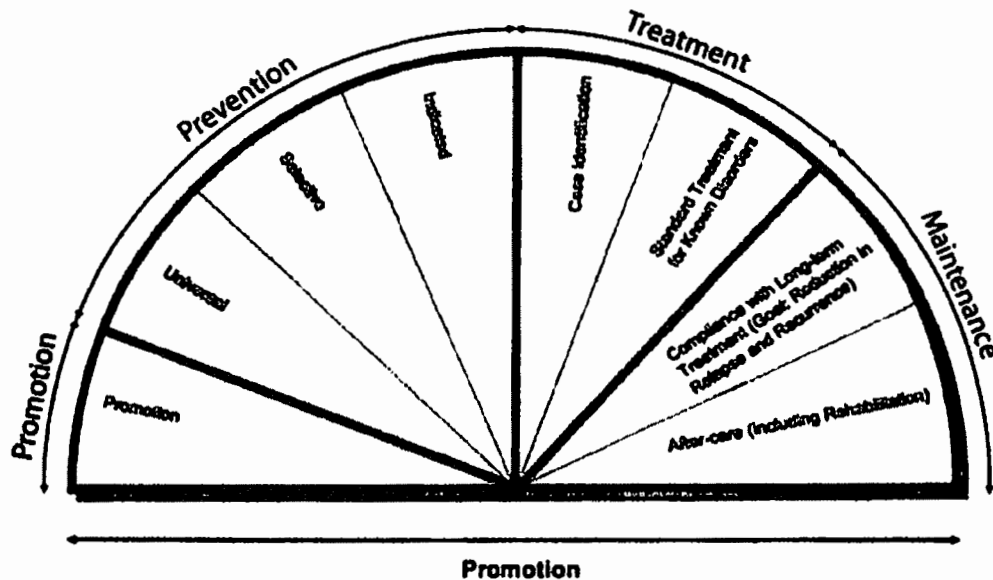
Phone Number: (573) 882-7560 Fax Number: (573) 884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 12/14/2016

Authorized Representative Printed Name: Karen M. Geren

Mental Health Intervention Spectrum



Mental health promotion interventions: Usually targeted to the general public or a whole population. Interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity.

Example: Programs based in schools, community centers, or other community-based settings that promote emotional and social competence through activities emphasizing self-control and problem solving.

Universal preventive interventions: Targeted to the general public or a whole population that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group.

Example: School-based programs offered to all children to teach social and emotional skills or to avoid substance abuse.

Selective preventive interventions: Targeted to individuals or a population subgroup whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a mental, emotional, or behavioral disorder.

Example: Programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, or abuse, to reduce the risk of adverse mental, emotional, and behavioral outcomes.

Indicated preventive interventions: Targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorder, or biological markers indicating predisposition for such a disorder, but who do not meet diagnostic levels at the current time.

Example: Interventions for children with early problems or aggression or elevated symptoms of depression or anxiety.

National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Youth Adults. (2009). *Defining the Scope of Prevention*. Washington, DC: National Academies Press (US).

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

48-15DEC16 – Early Childhood Prevention Programs

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services	886-7218	
3.	Joanne Nelson	Children's Services	886-7219	
4.	Jo Fey	Moberly Area Community College	660-263-4100 ^{x11252}	←
5.	Christina Gilbert	First Chance for Children	319-330-8749	777-1816
6.				660-263-7563
7.	Zezhou Qi (Roger)	Department of Child Health & The Thompson Center, Missouri	(573) 489-9658	
8.	Wendy Ell	Univ. of Missouri - SURC	884-1341	
9.	Catherine Miller	ParentLink	268-7789	
10.	Philip Peters	CZCA	573- 882-8294	
11.	Tracy Huang	MACC	660-263-4100	→
12.	Melissa Skrut	M1220	573-882-7383	
13.	Heather Diwit	First Step BBBS	573-874-3677 x.201	
14.	Kristan Clannaway	BBBS	573-874-3677 x.219	
15.				
16.				
17.				
18.				
19.				
20.				
21.				



BOONE COUNTY, MISSOURI

Request for Proposal #: 48-15DEC16 – Early Childhood Prevention Programs

ADDENDUM #2 - Issued December 8, 2016

This addendum is issued in accordance with 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.

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 County has received the following questions and is providing a response below:

Question 1: Because we have been so highly encouraged to write this proposal collaboratively, each organization is taking care of an initiative that works with their focus and works towards the group as a whole. Can you please clarify from a salary and administrative cost perspective if each organization can factor those items into their proposal, or if only the group submitting the RFP for the whole has that ability? We obviously don't want this money to get eaten up with administrative costs but I would imagine that each organization has a point person on the project who will need to have salary time/percentages covered, and that each group will have finance or book keepers helping keep things organized etc.

Response: Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Please note that organizations may submit separate proposals for a collaborative effort. We expect your project to be a collaborative effort; we do not expect that all organizations contributing to the project submit through a single proposal. The collaborative effort can be demonstrated in the narrative of the application and by developing MOU's.

Question 2: How are groups going to be paid through this RFP if funded? Will the group that wrote the proposal as a whole be the one who is funded by Children's Service Board once each agency has reported the services from the previous month? And then the primary agency will disperse funds amongst all the others? Or will the CSBBC be the one distributing the funding to each participating party? When it comes to a PR campaign, it matters how the marketing firm will be paid, and by whom and in what frequency etc.

Response: The organization that enters into the contract will be responsible for invoicing and will receive the funds. Please note that organizations may submit separate proposals for a collaborative effort. We expect your project to be a collaborative effort; we do not expect that all organizations contributing to the project submit through a single proposal. The collaborative effort can be demonstrated in the narrative of the application and by developing MOU's.

Question 3: In reading the RFP, section 4.3.4 states, "The mandatory requirements of the Request for Proposal shall not be negotiable..." Would you clarify which terms are mandatory requirements? Will there be an opportunity to negotiate any terms the Offeror takes exception to if awarded?

Response: The words **must and shall** are mandatory and mean that the performance of a certain act is a mandatory condition and that there is no choice but to perform the action exactly as described. However, paragraph 4.3.5. does read "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.**"


Question 4: MACC is a non-profit but the articles of incorporation are through the MACC Foundation which has nothing to do with the day to day operations of the college. We are applying for the grant through the college. Will that be a disqualifying factor?

Response: We would need additional information on the MACC Foundation before answering this question.

In addition, the background checks are done only for certain departments of the college, those that come directly in contact with children or those that are required for the profession (such as Early Childhood, Nursing, and Law Enforcement) but not for all employees of the college. Will that be a disqualifying factor as well?

Response: This is not a disqualifying factor.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

BIDDER has examined **Addendum #2** to Request for Proposal # **48-15DEC16 -- Early Childhood Prevention Programs** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70W, Mizzou North Rm 501, Columbia, MO 65211-0001

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

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 12/14/2016

Authorized Representative Printed Name: Karen M. Geren

ATTACHMENT A


2016 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

Karen M. Geren 12/14/2016
Printed Name - Agency Executive Director/President/CEO/Authorized Representative Date

 12/14/2016
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

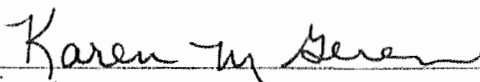
This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(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.

Karen M. Geren- Pre-Award Manager
Name and Title of Authorized Representative


Signature

12/14/2016
Date

AFFIDAVIT OF WORK AUTHORIZATION ANNUAL RENEWAL DOCUMENT

The contractor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization Annual Renewal Document.

Comes now The Curators of the University of Missouri (Name of Business Entity Authorized Representative) as Pre-Award Manager (Position/Title) first being duly sworn on my oath, affirm The Curators of the University of Missouri (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that The Curators of the University of Missouri (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Karen M. Geren
Authorized Representative's Signature

Karen M. Geren
Printed Name

Pre-Award Manager
Title

09/01/2016
Date

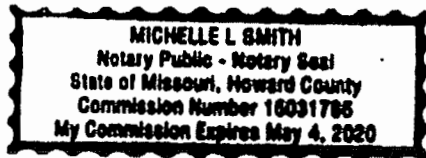
grantsde@missouri.edu
E-Mail Address

62231
E-Verify Company ID Number

Subscribed and sworn to before me this 1 of September 2016 I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of Howard State of
(NAME OF COUNTY)
Missouri, and my commission expires on May 4, 2020
(NAME OF STATE) (DATE)

Michelle L. Smith
Signature of Notary

9/1/2016
Date





COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 48-15DEC16

Early Childhood Prevention Programs Boone County Children's Services Fund 2016 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	November 2, 2016
Initial Written Questions Due By	mbobbitt@boonecountymo.org	November 8, 2016 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	November 9, 2016 1:30 p.m. Central Time
Response Submission Deadline	Web-based funding management system	December 15, 2016 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	December 15, 2016 1:30 p.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 #: 48-15DEC16 – Early Childhood Prevention Programs

A pre-proposal conference has been scheduled for **Wednesday, November 9, 2016, at 1:30 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, December 15, 2016** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, December 15, 2016** 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 / 48-15DEC16

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: Wednesday, November 2, 2016

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 web-based funding management system application 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. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 48-15DEC16](http://www.showmeboone.com/Purchasing/Current%20Bids/48-15DEC16).
- 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, **Thursday, December 15, 2016 at 1:30 p.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 "2016 Bid Tabulations".
- c) Proposal responses are due by **Thursday, December 15, 2016 at 10:00 a.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) Attachment A - Agency Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) 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 **5:00 p.m., November 8, 2016**. 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 **November 9, 2016 at 1:30 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 county-wide early childhood mental health promotion and universal prevention interventions.

3.2. Purpose Statement:

BCCSB desires to further invest in systemic efforts to prevent mental and behavioral health issues by promoting early childhood social and emotional health. The BCCSB seeks a coordinated, county-wide, systemic community effort to decrease adverse childhood experiences, increase child resilience, and increase the protective factors of those who care for children, with an emphasis on trauma informed practices.

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:

This RFP seeks proposals to promote the social and emotional health of children birth to kindergarten entry through mental health promotion and universal preventive interventions. Such interventions would include, but not be limited to Missouri state-approved early childhood curriculum, comprehensive formative assessment, research-based social and emotional development programs/strategies, and community awareness campaigns. Preventive programming and community awareness campaigns should be a county-wide, systemic collaborative effort with currently funded Children's Services programs and other early childhood organizations with the same or similar goals.

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 \$4,000,000 available over a two-year period. Applications for funding will be accepted for county-wide, systemic collaborative mental health promotion and universal preventive interventions. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations. Proposals that do not demonstrate a county-wide, systemic, and collaborative effort will not be considered for funding.

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

Offeror shall demonstrate in their proposal response how they propose to deliver and provide an early childhood mental health promotion, universal prevention program, or community awareness campaign as required in the online application, outlined as follows:

3.7.1. Project Narrative:

Project Goal, Project Purpose, Project Personnel, and Project Service(s) Narratives (information on each service(s) including but not limited to detailed description of the proposed service(s), consumers of this service, fees, and other narrative questions).

3.7.2. Project Information:

Project Budget (information and narrative on the revenue and expenses for this project including the personnel/non-personnel costs), Consumer Demographic (information on residence, race/ethnicity, gender, income, and age), and Performance Measures (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 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 \$1,000,000.00 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 \$1,000,000.00 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 \$1,000,000.00 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 \$1,000,000.00 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 County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals in response to this Request for Proposals must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Project Narrative, and Project Information. For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – RFP#48-15DEC16. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – Early Childhood Prevention Programs RFP. To complete the Program Narrative and Program Information, click on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 10:00 a.m. on December 15, 2016 via the web-based funding management system.
- 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.
- 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

2016 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)

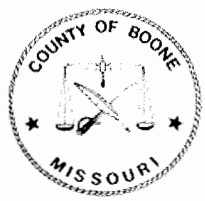
- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department 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
Boone County Children’s Services Fund Quality Child Care**

THIS AGREEMENT dated the 2nd day of May, 2017 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 **Moberly Area Community College**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **MACC**.

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, MACC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; 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 MACC

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

2. **Contract Documents.** MACC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #48-

15DEC16 (Purchase of Services), any addenda, and MACC’s response to the County of Boone’s Request for Proposal and addenda, 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 MACC’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 MACC and MACC agrees to furnish the **Boone County Children’s Services Fund Quality Child Care Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in MACC’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 **\$1,626,007.40** 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, 2019 subject to the provisions for termination specified below. MACC agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

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
CDA Preparation for ECE Teachers	1 teacher	\$2,803.69	100	\$280,369.00
CDA Preparation Classes at the Columbia Career Center	1 student	\$2,776.08	60	\$166,564.80
Training (HighScope Curriculum)	1 teacher	\$510.45	600/120 teachers	\$306,270.00
Coaching (HighScope and Social Emotional Learning)	1 hour	\$40.00	16754	\$670,160.00
CLASS Assessment and Evaluation of Teachers to Determine Intervention Impact	1 CLASS Assessment	\$244.84	440	\$107,729.60
HighScope Train the Trainer*	1 individual	\$21,190	3	\$63,570.00
DECA Assessment and Evaluation of Students to Determine Intervention Impact	1 DECA Assessment	\$13.06	2400	\$31,344.00

*Actual Costs, up to \$21,190 per person will be reimbursed for this service. An Accounting of Funds will be required when seeking reimbursement.

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 MACC, 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 MACC to monitor service delivery and program expenditures. MACC agrees to submit to the BCCSB an Interim Report by July 31, 2017 for the period beginning with the date of contract execution to June 30, 2017 and a Year End Final Report by January 31, 2018, for the period of contract execution through December 31, 2017. MACC agrees to submit to the BCCSB another Interim Report by July 31, 2018 for the period beginning with the January 1, 2018 to June 30, 2018 and a Year End Final Report by January 31, 2019, for the period January 1, 2018 through December 31, 2018. MACC also agrees to submit to the BCCSB another Interim Report by July 31, 2019 for the period January 1, 2019 to June 30, 2019 and a Year End Final Report by January 31, 2020, for the period of January 1, 2019 through December 31, 2019. Variations on this date may be requested by MACC and, if so stipulated, are noted on this contract document. Payments may be withheld from MACC 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. MACC agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** MACC 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 MACC, 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.** MACC 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 MACC'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, MACC 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 MACC 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 MACC 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 MACC's policies and procedures and in accordance with any local/state/federal regulations. MACC 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. MACC must comply with Missouri law regarding confidentiality of client records.

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

16. **Subcontracts.** MACC may enter into subcontracts for components of the contracted service as MACC 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, MACC 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.** MACC agrees to comply with Missouri State Statute section 285.530. MACC 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. MACC shall require each subcontractor to affirmatively state in its Agreement with the MACC 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.** MACC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against MACC or any individual acting on the MACC's behalf, including subcontractors, which seek to enjoin or prohibit MACC from entering into this contract agreement of performing its obligations under this agreement.

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

20. **Failure to Perform/Default.** In the event MACC, 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 MACC 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 MACC 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, MACC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the MACC 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, MACC 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 **Moberly Area Community College**, (meaning anyone, including but not limited to consultants having a contract with MACC or subcontractor for part of the services), or anyone directly or indirectly employed by MACC, or of anyone for whose acts MACC 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.** MACC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. MACC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. MACC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. MACC 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 MACC. The BCCSB does not recognize any of the MACC'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.** MACC shall keep and maintain all records relating to this contract 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.

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 MACC shall be mailed or delivered to:

Moberly Area Community College
Tracy Huang, Early Childhood Program Coordinator
101 College Dr.
Moberly, MO 65270

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

Moberly Area Community College

Boone County, Missouri

By: Jeffery C. Lashley
Signature

[Signature]
JANET M. THOMPSON, ACTING PRESIDING COMMISSIONER

By: Jeffery C. Lashley, President
Printed Name/ Title

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

APPROVED AS TO FORM:

ATTEST:

[Signature]
County Counselor

Wendy S. Woren
Wendy S. Woren, 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 04/20/2017 (2161/71106/\$1,626,007.40)
Signature Date Appropriation Account

Moberly Area Community College – BCCSF Quality Childcare Chart of Output and Rates

Service Description	Unit Measurement	Unit Rate	Proposed # of Units/3 years	Total Amount Requested Yr. 1 (Partial)	Total Amount Requested Yr. 2	Total Amount Requested Yr. 3	Total Amount Requested Yr. 1 - Yr. 3
CDA Preparation for ECE Teachers	1 teacher	\$2,803.69	100	\$112,147.60 (40 teachers)	\$168,221.40 (60 teachers)	none	\$280,369.00
CDA Preparation Classes at the Columbia Area Career Center	1 student	\$2,776.08	60	\$55,521.60 (20 students)	\$55,521.60 (20 students)	\$55,521.60 (20 students)	\$166,564.80
Training (High Scope)	1 teacher	\$510.45	600	\$51,045 (100 units/20 teachers)	\$102,090 (200 units/40 teachers)	\$153,135 (300 units/60 teachers)	\$306,270.00
Coaching (High Scope and SEL)	1 hour	\$40.00	16754	\$153,600 (3840 hours)	\$306,600 (7665 hours)	\$209,960 (5249 hours)	\$670,160.00
CLASS Assessment and Evaluation of Teachers to Determine Intervention Impact	1 CLASS Assessment	\$244.84	440	\$19,587.20 (80 assessments)	\$58,761.60 (240 assessments)	\$29,380.80 (120 assessments)	\$107,729.60
High Scope Train-the-Trainer	1 individual trained in High Scope Curriculum	\$21,190.00	3	\$63,570 (3 individuals)	none	none	\$63,570.00
DECA Assessment and Evaluation of Students to Determine Intervention Impact	1 DECA Assessment	\$13.06	2400	\$7,836 (600 assessments)	\$23,508 (1800 assessments)	none	\$31,344.00
Totals:				\$463,307.40	\$714,702.60	\$447,997.40	\$1,626,007.40

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

February 3, 2017

Moberly Area Community College
Attn: Jeffrey Lashley, President & Tracy Huang, Coordinator, ECE Program
101 College Avenue
Moberly, MO 65270
jeffl@macc.edu & tracyh@macc.edu

RE: Clarification to 48-15DEC16 – *Early Childhood Prevention Programs*

Dear Mr. Lashley and Ms. Huang:

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. February 3, 2017** by e-mail to mbobbitt@boonecountymo.org

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

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

Sincerely,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Kelly Wallis, Children's Services

Proposal File
BOONE COUNTY - MISSOURI
PROPOSAL NUMBER AND DESCRIPTION: 48-15DEC16 – Early Childhood Prevention Programs

CLARIFICATION FORM #1

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

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

- 1) Will this RFP be submitted through Moberly Area Community College (MACC) or the MACC Foundation?

Through MACC, Moberly Area Community College

- 2) If the proposal is submitted under MACC, is there an Advisory Board that provides information to the MACC Board of Trustees on early childhood matters? If so, please provide the appropriate information in the Advisory Board section. If the proposal is submitted under the MACC Foundation, then we will need to update the Board of Directors as well as the Advisory Board. Update this information, once decided.

As Dean of Career and Technical Education, I report to the Board concerning early childhood matters. Tracy Huang is the Coordinator for Early Childhood Education and keeps me informed about issues. In addition, the program is served by an Advisory Committee which meets at least twice a year. I am an ex officio member of that committee and attend regularly. The college also requires a program review for each college program every five years. These program reviews are available to the public on the college's resource site, MACC Resources, after being presented to the Board of Trustees for approval. The Dean of Career and Technical Education, the Director of Career and Technical Programs, the Coordinator of Early Childhood Education, and the Early Childhood Education faculty all participate in preparing the program review. Finally, if this proposal is accepted, the Board of Trustees would have to approve acceptance of the grant.

- 3) Update the contact information and the employer information is required for all Board Members and Foundation members listed in the Organization Profile.

Please see Apricot

- 4) Upload the MACC Audit for 2015 in the Organization Profile.

Please see Apricot

- 5) Upload the 2015 IRS Form 990 in the Organization Profile.

Please see Apricot

- 6) Need clarification on the goal to increase by 8% the number of county children ready for kindergarten by 2020. How will this be measured? What type of screening tool will be utilized

to see if children are ready for kindergarten? Has there been any further discussion in the community about moving to two simple basic questions that the teachers would answer that would be a predictor? Are they academically ready for this grade and socially/emotionally ready?

This is a goal set by WECCAN (Wise Early Childhood Collaborative Action Network) along with a set of four priorities how to attain it. This project addresses one of the four priorities identified—which is training teachers in developmentally appropriate practice and an evidence based early childhood curriculum.

A Kindergarten Readiness Task Force met in December and some recommendations and guidelines have been put together. This particular issue is on the agenda for the next WECCAN meeting on February 6 to give WECCAN members an opportunity to review and give their feedback. We will forward information pertinent gathered after this meeting.

7) Provide an updated implementation timeline.

This is what the timeline would look like without the control group: Please look at the chart under #3 for reference on groups (A,B,C,D,E and X)

Part 1: CDA Preparation (Phase 1)

Teachers without background in ECE will receive training to earn the Child Development Associate credential (CDA) at MACC. Teachers will apply for TEACH MO scholarship. The scholarship and the grant funds will cover tuition and stipend costs, respectively. These courses can be applied towards an Associate's in Applied Science (AAS) in ECE at MACC.

Teachers with ECE degrees/CDA will proceed to High Scope Training

Part 2: Social Emotional Learning (SEL) and High Scope (HS) coaching

Teachers will also be trained in SEL through a combination of classes and coaching in Early Childhood Positive Behavior Support (ECPBS) and materials from Center for the Social Emotional Foundations of Early Learning (CESFL). After CDA completion, teachers in Phase 1 will be trained in HighScope curriculum. Teachers with ECE degrees will skip CDA Preparation and proceed to High Scope training

Part 3: CDA Preparation at the Career Center

An early childhood career path will be offered to junior and high school senior in Columbia by providing CDA preparation classes through the Columbia Area Career Center (CACC)

Part 4: Gathering Assessment Data

Participants in CDA training (Part 1) will be evaluated using CLASS (Classroom Assessment Scoring System) and the DECA (Devereaux Early Childhood Assessment) as pre/post-test.

Year 1:

1. Recruitment (first 3 months)
 - a. Hire staff; recruit researcher
 - b. Set-up operations
 - c. Market and accept applications from different centers

- d. Recruit a total of 100 teachers (no ECE degrees) for the program from 40 facilities (20 home, 20 center-based)
- 2. Preparation
 - a. Coordinate with TEACH and MACC
 - b. Set up CDA classes at the Career Center for high school students
 - c. Send coaches to train for High Scope
- 3. Implementation (9 months)
 - a. Observers conduct initial CLASS and DECA (pre-test)
 - b. Group A and B take CDA courses, SEL training/coaching
 - c. Group X takes HS training, SEL training/coaching
 - d. High School students begin CDA courses at the Career Center
- 4. Evaluation
 - a. CDA credential application for groups A and B (pay fees)
 - b. CLASS observations for all groups
 - c. DECA
 - d. Run comparisons for Year 1

Year 2: After completing the CDA, teachers train in the HS curriculum. Coaches will train and monitor the teachers as they implement the curriculum throughout the year. They will receive in classroom visits for follow-up to check on the fidelity of implementation.

- 1. High School students complete CDA preparation
- 2. CLASS observations and DECA pre-tests
- 3. HighScope training for groups A and B (3 months)
- 4. Groups C,D,E take CDA courses (9 months) and SEL training/coaching
- 5. Coaching and on-site visits for HighScope implementation (9 months)
- 6. Conduct CLASS and DECA
- 7. Run comparison data

Year 3:

- 1. Conduct CLASS and DECA pre-tests
- 2. Groups C, D, E go through High Scope training and coaching
- 3. Conduct CLASS and DECA
- 4. Run comparison data

8) Clarify the need for a “control group”?

The control group was introduced to get a clearer picture of which of the four strategies (CDA preparation, SEL training, High Scope training and regular coaching) at each phase of the project would yield the most changes in terms of teacher interactions in the classroom and SE skills developed among the students. The data gathered could provide insight on where to invest resources of time, money and effort that result in the most positive outcomes for young children as well as guide future implementation of teacher training and curriculum. However, if the Board would prefer to proceed without the control group, we can do that as well. We will need to rework the budget to move some coaching funds to year one and adjust coaching hours to accommodate an additional group for High Scope training should this be the direction we take.

Here is the chart of the treatments/programs applied each year with a control group.

	year 1	year 2	year 3	
CDA coursework	A	B,C	D,E	100
control	B	D		
High Scope training	X	A	B,C	80
unduplicated	60	40	20	

Here is what it would look like without the control group:

	year 1	year 2	year 3	
CDA coursework	A, B	C, D, E		100
control				
High Scope training	X	A, B	CDE	120
unduplicated	60	60		

- 9) Clarify the difference between the salary totals in the Project Personnel section and the salary totals section listed in the Program Budget section.

The Project Personnel section displayed the annual rate of staff salaries in a range. However, when we computed for the Program Budget, we used the lower limits of the salary range (50,000+50,000+70,000+15,000= 185,000) and computed that for 3 years (185,000 x 3 =555,000). This total figure did not include the health insurance benefits which were added under other costs.

- 10) Service #1: Provide more information on the QCAT and the purpose of this group.

QCAT (Quality Care Action Team) is made up of members of WECCAN (Wise Early Childhood Collaborative Action Network) who collaborated to write this grant. It is comprised of one facilitator and two members from the curriculum committee who took the priorities outlined by WECCAN and its different committees (specifically the training/curriculum committee) and developed it into the project for this grant. QCAT will provide support to the

project until staff/employees are in place. QCAT will also participate in the selection/search committee, along with MACC administration to select the personnel for this project.

- 11) Service #3: Breakdown the cost for the 6- to 8-week training in Ypsilanti, Michigan. If funded, the training for this may be broken out into a separate service.

Below is the per person/coach cost for the training. All 3 personnel (two full-time coaches and the administrator) will go through the training. Total cost for 3 people would be: \$ 63,570.

curriculum training costs	21190
Highscope infant curriculum/coach	2390
Highscope preschool curriculum/coach	3400
train the trainer program/coach	4100
Travel expenses preschool training/coach	5400
Travel expenses infant training/coach*	5900

*The training for infant toddler is not in 4 straight weeks, there is a gap in between, making it necessary to budget for additional transportation costs.

- 12) Service #3: Are there any other High Scope trainers in the area? If so, why won't these trainers be utilized. How does Head Start and Columbia Public Schools get trained on this curriculum?

There is one certified High Scope trainer in the Columbia area, Carla Lewis. From our understanding, she trains the teachers at the Columbia Public Schools Title I program, a few of the Head Start programs and some local preschools. Carla's certification is only for preschool. In our proposal, we included infant/toddler as well as preschool certification. Carla Lewis is now an adjunct instructor at the ECE Program in MACC and from informal conversations, she expressed willingness to work with us in providing training in the Columbia Area. Carla may be able to bridge the gap during the first phase (while the full-time personnel are training for their certification) by working with teachers (group X) who already have the prerequisite ECE background to begin training in High Scope. However, she also has a full-time job and cannot do all of the training sessions and coaching needed for this project.

- 13) Service #3: What is horizontal and vertical alignment as mentioned in the Definition of Service #3.

Two of the distinct advantages of having a developed and vetted curriculum are that it helps ensure both vertical and horizontal alignment of instruction. While that is true with many valid and reliable curricula, here it will address the advantages of the High Scope Curricula. Most advantageous for both home and center-based childcares, is vertical alignment. When a curricula has vertical alignment for children birth through age 4, it ensures that students have a continuity of instruction which builds on past learning. It provides a clear scope and sequence of instruction so that each year of learning reviews and extends past instruction. It facilitates teachers' ability to call to memory past learning for the child so that each step builds on the next. It also prevents random instruction based only on a teacher's favorite topic or activity.

Horizontal alignment supports some child cares more than others. If a childcare has more than one classroom of, for example, three year olds, it promotes consistency of instruction from classroom to classroom. It also provides the opportunity for teachers to collaborate and share

their successful learning strategies. Further, as was found in Columbia, when groups of home-based child cares form support groups that connect and work together to share successful techniques, it allows them to speak to common objectives.

- 14) Service #3: Has there been any other thoughts about offering other state-approved early childhood curriculums? (Creative Curriculum, ELL, Project Construct?)

At MACC, we offer classes in curriculum and assessment that focus on the principles of Creative Curriculum model and its assessment tool, Teaching Strategies GOLD. We have focused on High Scope for this project for two reasons: first, it is what is currently used in the Title I Preschools and Head Start programs in Columbia and some parts of Boone County which would make the transition from one center to another seamless, and second, training for this curriculum is not readily available in Columbia or the surrounding areas. Most centers have expressed that they have decided on using different curricula because training and support are accessible. The WECCAN curriculum committee believes that there should be an option of bringing High Scope to the community on a broader scale because of its effectiveness with serving children from low income communities, which is the priority of this project.

With MACC as the lead on the project, converting the training program into college credits and eventually, a college course is a real possibility that could make the initial investment sustainable. In addition, High Scope encompasses the early childhood years and fits well with responsive and intentional teaching—hallmarks of developmentally appropriate and best practice in early childhood. It also has its own assessment system, COR (Child Observation Record) which could measure progress in attaining kindergarten readiness goals.

We would be open to broadening the selection to include Creative Curriculum. Aside from being currently used in our college classes, it also fits well with developmentally appropriate practice and responsive teaching. Like High Scope, Creative Curriculum can be used in infant, toddler and preschool classrooms and also has an assessment system, Teaching Strategies GOLD, which has the added benefit of tracking child progress across various developmental domains.

- 15) In the Consumer Demographic section, how are high school students counted?

High School students were added to the total number of participants/ Boone County residents following the percentage breakdown for demographics for Boone County based on race/ethnicity (81% white, 11% AA, 4% Asian, 3% multi, 1% other)

- 16) Service #4 (Output/Output Narrative) - What is the plan to reach 60,000 units of coaching? That would be 15,000 hours and a full time staff member only works 2,080 hours per year. Please clarify.

Looking more closely at how we worked the coaching schedules; this is how the hours are accounted for:

We have two full-time coaches (4,160 hours). We also accounted for a part-time coach (the Program Director/Administrator was pegged to do this= 1,040 hours). 15,000 coaching hours will be for the period of 3 years (5,000 hrs./year). Our two full time coaches will pick up most of

the hours (4,000/year) and the remaining (1000 hours/year) will be done by the Program Administrator

- 17) Service #4 (Output/Output Narrative) – Provide a new Unit Rate for coaching visits based on other coaching programs currently funded by the Children’s Services Fund.

The current rate of other coaching programs funded by CSF is \$33.74/hr. (\$8.44/unit). In our original submission, we computed at \$11/unit. The coaching rate covers the salaries of two full-time coaches, and the coaching part of the Administrator’s salary. These salaries include Medicare, MACC’s retirement program (which is 14% of the salary) and we added on top of that, full coverage of health insurance premiums (which is what MACC offers full-time employees). We have looked at the budget to refine it and with closer estimates of health insurance costs, we can bring it down to \$10/unit. Going down to \$8.74/unit would mean significantly lowering the wages of the personnel as the 14% retirement figure is what the PSRS/PEER (Public School Retirement System) requires of all employees in participating institutions. We may have difficulty attracting quality talent to work on this project should we go much lower than these rates.

- 18) Service #1(Outcome/Outcome Narrative) - Provide more information on the CLASS scoring. Explain how “an increase of one point in instructional support domain” is significant.

For coaching and training purposes, our focus will be more on the trajectory of these scores than on the scores themselves. Incremental but steady gains in instructional support scores will impact outcomes for children as this dimension directly measures not only how teachers use scaffolding and feedback but how they model language, encourage inquiry and conversation, broaden vocabulary and support students in self-expression—areas which predict reading achievement, an important component of Kindergarten readiness.

CLASS is scored on a scale of 1-7. In their pilot studies and implementation of the tool, it was found that most teachers nationwide tend to score higher in the emotional support domain of the scale and the lowest in instructional support. Instructional Support looks at how a teacher scaffolds and guides children through a thoughtful and intentional use of questioning and feedback instead of “telling” students what to do.

A one point increase in instructional support is a little ambitious to expect in one year but may serve as a good benchmark of improvement in teacher interactions over a longer period of time. To put a one point increase in perspective, in a recent study of Georgia Universal Pre-K programs (Maxwell, Early et al, 2014), significant differences in improved teacher interactions were found among teachers with incremental increases in their CLASS emotional support scores, ranging from .22 to .36.

A one point increase may be attainable in the two years it will take CDA candidates to finish CDA coursework and High Scope training.

- 19) If funded, Indicators in (#1-1), (#2-1), (#3-1) should be split up into two indicators

Yes, we can do this.

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: Moberly Area Community College

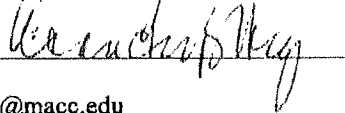
Address: 101 College Avenue, Moberly MO 65270

Telephone: 660 263 4100 ext. 11284
Federal Tax ID (or Social Security #): 430908094

Fax: 660 263 7563

Print Name: Anna Teresa Huang

Title: Early Childhood Coordinator

Signature: 

Date: 2/3/17

E-mail: tracyh@macc.edu

Joanne Nelson

From: tracyh <tracyh@macc.edu>
Sent: Wednesday, March 15, 2017 7:57 PM
To: Joanne Nelson
Subject: RE: Follow Up Information Needed for RFP

Joanne,

I went in and added CLASS and DECA to the names and definition of service 5 and 7 in the Narrative section. I also changed the Output measures of service 5 and 7 to one assessment using CLASS and DECA, respectively, in the Program Information section of Apricot.

I am meeting with the Dean tomorrow morning and I was wondering if we could call you to ask/clarify the reimbursement structure for service 5 and what that may look like.

Let me know what would be a convenient time to call.

Thanks,

Tracy

Tracy Huang
Early Childhood Program Coordinator
Moberly Area Community College
101 College Drive, Moberly MO 65270
660 263-4100 ext 11284
tracyh@macc.edu

On 2017-03-15 14:22, Joanne Nelson wrote:

- > Tracy,
- > Thank you for the responses to my questions and updating Apricot.
- > There are a couple points of clarification I have regarding your
- > services:
- >
- > 1. Service # 1 - CDA (ECE Teachers) - This information looks good. I
- > have no further questions.
- > 2. Service # 2 - CDA (High School Students) - This information looks
- > good. I have no further questions.
- > 3. Service # 3 - Training (High Scope, CSEFL, and ECPBS) - This
- > information looks good. I have no further questions. Just a reminder
- > that the Children's Services Fund will reimburse MACC after a teacher
- > completes the entire four-week training. You won't be able to charge
- > us for those who do not finish the class.
- > 4. Service #4 - Coaching (High Scope and SEL) - This information looks
- > good. I have no further questions.
- > 5. Service #5 - Assessment and Evaluation of Teachers - The
- > information you updated into Apricot doesn't specifically state that
- > the CLASS assessment will be used. In the initial proposal it states
- > that both the CLASS and the DECA would be used. Could you please

> clarify if the CLASS Assessment is going to be used for Service #5? If
> so, we will need to change the name of the service to CLASS Assessment
> and update the unit measure to one (1) CLASS assessment and not
> teachers. You will also need to update the rest of the Output section
> in Apricot as soon as you can.
> 6. Service #6 - High Scope Train-the-Trainer - This information looks
> good. I have no further questions.
> 7. Service #7 - Assessment and Evaluation of Teachers - Since you are
> doing the DECA Assessment, the name of the service should be changed
> to DECA Assessment. These outputs must be based on one (1) DECA
> Assessment as the Unit Measure which also means that the Output
> section needs to be updated for this service too.
>
> Your proposal is still open and you can make the necessary changes.
> Please feel free to contact me with any further questions or
> clarifications.
>
> We will need this information updated as soon as you can.
>
> Thanks,
>
> Joanne Nelson
> Program Manager
> Boone County Community Services Department
> 605 E. Walnut, Ste. A
> Columbia, MO 65201
> Phone: 573-886-4298
> www.showmeboone.com [1]
>
> -----Original Message-----
> From: tracyh [mailto:tracyh@macc.edu]
> Sent: Tuesday, March 14, 2017 10:59 PM
> To: Joanne Nelson <JNelson@boonecountymo.org>
> Cc: Kelly Wallis <KWallis@boonecountymo.org>
> Subject: RE: Follow Up Information Needed for RFP
>
> Hi Joanne,
>
> We have updated the information on Apricot. With the adjustments due
> to the removal of control group, we moved up all the CDA and SEL
> training to years 1 and 2. Year 3 is for the last 3 groups (CDE) to
> complete HighScope training.
>
> The breakdown for costs is as follows:
>
> Year 1 563,210
>
> Year 2 597,940
>
> Year 3 464,840
>
> total 1,625,990

>
> I sent the response to the questions in my email yesterday.
> Please let us know what else is needed to complete the process.
>
> Best,
>
> Tracy
>
> On 2017-03-10 08:04, Joanne Nelson wrote:
>> Sounds good.
>>
>> Joanne Nelson
>> Program Manager
>> Boone County Community Services Department
>> 605 E. Walnut, Ste. A
>> Columbia, MO 65201
>> Phone: 573-886-4298
>> www.showmeboone.com [1]
>>
>> -----Original Message-----
>> From: tracyh [mailto:tracyh@macc.edu]
>> Sent: Thursday, March 09, 2017 6:37 PM
>> To: Joanne Nelson <JNelson@boonecountymo.org>
>> Subject: RE: Follow Up Information Needed for RFP
>>
>> Joanne,
>>
>> Thanks. I will work on the revisions. I will need a few days to work
>
>> the budget through before I can get back to you.
>>
>> Best,
>>
>> Tracy
>>
>> Tracy Huang
>> Early Childhood Program Coordinator
>> Moberly Area Community College
>> 101 College Drive, Moberly MO 65270
>> 660 263-4100 ext 11284
>> tracyh@macc.edu
>>
>> On 2017-03-09 10:44, Joanne Nelson wrote:
>>> Tracy,
>>>
>>> I wanted to speak to Kelly and discuss how to proceed with the
>>> information you provided below. We would like you to proceed with
>>> Option #3. We will evaluate utilization of funds each year. If
> there
>>> is a need for additional funds we will adjust the contract as
> needed.
>>>

>>> When you send back your response to my original email please
> include
>>> a breakdown of requested funds for each year showing the need for
> an
>>> increased amount in year three.
>>>
>>> I hope this helps. Let me know if you have any further questions.
>>>
>>> Joanne Nelson
>>>
>>> Program Manager
>>>
>>> Boone County Community Services Department
>>>
>>> 605 E. Walnut, Ste. A
>>>
>>> Columbia, MO 65201
>>>
>>> Phone: 573-886-4298
>>>
>>> www.showmeboone.com [1] [1]
>>>
>>> FROM: Tracy Huang [mailto:tracyh@macc.edu]
>>> SENT: Wednesday, March 08, 2017 11:55 AM
>>> TO: Joanne Nelson <JNelson@boonecountymo.org>
>>> SUBJECT: RE: Follow Up Information Needed for RFP
>>>
>>> HI Joanne,
>>>
>>> I have a few more clarification questions about the control group.
> In
>>> our response, we presented a chart of what it would look like if we
>
>>> removed the control group but we also indicated that changes to the
>
>>> budget needed to be made should we decide to go that direction.
> This
>>> also has implications on the coaching hours and staffing. With the
>>> current set-up, we have uniform coaching hours each year
> (5,000/year;
>>> 100 hrs/week for 50 weeks). If we remove the control group, we have
> 3
>>> possible options:
>>>
>>> 1. Remove the control group and keep the groupings the same to meet
>
>>> staffing and budget needs, delaying CDA and SEL training for group
> B
>>> until year 2 . I know you mentioned in our meeting previously that
>>> the purpose for removing the control group was to make the training
>
>>> available for more teachers earlier and this option defeats that

>>> purpose but will keep funding and staffing consistent.
>>>
>>> CDA coursework
>>>
>>> A
>>>
>>> B,C
>>>
>>> D,E
>>>
>>> 100
>>>
>>> High Scope training
>>>
>>> X
>>>
>>> A
>>>
>>> B,C
>>>
>>> 80
>>>
>>> unduplicated
>>>
>>> 40
>>>
>>> 40
>>>
>>> 40
>>>
>>> 2. Accelerate the training for the groups as illustrated below but
>>> keep the same numbers of teachers go through the CDA and High Scope
>
>>> training. This option would need us to rework the budget and adjust
>
>>> staffing as we will have more coaching hours to cover for year 2
> and
>>> not enough for year 3. This option will keep the total cost the
> same
>>> but will require us to move around funds and modify staffing
> between
>>> year 2 and year 3 .
>>>
>>> YEAR 1
>>>
>>> YEAR 2
>>>
>>> YEAR 3
>>>
>>> CDA coursework
>>>
>>> A, B

>>>
>>> C, D,
>>>
>>> E
>>>
>>> 100
>>>
>>> control
>>>
>>> High Scope training
>>>
>>> X
>>>
>>> A, B
>>>
>>> C
>>>
>>> 80
>>>
>>> unduplicated
>>>
>>> 60
>>>
>>> 40
>>>
>>> 20
>>>
>>> 3. Accelerate training for the groups and make all participating
>>> teachers go through HighScope training (an additional 40 teachers).
>
>>> This option will require us to redo the budget, adjust staffing and
>
>>> incur more expenses for the High Scope training of 40 additional
>>> teachers but will train more teachers in the full program (CDA and
>>> HighSCOPE). This is the option that we placed in our written
> response
>>> where we indicated will require re-working our budget and asking
> for
>>> additional funds on year 3 to cover the cost of 2 more groups going
>
>>> through HighScope.
>>>
>>> YEAR 1
>>>
>>> YEAR 2
>>>
>>> YEAR 3
>>>
>>> CDA coursework
>>>
>>> A, B
>>>

>>> C, D, E
>>>
>>> 100
>>>
>>> control
>>>
>>> High Scope training
>>>
>>> X
>>>
>>> A, B
>>>
>>> CDE
>>>
>>> 120
>>>
>>> unduplicated
>>>
>>> 60
>>>
>>> 60
>>>
>>> How do you want us to proceed? Option 1 is the easiest way but I
> was
>>> not sure this meets the BCCSB's goal of offering the training to
> more
>>> teachers in a shorter time. The option will determine the number of
>
>>> hours of coaching performed each week.
>>>
>>> Best,
>>>
>>> Tracy
>>>
>>> TRACY HUANG
>>>
>>> Early Childhood Program Coordinator
>>>
>>> Moberly Area Community College
>>>
>>> 101 College Drive, Moberly MO 65270
>>>
>>> 660 263 4100 ext 11284
>>>
>>> Columbia Campus 573 234 1067 ext 12153
>>>
>>> FROM: Joanne Nelson [mailto:JNelson@boonecountymmo.org]
>>> SENT: Tuesday, March 07, 2017 4:44 PM
>>> TO: tracyh@macc.edu
>>> SUBJECT: RE: Follow Up Information Needed for RFP
>>>
>>> Great Tracy! Don't hesitate to contact me with any questions. I

> am in
>>> the office the rest of this week.
>>>
>>> Joanne Nelson
>>>
>>> Program Manager
>>>
>>> Boone County Community Services Department
>>>
>>> 605 E. Walnut, Ste. A
>>>
>>> Columbia, MO 65201
>>>
>>> Phone: 573-886-4298
>>>
>>> www.showmeboone.com [1] [1]
>>>
>>> FROM: tracyh@macc.edu [mailto:tracyh@macc.edu]
>>> SENT: Tuesday, March 07, 2017 4:43 PM
>>> TO: Joanne Nelson <JNelson@boonecountymo.org>
>>> SUBJECT: RE: Follow Up Information Needed for RFP
>>>
>>> Thanks Joanne.
>>>
>>> I will work on this so I can get it back to you soon.
>>>
>>> Thanks,
>>>
>>> Tracy
>>>
>>> On Mar 7, 2017 4:08 PM, Joanne Nelson <JNelson@boonecountymo.org>
>>> wrote:
>>>
>>>> Tracy,
>>>>
>>>> Below are my responses to your questions:
>>>>
>>>> · Update this new information by adding a new service for the
>>>> Train-the-Trainer, make this Service #6. Only complete the
> following
>>>> items, right now, for this service:
>>>>
>>>> o Project Narrative – Name and Definition
>>>>
>>>> o Project Information - Name (make sure this matches up with the
>>>> name in Project Narrative), Amount Requested, Output, and Outcome
>>>> sections.
>>>>
>>>> · Service #5 should just be the CLASS Observation. Only complete
> the
>>>> following items, right now, for this service:
>>>>

>>>> o Project Narrative – Name and Definition
>>>>
>>>> o Project Information - Name (make sure this matches up with the
>>>> name in Project Narrative), Amount Requested, Output, and Outcome
>>>> sections.
>>>>
>>>> · Add Service #7, and make this the DECA assessment. Only
> complete
>>>> the following items, right now, for this service:
>>>>
>>>> o Project Narrative – Name and Definition
>>>>
>>>> o Project Information - Name (make sure this matches up with the
>>>> name in Project Narrative), Amount Requested, Output, and Outcome
>>>> sections.
>>>>
>>>> · I would remove control group where ever it is mentioned.
>>>>
>>>> I have updated the settings in Apricot so you have access to make
>>>> changes. Please let me know if you have any further questions.
>>>>
>>>> Thanks,
>>>>
>>>> Joanne Nelson
>>>>
>>>> Program Manager
>>>>
>>>> Boone County Community Services Department
>>>>
>>>> 605 E. Walnut, Ste. A
>>>>
>>>> Columbia, MO 65201
>>>>
>>>> Phone: 573-886-4298
>>>>
>>>> www.showmeboone.com [1] [1]
>>>>
>>>> FROM: Tracy Huang [mailto:tracyh@macc.edu]
>>>> SENT: Tuesday, March 07, 2017 11:46 AM
>>>> TO: Joanne Nelson <JNelson@boonecountymo.org>
>>>> SUBJECT: RE: Follow Up Information Needed for RFP
>>>>
>>>> HI Joanne,
>>>>
>>>> Just to clarify, for information to be updated on Apricot (i.e.
>>>> removing control group and separating High Scope train- the-
> trainer
>>>> and CLASS/DECA into different services), would you like us to
> remove
>>>> old information on the Project Narrative and Project Information
>>>> sections and replace them with these revisions? Or do you prefer
>>>> that I just add the new information (service #6,7) at the end of

>>>> Project Information?

>>>>

>>>> Also, I have not checked yet but will I be able to go back into
>>>> Apricot and revise the Project Narrative section? The last time,
> it

>>>> seemed I was only able to access the Organization Profile page.

>>>>

>>>> Thanks,

>>>>

>>>> Tracy

>>>>

>>>> FROM: Joanne Nelson [mailto:JNelson@boonecountymo.org]

>>>> SENT: Monday, March 6, 2017 3:10 PM

>>>> TO: tracyh <tracyh@macc.edu>

>>>> CC: Kelly Wallis <KWallis@boonecountymo.org>; Joanne Nelson

>>>> <JNelson@boonecountymo.org>

>>>> SUBJECT: Follow Up Information Needed for RFP

>>>>

>>>> Tracy,

>>>>

>>>> Below are some follow-up items we will need to address/update:

>>>>

>>>> · The following information is needed for Board Members/Trustees

>>>>

>>>> o David Weiss – needs phone number and email

>>>>

>>>> o Lori Turk - needs phone number and email

>>>>

>>>> o Brad Goessling - needs phone number and email

>>>>

>>>> o Denis Caldarello - needs phone number and email

>>>>

>>>> o John Cochran - needs phone number and email

>>>>

>>>> o James Cooksey - needs phone number and email

>>>>

>>>> · Goal – Per your response in February, there was supposed to

> be a

>>>> meeting about updating this information. Please update the goal

> for

>>>> this program in Apricot.

>>>>

>>>> · This project should move forward with no control group. Please

>>>> make adjustments as needed in Apricot.

>>>>

>>>> · Service #3 (Training - High Scope, CSEFL, and EC-PBS) – There

> are

>>>> couple of follow-up question: We should make the High Scope

> Training

>>>> a separate service from the training and develop its own outcomes.

>

>>>> Please update the Program Service Section and the Program

>>>> Performance Section in Apricot.
>>>>
>>>> Service
>>>>
>>>> Unit Measure
>>>>
>>>> Unit Rate
>>>>
>>>> Proposed # of Units
>>>>
>>>> Totals
>>>>
>>>> # of Unduplicated Individuals to be Served
>>>>
>>>> Train-the-Trainer for High Scope Curriculum
>>>>
>>>> 1 full series train-the-trainer
>>>>
>>>> \$21,190*
>>>>
>>>> 3
>>>>
>>>> \$63,570
>>>>
>>>> 3
>>>>
>>>> o *This service will be reimbursed based on actual costs up to
>>>> \$21,190. (add information in Apricot)
>>>>
>>>> o How will the CSEFEL training be different than the training
>>>> offered with the EC-PBS program? (email follow-up)
>>>>
>>>> o Since we are taking out the HighScope Train-the-Trainer, please
>>>> update the information for training in both the Program Services
>>>> Section and the Program Performance Section.
>>>>
>>>> · Service #4 (Coaching – HighScope/SEL) – Please provide
>>>> answers to
>>>> the questions below:
>>>>
>>>> o Update the Unit Rate for coaching to \$40 per hour. The hour can
>>>> be
>>>> broken down into 15 minute increments. (ex. one and half hours is
>>>> 1.5 hours) Please update this in Apricot.
>>>>
>>>> o How will coaching be coordinated with the coaching offered with
>>>> the EC-PBS program for similar items? (email follow-up)
>>>>
>>>> o How much coaching will be offered to teachers per week? (email
>>>> follow-up)
>>>>
>>>> · Service #5 (Assessment and Evaluation of Intervention Impact)

> –
>>>> This service should be split into two services and information
> added
>>>> for each service. We typically pay for assessments/evaluations as
> a
>>>> separate service. Please update both the Program Services Section
>>>> and the Program Performance Section in Apricot.
>>>>
>>>> Service
>>>>
>>>> Unit Measure
>>>>
>>>> Unit Rate
>>>>
>>>> Proposed # of Units
>>>>
>>>> Totals
>>>>
>>>> # of Unduplicated Individuals to be Served
>>>>
>>>> CLASS
>>>>
>>>> 1 Observation
>>>>
>>>> Service
>>>>
>>>> Unit Measure
>>>>
>>>> Unit Rate
>>>>
>>>> Proposed # of Units
>>>>
>>>> Totals
>>>>
>>>> # of Unduplicated Individuals to be Served
>>>>
>>>> DECA
>>>>
>>>> 1 Assessment
>>>>
>>>> There are still items that need to be updated in the Outcomes
>>>> section for each service but we can address those once we finalize
>
>>>> all the services.
>>>>
>>>> We would like to have this information returned to us as soon as
>>>> possible so we can review and possibly finalize the contract.
>>>>
>>>> Please feel free to contact me with any further questions or
>>>> comments.
>>>>
>>>> Joanne Nelson

>>>>
>>>> Program Manager
>>>>
>>>> Boone County Community Services Department
>>>>
>>>> 605 E. Walnut, Ste. A
>>>>
>>>> Columbia, MO 65201
>>>>
>>>> Phone: 573-886-4298
>>>>
>>>> www.showmeboone.com [1] [1]
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>>> Links:
>>> -----
>>> [1] <http://www.showmeboone.com/> [2]
>
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> Links:
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> [1] <http://www.showmeboone.com>
> [2] <http://www.showmeboone.com/>

Follow-Up questions on proposal on ECE curriculum
March 12, 2017

Question 1: How will CESEFL training be different than the training offered by EC-PBS program?

Based on our conversations with Vicki Davolt, the EC-PBS training program uses some materials from CESEFL. MACC uses CESEFL principles, especially establishing a trained and reliable workforce as the foundation for building strong positive relationships with children. These principles will be discussed in the CDA training courses and very much in line with the EC-PBS training program.

Question 2: How will coaching be coordinated with EC-PBS program with similar items?

The EC PBS coaches and the Curriculum Coaches will cross-train (attend a few meetings of HighScope and EC-PBS respectively) so they will have a clear understanding of both programs, use common language, and explain how both might be intertwined for cohesion. Since EC-PBS is and has serviced several schools, Vicki Davolt will recommend schools with whom she's worked for participation in the curriculum training. We will, in turn, recommend schools who need SEL training to EC-PBS. If EC-PBS cannot absorb all curriculum participating centers into their current caseload, they are open to training and coaching on a contractual basis.

Question 3: How much coaching will be offered to teachers each week?

Teachers will receive approximately 3 hours of training/coaching each week

Joanne Nelson

From: Tracy Huang <tracyh@macc.edu>
Sent: Friday, March 24, 2017 2:07 PM
To: Joanne Nelson
Subject: RE: chart

Hi Joanne,

Just checking in to see if you needed anything else. MACC will be on Spring Break from March 25- March 31. I will not be in the office but will be available via email.

Thanks,

Tracy

Tracy Huang
Early Childhood Program Coordinator
Moberly Area Community College
101 College Drive, Moberly MO 65270
660 263 4100 ext 11284
Columbia Campus 573 234 1067 ext 12153



From: Tracy Huang [mailto:tracyh@macc.edu]
Sent: Tuesday, March 21, 2017 1:54 PM
To: 'Joanne Nelson' <JNelson@boonecountymmo.org>
Subject: RE: chart

Joanne,

I just got out of my meeting and looked this through. The numbers make sense to me.

Thanks,

Tracy

From: Joanne Nelson [mailto:JNelson@boonecountymmo.org]
Sent: Tuesday, March 21, 2017 12:43 PM
To: tracyh@macc.edu
Subject: RE: chart

Take a look at this updated chart. If everything looks good I think I am going to work on finishing the contract. Just let me know.

Thanks,

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: tracyh@macc.edu [<mailto:tracyh@macc.edu>]
Sent: Monday, March 20, 2017 2:09 PM
To: Joanne Nelson <JNelson@boonecountymo.org>
Subject: RE: chart

Hi Joanne,
I am out of the office this afternoon but can call you tomorrow morning.
Tracy

On Mar 20, 2017 1:18 PM, Joanne Nelson <JNelson@boonecountymo.org> wrote:

Are you available to call me? I am working on the contract and I want to make sure that I understand something correctly? I'm in the office until 4:00 today and most of the day tomorrow.

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: Tracy Huang [<mailto:tracyh@macc.edu>]
Sent: Friday, March 17, 2017 12:12 PM
To: Joanne Nelson <JNelson@boonecountymo.org>
Subject: chart

Hi Joanne,

Please find attached, the chart for the grant costs. I double checked the figures with mine and made some changes to the number of units for CLASS (changed it to 440 as indicated in the output) and the cost of DECA (to 13.06 which what is in the output section as well).

Let me know if you find anything else.

Have a good weekend!

Thanks,

Tracy

Tracy Huang

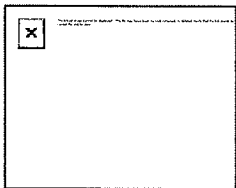
Early Childhood Program Coordinator

Moberly Area Community College

101 College Drive, Moberly MO 65270

660 263 4100 ext 11284

Columbia Campus 573 234 1067 ext 12153



Joanne Nelson

From: tracyh <tracyh@cx.macc.edu>
Sent: Thursday, February 02, 2017 12:08 PM
To: Joanne Nelson
Subject: RE: coaching rate

Joanne,

Thanks again. Quick question-- will you accept electronic signatures on the clarification document since the submission needs to be emailed?

Thanks,

Tracy

On 2017-01-31 14:08, Joanne Nelson wrote:

> Tracy,
>
> The University of Missouri's Department of Psychiatry currently has a
> Unit Rate of \$33.74 per hour for their Early Childhood - Positive
> Behavior Coaching/Consultation visits. Please let me know if I can be
> of any other assistance.
>
> Joanne Nelson
>
> Program Manager
>
> Boone County Community Services Department
>
> 605 E. Walnut, Ste. A
>
> Columbia, MO 65201
>
> Phone: 573-886-4298
>
> www.showmeboone.com [1]
>
> FROM: Tracy Huang [mailto:tracyh@macc.edu]
> SENT: Tuesday, January 31, 2017 1:20 PM
> TO: Joanne Nelson <JNelson@boonecountymmo.org>; Kelly Wallis
> <KWallis@boonecountymmo.org>
> SUBJECT: coaching rate
>
> Kelly and Joanne,
>
> I hope this finds you both well.
>
> I just wanted to check in with you regarding the coaching rate that is
> currently used. In our meeting you mentioned the hourly rate as being

> different from what we proposed. Could I have the current/prevaling
> rate?
>
> Have a great rest of the afternoon!
>
> Thanks,
>
> Tracy
>
> TRACY HUANG
>
> Early Childhood Program Coordinator
>
> Moberly Area Community College
>
> 101 College Drive, Moberly MO 65270
>
> 660 263 4100 ext 11284
>
> Columbia Campus 573 234 1067 ext 12153
>
>
>
> Links:
> -----
> [1] <http://www.showmeboone.com/>

Joanne Nelson

From: Joanne Nelson
Sent: Thursday, March 16, 2017 3:29 PM
To: 'tracyh@macc.edu'
Subject: RE: Follow Up call
Attachments: Chart of Costs and Units for 3 years 3.15.17.docx

Tracy,

Attached you will find the chart I was discussing with you earlier today. I will need you to fill in each yellow section. These sections would be the total amount requested for that year and underneath that figure would correspond with the number of units you will offer. I will also need you to review the rest of the chart to make sure it matches up with your figures. As soon as you send this back to me I can hopefully finalize the contract and get it moving. Please let me know if you have any further questions.

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298
www.showmeboone.com

From: tracyh@macc.edu [mailto:tracyh@macc.edu]
Sent: Thursday, March 16, 2017 2:46 PM
To: Joanne Nelson <JNelson@boonecountymo.org>
Subject: RE: Follow Up call

Thanks!

On Mar 16, 2017 2:21 PM, Joanne Nelson <JNelson@boonecountymo.org> wrote:

Perfect. I'll send you the chart later today or first thing in the am.

Thanks,

Joanne Nelson

Program Manager
Boone County Community Services Department
605 E. Walnut, Ste. A
Columbia, MO 65201
Phone: 573-886-4298

www.showmeboone.com

From: tracyh@macc.edu [mailto:tracyh@macc.edu]
Sent: Thursday, March 16, 2017 2:17 PM
To: Joanne Nelson <JNelson@boonecountymo.org>
Subject: RE: Follow Up call

Joanne,

Cesefl materials will be rolled into that training, as part of social emotional component.

Tracy

On Mar 16, 2017 1:50 PM, Joanne Nelson <JNelson@boonecountymo.org> wrote:

Just to quickly clarify, MACC will only charge for the High Scope training? There won't be any CSEFEL trainings offered separately?

Sorry about all the questions but I just want to make sure that we are all on the same page!

Thanks,

Joanne Nelson

Program Manager

Boone County Community Services Department

605 E. Walnut, Ste. A

Columbia, MO 65201

Phone: 573-886-4298

www.showmeboone.com

From: Tracy Huang [mailto:tracyh@macc.edu]
Sent: Thursday, March 16, 2017 12:15 PM
To: Joanne Nelson <JNelson@boonecountymo.org>
Subject: RE: Follow Up call

Hi Joanne,

I have updated service 3 output measures to reflect per teacher cost of each training module in HighScope.

I think it is officially complete, unless you have other questions about service 5 and 7.

Thanks,

Tracy

From: Joanne Nelson [<mailto:JNelson@boonecountymo.org>]

Sent: Thursday, March 16, 2017 9:17 AM

To: tracyh <tracyh@macc.edu>

Subject: Follow Up call

Tracy – I know you want to discuss invoicing but I would also like to talk about a couple of other items. If you could give me a call this morning that would be great. I think we are really close to being able to write a contract. ☺

Thanks,

Joanne Nelson

Program Manager

Boone County Community Services Department

605 E. Walnut, Ste. A

Columbia, MO 65201

Phone: 573-886-4298

www.showmeboone.com

Moberly Area Community College – BCCSF Quality Childcare Chart of Output and Costs

Service Description	Unit Measurement	Unit Rate	Proposed # of Units/3 years	Total Amount Requested Yr. 1 (Partial)	Total Amount Requested Yr. 2	Total Amount Requested Yr. 3	Total Amount Requested Yr. 1 - Yr. 3
<i>Ex. ABC Service</i>	<i>1 teacher</i>	<i>\$250.00</i>	<i>120</i>	<i>\$10,000.00 (20 teachers)</i>	<i>\$10,000.00 (50 teachers)</i>	<i>\$10,000.00 (50 teachers)</i>	<i>\$30,000.00</i>
CDA Preparation for ECE Teachers	1 teacher	\$2,803.69	100				\$280,369.00
CDA Preparation Classes at the Columbia Area Career Center	1 student	\$2,776.08	60				\$166,565.00
Training (High Scope)	1 teacher	\$510.45	600				\$306,265.00
Coaching (High Scope and SEL)	1 hour	\$40.00	16754				\$670,158.00
CLASS Assessment and Evaluation of Teachers to Determine Intervention Impact	1 CLASS Assessment	\$244.84	120				\$107,727.00
High Scope Train-the-Trainer	1 individual trained in High Scope Curriculum	\$21,190.00	3				\$63,570.00
DECA Assessment and Evaluation of Students to Determine Intervention Impact	1 DECA Assessment	\$13.90	2400				\$31,336.00
Totals:							\$1,625,990.00

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - ECPP RFP #48-15DEC16 (BCCSB Review ends 01/31/2017 12:00 AM CST)

Organization Name (will auto-populate)

Moberly Area Community College

Fund Source

Children's Services Fund - Early Childhood Prevention Programs RFP

Funder

Boone County

Funding Cycle

RFP #48-15DEC16

Name of Program or Project

BCCSF Quality Childcare Grant

Amount of Request

\$1,531,543.00

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

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

Program Information

Program Website (will default to Organization website)

<http://www.macc.edu>

Address

101 College Street

City

Moberly

State

Missouri

County

Randolph County

Zip

65270

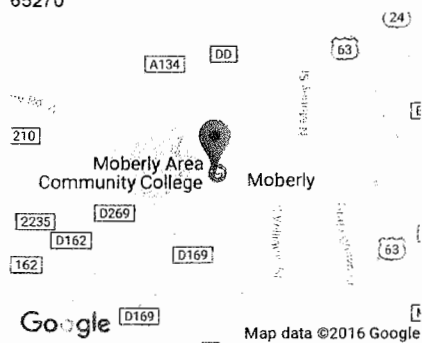
Address

City

State

County

Zip



Program Administrator Name

Jo Fey Anna Teresa Huang

Phone Number

660-264-4100 x11252

Program Administrator Title

Dean, Career and Technology Education; Coordinator ECE Program

Email

ECE@macc.edu

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2016 Agency Assurance Sheet

/6.5.2/document/download/filename/1481750201_30421_attachmentAMACC.pdf/

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

/6.5.2/document/download/filename/1481750051_30420_attachmentBMACC.pdf/

Attachment C Work Authorization Certification

/6.5.2/document/download/filename/1481750254_30419_AttachmentCMACC.pdf/

Signed Addendums

/6.5.2/document/download/filename/1481753810_30418_addendumMACC.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Moberly Area Community College or MACC Foundation if the BCCSB would prefer	101 College Avenue	Jeffrey Lashley	Added on	11/25/2016

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

Federal EIN Number (will auto-populate)

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):

Moberly Area Community College or MACC Foundation if the BCCSB would prefer

DBA:

Moberly Area Community College

Federal EIN Number:

430908094

Organization Type:

Governmental

Organization Contact Information

Address

101 College Avenue

City

Moberly

State

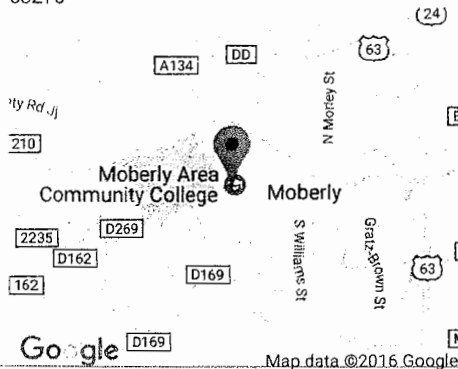
Missouri

County

Randolph County

Zip

65270



Address

101 College Avenue

City

Moberly

State

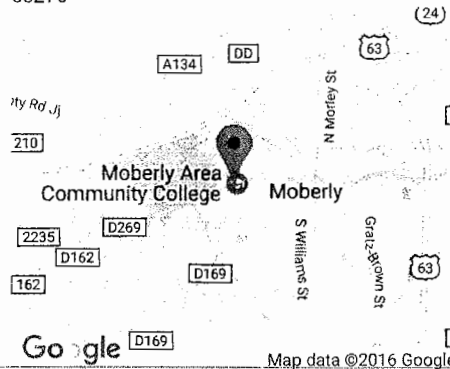
Missouri

County

Randolph County

Zip

65270



Organization Phone Number:

660-263-4100 x11284

Website:

Organization Fax Number:

660-263-7563

Email:

<http://www.macc.edu>

ECE@macc.edu

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

Jeffrey Lashley

President

Head of Organization Phone:**Head of Organization Email:**

660-263-4100 x11204

jeffl@macc.edu

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

Moberly Area Community College

Local Organization Fax:**Address**

601 Business Loop W

Address**City**

Columbia

City**State**

Missouri

State**County**

Boone

County**Zip**

65201

Zip**Local Contact Name:**

Tracy Huang

Local Contact Title:

Coordinator, ECE Program

Local Contact Email:

tracyh@macc.edu

Local Contact Phone:

660-263-4100 x11284

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

MACC provides dynamic and accessible educational opportunities that empower our students and enrich our communities.

Mission**Statement****(Purpose):**

We included information on MACC Foundation if the BCCSB would prefer a non-profit to be the lead in this grant. MACC Foundation is a non profit in good standing in Missouri

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

Moberly Junior College was founded in 1927 as part of the Moberly Public School System. One of the first two-year colleges of this type, the College initially held classes in temporary quarters above a downtown store. Library and laboratory facilities were shared with the Moberly High School. On July 23, 1990, the Board of Trustees officially changed the name to Moberly Area Community College to more accurately reflect the College's mission and service, and soon students and faculty began referring to the College as MACC. MACC is a multi-site college offering classes at seven locations.

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

MACC has strategic plan in effect from 2015-2018. Subcommittees were formed to draft the goals and strategies for each priority. The priorities listed below are the areas of major focus for MACC over the next three years:

1. Academic Performance
2. Student Access
3. Student Experience
4. Employee Experience
5. Fiscal Sustainability
6. Community/Business Partnerships

Articles of**Incorporation:****Articles of Incorporation (MUST BE IN PDF FORMAT)**

/6.5.2/document/download/filename/1481606530_30405_ArticlesofIncorporation.pdf/

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

/6.5.2/document/download/filename/1481682890_34051_BylawsMACCF.pdf/

Organizational Chart (MUST BE IN PDF FORMAT)
 /6.5.2/document/download/filename/1481548851_30406_organizationalstructure.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)

MACC's service region is comprised of 16 counties in northeast Missouri: Adair, Audrain, Boone, Chariton, Clark, Howard, Knox, Lewis, Macon, Marion, Monroe, Ralls, Randolph, Schuyler, Scotland, and Shelby. It has 6 satellite campuses serving these areas in Columbia, Hannibal, Mexico, Kirksville, Edina, Macon in addition to the main campus in Moberly

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

MACC's locations expand access to academic and career and technical programs throughout northeast Missouri. Enrollment in college credit courses is open to anyone admitted to MACC.

Conflict of Interest Policy: Does your organization have a written Conflict of Interest policy?
 yes

Whistleblower Policy: Does your organization have a written Whistleblower policy?
 yes

Business Continuity Plan: Does your organization have a written Business Continuity plan?
 no

Records Retention Policy: Does your organization have a written Records Retention policy?
 yes

If yes, does the Records retention policy include a Records Retention Schedule?
 yes

Governing Board

Length of Board Term (e.g. "2 years"):

An election of two trustees is held every 2 years

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 Begin Date:	Current Board Term End Date:	Address:	Active	Date
James M. Cooksey	President	04/01/2016	03/31/2022	1354 Heritage Place, Moberly MO 65279	✓	Added on 12/12/2016
John Cochran	Vice President	04/01/2010	03/31/2022	1506 Ridgeline Drive, Moberly MO 6527004/01/2010	✓	Added on 12/12/2016
Denise M. Caldarello	Secretary	04/01/2008	03/31/2020	20 Holman Road, Moberly MO 65270	✓	Added on 12/12/2016
Brad Goessling	Member	04/01/2012	03/31/2018	PO Box 177 Moberly MO 65270	✓	Added on 12/12/2016
David K. Weiss	Member	04/01/2014	03/31/2020	1807 Wabash Avenue, Moberly MO 65270	✓	Added on 12/12/2016
Lori Turk	Member	06/01/2014	12/31/2018	1161 Oxbow Lane, Moberly MO	✓	Added on 12/12/2016

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

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:

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)

/6.5.2/document/download/filename/1481604462_29953_IRSexemptletter.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)

/6.5.2/document/download/filename/1481604462_29954_FinAuditFY2014.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)

/6.5.2/document/download/filename/1481683014_29955_MACCF990FY15.pdf/

Financial Policies and Procedures:

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

The board approves the annual budget and expenditures of the college. In addition, the secretary of the board supervises the record keeping of financial documents. The treasurer keeps documents pertinent to the financial affairs of the College, receive monies due the College, deposit funds in appropriate accounts, and authorize disbursements, presents the Treasurer's report of cash receipts and disbursements for the preceding month at the Board meeting of each month; signs checks as approved by the Board; be responsible for coordinating and supervising the audits of the District

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 hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation					Link Info	
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Dean of Student Affairs and Enrollment Management	MA/MS	1.00	\$94,970.00	\$0.00	✓	Added on 12/14/2016
Chief Information Officer	MA/MS	1.00	\$97,280.00	\$0.00	✓	Added on 12/14/2016
President	PhD	1.00	\$180,000.00	\$0.00	✓	Added on 12/14/2016
Vice President for Finance	MA/MS	1.00	\$115,570.00	\$0.00	✓	Added on 12/14/2016
Vice President for Instruction	PhD	1.00	\$101,750.00	\$0.00	✓	Added on 12/14/2016

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

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:

Moberly Area Community College is accredited by
The Higher Learning Commission
230 South LaSalle Street, Suite 7-500
Chicago, IL 60604
800.621.7440

November 2011 - 10-year Accreditation

November 2015 - Mid-Cycle

Criteria for Accreditation: Met

Pathways Recommendation: Eligible to Choose

Interim Monitoring: None

Accreditation 2:

All two-year degree and certificate programs are approved by the Missouri Coordinating Board for Higher Education. Specific programs within the College are approved by the Missouri Department of Elementary and Secondary Education (Division of Vocational and Adult Education), the Missouri State Board of Nursing, and the Missouri Department of Public Safety. MACC also offers courses and programs approved by the American Institute of Banking, the Missouri Department of Social Services and the American Management Association.

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)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

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

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - ECPP RFP #48-15DEC16 (BCCSB Review ends 01/31/2017 12:00 AM CST)	Moberly Area Community College	Children's Services Fund - Early Childhood Prevention Programs RFP	Boone County	RFP #48-15DEC16	✓	Added on 11/25/2016

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

System Fields

Project Narrative - Early Childhood Prevention Programs RFP

Children's Services Fund - ECPP RFP #48-15DEC16...

Quick View Information

Grant	Children's Services Fund - ECPP RFP #48-15DEC16 (BCCSB Review ends 01/31/2017 12:00 AM CST)
Organization Name (will aut...	Moberly Area Community College
Fund Source	Children's Services Fund - Early Childhood Prevention Programs RFP
Funder	Boone County
Funding Cycle	RFP #48-15DEC16
Name of Program or Project	BCCSF Quality Childcare Grant
Amount of Request	\$1,531,543.00
Record Lock	

Project Narrative Instructions

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

Responses should contemplate a three-year project timeline.

Respond as if the reviewers have no prior knowledge of the project and services.

Each narrative response should be clear and succinct.

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 form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

* Indicates Required Field

Project Goal

Instructions: Complete the narrative question below outlining the goal of the proposed project.

Important Reminders:

The project goal should focus on county-wide, systemic efforts to prevent mental and behavioral health issues by promoting early childhood social and emotional health of children birth to kindergarten entry through universal prevention programming and correspond to the organization's major goal as stated in the Organization Profile section.

Programming would include, but is not limited to Missouri state-approved early childhood curriculum, comprehensive formative assessment, research-based social and emotional development programs/strategies, and community awareness campaigns. Preventive programming and community awareness campaigns should be a county-wide, systemic collaborative effort with currently funded Children's Services programs and other early childhood organizations with the same or similar goals.

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

One C2CA community outcome is that all Boone County children are ready for kindergarten. The "wise" Early Childhood Collaborative Action Network (WECCAN) was convened to set a goal and plan for improvement. The goal is to increase by 8% the number of county children ready for kindergarten by 2020.

Project Purpose

Instructions: Provide clear, concise narrative information pertaining to the overall purpose of the proposed project and the service(s) to be offered.

Important Reminders: The Boone County Children's Services Board seeks a coordinated, county-wide, systemic, community effort to decrease adverse childhood experiences, increase child resilience, and increase the protective factors of those who care for children, with an emphasis on trauma informed practices.

a. Describe how the project will promote the social and emotional wellness of Boone County children ages birth through kindergarten entry. (1500 character limit)

One objective in service of that goal is to improve the quality of childcare in Boone County. The Quality Childcare Action Team (QCAT) is charged with that task. They conducted a phone survey with 52 of Boone County childcares. Less than half of the respondents had a curriculum. Further, many reporting had little knowledge of child development. With that information and the knowledge that children who attend a high quality childcare are more likely to be prepared for kindergarten both socio-emotionally and academically (Glassy & Romano, 2005) the QCAT chose a three pronged approach including:

- Increasing the number of highly qualified early childhood educators (Barnett, W.S.,2003),
- Providing a state approved curriculum in addition to a social-emotional curriculum, training on their use and implementation coaching (Kline & Knitzer,2006), and
- Providing a more stable and reliable workforce for childcares (Porter, N., 2012).

A low cost educational advancement will be offered to work toward a Child Development Associate Credential (CDA), an AAS and/or a BS in early childhood education. Social emotional development will be liberally woven throughout their study including the impact of high stress and trauma on young children. Providers may receive the HighScope Curriculum with a CDA and the Center for Social Emotional Foundations of Learning's (CSEFL) social emotional curriculum and early childhood positive behavioral support (ECPBS) from the ECPBS coaches.

b. Describe how the Boone County population and community is affected by the issue(s) to be addressed by the proposed project. (1500 character limit)

Dr. Stiepleman, Superintendent of Columbia Public Schools (CPS), stated that the number of CPS students who qualify for free or reduced lunch (FR/L) has increased to 50%. Most of the minorities in the county live in Columbia, whose population is 11% African American, 40% of whom live in poverty. The 20.12% poverty rate in the county exceeds the average in Missouri and the US. Following is kindergarten readiness data for Columbia and the county. The county schools are in aggregate with 4 of 5 schools reporting. Their minority count is too small to report. Discrepancies can be seen based on race and income. In addition, Harvard researcher Raj Chetty (2015) found that children in Boone County have the lowest potential in the state of

upward social mobility nor does the county compare well nationally. Kindergarten readiness for the past two years for Columbia and out county school districts remains relatively flat. The numbers below are reported in terms of the percent of students ready for kindergarten. Columbia 2014: all students 75.8%, black students 57.8%, FR/L Students 68.6%; 2015 all 75.1%, black 60.2%, FR/L 59.1%. County 2014: all students 69.5%, FR/L 53.6%; County 2015: all 69.6%, FR/L 54.1%. As a result, priority will be given to those childcares serving low income and minority populations.

c. Describe how this proposed project will work with other Children's Service funded and community early childhood programs in Boone County. (1500 character limit)

The purpose of the WECCAN is to bring together stakeholders who are involved in early childhood education, birth to 5, in Boone County. The action network is composed of a cross section of county participants. The list of members and their affiliations can be found at (www.cradletocareeralliance.org). WECCAN members provided the motivating insight for this application—they knew that many existing teachers have little or no training but are eager to receive that training if they have feasible access. The WECCAN network will actively collaborate to recruit providers to participate in the grant and identify the most capable staff for implementation. The WECCAN Communication Action Team (CAT) will work to disseminate program information. An early childhood career path for high school juniors and seniors will be made available by collaboration between Columbia Area Career Center (CACC) and Moberly Area Community College (MACC). In addition, collaboration with MACC will provide opportunities for educational advancement for childcare providers. Coordination with ECPBS, will provide a parent training component. Grant trainer/coaches will cross train with ECPBS to ensure consistency in the childcares served by both. Child Care Aware (CCA) TEACH MO scholarships will fund education for interested childcare workers. We have also worked with the ELC to insure that our proposals are complementary, non-duplicative, and, where appropriate, integrated as evidenced by the MOU with EC-PBS.

d. Provide a justification for the requested level of funding from Boone County. (1500 character limit)

Though costly, this proposal has the potential to positively alter the educational trajectory of 2000 children in Boone County by increasing preparedness for kindergarten entry in just the first two years. The Raising of America Documentary Film Series (2015) states that for every one dollar spent on early childhood education there is a seven dollar return on investment. Research supports both short and long term affects for children who attend quality childcare. Steven Barnett (2015) noted, "large short term benefits for children on intelligence quotient (IQ) and sizable long term effects" on school achievement, less grade retention, reduced placement in special education and positive social adjustment. Additionally, Yoshikawa et al (2013) documented long term societal outcomes including high school graduation, years of education completed, earnings, and reduced crime and teen pregnancy. Yoshikawa, also found significant differences when comparing student outcomes in high versus low quality childcares. Their cost benefit analysis showed high quality childcare to be a good value for the dollars spent. Fuller, Kagan et al (2002) found high quality childcare to have the greatest impact on poor children. The paradox to be solved is that the providers who serve the poorest children are the least able to afford educational advancement, nor can they afford the time away from their classrooms in order to develop a deeper understanding of child development.

e. Provide a description of any other funding source that will contribute to the delivery of this project. (1500 character limit)

While the grant will fund most of the cost of this proposal, there are other sources of funding that will be used. First, those wishing to advance their education will be able to attain their CDA, AAS, and/or BS using the TEACH scholarship through CCA. The only requirements of TEACH scholarships will be that recipients remain at the same childcare during their coursework, thus providing a more sustainable workforce for county childcares. The A+ program offered to high school graduates meeting specific requirements covers tuition fee costs in a community college to attain their AA degree. Those students could then request a TEACH scholarship to attend another college or university for their BS where additional financial aid might also be available through FAFSA. Beyond the grant cycle, the CACC or other county high schools can apply for the Improving the Quality of Childcare Grant from the Missouri Department of Elementary and Secondary Education (DESE) to continue the early childhood career path begun during the grant. The WECCAN will continue to be on the look out for additional grants or local funding that will support our goal and/or supplant grant funding after the second or third year of this grant.

Project Implementation and Sustainability Plan

a. Outline the three-year timeline for key steps in the Project implementation process. Discuss the plan for the implementation of the proposed project service(s) including how the requested funds will be used to implement the service(s) over the three-year time period. (3000 character limit)

YEAR 1 Phase 1:Part I CDA Preparation

Teachers without Early Childhood Education (ECE) training will receive training to earn the Child Development Associate Credential (CDA) at the MACC. TEACH MO and the grant will cover tuition and stipend costs. These courses can be applied towards an Associate's in Applied Science (AAS) in ECE at MACC.

Part II

Teachers will also be trained in Social Emotional Learning (SEL) through a combination of classes and coaching in Early Childhood Positive Behavior Support (ECPBS) and materials from CSEFL. After CDA completion, teachers in Phase 1 will be trained in HighScope (HS) curriculum. Teachers with

ECE degrees will skip Phase 1 and go through HS and SEL training on the first year

Part III

An early childhood career path will be offered to junior and senior high school students in Columbia by providing CDA preparation classes through the Columbia Career Center (CACC) in partnership with MACC.

Part IV

Gathering assessment data:

Participants in this phase will be evaluated using CLASS (Classroom Assessment Scoring System), and the Devereux Early Childhood Assessment (DECA) as a pre/post test. A control group will be used in Phase 1 which moves to CDA training phase on year 2.

Phase 1/Year 1

1. Recruitment (first 3 months)
 - a. Hire staff (3 full-time); recruit researcher
 - b. Set up operations
 - c. Market and accept applications from different centers
 - d. Recruit a total of 100 teachers for the program from 40 facilities(20 home, 20 center)
 - e. Randomly assign 20 teachers for CDA implementation (group A) and 20 for control group (B) in year 1.
2. Preparation
 - a. Coordinate w/ TEACH and MACC
 - b. Set up CDA classes at the CACC for high school students
 - c. Send coaches to train in High Scope (HS)
3. Implementation (9 mos.)
 - a. Observers conduct initial CLASS and DECA
 - b. Group A takes CDA courses and SEL coaching/training; 20 teachers w/ ECE degrees (X) receive HS training/coaching and SEL training
4. Evaluation
 - a. CDA credential application for Group A (pay fees).
 - b. CLASS observations for all groups
 - c. DECA
 - d. Run data comparisons for Phase 1

Phase 2/yr 2 : High Scope Curriculum Training

After completing the CDA, teachers train in the HS curriculum. Coaches will train and monitor the teachers as they implement the curriculum throughout the year. They will receive in-classroom visits for follow-up and to check on the fidelity of implementation.

1. Complete CDA preparation for high school
2. HS training for group A (3 months)
3. Group B takes CDA classes and SEL (9 mos.)
4. Another set of 40 teachers are randomly assigned: C (CDA group) and D (control)
5. Groups C receive SEL training
6. Coaching and on-site visits (9 mos.)
7. Evaluate using CLASS and DECA
8. Run comparison data

Year 3:

1. Groups B and C take HS training
2. Group D takes CDA classes and SEL
3. A new group (E) takes CDA and SEL training;receives on site coaching
4. repeat # 7,8 of year 2

b. What is your sustainability plan for the proposed project? (3000 character limit)

The high school CDA preparation program through the CACC will involve volunteering at the Title I preschools to meet the requirements of a provisional CDA credential. Upon graduation, students can find employment in early childhood and complete the 480 hour residency for the full CDA credential. The CDA preparation meets minimum requirements for a job as an early childhood worker nationwide and also fulfills eligibility for the A+ scholarship. This creates a pathway for high school graduates to be ready for the workforce and pursue a college degree through the TEACH Missouri and/or A+ Scholarship at the MACC. The TEACH MO scholarship is open to all ECE teachers in the field who are pursuing an AA or higher in ECE with a commitment to "payback" by retaining employment in their respective early childhood centers for the same period as their degree program (www.teachmo.org). The career path will provide a continuous pattern of trained childcare providers. Once the pathways and partnerships with MACC, TEACH and CACC and other high schools in the county are established, they can apply for the "Improving the Quality of Child Care Competitive Grant" (CDA grant) through DESE Family Consumer Sciences to cover the assessment fees and the cost of running the program for the CDA. Further, the two coaches/trainers can continue to provide HS training for a fee or by a grant continuation. It can also be converted to a college course at MACC making it eligible for TEACH MO scholarship.

Project 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 project.

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)

Project Personnel Information

POSITION OR TITLE	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	FULL-TIME SALARY RANGE FROM:	FULL-TIME SALARY RANGE TO:
(Do not use employee names)			(wages, social security and Medicare)	

P1	MQ1	FTE1	SR1 FROM	SR1 TO
Project Director	MS in Early Childhood Education and preferably supervision and administration with at least an MS degree with excellent organization and communication skills	1.00	\$70,000.00	\$91,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Trainer/coach	MS in early childhood education or the equivalent	1.00	\$50,000.00	\$65,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Trainer/coach	Masters in early childhood education or the equivalent experience	1.00	\$50,000.00	\$65,000.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Project Evaluator, contracted position	MA in Educational Research, Statistics or Equivalent	0.10	\$15,000.00	\$15,000.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00
P8	MQ8	FTE8	SR8 FROM	SR8 TO
		0.00	\$0.00	\$0.00
P9	MQ9	FTE9	SR9 FROM	SR9 TO
		0.00	\$0.00	\$0.00
P10	MQ10	FTE10	SR10 FROM	SR10 TO
		0.00	\$0.00	\$0.00

Project Personnel Narrative

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

The Project Director needs to have a background in ECE and knowledge of best practice in the field. He/she must also have excellent organizational and communication skills and an MS. Based on research, coaches need to have degrees that are more advanced than the teachers they are coaching. An MS in ECE and classroom experience or the equivalent of 10+ years' experience and a BA in this field would meet this requirement. (Lloyd, Modlin, 2012). The lead investigator at minimum, must have an MS and a track record of publications in peer reviewed journals to analyze data and assessment.

Proposed Service(s) Narrative Section

Instructions: The purpose of the Proposed Service(s) sections are to provide detailed information for each proposed service that the project entails. Organizations will be required to:

Name and define the service

Provide a very detailed description of the service

Provide specific information on the consumers

Describe fees related to this service.

This section must be completed for each proposed service(s).

Service #1 - Name and Definition

Name of Service #1 (150 character limit)

CDA Preparation for ECE teachers

Definition of Service #1 (300 character limit)

The CDA (Child Development Associate) preparation is training designed to assist early childhood teachers in meeting the outcomes required for CDA certification. The program, at a minimum, must meet 120 clock hours of training in 8 key areas. CDA preparation will have room for 100 teachers.

Service #1 - Narrative

a. Provide a very detailed description of the proposed service (#1). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

MACC will provide CDA preparation classes to meet the requirements as defined by the Council for Professional Recognition. These classes are already offered at the Columbia and Moberly campuses in the fall and spring semesters. Teachers in participating centers will take 9 credits of coursework with variations depending on the type of credential (Infant/Toddler or Preschool). MACC will also design and deliver the courses at the CACC for high school students. These classes will focus on certification at the preschool level.

The college level courses are as follows:

ECE 110: Foundations of ECE or ECE 120: Nutrition, Safety and Health (3 credits)

ECE 130: Essentials of Infant toddler Care or ECE 140: Play As Learning (3 credits)

ECE 150: CDA Seminar (2 credits)

ECE 165: Assessment in ECE I (1 credit)

These courses can be applied towards the AAS in ECE if the teachers decide to continue with their education after the CDA preparation phase is complete.

For the first year of the project, 40 teachers from 20 participating centers (10 Home and 10 center based) are expected to participate. Randomly assigned, group A will take classes and B will be the control group. In the second year, another 40 are expected to participate (C for CDA and D for control). On the third year another group of 20 (E) will do the CDA.

MACC will also help with the CDA application, guide them through practice tests, portfolio preparation and site verification visits conducted by the Council for Professional Recognition. If granted, the CDA certification is valid for 3 years.

TEACH MO is a collaborator and will be the funding source to cover the tuition fees for the 9 credits through their scholarship program.

b. Are other organizations in Boone County currently providing the proposed service (#1)?

No (if no, move on to c.)

If Yes - provide the name of the organization/business providing this proposed service (#1). Also include how your organization will partner with this organization. (1500 character limit)

c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.), and any other logistical information for proposed service (#1). (600 character limit)

Courses in MACC are offered in the evenings. Three credit courses are offered once a week (3hrs./week) in three different formats: In seat (a traditional 3 hour lecture class on campus at the Parkade Center in Columbia)

Hybrid (1.5 hours of in-seat lecture and 1.5 hours of self study/assignments and practical application)

Hybrid virtual (1.5 hours of lecture via virtual classroom) and 1.5 hours of self study/assignments); participants will need access to a reliable computer and high speed internet.

MACC may open special classes for those in this program to work with their schedules.

d. Describe the eligibility criteria (e.g. income, age, etc.), if any, to be utilized for determining eligibility for the proposed service (#1). (600 character limit)

Eligibility is based on the applications through the QCAT. Each teacher participant will also need to apply to MACC for admission and go through an advising process with the ECE Program Coordinator/staff of the college.

e. Describe any external requirements of proposed service (#1), such as licensing, minimum standards, etc. (600 character limit)

The CDA preparation culminates with the application for the CDA credential with the Council for Professional Recognition. Upon application, CDA candidates will be scheduled to take a standardized test and an on-site verification visit from a representative of the CDA Council to determine eligibility for the credential. Within 6 months of completion of the test and verification visit, the candidate is notified and if successful, receives the certificate and license in the mail.

f. Is the proposed service (#1) currently accredited by one or more recognized accrediting body?

Yes

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (600 character limit)

MACC received 10 year accreditation from the Higher Learning Commission in 2011 and all its degree programs and certificate programs are approved by the Missouri Coordinating Board for Higher Education.

g. Are there best practices for the proposed service (#1)?

No (if no, move on to h.)

If Yes - Indicate the best practices and whether or not they will be utilized in this proposed service (#1). (600 character limit)

There are no set best practices for CDA preparation but there are guidelines provided by the Council for Professional Recognition (www.cdacouncil.org) which include coursework/training in 8 CDA subject areas: planning a safe and healthy learning environment, advancing children's physical and intellectual development, supporting children's social and emotional development, building productive relationships with families, managing an effective program operation, maintaining a commitment to professionalism, observing and recording children's behavior, understanding principles of child development

h. Is there evidence to support the efficacy of the proposed service (#1)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

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

Research on teacher qualifications in early childhood indicate that teachers with at least a CDA had higher engagement in language, play and positive classroom management than those without training or only a high school diploma. In addition, teachers with Associate's Degrees in ECE and CDA certificates were more effective than teachers with some college or just a high school diploma and training hours through workshops (Whitebook, 2003).

If No - Provide rationale for utilizing this proposed service (#1). (1500 character limit)

i. Describe any unique or innovative aspects of the proposed service (#1) that will enhance the quality and effectiveness of the proposed service (#1). (1500 character limit)

The CDA preparation can be applied towards an Associate's in Applied Science (AAS) in ECE through MACC, creating a clear pathway to improve the qualifications and training of ECE (early childhood education) teachers already in the field. In addition, the delivery options and varied format (hybrid, hybrid/virtual) to accommodate different learning styles makes it easier for full time working teachers to participate since courses are offered in the evenings. ECE teachers will also receive training and coaching in SEL (social/emotional learning) through the Early Childhood Positive Behavior Support Program (ECPBS) which is research based. In combination with CSEFL, a center run by Vanderbilt University, with a curriculum supporting SEL. It has been found locally to demonstrate positive gains.

The CDA credential earned through the high school may also be applied towards college credit through the credit by credential program at the MACC. A valid CDA certification earned through the secondary schools is equivalent to 5 college credits in the AAS in ECE degree at MACC. These credits will be awarded after the student has completed 12 additional credits as a degree seeking AAS students in ECE

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#1). (1500 character limit)

A partnership with TEACH MO will help students cover the cost of the courses for the CDA preparation and for the AAS degree in ECE through MACC or a BA in Child Development or Education in the four year college. MACC and TEACH MO have worked closely on different scholarship opportunities for current and previous students for more than five years.

In addition, MACC also has some scholarships available to cover CDA assessment fees through DESE's CDA grant program. Further, MACC has relationships with different Head Start and Title I preschools in Columbia which could facilitate the supervised internship placements for the high school students participating in CDA Preparation.

We also have articulation agreements with MU, CMU and Hannibal La Grange for MACC ECE graduates who wish to transfer to a 4 year college after completion of their AAS in ECE.

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

If MOUs or contracts/agreements related to the proposed service (#1) are in place, please upload these documents (2) PDF Format (#1):

If MOUs or contracts/agreements related to the proposed service (#1) are in place, please upload these documents (3) PDF Format (#1):

k. How will feedback from consumers be collected and utilized? (#1) (1500 character limit)

Surveys are gathered every semester for each course offered at MACC. TEACH MO also collects surveys from teachers that participate in their program.

Service #1 - Consumers**a. How many consumers (unduplicated individuals) will be served by the proposed service (#1)?**

100

b. Describe the consumers which will be served by proposed service (#1) including characteristics and demographics. (1500 character limit)

Based on an informal survey of 124 ECE centers in Boone County, of 52 respondents, 30 indicated uneven (or lack of) training and preparation of teachers in home and center based programs.

c. Why will these consumers be served in the proposed service (#1)? (1500 character limit)

These teachers self reported having insufficient formal training and background in early childhood education through the phone interview/survey. Research on teacher preparation in early childhood indicates that children reap benefits of early childhood education if they are exposed to quality early environments and experiences which include having teachers and caregivers with training in ECE. Children with teachers with specialized training in ECE, specifically those with a CDA or higher show more gains in basic skills such as rhyming and naming letters compared to peers with teachers who do not have specialized ECE training (NCEDL, 2006)

d. Describe any impediments or challenges in serving these proposed service (#1) consumers. (600 character limit)

Possible challenges to providing the service would be the willingness of teachers to attend classes on top of their full time workload. In addition, center directors may not be willing to give release time for teachers to study and complete assignments. This potential challenge can be addressed by providing a stipend for the teachers to attend classes and incentives for centers who have teachers participating in the program. The stipend and incentives may be provided through a combination of funds from this grant and support from TEACH MO scholarship benefits.

Service #1 - Service Fee**a. Will the proposed service (#1) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#1). (600 character limit)

Childcare is one of the lowest paying professions. For that reason, many providers do not have the resources to continue their education. Yet the quality of childcare can have large impact on the life of the children served.

b. Is this proposed service (#1) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third party payor. (600 character limit)

Continuing education is seldom billable to a third party. That said there are scholarships available for students.

c. What fee payment options will be provided for proposed service (#1) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

NA

d. Does your organization have a purchase of service agreement with any other funder for this service? (#1)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and the unit rate. (#1) (300 character limit)

Service #2 - Name and Definition

Name of Service #2 (150 character limit)

CDA Preparation classes at the Columbia Career Center

Definition of Service #2 (300 character limit)

The CDA preparation program may also be conducted in Career and Technical Programs in Secondary settings. This CDA program must also, at a minimum, meet 120 clock hours of training in the 8 areas identified by the Council. This will be offered to 60 junior and seniors across 3 years.

Service #2 - Narrative**a. Provide a very detailed description of the proposed service (#2). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)**

Junior and Senior high school students in Boone County will have the opportunity to take early childhood classes that meet CDA preparation standards as outlined by the Council for Professional Recognition. These classes will be conducted at the Career Center in Columbia (CACC) and will be taught by the instructors at the CACC under the supervision of MACC ECE faculty. The preparation will be done in four semesters. The first two will be spent doing coursework on the 8 functional areas of the CDA and the last two semesters will be for laboratory/hands on volunteer work at the Title I preschools housed in the local high schools (Battle, Rock Bridge and Douglass) and preparing the portfolio for the site visit and interview. The volunteer hours at the Title I preschools will meet two goals: The practicum requirement of the CDA formation process and the volunteer hours needed for an A+ scholarship. After the students complete the coursework, lab hours and portfolio, they will apply for testing, interview and site visit with the Council. If they pass the standardized test, interview and verification visit, they will be awarded a provisional credential which becomes a full credential after completion of 480 hours of teaching in a preschool classroom. Once they find permanent employment in early childhood, these high school graduates can avail of the TEACH MO scholarship to pursue a degree in ECE at MACC or any four year institution within the state of Missouri. In return for the scholarship, these students need to remain working at the same center for a certain period of time, depending on the level and commitment stipulated in their agreement. The commitment will provide a sustainable workforce in participating childcare centers. During the second year, this coursework will be available to other interested High Schools in Boone county.

b. Are other organizations in Boone County currently providing the proposed service (#2)?

No (if no, move on to c.)

If Yes - provide the name of the organization/business providing this proposed service (#2). Also include how your organization will partner with this organization. (1500 character limit)**c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.) and any other logistical information for the proposed service (#2). (600 character limit)**

The classes will be offered at the Columbia Area Career Center (CACC). The proposed schedule for the first and second trimester would be twice/week (MW from 9-11) to complete coursework. On the 3rd and 4th semester, students will complete 180 hours of volunteer work at one of the Title I preschools in addition to completing a portfolio and taking practice tests in preparation for the standardized certification test. MACC faculty from the ECE Department will partner and team teach with CACC instructors to develop and deliver the courses, The lab hours at the preschool will count towards A+.

d. Describe the eligibility criteria (e.g. income, age, etc.), if any, to be utilized for determining eligibility for the proposed service (#2). (600 character limit)

Junior and high school seniors who pass a background check and are not infected or at risk of developing Tuberculosis may enroll in the CDA courses at the CACC. After year one, other Boone County high schools may apply for the program.

e. Describe any external requirements of the proposed service (#2) such as licensing, minimum standards, etc. (600 character limit)

Upon completion of the courses, the required volunteer hours and their competency portfolio, students apply for the CDA credential through the Council of Professional Recognition. They also take a standardized test and the Council sends a Professional Development specialist to observe the students at their laboratory sites, review their work and interview them. After this process is successfully completed, the students are awarded a Provisional Credential. After graduation, their CDA makes them eligible to work in early childhood classrooms and affords them 5 articulated ECE credits at MACC

f. Is the proposed service (#2) currently accredited by one or more recognized accrediting body?

No (if no, move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (#2) (600 character limit)**g. Are there best practices for the proposed service (#2)?**

No (if no, move on to h.)

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed service. (#2) (600 character limit)

The CDA credential is awarded by the Council for Professional Recognition. The courses at the high school level will be designed to meet competency in 8 functional areas of the CDA. Best practice applies principles of Developmentally Appropriate Practice and follows the guidelines for competency in the functional areas of CDA (www.cdacouncil.org)

h. Is there evidence to support the efficacy of the proposed service (#2)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.**If Yes - Identify cite, and describe the evidence. (1500 character limit) (#2)**

Vocational or career and technical courses in high school prepare students for the workforce. Although it is found that high school students who go into vocational training in high school tend to find employment upon graduation, it also lowers their chances of pursuing college degrees (Arum & Schavitt, 1995). With this proposal, however, a career pathway is created, encouraging students to pursue a two year or four year college degree in ECE through existing support and funding from TEACH MO. CDA trained teachers and those with the certification are found to be more effective in early childhood classrooms compared to those with only a high school diploma (Howes, 1997; Mashall, 2001)

If No - Provide rationale for utilizing the proposed service (#2). (1500 character limit)**i. Describe any unique or innovative aspects of the proposed service (#2) that will enhance access the quality and effectiveness of the proposed service (#2). (1500 character limit)**

The courses will be developed and patterned after existing college courses at the MACC. Students will also be trained in effective classroom interaction skills based on CLASS (Classroom Assessment Scoring System) dimensions, a research based tool on effective teacher student interactions that maximize learning and promote student engagement.

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#2). (1500 character limit)

This service will entail partnerships with the CACC, its instructors, the different participating high schools (Rockbridge, Hickman and Battle, Southwestern Boone and other county high schools) and the MACC ECE Department. MACC and CACC have a partnership with several dual credit classes offered through the different local area high schools. Many Columbia high school students have participated in dual credit classes through MACC and CACC throughout the last few years. A memorandum of understanding is in the works between CACC and MACC. Randy Gooch and Jo Fey the CACC Director and Dean of MACC Career and Technical Programs, respectively are working out the details but this process takes a little longer as such a document requires the approval of the board of CPS and MACC.

If MOUs or contracts/agreements related to the proposed service (#2) are in place, please upload these documents (1) PDF Format (#2):

/6.5.2/document/download/filename/1481751379_33597_RandyGoochCPSemail.pdf/

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

If MOUs or contracts/agreements related to the proposed service (#2) are in place, please upload these documents (3) PDF Format (#2):

k. How will feedback from consumers be collected and utilized? (#2) (1500 character limit)

Similar to other courses, participating students will be given an opportunity to give their feedback through a course survey every semester.

Service #2 - Consumers

a. How many consumers (unduplicated individuals) will be served by the proposed service (#2)?

60

b. Describe the consumers which will be served by the proposed service (#2) including characteristics and demographics. (1500 character limit)

Eligible participants are junior and high school seniors from participating high schools serviced by the CACC (currently only Battle, Hickman, Rockbridge, Douglass and Southern Boone) They will be available to other Boone County High Schools during year 2. These students need to pass a background check through the Family Care Safety Registry and be free of Tuberculosis (test negative in a Tuberculin skin test or score low on a risk assessment with a licensed physician). Students of color and those from low income families will receive priority in the application process.

c. Why will these consumers be served in proposed service (#2)? (1500 character limit)

These students will be trained in CDA and seek certification to increase their chances of employment in early childhood after high school. In addition to career readiness, this also creates a pathway for pursuing a college degree with minimal (and possibly zero) tuition fee costs.

d. Describe any impediments or challenges in serving these proposed service (#2) consumers. (600 character limit)

Some potential challenges would be transportation of students from their high schools to the CACC. Buses may be available but with only 20 students coming from potentially 4 or more different locations, this may pose some unique challenges. Duplicating the same service in other schools that do not have a strong Vocational Technical program may also present some challenges.

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

These are high school students and these classes will serve as courses available to them with the advantage of earning a credential upon completion and providing a career path.

b. Is this proposed service (#2) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (#2) (600 character limit)

If No - Explain why the proposed service (#2) is not billable to a third party payor. (600 character limit)

This offering will be provided through the grant. There are no billable parties who pay for high school coursework.

c. What fee payment options will be provided for proposed service (#2) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

NA

d. Does your organization have a purchase of service agreement with any other funder for this service? (#2)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and the unit rate. (#2) (300 character limit)

Service #3 - Name and Definition

Name of Service #3 (150 character limit)

Training in High Scope, CSEFL, ECPBS curricula with follow up coaching.

Definition of Service #3 (300 character limit)

Curriculum refers to the lessons and academic content taught in a school. It is typically chosen to correlate with learning standards and provides horizontal and vertical alignment. The three curricula were chosen to ensure appropriate lessons, social emotional, and behavioral health for students.

Project #3 - Narrative**a. Provide a very detailed description of the proposed service (#3). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)**

This proposal would provide, at no cost, the state approved curriculum, HighScope, to up to 80 teachers in 40 centers in Boone County whose staff members have at least CDA certification. In addition, directors and their staff would receive training on its use and have weekly coaching follow up visits for the first nine months of implementation to ensure fidelity. The HighScope Curriculum has a history of respect and support as a result of the landmark Perry Preschool Project. Schweinhart et al, 2005).

Upon grant receipt, the QCAT team will develop job descriptions for the position of project director and trainer/coaches, advertise, and interview for the three full time positions. Once hired the director and trainer/coaches will work with the WECCAN to recruit providers who would be interested in continuing their education or who have the minimum CDA certificate needed for HighScope training available in the fall/winter of 2017 and 2018. In January the staff will begin their training regimens. In the summer of 2017 they will complete 45+ days of onsite training in Ypsilanti, Michigan to work toward certification. Both trainers will cotrain in the Infant /Toddler and the Preschool Curriculum Courses as well the Train the Trainer program. The Director will choose which training to take. Upon return the Director will work with county Head Starts and Title I preschools as locations for observation and to assist the trainer/coaches with meeting two more requirements of certification: setting up a training/mentoring classroom and observing staff using HighScope to provide feedback. A fifth requirement for certification is to provide training and practice teaching. Those signed up for HighScope Curriculum Training

in the winter 2018 will attend the training. Once childcares have completed the HighScope Training, the person providing their training will serve as their coach and continue working with them in their home or center to ensure implementation fidelity. The grant will absorb all training and material costs.

This proposal also includes the CSEFL SE training and ECPBS behavioral work. The ECPBS program under the direction of the MU Department of Psychiatry will support that work at home or center based childcares. They are currently providing training and coaching in both CSFEL and ECPBS to assist providers with strategies to ensure the social emotional and behavioral health of those in their care. Importantly, they also include a valued parent training component. The QCAT will be partnering with them to provide this service to as many locations who have applied for this grant training as they have openings. Both CSEFL and ECPBS are available in a course at the MACC, though it would not include the coaching and follow up which are key to effective implementation.

b. Are other organizations in Boone County currently providing the proposed service (#3)?

No (if no, move on to c.)

If Yes - provide the name of the organization/business providing this proposed service (#3). Also include how your organization will partner with this organization. (1500 character limit)**c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.) and any other logistical information for the proposed service (#3). (600 character limit)**

All three employees hired by the grant will work 40 hour weeks. The Director whose office will be at the MACC, will set and hold specific, advertised office hours each day of the week. All staff will be expected to work some evenings and weekends as most childcare providers work 5 days a week from 7:00 a.m. to 6:00 p.m. Therefore, curriculum training will take place in the evenings or on weekends. Food will be provided for those attending during lunch or dinner hours. Trainer/coach schedules will require flexibility. Specific hours worked will be provided to the Director weekly.

d. Describe the eligibility criteria (e.g. income, age, etc.) to be utilized for determining eligibility for the proposed service (#3). (600 character limit)

Childcare Directors and staff must have at least a CDA certificate to participate in the Curriculum Training. They must commit to implementing the curriculum with fidelity and be open to coaching services for 9 months or more during implementation. Priority will be given to those childcares serving minority and low income populations.

e. Describe any external requirements of the proposed service (#3) such as licensing, minimum standards, etc. (600 character limit)

Trainer/Coaches will need to become Certified HighScope Trainers. Funding is provided by the grant.

f. Is the proposed service (#3) currently accredited by one or more recognized accrediting body?

No (if no, move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (#3) (600 character limit)**g. Are there best practices for the proposed service (#3)?**

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed service (#3). (600 character limit)

Yes. There are best practices for HighScope (Marshall, B. 2009) which include:

1. Creating a caring community of learners
2. Teaching to enhance learning and development
3. Planning curriculum to achieve important goals
4. Assessing children's development and learning
5. Establishing reciprocal relationships with families

These best practices are aligned with those of the National Association for Education of Young Children (NAEYC, 2009).

h. Is there evidence to support the efficacy of the proposed service (#3)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

No

If Yes - Identify cite, and describe the evidence. (1500 character limit) (#3)**If No - Provide rationale for utilizing the proposed service (#3). (1500 character limit)**

While there are a plethora of scholarly research and governmental articles, that include curriculum use as a hallmark of quality, they are generally written prior to 2010. Further, the landmark, 37 year longitudinal Perry Preschool Project which utilized the HighScope Curriculum and showed the long lasting impact of a quality preschool experiences was completed in 2005. There have been a few studies since, but all were prior to 2010. Important to note is that HighScope has continued to update its curriculum based on current best practices. There is some local evidence of the continued efficacy of the HighScope Curriculum. In 2015, the average readiness score of the 400 students attending the CPS HighScope based, Title I preschool was higher than the average readiness score of the general population in Columbia. HighScope was chosen for this work due the frequency of its use in Title I and Headstart childcares in the county. Having a common curriculum may help support transitions for children who change schools. Low income and minority families can be transient.

While there is research on ECPBS and CSEFL it is generally prior to 2010. However, there is a local evidence base on the efficacy of each of the curricula. ECPBS and CSEFL in combination has shown growth in childcare workers ability to manage their classrooms as well as improved parent/child interactions.

i. Describe any unique or innovative aspects of the proposed service (#3) that will enhance access the quality and effectiveness of the proposed service (#3). (1500 character limit)

Perhaps the most unique aspect of this proposal is the collaboration with ECPBS. Our work together will allow both home and center based childcares to, not only have a quality curriculum, training on its use and implementation coaching at no cost but also provide them the opportunity to have training in how to address their student's social emotional and behavioral health needs. Significantly, parents will learn to use the same tools as the school. The parent training is provided with babysitting and dinner. It not only provides parents with consistent strategies to use with their children, but also encourages them to form relationships with other parents who may be experiencing similar issues. The combination of ECPBS's work and the HighScope curriculum work should provide childcares with a robust, well rounded knowledge and skill base.

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#3). (1500 character limit)

As above our partnership with ECPBS adds a totally different dimension to this work than just providing training in the use of CSEFL. While it is important to have a specific social emotional curriculum, the work with ECPBS will allow coaching and parent support as well as behavioral strategies. In addition, the WECCAN assistance will be key for recruiting childcares to participate in these programs and the Communication Action Team will work with dissemination of information. Finally, the ability to work with Head Start and the CPS Title I preschool is key to providing our Trainer/Coaches a location to meet the requirements for certification and as observational sites for those providers in training.

If MOUs or contracts/agreements related to the proposed service (#3) are in place, please upload these documents (1) PDF Format (#3):**If MOUs or contracts/agreements related to the proposed service (#3) are in place, please upload these documents (2) PDF Format (#3)****If MOUs or contracts/agreements related to the proposed service (#3) are in place, please upload these documents (3) PDF Format (#3):****k. How will feedback from consumers be collected and utilized? (#3) (1500 character limit)**

Attendee surveys will be collected at the midpoint and end of each training. In addition, informal methods will be used assess the training's efficacy on an ongoing basis.

Service #3 - Consumers**a. How many consumers (unduplicated individuals) will be served by the proposed service (#3)?**

80

b. Describe the consumers which will be served by proposed service (#3) including characteristics and demographics. (1500 character limit)

There are two levels of consumers for this proposal and our collaboration with ECPBS provides a third. First we plan to train the Directors and Staff of 40 childcares in the use of the HighScope Curriculum. With an estimate of two staff members in centers served that would total of 80 individuals who would receive training in the use of the HighScope Curriculum and coaching on its implementation. Their increased expertise and use of a state approved curriculum will impact up to 2000 students over the three year grant cycle. ECPBS also works with parents at the centers they serve. An estimate of 12- 20

parents would receive training per childcare. There is an indirect impact on parents when childcares have a quality curriculum. The upgrade in quality will assist their children in preparation for kindergarten.

c. Why will these consumers be served in proposed service (#3)? (1500 character limit)

The priority for our services will be given to childcares serving children of color and those in poverty. This decision was made based on the disparities noted due to race and SES on the last two years of kindergarten readiness data for the county. This does not mean that other centers can't access the curriculum and training merely that there will be a prioritization based on apparent need. (NIH, 2015)

d. Describe any impediments or challenges in serving these proposed service (#3) consumers. (600 character limit)

The biggest concern in providing this service is finding the childcares that most need quality improvements and providing them with support, in a way that respects their history. It is typical for an organization in doubt of their quality, to avoid evidence that might validate their concern. Further, there is a significant time commitment to this work. Childcare providers who do not have their CDA will be required to get one prior to being eligible for the curriculum. Those in low income jobs may be reluctant to have training that may not provide immediate financial gains.

Service #3 - Service Fee**a. Will proposed service (#3) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#3). (600 character limit)

The reason many centers do not have a state approved curriculum is the cost of the materials and time and expense of the training programs. Those who may need a curriculum most might shy away from applying for it due to costs.

b. Is this proposed service (#3) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (#3) (600 character limit)

If No - Explain why the proposed service (#3) is not billable to a third party payor. (600 character limit)

These are educational services which are normally paid for by the school itself when the money is available.

c. What fee payment options will be provided for proposed service (#3) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

NA

d. Does your organization have a purchase of service agreement with any other funder for this service? (#3)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and the unit rate. (#3) (300 character limit)

Service #4 - Name and Definition

Name of Service #4 (150 character limit)

Coaching Early Childcare Teachers in Highscope/SEL

Definition of Service #4 (300 character limit)

Coaching refers to weekly sessions conducted by trained and qualified ECE professionals on High Scope curriculum implementation and support for the SEL program, specifically ECPBS strategies.

Project #4 - Narrative

a. Provide a very detailed description of the proposed service (#4). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Teachers participating in both phases of this project will receive coaching after completing the training. In Phase 1, the coaching will be on the use of SEL strategies and the implementation of Positive Behavior Support in the early childhood classrooms. In Phase 2, it will be on application of the High Scope curriculum in the respective classrooms of the participating teachers. Coaches will visit each participating teacher's classroom once a week to monitor implementation, provide support, give feedback and dialogue with the teachers. The implementation of SEL and ECPBS will use a model patterned after CSEFL and the Teaching Pyramid. The coaching sessions will follow a goal setting, observation and feedback process.

The curriculum coaching for Phase 2 of this project will entail weekly visits to participating teachers' classrooms to monitor fidelity of the High Scope curriculum, provide support, give feedback and identify areas where teachers may need additional/supplemental training.

In the first year, Phase 1 will be comprised of 20 teachers in CDA preparation (A-the treatment group) and another 20 teachers that will serve as the control group (B). The treatment group will receive ECPBS training and coaching and the control will receive visits from the coaches to maintain similar conditions for both groups and minimize confounding when comparing effects across phases and treatments. On the second year, the CDA recipients move on to Phase 2 training and coaching on the HighScope curriculum and the control group (B) will receive the SEL training and coaching along with CDA preparation. Another group of 20 teachers with ECE degrees (X) will also go through the ECPBS training before they begin training in the HighScope curriculum on the first year of the project.

b. Are other organizations in Boone County currently providing the proposed service (#4)?

Yes

If Yes - provide the name of the organization/business providing this service (#4). Also include how your organization will partner with this organization. (1500 character limit)

ECPBS, a recipient of BCCS funds, currently provides training and coaching in ECPBS to approximately 17 centers within Boone County. We will collaborate with ECPBS through having their coaches train teachers in SEL and ECPBS and monitor its implementation in the participating centers.

ECPBS can accommodate 8 out of the 20 centers in our project using their current funding source. To complete the coaching for all the participants of this project, ECPBS will need to apply for expansion/renewal of their current grant. If needed, ECPBS can contract with QCAT for coaching teachers not in their current caseload.

c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.) and any other logistical information for the proposed service (#4). (600 character limit)

Training sessions will be conducted in leased facilities of other collaborating organizations namely, MACC. Coaching on ECPBS and SEL will take place onsite, once a week for one year through EC-PBS another collaborator on this grant. High Scope coaching will also happen weekly and onsite for one year. Each visit will run for a minimum of one hour. ECPBS coaches will include the cost of travel and materials in their fees. The High Scope training and coaching will be conducted by in house coaches employed through grant funds. Their mileage and travel costs will also be shouldered by the grant.

d. Describe the eligibility criteria (e.g. income, age, etc.) to be utilized for determining eligibility for the proposed service (#4). (600 character limit)

All participants of the project (selected through an application process based on teacher needs and student population served) will receive training and coaching on SEL/ECPBS and HighScope.

e. Describe any external requirements of the proposed service (#4) such as licensing, minimum standards, etc. (600 character limit)

The HighScope training can only be conducted by coaches trained in the infant and preschool levels. The curriculum training for each age group is 4 weeks long and the trainer certification takes another 4 weeks and is only offered at the High Scope headquarters in Ypsilanti, Michigan. It will take at least 3 to 6 months of preparation before in house coaches can begin training teachers in High Scope.

f. Is the proposed service (#4) currently accredited by one or more recognized accrediting body?

No (if no, move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (#4) (600 character limit)**g. Are there best practices for the proposed service (#4)?**

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed service (#4). (600 character limit)

Coaching in early childhood has been researched and although there are recommended practices, best practices have not been firmly established as yet. Some of the recommended strategies are consistency and frequency of sessions, using a coaching model and monitoring the fidelity of the coaching process. This project will use weekly visits, the most common frequency of coaching sessions and a model (teaching pyramid) used in research based programs such as CSEFL and ECPBS.

h. Is there evidence to support the efficacy of the proposed service (#4)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit) (#4)

Coaching has been researched, albeit not extensively, to have promising effects on student outcomes, especially in literacy coaching and reading scores among children in K3 (Bright and Henley, 2010). The benefits of having a coach accrue over time and are associated with small but significant improvements in average gains in reading (Marsh et al, 2008). Other studies also point towards the need for coaching by citing that providing training is not enough to improve teacher skills. Well designed, focused training supplemented by ongoing coaching is needed to increase the acquisition of skills, particularly in implementing new programs. Among Head Start Programs, coaching was found to be helpful in adhering to the fidelity of implementation of social emotional programs and factors such as coaching model, selection of qualified and skilled coaches, support of administration. Involvement of all stakeholders play a role in making it work. (Lloyd and Modlin, 2012).

If No - Provide rationale for utilizing the proposed service (#4). (1500 character limit)**i. Describe any unique or innovative aspects of the proposed service (#4) that will enhance access the quality and effectiveness of the proposed service (#4). (1500 character limit)**

Assessment on the effects of SEL/ECPBS training and coaching on teacher behavior and effectiveness and student social emotional skills will be measured before and after its implementation. CLASS will be used to measure changes in teacher behavior/effectiveness in the social emotional domains of Emotional Climate, Teacher Sensitivity and Behavior Guidance. This will give us data and feedback on the efficacy of the training and coaching on our goal of improving teacher quality and skills.

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#4). (1500 character limit)

Partnership and collaboration with ECPBS and its coaches who have been doing the training and coaching of SEL/ECPBS in several centers within the county for the last few years will allow the project to hit the ground running. Having an experienced team with formed relationships and connections in the community will enable the project to proceed immediately with minimal delays associated with a startup program.

If MOUs or contracts/agreements related to the proposed service (#4) are in place, please upload these documents (1) PDF Format (#4):

/6.5.2/document/download/filename/1481684568_33651_MOUECPBS.pdf/

If MOUs or contracts/agreements related to the proposed service (#4) are in place, please upload these documents (2) PDF Format (#4)**If MOUs or contracts/agreements related to the proposed service (#4) are in place, please upload these documents (3) PDF Format (#4):****k. How will feedback from consumers be collected and utilized? (#4) (1500 character limit)**

Feedback will be collected after each training provided for the participants.

Service #4 - Consumers**a. How many consumers (unduplicated individuals) will be served by the proposed service (#4)?**

100

b. Describe the consumers which will be served by proposed service (#4) including characteristics and demographics. (1500 character limit)

In year 1, the SEL/ECPBS will be offered to a group of 20 teachers (A) who do not have an academic background in ECE and are going through CDA preparation. Another group of 20 teachers with ECE degrees (X) and are going through HS curriculum training will also receive SEL/ECPBS coaching and High Scope implementation coaching
In Year 2, another set of 40 teachers (B and C, the treatment for year 2) will pursue the CDA and receive SEL/PBS coaching. The CDA graduates from Year 1 (A) will receive High Scope training and coaching on Year 2.

c. Why will these consumers be served in proposed service (#4)? (1500 character limit)

These teachers will undergo coaching to supplement training received in SEL/ECPBS and HighScope. Research studies point towards the efficacy of sustained teacher support after training through coaching sessions to deepen learning and ensure proper application of newly acquired skills.

d. Describe any impediments or challenges in serving these proposed service (#4) consumers. (600 character limit)

Skills and readiness of coaches will be crucial to the success of coaching in these programs. Partnership with ECPBS eliminates this challenge for the SEL/ECPBS component of the project. The in house coaches will need to be selected carefully to mitigate these challenges.

Service #4 - Service Fee

a. Will proposed service (#4) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

Due to the low pay/wages of participants, chances would be slim that they could afford the services offered.

b. Is this proposed service (#4) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third party payor. (600 character limit)

Educational services are rarely billable to a third party with the exception of services to children with disabilities. These are not clinical settings.

c. What fee payment options will be provided for proposed service (#4) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#4) (600 character limit)

NA

d. Does your organization have a purchase of service agreement with any other funder for this service? (#4)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and the unit rate. (#4) (300 character limit)

Service #5 - Name and Definition

Name of Service #5 (150 character limit)

Assessment and Evaluation of Intervention Impact

Definition of Service #5 (300 character limit)

Reliable and valid assessment of teachers and students both before and after our credentialing and curriculum interventions to determine impact and to compare effectiveness. This will be conducted on all teacher participants—120

Service #5 - Narrative

a. Provide a very detailed description of the proposed service (#5). This should include how this service would be delivered, what consumers are affected, how the organization is collaborating with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Participating teachers will be assessed to determine the impact of the training. Further, a 33.3% random sample of students in their classes will receive individual assessment using the DECA to determine if their emotional well being has improved. This will allow us to determine whether the credentialing assistance and curriculum training have had an impact and to compare the size of the impact of the two interventions. The testing experts at MU will be contracted to provide independent assessments.

In the first year of the grant, participating teachers who lack a CDA will be randomly assigned either to a cohort that receives CDA training and onsite coaching or to a cohort that receives this assistance in the second year. The results of both cohorts will be compared. A comparison of results with the cohort receiving curriculum training will be done as well, but that comparison will lack the power of randomization.

To assess teachers, the Classroom Assessment Scoring System™ (CLASS™) will be used. A key factor in early childhood development is the quality of interactions between children and caregivers, including teachers, and their students. (Mashbum, 2008.) The CLASS will be used because it is a reliable, valid instrument for assessing these teacher student interactions (LaParo, 2004).

The CLASS assesses emotional support, classroom organization, and instructional support. Students in classrooms with higher CLASS ratings realize greater gains in social skill development and achievement. For example, higher ratings are associated with greater student social competence (Curby, 2009) and self control (RimmKaufman, 2009) in kindergarten. Higher CLASS scores are associated with prereading and math scores as well (Pianta, 2008). In addition to assessing classroom quality, the CLASS™ also provides a tool to help new and experienced teachers become more effective.

To measure the impact of teachers receiving our assistance, the Devereaux Early Childhood Assessment (DECA), a norm referenced behavior rating scale will be used. The DECA measures three key protective factors related to resilience and child wellbeing: initiative, self regulation and attachments) (Fleming, 2014). In a 2016 review of the tools available to assess the social emotional development of young children, only 2 of 75 assessments covered the key sub domains of social emotional development. (Halle, 2016) The DECA was one of them. As a result, it was one of six selected as "strong" instruments based on factors such as its validity and reliability. (Halle, 2016). The DECA not only provides a snapshot in time of a child's well being, but can also be used to monitor the progress of individual children and to assess change over time for program evaluation purposes (Fleming, 2014). We will use the assessments as pre/post assessment to determine impact. ECPBS uses their own set of assessments that inform their work so we can utilize their measures for comparisons.

b. Are other organizations in Boone County currently providing the proposed service (#5)?

No (if no, move on to c.)

If Yes - provide the name of the organization/business providing this service (#5). Also include how your organization will partner with this organization. (1500 character limit)

c. Provide details on the location, days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.) and any other logistical information for the proposed service (#5). (600 character limit)

Assessments will take place at the participating home and center based childcares at a time in the fall and spring mutually convenient to the teachers and the evaluators.

d. Describe the eligibility criteria (e.g. income, age, etc.) to be utilized for determining eligibility for the proposed service (#5). (600 character limit)

We will only assess classrooms that are participating in our program (including the first year control group).

e. Describe any external requirements of the proposed service (#5) such as licensing, minimum standards, etc. (600 character limit)

Evaluators must be certified for the assessment that they are using.

f. Is the proposed service (#5) currently accredited by one or more recognized accrediting body?

No (if no, move on to g.)

If Yes - Provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process. (#5) (600 character limit)

g. Are there best practices for the proposed service (#5)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed service (#5). (600 character limit)

Evaluators must be certified for the assessment that they are using.

h. Is there evidence to support the efficacy of the proposed service (#5)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit) (#5)

There is evidence to support the validity and reliability of the two assessments that we will use, as discussed in the Narrative. The most recent evidence comes from a 2016 literature review. The findings from these assessments will reveal whether the interventions that we propose have the same impact here as they have had elsewhere.

If No - Provide rationale for utilizing the proposed service (#5). (1500 character limit)

i. Describe any unique or innovative aspects of the proposed service (#5) that will enhance access the quality and effectiveness of the proposed service (#5). (1500 character limit)

The use of a randomly selected comparison group to assess one of our interventions is relatively uncommon in Boone County, as is our plan to compare the impact of two different interventions.

j. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed service (#5). (1500 character limit)

ECPBS will be a collaborator who will deliver and assess of social emotional learning and will be cross training our coaches to insure alignment. In addition, our contracting with an independent—neutral—evaluator (MU) will make sure the assessments are accurate.

If MOUs or contracts/agreements related to the proposed service (#5) are in place, please upload these documents (1) PDF Format (#5):

If MOUs or contracts/agreements related to the proposed service (#5) are in place, please upload these documents (2) PDF Format (#5):

If MOUs or contracts/agreements related to the proposed service (#5) are in place, please upload these documents (3) PDF Format (#5):

k. How will feedback from consumers be collected and utilized? (#5) (1500 character limit)

After our participating early childhood teachers and high school students finish the college classes and professional training sessions that made available through this grant, they will be given student satisfaction surveys. In addition a post survey of teacher satisfaction will be utilized.

Service #5 - Consumers

a. How many consumers (unduplicated individuals) will be served by the proposed service (#5)?

2000

b. Describe the consumers which will be served by proposed service (#5) including characteristics and demographics. (1500 character limit)

In "a", the number of students who will be taught by the teachers whom we train in the first few years is stated. However, the actual "consumers" of our assessments (service #4) are the CSB, on behalf of the taxpayers of Boone County, and the early childhood teachers of Boone County, whose future actions will surely be informed by our findings, especially as quality rating becomes more common.

c. Why will these consumers be served in proposed service (#5)? (1500 character limit)

The taxpayers and the early childhood teachers in Boone County will be served by having better information about the value of investing in the interventions that we will provide. The information will also be valuable to other funders, such as the HMUW and the City.

d. Describe any impediments or challenges in serving these proposed service (#5) consumers. (600 character limit)

Please see our response for services 1 to 3.

Service #5 - Service Fee

a. Will proposed service (#5) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

Please see our response for services 1 to 3.

b. Is this proposed service (#5) billable to a third party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third party payor. (600 character limit)

There are no 3rd party payors for this service.

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

NA

d. Does your organization have a purchase of service agreement with any other funder for this service? (#5)

No (if no, move to next service if applicable)

If Yes - Provide the name of the funder and the unit rate. (#5) (300 character limit)

Service #6 - Name and Definition

Service #6 - Narrative

Service #6 - Consumers

Service #6 - Service Fee

Service #7 - Name and Definition

Service #7 - Narrative

Service #7 - Consumers

Service #7 - Service Fee

Service #8 - Name and Definition

Service #8 - Narrative

Service #8 - Consumers

Service #8 - Service Fee

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)

- Barnett, S (1995). Long term outcomes of early childhood programs. *The Future of Children*, 5(3). Retrieved from: https://www.princeton.edu/futureofchildren/publications/docs/05_
- Barnett, W.S. (2003). *Better Teachers, Better Preschools: Student Achievement Linked to Teacher Qualifications*, *Preschool Policy Matters*, 2. New Brunswick, NJ: NIEER. Retrieved from: <http://nieer.org/resources/policybriefs/2.pdf>
- Bueno, M., DarlingHammond, J., and Gonzales, D. (2010). A matter of degrees: preparing teachers for the prek classroom. *Education Reform Series*. The Pew Research Center on the States. Retrieved from: http://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/prek_education/pkneducationreformseriesfinal.pdf
- Curby, T. et al., (2009). The relations of observed prek Classrooms quality profiles to children's academic achievement and social competence,. *Early Education and Development*, 20,346372.
- Fleming, J. and LeBuffe, P. (2014). *Measuring outcomes with the DECA* . retrieved from: <http://www.centerforresilientchildren.org/wpcontent/uploads/2012/10/MeasuringDECAOutcomesGuide12.11.14FINAL.pdf>
- Fuller, B., Kagan, S., Caspary, G. (2002). *Welfare reform and child care options for low income families*. *Children and Welfare Reform*, 12(1) retrieved from: <http://www.futureofchildren.org/publications/journals/article/index.xml?journalid=43&articleid=179&s>

Project Information - Early Childhood Prevention Programs RFP

Children's Services Fund - ECPP RFP #48-15DEC16...

Quick View Information

Grant	Children's Services Fund - ECPP RFP #48-15DEC16 (BCCSB Review ends 01/31/2017 12:00 AM CST)
Organization Name (will aut...	Moherly Area Community College
Fund Source	Children's Services Fund - Early Childhood Prevention Programs RFP
Funder	Boone County
Funding Cycle	RFP #48-15DEC16
Name of Program or Project	BCCSF Quality Childcare Grant
Amount of Request	\$1,531,543.00
Record Lock	

Project Budget Instructions

Complete the Project Budget section below reflecting funds to be utilized over a three-year time period and only the funds from other funders that will be utilized to support the proposed project. This should **NOT** be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field **MUST** be completed. Provide information on how other funders will help support the proposed project.

The Boone County - Children's Services Funding (CSF) *Proposed* box should only include the total amount of funds you are requesting for the proposed project.

Three-Year Project Budget

PROJECT REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
	//	
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0
	//	
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
	//	
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
	//	
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0

Narrative

//

2. GOVERNMENT CONTRACTS/SUPPORT:

*A. Boone County - Children's Services Funding (300 character limit)	*2A	2A %
Teacher preparation in CDA and training in approved ECE curriculum	\$1,531,543.00	100
	//	
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
	//	
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
	//	
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
	//	
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
	//	
F. City of Columbia - CDGB/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
	//	
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
	//	
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
	//	
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
	//	
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Narrative	\$0.00	0
	//	
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Narrative	\$0.00	0
	//	
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
	//	
3. Program Service Fees (300 character limit)	3.	3 %
Narrative	\$0.00	0
	//	

4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
//		
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0
//		

TOTAL PROJECT REVENUE	TOTAL REVENUE
	1531543

PROJECT EXPENSES

1. Personnel	*1.	1. %
	\$555,000.00	36

Personnel Narrative (300 character limit)

Three full time personnel (Director, two coaches)
one part time researcher

2. Non-Personnel	*2.	2. %
	\$976,543.00	64

Non-Personnel Narrative (300 character limit)

service 1-5

TOTAL PROJECT EXPENSES	TOTAL EXPENSES
	1531543

Yearly Amount Request from Children's Services Fund

*Year 1 Total Request	*Year 2 Total Request	Year 3 Total Request
\$500,390.00	\$489,540.00	\$541,613.00
Total Amount Request from CSF		
1531543		

Consumer Demographics Instructions

Complete the Residence, Race/Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed project service(s) over the three-year time period. **The totals for all sub-sections should be identical.**

If providing training for consumers, please complete the Training subsection. No individual's demographic information will be required. We will only need totals.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

*Boone County (includes City of Columbia residents) *City of Columbia Other Counties

180 90 0

Residence Total

180

Record Lock

Race/Ethnicity

NON-HISPANIC

White (alone)

146

Black or African American (alone)

20

Native American Indian or Alaskan Native

0

Asian (alone)

8

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

4

Some Other Race

0

Subtotal - Non-Hispanic

178

HISPANIC

Of all races

2

Race/Ethnicity Total

180

Gender

Female

160

Male

20

Other Gender

0

Gender Total

180

Income

At or below 200% of Federal Poverty Level

54

Over 200% of Federal Poverty Level

126

Income Total

180

Age

Infant/Toddler (birth – 2 years)

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

0

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

60

Parent/Guardian (age 20 and over)

120

Age Total

180

Individuals Trained

Individuals to be Trained

180

Performance Measures Instructions

The purpose of this section is to provide information and performance measurement data for each proposed service. In the fields provided, indicate each proposed service along with the corresponding number of units of service to be provided, the unit of service measure, and the number of unduplicated individuals to be served. For each proposed service, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Reminder that this should cover a two-year time period.

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

Information provided in the Program Performance Measures Section should correlate to the information provided in the Project Narrative.

*Indicates Required Field.

Service #1 - Name

***Service #1 Name (150 character limit)**

CDA(Child Development Associate) Preparation for current ECE teachers in Boone County. This will be available for 100 teachers

Service #1 - Amount Requested

***What is the total amount requested for proposed service #1?**

\$280,369.00

Service #1 - Output

*Units (#1)	*Unit Measure (#1) (500 character limit)	*Unit Rate (#1)	*Unduplicated Individuals (#1)
100	Per teacher enrolled in CDA preparation courses which entails 9 credits of coursework, application fees for CDA and books	\$2,803.69	100

Service #1 - Output Narrative

***Is the proposed Unit Rate (#1) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)**

The unit rate is based on costs for each teacher taking the CDA preparation to cover stipend for time off work (which is pegged at the same rate as TEACH MO), books, materials, assessment fees and other training costs. TEACH MO will cover the actual tuition fee costs through their scholarship program.

The CDA is an entry level certification in early childhood. The credential requires a minimum of 120 hours of training in early childhood coursework. This entails 9 credits of coursework from MACC which meets the requirements of 8 subject areas as outlined by the Council for Professional Recognition, the organization that regulates and issues CDA certifications. After completion of this coursework, ECE teachers will

Service #1 - Outcome(s)

*Outcome (#1-1)	*Indicator (#1-1)	*Method of Measurement (#1-1)
increased qualifications of teachers in ECE	95% completion of the CDA coursework and 90% attainment of CDA credential	awarding of the credential at the end of coursework
Additional Outcome (#1-2)	Additional Indicator (#1-2)	Additional Method (#1-2)
increases effective interactions of teachers in the instructional domain	upward trend in CLASS (classroom Assessment Scoring System) scores; an increase of one point in instructional support domain	CLASS score obtained through pre-test and post-test
Additional Outcome (#1-3)	Additional Indicator (#1-3)	Additional Method (#1-3)
Text	Text	Text
Additional Outcome (#1-4)	Additional Indicator (#1-4)	Additional Method (#1-4)
Text	Text	Text
Additional Outcome (#1-5)	Additional Indicator (#1-5)	Additional Method (#1-5)
Text	Text	Text

Service #1 - Outcome(s) Narrative

***a. Describe how each outcome is attributable to the Project Goal, as stated in the Project Narrative section (#1) (600 character limit)**

Increasing qualifications of teachers is one of the three goals of this project. The attainment of CDA meets this goal as based on the informal phone survey, less than half of teachers in 52 centers have the academic preparation and training in ECE. Providing this training to 40 child care centers (and 80 teachers) positively impacts the quality of centers, especially those serving low income communities.

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

Participation and full commitment to completion of the coursework and attainment of the credential are critical to increasing qualifications of current ECE teachers. However, there may be factors that could affect teachers' full commitment, one of which is the amount of time and work entailed in taking college courses.

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

The natural culmination is the attainment of the CDA and the best way to measure meeting it is to measure the number/percentage of participants who receive the credential. A 5% drop out rate is typical in ECE courses for students in a TEACH MO grant. 90% attainment of the CDA attached to a TEACH grant has been the average for MACC as well.

For CLASS, an increase in scores, however incremental (a point or so) indicates growth in teacher effectiveness in the classroom. A consistent increase of scores after a baseline (pre-test) score has been established can illustrate this pattern of growth.

***d. Provide a rationale for each method of measurement (#1) (600 character limit)**

The CLASS is an evidence-based measure of effective teacher interactions. Interactions are scored from a scale of 1-7, with 1 being the lowest and 7 the highest. It has been found to be a reliable and valid measure of teacher interactions. It is also widely used in Headstart and ECE classrooms around the country.

Service #2 - Name

Service #2 Name (150 character limit)

CDA Preparation for Junior and Senior High School students in Boone County through the Columbia Area Career Center (CACC).

Service #2 - Amount Requested

What is the total amount requested for proposed service #2?

\$166,565.00

Service #2 - Output

Units (#2)	Unit Measure (#2) (500 character limit)	Unit Rate (#2)	Unduplicated Individuals (#2)
60	Per student enrolled in 9 credits of coursework	\$2,776.08	60

Service #2 - Output Narrative

Is the proposed Unit Rate (#2) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)

No. This is computed through the per unit rate of MACC courses, textbooks, materials. This also includes the start up costs associated with setting up the classes in CACC and assessment fees for the CDA credential. This is the total cost of each high school student pursuing the CDA credential.

Service #2 - Outcome(s)

Outcome (#2-1)	Indicator (#2-1)	Method of Measurement (#2-1)
increasing knowledge and skills to work in ECE	95% completion of courses required for CDA; 80% attainment of the CDA credential	awarding of credential after application; course completion rate
Additional Outcome (#2-2) increasing number of skilled/trained entry level workers entering the ECE workforce	Additional Indicator (#2-2) 50% employment in ECE centers after graduation and completion of CDA	Additional Method (#2-2) employment statistics through the Data and Student Success office (DSS) of MACC
Additional Outcome (#2-3) increasing the number of students in ECE career and education pathway after high school	Additional Indicator (#2-3) 50% enrollment in AAS after CDA; 90% of these AAS in ECE using TEACH MO funds	Additional Method (#2-3) enrollment statistics at MACC; TEACH MO statistics; 180 day follow up through MACC DSS
Additional Outcome (#2-4) Text	Additional Indicator (#2-4) Text	Additional Method (#2-4) Text
Additional Outcome (#2-5) Text	Additional Indicator (#2-5) Text	Additional Method (#2-5) Text

Service #2 - Outcome(s) Narrative

a. Describe how each outcome is attributable to the Project Goal, as stated in the Project Narrative section (#2) (600 character limit)

The second goal of the project is to create a stable and reliable workforce for early childhood centers in Boone County. Completion of a CDA increases the chance that the workforce will be trained prior to finding employment in early childhood. Statistics on employment in ECE also fulfills the goal of creating a steady and reliable workforce. The number of students pursuing a degree (AA or BA) through TEACH MO funds will not only be a good indicator of creating a career pathway but it could also point towards a stability of employment as the grant requires residency.

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

Students may move out of state after graduation from high school, making these outcomes difficult to measure. In addition, teenagers may change their mind about

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

95% completion rate is average for MACC dual credit courses. Although CDA preparation is on articulated credit, the same statistics may apply. 90% CDA attainment is the MACC average but a wider for non-completion is considered for high school students who are not yet employed in ECE. 50% rate of enrollment into college after dual credit is the MACC average for the past 5 years.

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

Completion rates are typical forms of measurement for college/career and technical courses. MACC and other community colleges use the 180 day follow-up to gather data on students after completion of a degree or certificate to comply with reporting standards of DESE. Enrollment in college through the use of TEACH MO grant funds serves a good measure of stability in ECE employment for at least 2 years while the students completes the degree and fulfills the "payback"/residency commitment stipulated in the grant.

Service #3 - Name

Service #3 Name (150 character limit)

Training for current ECE teachers with CDA (or higher) in a state approved curriculum, specifically, HighScope

Service #3 - Amount Requested

What is the total amount requested for proposed service #3?

\$281,458.00

Service #3 - Output

Units (#3)	Unit Measure (#3) (500 character limit)	Unit Rate (#3)	Unduplicated Individuals (#3)
80	per teacher cost of training in the HighScope curriculum	\$3,518.23	80

Service #3 - Output Narrative

Is the proposed Unit Rate (#3) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)

No. This rate includes the cost of training the trainers, stipend for teacher participants, meals, books and materials for the intensive 4 week training on the curriculum.

Service #3 - Outcome(s)

Outcome (#3-1)	Indicator (#3-1)	Method of Measurement (#3-1)
increase knowledge and implementation of curriculum	90% training completion for participants 90% rate of curriculum adoption in teachers' classrooms	class performance and participation of trainees; implementation statistics
Additional Outcome (#3-2)	Additional Indicator (#3-2)	Additional Method (#3-2)
Increase in effective teacher interactions in the classroom, especially in the instructional domain	upward trend in CLASS scores, particularly in the instructional domain, one point increase in instructional support scores	CLASS observation scores through pre-test and post-test

Additional Outcome (#3-3) Text	Additional Indicator (#3-3) Text	Additional Method (#3-3) Text
Additional Outcome (#3-4) Text	Additional Indicator (#3-4) Text	Additional Method (#3-4) Text
Additional Outcome (#3-5) Text	Additional Indicator (#3-5) Text	Additional Method (#3-5) Text

Service #3 - Outcome(s) Narrative

- a. Describe how each outcome is attributable to the Project Goal, as stated in the Project Narrative section (#3) (600 character limit)**
 Training current ECE teachers in a state approved curriculum is one of the three goals of this project. Completion of training is a measure of success on one level but the use/adoptions of the curriculum in participating teachers' classrooms is also a good indicator of the use of this curriculum in these trained teachers' classrooms.
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3) (600 character limit)**
 Cooperation of the participating centers is a key factor that could determine the adoption of HighScope in the classrooms. A possible obstacle to adoption and implementation of the curriculum is the actual completion of the training if participating teachers drop out due to factors such as time commitment.
- c. Provide a rationale for the measurement level(s) for each indicator (#3) (600 character limit)**
 90% completion is realistic as the drop out rate for ECE courses for students who are grant recipients is 5%. Upward trends in CLASS scores is an indicator of improvement in any of the dimensions and domains of the measure. A one point increase results in significant improvements in effective teacher interactions in the classroom, increasing the likelihood of positive outcomes for students Pianta, 2008)
- d. Provide a rationale for each method of measurement (#3) (600 character limit)**
 As previously mentioned, the CLASS is an evidenced based assessment designed to measure effective teacher interactions. Classroom performance and participation of students/trainees is also a typical measure of success in any training program.

Service #4 - Name

Service #4 Name (150 character limit)
 Coaching HighScope/SEL curriculum in participating teachers' classrooms

Service #4 - Amount Requested

What is the total amount requested for proposed service #4?
\$637,359.00

Service #4 - Output

Units (#4)	Unit Measure (#4) (500 character limit)	Unit Rate (#4)	Unduplicated Individuals (#4)
60000	cost per 15 minutes in coaching of HighScope/SEL implementation	\$11.00	120

Service #4 - Output Narrative

Is the proposed Unit Rate (#4) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)

Yes. Unit rate was specified to be 15 minutes for this coaching service by Boone County Family Services

Service #4 - Outcome(s)

Outcome (#4-1)	Indicator (#4-1)	Method of Measurement (#4-1)
increase in teachers' skills in supporting social emotional needs of students	upward trend in CLASS scores, particularly in emotional climate, teacher sensitivity and regard for student perspectives	CLASS observation scores in pre-test and post-test
Additional Outcome (#4-2)	Additional Indicator (#4-2)	Additional Method (#4-2)
Increase in student social and emotional adaptive skills	upward trend in scores and reports of teachers	DECA pre-test and post-test
Additional Outcome (#4-3)	Additional Indicator (#4-3)	Additional Method (#4-3)
Increase in teacher effectiveness in areas closely tied with fidelity of HighScope implementation such as language modeling and feedback strategies	upward trend in scores in language modeling and feedback strategies	CLASS pre-test and post test scores
Additional Outcome (#4-4)	Additional Indicator (#4-4)	Additional Method (#4-4)
Text	Text	Text
Additional Outcome (#4-5)	Additional Indicator (#4-5)	Additional Method (#4-5)
Text	Text	Text

Service #4 - Outcome(s) Narrative

a. Describe how each outcome is attributable to the Project Goal, as stated in the Program Overview section (#4) (600 character limit)

The project's 3 main goals are steps towards preparing Boone County's children to be ready for Kindergarten. The proper use and implementation of a curriculum is instrumental in providing a developmentally appropriate learning environment for the optimal academic growth and development of young children. Equally important is the support and development of social and emotional skills in the classroom and

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

Coach- teacher relationships can affect the outcomes, especially if they are negative and could lead to unproductive sessions. Barriers to fidelity of implementation such as a lack of "buy-in" or total support of the HighScope and PBS philosophy from teachers could also be a deterrent to success. Lastly, it would be difficult to sustain the curriculum and SEL strategies if only one classroom in the entire center is using it. Support and openness of the administration and faculty are important in proper implementation of the curriculum and coaching may not be helpful without

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

Upward trends in scores are positive indicators of increased teacher effectiveness and growth in student social-emotional skills.

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

DECA is an evidence based tool to measure program effectiveness and student growth in social emotional skills. It is also widely available and relatively easier to administer. CLASS as mentioned previously is a widely used tool in education settings to measure teacher effectiveness.

Service #5 - Name

Service #5 Name (150 character limit)

Observations and assessments before and after each training program to measure impact on teacher effectiveness in the classroom. 100 CDA; 20 w/degrees

Service #5 - Amount Requested

What is the total amount requested for proposed service #5?

\$165,792.00

Service #5 - Output

Units (#5)	Unit Measure (#5) (500 character limit)	Unit Rate (#5)	Unduplicated Individuals (#5)
120	per teacher cost of pre and post training evaluations	\$1,381.60	120

Service #5 - Output Narrative

Is the proposed Unit Rate (#5) tied to an established public funding rate? If yes, identify and describe. If no, provide justification for the unit rate. (1500 character limit)

No. The proposed unit rate is based on the cost of evaluating each teacher at the beginning and end of each phase of the project using the CLASS observation tool for each participant. It also includes the cost of the evaluation sheets for the DECA and the time of the lead investigator.

Service #5 - Outcome(s)

Outcome (#5-1)	Indicator (#5-1)	Method of Measurement (#5-1)
Timely observation and consistent assessment of teachers before and after each phase of the project	conducting the assessments within the testing window, 90% of the time	Frequency counts of evaluations conducted before and after each phase of the project, then converted to % timeliness
Additional Outcome (#5-2) Text	Additional Indicator (#5-2) Text	Additional Method (#5-2) Text
Additional Outcome (#5-3) Text	Additional Indicator (#5-3) Text	Additional Method (#5-3) Text
Additional Outcome (#5-4) Text	Additional Indicator (#5-4) Text	Additional Method (#5-4) Text
Additional Outcome (#5-5) Text	Additional Indicator (#5-5) Text	Additional Method (#5-5) Text

Service #5 - Outcome(s) Narrative

a. Describe how each outcome is attributable to the Project Goal, as stated in the Program Overview section (#5) (600 character limit)

The project's goals are geared towards increasing the quality of ECE programs in Boone County through teacher training, an adoption of a state curriculum and the availability of a reliable and steady workforce. The outcomes related to increasing teacher qualifications and effectiveness need to be measured using reliable and valid instruments. The timely administration of these assessment tools is important in gathering data prior to and after the interventions/training programs to measure their possible effects.

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

Factors that could affect timely administration of assessments would be the availability of observers and evaluator. CLASS can only be administered by trained and certified evaluators. There are a few trained evaluators in Columbia but the scheduled has to be done well in order to complete all observations before each phase begins. This could potentially delay the start of training programs if pre-tests are not completed on

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

90% timeliness is attainable and is higher than the average outlier rate(which is about 5%). Going lower than 90% timeliness can negatively impact data gathering efforts.

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

Frequency count/tallying is the easiest way to keep track of the assessments administered. These then will be converted to averages and percentage timeliness.

Service #6 - Name

Service #6 - Amount Requested

Service #6 - Output

Service #6 - Output Narrative

Service #6 - Outcome(s)

Service #6 - Outcome(s) Narrative

Service #7 - Name

Service #7 - Amount Requested

Service #7 - Output

Service #7 - Output Narrative

Service #7 - Outcome(s)



BOONE COUNTY, MISSOURI

Request for Proposal #: 48-15DEC16 – Early Childhood Prevention Programs

ADDENDUM #2 - Issued December 8, 2016

This addendum is issued in accordance with 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.

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 County has received the following questions and is providing a response below:

Question 1: Because we have been so highly encouraged to write this proposal collaboratively, each organization is taking care of an initiative that works with their focus and works towards the group as a whole. Can you please clarify from a salary and administrative cost perspective if each organization can factor those items into their proposal, or if only the group submitting the RFP for the whole has that ability? We obviously don't want this money to get eaten up with administrative costs but I would imagine that each organization has a point person on the project who will need to have salary time/percentages covered, and that each group will have finance or book keepers helping keep things organized etc.

Response: Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Please note that organizations may submit separate proposals for a collaborative effort. We expect your project to be a collaborative effort; we do not expect that all organizations contributing to the project submit through a single proposal. The collaborative effort can be demonstrated in the narrative of the application and by developing MOU's.

Question 2: How are groups going to be paid through this RFP if funded? Will the group that wrote the proposal as a whole be the one who is funded by Children's Service Board once each agency has reported the services from the previous month? And then the primary agency will disperse funds amongst all the others? Or will the CSBBC be the one distributing the funding to each participating party? When it comes to a PR campaign, it matters how the marketing firm will be paid, and by whom and in what frequency etc.

Response: The organization that enters into the contract will be responsible for invoicing and will receive the funds. Please note that organizations may submit separate proposals for a collaborative effort. We expect your project to be a collaborative effort; we do not expect that all organizations contributing to the project submit through a single proposal. The collaborative effort can be demonstrated in the narrative of the application and by developing MOU's.

Question 3: In reading the RFP, section 4.3.4 states, "The mandatory requirements of the Request for Proposal shall not be negotiable...." Would you clarify which terms are mandatory requirements? Will there be an opportunity to negotiate any terms the Offeror takes exception to if awarded?

Response: The words **must and shall** are mandatory and mean that the performance of a certain act is a mandatory condition and that there is no choice but to perform the action exactly as described. However, paragraph 4.3.5. does read "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.**"


Question 4: MACC is a non-profit but the articles of incorporation are through the MACC Foundation which has nothing to do with the day to day operations of the college. We are applying for the grant through the college. Will that be a disqualifying factor?

Response: We would need additional information on the MACC Foundation before answering this question.

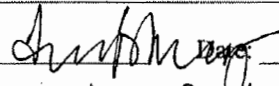
In addition, the background checks are done only for certain departments of the college, those that come directly in contact with children or those that are required for the profession (such as Early Childhood, Nursing, and Law Enforcement) but not for all employees of the college. Will that be a disqualifying factor as well?

Response: This is not a disqualifying factor.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

BIDDER has examined **Addendum #2** to Request for Proposal # **48-15DEC16 - Early Childhood Prevention Programs** receipt of which is hereby acknowledged:

Company Name: Moberly Area Community College (MACC)
Address: 101 College Avenue Moberly MO 65270
Phone Number: 660 263 4100 Fax Number: _____
E-mail: tracyh@maec.edu
Authorized Representative Signature:  12/13/16
Authorized Representative Printed Name: Tracy B. Huang



BOONE COUNTY, MISSOURI

Request for Proposal #: 48-15DEC16 – Early Childhood Prevention Programs

ADDENDUM #1 - Issued November 9, 2016

This addendum is issued in accordance with 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.

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. ADD: Question Due Date: 5:00 p.m., December 7, 2016
- II. CHANGE: 3.6 to a “three-year” period
- III. The attached Pre-Proposal Sign-In Sheet is attached for informational purpose.
- IV. The County has received the following questions and is providing a response below:

Question 1: Is there a way to add supporting information such as charts and tables that would make it easier to understand the distribution of participants/recipients of the grant? Apricot does not accept tables but would there be an option to attach this document/file to our application?

Response: No charts or tables will be accepted.

Question 2: Can you clarify as to whom the services can be provided? Can the funds be used to deliver professional development for early learning teachers and caregivers that would support such programs listed in 3.3 and 3.4?

For example: We offer a collaborative library of online courses for early learning practitioners that align with NAEYC and Headstart standards that address best practices, interventions and teaching children with disabilities.

Response: Yes, professional development can be a reimbursed service.

Question 3: Section 3.7.2: Reference is made to consumer demographics. Our services are provided directly to practitioners for whom demographic data is not collected. Should that be stated or should we include the demographic information for the programs in which they currently serve?

Response: For any training/professional development the Consumer Demographics has a section that only requests the number of individuals trained. No other specific information is required.

Question 4: How do you define Universal Preventative Intervention?

Response: See attached sheet.

Question 5: How do you define Comprehensive Formative Assessment?

Response: Below are some helpful websites for the definition of Comprehensive Formative Assessment your review:

- <https://elc.grads360.org/#communities/comprehensive-assessment>
- <http://www.ed.gov/early-learning/elc-draft-summary/definitions>
- <http://www.ed.gov/early-learning/elc-draft-summary/definitions>
- https://www.masteryconnect.com/guide/pdf/guide-to-formative-assessment.pdf?utm_source=content&utm_medium=feature_guide&utm_campaign=formative

Question 6: Are you looking for any assessment at all?

Response: Yes, assessment would be considered if it is a coordinated effort with the Family Access Center of Excellence (FACE) of Boone County and other providers.

Question 7: Do you consider screening as primary prevention?

Response: Yes, keep in mind that any screening should be a coordinated county-wide effort.

Question 8: Do you consider family strengthening programs as preventative? Possible programs include Incredible Years, CSEFEL Parenting, Parenting Cafés

Response: Yes, however, we will not fund any duplicative effort. It also must be strongly supported with research and a plan to reach targeted consumers.

Question 8: If you get two significant applications and they dovetail, would that work? Or should they be one large proposal?

Response: Yes, they can be separate applications if they contemplate each other with prior discussions held and they have entered into a MOU.

Question 9: What if you attempt to work with some organization but they decline?

Response: Please include this information in your proposal response so we are made aware.

Question 10: Can we collaborate with groups/organizations that are not currently funded by the Children's Services Fund?

Response: Yes

Questions 11: How do we figure indirect/administrative costs into the unit service price?

Response: These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. These costs should not exceed 15% of salary expenses as stated in the BCCSB Funding Policy.

Question 12: What is the initial term of the contract?

Response: We will start as soon as possible, some time after the first of the year.

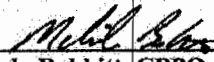
Questions 13: Do you accept letters of support?

Response: No

Question 14: How are programs paid/reimbursed?

Response: Payments are typically made once the service has been provided but we will sometimes allow for upfront costs. Decisions will be made during contract negotiations.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

BIDDER has examined Addendum #1 to Request for Proposal # 48-15DEC16 – Early Childhood Prevention Programs receipt of which is hereby acknowledged:

Company Name: Moberly Area Community College (MACC)

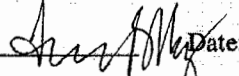
Address: 101 College Ave Moberly MO 65270

Phone Number: 660 263 4100

Fax Number: _____

E-mail: trayh@macc.edu

Authorized Representative Signature: _____



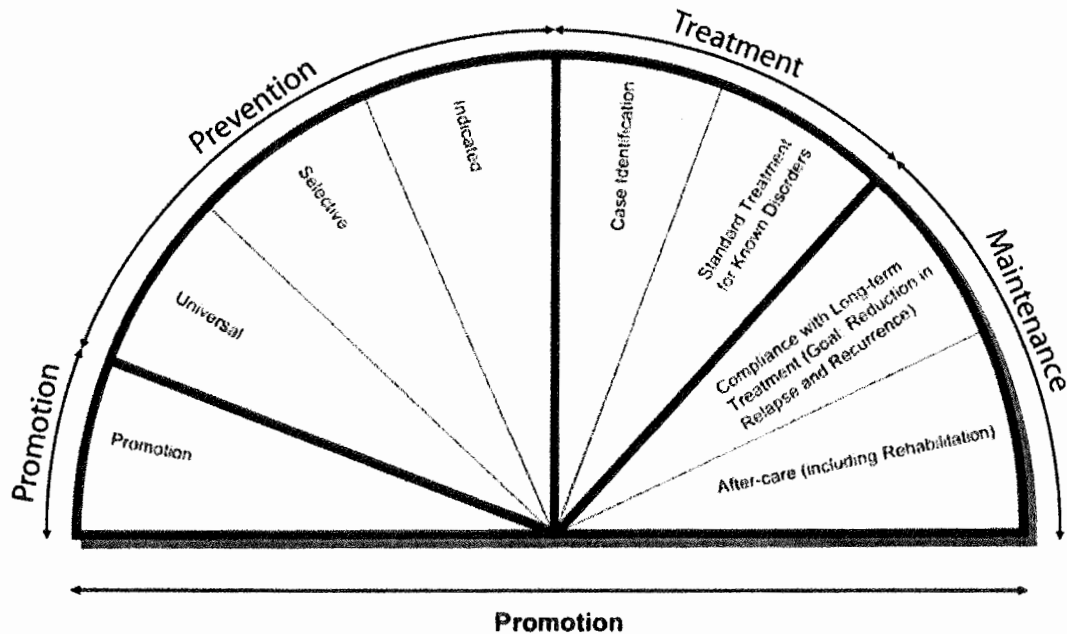
Date: _____

12/13/16

Authorized Representative Printed Name: _____

Tracy B. Huang

Mental Health Intervention Spectrum



Mental health promotion interventions: Usually targeted to the general public or a whole population. Interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity.

Example: Programs based in schools, community centers, or other community-based settings that promote emotional and social competence through activities emphasizing self-control and problem solving.

Universal preventive interventions: Targeted to the general public or a whole population that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group.

Example: School-based programs offered to all children to teach social and emotional skills or to avoid substance abuse.

Selective preventive interventions: Targeted to individuals or a population subgroup whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a mental, emotional, or behavioral disorder.

Example: Programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, or abuse, to reduce the risk of adverse mental, emotional, and behavioral outcomes.

Indicated preventive interventions: Targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorder, or biological markers indicating predisposition for such a disorder, but who do not meet diagnostic levels at the current time.

Example: Interventions for children with early problems or aggression or elevated symptoms of depression or anxiety.

National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Youth Adults. (2009). *Defining the Scope of Prevention*. Washington, DC: National Academies Press (US).

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

48-15DEC16 – Early Childhood Prevention Programs

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services	886-7218	
3.	Joanne Nelson	Children's Services	886-7219	
4.	Jo Fey	Moberly Area Community College	660-263-4100 ^{x11252}	←
5.	Christina Gilbert	First Chance for Children	319-330-8749	777-1816
6.				660-263-7563
7.	Zezhou Qi (Roger)	Department of Child Health & The Thompson Center, Missouri	(573) 484-9658	
8.	Wendy Ell	Univ. of Missouri - SOAR	884-1341	
9.	Catherine Miller	ParentLink	268-7789	
10.	Philip Peters	CZCA	573- 882-8274	
11.	Tracy Huang	MACC	660-263-4100 →	
12.	Melissa Stewart	MISSOURI	573-882-7383	
13.	Heather D'Amico	First Chance BBBS	573-874-3677 x.201	
14.	Kristan Annaway	BBBS	573-874-3677 x.219	
15.				
16.				
17.				
18.				
19.				
20.				
21.				

ATTACHMENT A

2016 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

Jeffrey C. Lashley
Printed Name - Agency Executive Director/President/CEO

12-13-16
Date

Jeffrey C. Lashley
Signature - Agency Executive Director/President/CEO

12-13-16
Date

JAMES M. COOKSEY
Printed Name - Agency Board Chair

12/13/16
Date

JM Cooksey
Signature - Agency Board Chair

12/13/16
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.

President

Name and Title of Authorized Representative

Jeffery C. Lathley

Signature

12-13-16

Date



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 48-15DEC16

Early Childhood Prevention Programs Boone County Children's Services Fund 2016 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	November 2, 2016
Initial Written Questions Due By	mbobbitt@boonecountymo.org	November 8, 2016 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	November 9, 2016 1:30 p.m. Central Time
Response Submission Deadline	Web-based funding management system	December 15, 2016 10:00 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	December 15, 2016 1:30 p.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 #: 48-15DEC16 – Early Childhood Prevention Programs

A pre-proposal conference has been scheduled for **Wednesday, November 9, 2016, at 1:30 p.m.** Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **10:00 a.m. Central Time on Thursday, December 15, 2016** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, December 15, 2016** 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 / 48-15DEC16

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: Wednesday, November 2, 2016

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 web-based funding management system application 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. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 48-15DEC16](http://www.showmeboone.com/Purchasing/Current%20Bids/48-15DEC16).
- 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, **Thursday, December 15, 2016 at 1:30 p.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 "2016 Bid Tabulations".
- c) Proposal responses are due by **Thursday, December 15, 2016 at 10:00 a.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) Attachment A - Agency Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) 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 **5:00 p.m., November 8, 2016**. 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@booncountymmo.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 **November 9, 2016 at 1:30 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 county-wide early childhood mental health promotion and universal prevention interventions.

3.2. Purpose Statement:

BCCSB desires to further invest in systemic efforts to prevent mental and behavioral health issues by promoting early childhood social and emotional health. The BCCSB seeks a coordinated, county-wide, systemic community effort to decrease adverse childhood experiences, increase child resilience, and increase the protective factors of those who care for children, with an emphasis on trauma informed practices.

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:

This RFP seeks proposals to promote the social and emotional health of children birth to kindergarten entry through mental health promotion and universal preventive interventions. Such interventions would include, but not be limited to Missouri state-approved early childhood curriculum, comprehensive formative assessment, research-based social and emotional development programs/strategies, and community awareness campaigns. Preventive programming and community awareness campaigns should be a county-wide, systemic collaborative effort with currently funded Children's Services programs and other early childhood organizations with the same or similar goals.

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 \$4,000,000 available over a two-year period. Applications for funding will be accepted for county-wide, systemic collaborative mental health promotion and universal preventive interventions. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations. Proposals that do not demonstrate a county-wide, systemic, and collaborative effort will not be considered for funding.

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

Offeror shall demonstrate in their proposal response how they propose to deliver and provide an early childhood mental health promotion, universal prevention program, or community awareness campaign as required in the online application, outlined as follows:

3.7.1. Project Narrative:

Project Goal, Project Purpose, Project Personnel, and Project Service(s) Narratives (information on each service(s) including but not limited to detailed description of the proposed service(s), consumers of this service, fees, and other narrative questions).

3.7.2. Project Information:

Project Budget (information and narrative on the revenue and expenses for this project including the personnel/non-personnel costs), Consumer Demographic (information on residence, race/ethnicity, gender, income, and age), and Performance Measures (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 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 \$1,000,000.00 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 \$1,000,000.00 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 \$1,000,000.00 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 \$1,000,000.00 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 County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals in response to this Request for Proposals must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Project Narrative, and Project Information. For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – RFP#48-15DEC16. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – Early Childhood Prevention Programs RFP. To complete the Program Narrative and Program Information, click on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 10:00 a.m. on December 15, 2016 via the web-based funding management system.
- 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.
- 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

2016 AGENCY ASSURANCE SHEET
(Please complete and return with Proposal Response)

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

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

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

Printed Name - Agency Executive Director/President/CEO

Date

Signature - Agency Executive Director/President/CEO

Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

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

Name and Title of Authorized Representative

Signature

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/11/2017

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 have **ADDITIONAL INSURED** provisions or 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 Arthur J. Gallagher Risk Management Services, Inc. 12444 Powerscourt Drive St. Louis MO 63131	CONTACT NAME: MUSIC Staff PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: musicprogram@ajg.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Missouri United School Insurance (M) INSURER B: Safety National Casualty Corporatio INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 307752192 **REVISION NUMBER:**

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


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MUSIC-2017-00	12/31/2016	12/31/2017	EACH OCCURRENCE \$2,800,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$SEE BELOW* MED EXP (Any one person) \$EXCLUDED PERSONAL & ADV INJURY \$2,800,000 GENERAL AGGREGATE \$UNLIMITED PRODUCTS - COMP/OP AGG \$2,800,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			MUSIC-2017-00	12/31/2016	12/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$2,800,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			AGC4056126	12/31/2016	12/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A B	Auto Physical Damage Excess Workers Comp			MUSIC-2017-00 AGC4056126	12/31/2016 12/31/2016	12/31/2017 12/31/2017	ACV Less 1,000 Ded ** See Below

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

** Safety National provides Excess WC to MUSIC above a Specific and Aggregate Retention **

*Fire Legal Liability Limit \$1,000,000

The County of Boone, Missouri is shown as an additional insured solely with respect to general liability coverage as evidenced herein as required by written contract with respect to #48-15DEC16 - Early Childhood Prevention Programs.

CERTIFICATE HOLDER County of Boone, Missouri C/O Purchasing Department 613 E. Ash Street Columbia, MO 65201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFIED COPY OF ORDER

STATE OF MISSOURI

May Session of the April Adjourned

Term. 20 17

County of Boone

} ea.

In the County Commission of said county, on the

2nd

day of

May

20

17

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

Now on this day the County Commission of the County of Boone does hereby appoint the following:

Name	Board	Period
Dr. Wiley Miller	Children's Services Board	May 1, 2017 through April 30, 2020

Done this 2nd day of May, 2017.

ATTEST:

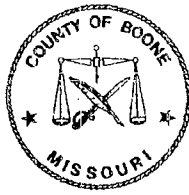
Wendy S. Noren
 Wendy S. Noren
 Clerk of the County Commission

Absent

Daniel K. Atwill
Presiding Commissioner

Fred J. Parry
 Fred J. Parry
 District I Commissioner

Janet M. Thompson
 Janet M. Thompson
 Acting Presiding Commissioner



Boone County Commission

BOONE COUNTY BOARD OR COMMISSION APPLICATION FORM

Board or Commission: Children's Services Board Term: 3 yrs.

Current Township: Columbia Today's Date: April 12, 2017

Name: Wiley Miller

Home Address: 1911 Dartmouth

City: Columbia Zip Code: 65203

Business Address: 515 Hickman Ave.

City: Columbia Zip Code: 65201

Home Phone: 573-445-5147 Work Phone: 573-864-8574

Fax: _____ E-mail: Millerwa.miller39@gmail.com

Qualifications: Psychologist. Licensed to practice in the state of Missouri

University of Missouri graduate: Ph.D. in Counseling Psychology

MU retiree: Served as Psychologist and Adjunct Asst. Prof.

Served as Interim Director, Counseling Center

Managed Biofeedback & Stress Management Clinic

Served on Psychology Intern Training Committee

Engaged in Private Practice of Psychology for more than 30 years

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

May Session of the April Adjourned

Term. 20 17

In the County Commission of said county, on the 2nd day of May 20 17

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

Now on this day the County Commission of the County of Boone does hereby authorize a closed meeting on Wednesday, May 3, 2017, at 3:00 p.m. The meeting will be held in the Conference Room 338 of the Roger B. Wilson Boone County Government Center at 801 E. Walnut, Columbia, Missouri, as authorized by RSMo 610.021(1), to discuss legal actions, causes of action or litigation involving a public governmental body and any confidential or privileged communications between a public governmental body or its representatives and its attorneys.

Done this 2nd day of May, 2017.

ATTEST:

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

Absent

Daniel K. Atwill
Presiding Commissioner

Fred J. Parry
Fred J. Parry
District I Commissioner

Janet M. Thompson
Janet M. Thompson
Acting Presiding Commissioner