

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

April Session of the April Adjourned

Term. 2019

County of Boone

} ea.

In the County Commission of said county, on the 2nd day of April 2019

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

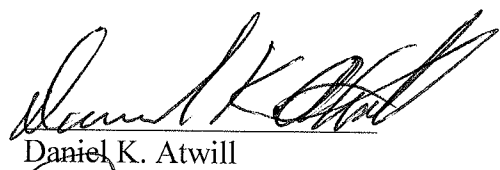
Now on this day, the County Commission of the County of Boone does hereby receive and accept the following subdivision plats and authorizes the Presiding Commissioner to sign them:

- Holland. S24-T51N-R13W. A-2. James and Katrina Holland, owners. Steven R. Proctor, surveyor.
- Wildlife Valley. S18-T50N-R13W. A-2. Zach and Jess Beringer, owners. Steven R. Proctor, surveyor.
- Forevergreen Estates Plat 4. S24-T48N-R14W. A-2. Joshua Hill, owner. James R. Jeffries, surveyor.

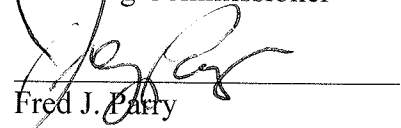
Done this 2nd day of April 2019.

ATTEST:

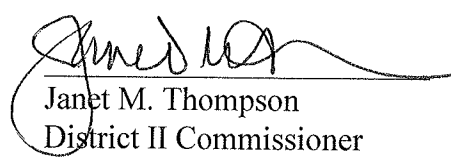
*Brianna L. Lennon*  
 Brianna L. Lennon  
 Clerk of the County Commission



Daniel K. Atwill  
 Presiding Commissioner



Fred J. Parry  
 District I Commissioner



Janet M. Thompson  
 District II Commissioner

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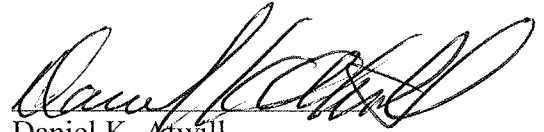
Now on this day, the County Commission of the County of Boone does hereby approve the attached Approval of Proposal for Consultant Services with Howe Company, LLC for engineering final design services, bidding services, and construction services for the replacement of bridge #BR3430024 on New Haven Road.

The terms of the agreement are stipulated in the attached Proposal for Consultant Services form. It is further ordered the Presiding Commissioner is hereby authorized to sign said Proposal for Consultant Services form.

Done this 2nd day of April 2019.

ATTEST:

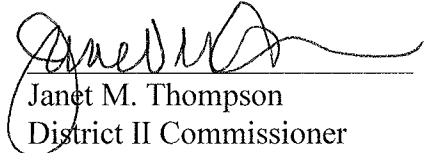
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Daniel K. Atwill  
Presiding Commissioner



Fred J. Parry  
District I Commissioner

  
Janet M. Thompson  
District II Commissioner

**APPROVAL OF PROPOSAL FOR CONSULTANT SERVICES**

Effective the 2<sup>nd</sup> day of April, 2019, Boone County, Missouri, a political subdivision of the State of Missouri through its County Commission (herein "Owner") hereby approves and authorizes professional services by the Consultant referred to below for the services specified herein.

**Consultant Name:** Howe Company, LLC; 804 E Patton St, Macon, MO 63552

**Project/Work Description:** Engineering for final design services, bidding services and construction services for replacement of bridge #BR3430024 on New Haven Road.

**Proposal Description:** Howe Company, LLC provide engineering final design services, bidding services and construction services for the replacement of bridge #BR3430024 on New Haven Road. Scope of services provided or not provided detailed in the attached proposal for service which is incorporated as part of this agreement.

**Modifications to Proposal:** Fees and expenses shall not exceed \$60,000.00 for the Final Design Services & Bidding Services combined and \$12,000.00 for the Construction Services without prior written approval of Owner.

This form agreement and any attachments to it shall be considered the approved proposal; signature by all parties below constitutes a contract for services in accordance with the above described proposal and any approved modifications to the proposal, both of which shall be in accordance with the terms and conditions of the General Consultant Services Agreement signed by the Consultant and Owner for the current calendar year on file with the Boone County Resource Management Department, which is hereby incorporated by reference. Performance of Consultant's services and compensation for services shall be in accordance with the approved proposal and any approved modifications to it and shall be subject to and consistent with the General Consultant Services Agreement for the current calendar year. In the event of any conflict between the proposal approved herein and the General Consultant Services Agreement, or the inclusion of additional terms in the Consultant's proposal not found in the General Consultant Services Agreement, the terms and conditions of the General Consultant Services Agreement shall control unless this Approval of Proposal indicates agreement with a specific term or terms of Consultant's proposal not found in the General Consultant Services Agreement.

**Howe Company, LLC**

By Shannon Howe  
Title Manager of Howe Co LLC

Dated: March 18, 2019

**BOONE COUNTY, MISSOURI**

By Maureen K. [Signature]  
Presiding Commissioner

Dated: 4-2-19

**APPROVED AS TO FORM:**

[Signature]  
County Attorney

**ATTEST:**

Brianna J. Lemon  
County Clerk

**APPROVED:**

[Signature]  
Resource Management Director

**Certification:**

I certify that this contract is within the purpose of the appropriation to which it is to be charged and there is an unencumbered balance of such appropriations sufficient to pay the costs arising from this contract.

June E. [Signature] 3/20/19 2041-71102  
Auditor by [Signature] Date

March 15, 2019

Jeff McCann, P.E.  
Chief Engineer  
Boone County Resource Management  
Columbia, MO

**RE:** Proposal for Design & Bidding, and Construction Phase Services for the removal and replacement of Bridge No. 3430024 on New Haven Road.

Dear Mr. McCann,

We propose to offer the services described in this letter based on the project description enclosed.

#### **Project Description**

The following project description was used to develop the scope of work and fee for the project.

- The existing bridge will be removed and replaced with a new single span (concrete or steel) girder bridge with a composite concrete deck. The new bridge shall, in general, follow the existing alignment with minor improvements. The hydraulic opening will be a rectangular and be skewed at about 50° right advance. The rail on the bridge shall be a Kansas corral style with modifications to allow the connection of steel approach rails. The road will be closed to through traffic. A detour route will be marked. All removal and construction activities will be performed by a contractor. No in-kind work will be performed by County forces. In general, design services will be provided by Howe Company, LLC and bidding & construction services will be provided by Boone County. BRO funding will not be used.
- The bridge will be designed for a clear width between the guard rails equal to 28-30 feet. This dimension will be finalized during the preliminary design process.
- Design Speed will not exceed 45 mph.
- The design truck loading will be the HS20-44 and 3S2. The bridge will be load rated for the HS20-44, H20, and 3S2.
- The utilities which are expected to require coordination efforts include water, telephone and power. Based on the absence of markers and visible valves in the immediate vicinity of the bridge, no gas mains are expected in the project area.

## SCOPE OF SERVICES

### ARTICLE I – SCOPE OF SERVICES

#### A. DESIGN PHASE – The Engineer will:

1. Conduct topographic, property and utility surveys sufficient to develop plans for the project;
2. Arrange and pay for soil borings and foundation recommendations;
3. Arrange and pay for a qualified inspector to perform an inspection of the structure for asbestos and lead in accordance with MoDNR requirements related to demolition.
4. Utilize previous hydraulic studies to develop preliminary design plans.
5. Provide PDF set of preliminary plans to Boone County staff. Howe Company, LLC will meet with Boone County staff to review preliminary design and discuss potential revision considerations.
6. Prepare for signature and mail (or email) to the respective agencies the applications for permits related to water quality. This includes coordinating with the Missouri Department of Natural Resources and the U.S. Army Corps of Engineers and the preparation of flood development permits or No-Rise certificates for County approval as required by the Federal Emergency Management Agency (FEMA);
7. Prepare and submit to MoDNR information pertaining to the bridge site and structure in an effort to obtain a Section 106 clearance from the Missouri Department of Natural Resources;
8. Contact utility companies which are identified by Missouri One Call or have marked facilities in the project and provide them with a set of plans for the project and request they respond with a plan for relocation or accommodation of construction activities. Support Boone County's discussions with utilities by providing plans, coordinates, and plan interpretations;
9. Secure adequate property title information, determine right-of-way requirements, prepare right-of-way plans, easements, and donation letters for use by Boone County in acquiring, by donation, the right-of-way needed for the project.
10. Prepare detailed construction plans, cost estimates, structural inventory & appraisal forms, specifications and related documents as necessary for the purpose of receiving soliciting bids for constructing the project;

**B. BIDDING PHASE –**

1. Answer questions from Boone County staff regarding interpretation of the plans or specifications.
2. Prepare addenda for the purpose of clarifying design details during the bidding phase.
3. Assist with the evaluation of bids as requested. Bid tabulation to be prepared by Boone County.

**C. CONSTRUCTION PHASE –**

1. If requested, participate in a preconstruction conference to discuss project details with the Contractor.
2. As requested by Boone County staff, make periodic site visits to observe the Contractor's progress and quality of work, and to determine if the work conforms to the contract documents. It is contemplated that survey staking and layout will be Accomplished by the Contractor.
3. As requested by Boone County staff, make periodic visits to the fabrication plant to observe the progress and quality of work of the pre-fabricated components, and to determine if the work conforms to the contract documents.
4. Review and comment on or take other appropriate action on the Contractor submittals, such as shop drawings, product data, samples and other data, which the Contractor is required to submit, but only for the limited purpose of checking for general conformance with the design concept and the information shown in the Construction Documents. This review shall not include review of the accuracy or completeness of details, such as quantities, dimensions, weights or gauges, fabrication processes, construction means or methods, coordination of the work with other trades or construction safety precautions, all of which are the sole responsibility of the Contractor. The Engineer's review shall be conducted with reasonable promptness while allowing sufficient time in the Engineer's judgement to permit adequate review. Review of a specific item shall not indicate that the Engineer has reviewed the entire assembly of which the item is a component. The Engineer shall not be responsible for any deviations from the Construction Documents not brought to the attention of the Engineer in writing by the Contractor. The Engineer shall not be required to review partial submissions or those for which submissions of correlated items have not been received;

### EXCLUDED SERVICES

The following services are not included in the scope of services and are specifically excluded from the Scope of Services. If these services are required, then a supplemental agreement is required to add the scope and additional fee:

1. Hydraulic studies for the purposes of recommending a bridge opening size, etc.
2. Evaluations, Studies, Site Visits, etc. for the purpose of evaluating the presence of endangered species or the presence of habitat to support endangered species, which may be required by the MoDOT, Mo Dept of Conservation U.S. Fish & Wildlife, or the FHWA.
3. Studies, delineations, evaluations, of potential wetlands in the project area as requested by permitting agencies.
4. The design, development, coordination of wetland mitigation plans, reports, etc.
5. Administration, coordination, preparation, appraisals, letter offers, condemnation activities, and any other tasks related to the acquisition of right of way by any means except donation.
6. Surveying, staking, re-design efforts, etc. to avoid conflict with at utility.
7. Preparation & coordination efforts required for utility agreements.
8. Testing of compaction & moisture for embankment, base, and pavement.
9. Preparation and submittal of documentation to support the use of In-kind work by County forces.
10. Mitigation of adverse effects to archeological Studies, Historical Reports as requested by permitting agencies.
11. Construction observation & administration of the construction contract.
12. Staking & layout of the structure for construction.
13. Re-design efforts that affect roadway alignment, grading, etc. deemed required by Boone County after preliminary plans have been approved by Boone County.
14. Prepare and submit applications for permits related to noise abatement and air quality, if necessary.



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In the County Commission of said county, on the

2nd

day of

April

20 19

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

Now on this day, the County Commission of the County of Boone does hereby award bid 52-13DEC18 – Supportive Services – Community Health/Medical Fund to:

Voluntary Action Center  
VAC Housing Program  
\$116,498.53

Terms of the award are stipulated in the attached Purchase of Service Contract. It is further ordered the Presiding Commissioner is hereby authorized to sign said Purchase of Service Contract.

Done this 2nd day of April 2019.

ATTEST:

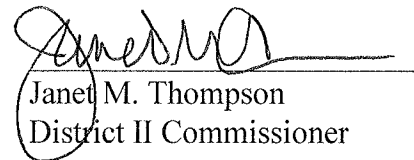
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Clerk of the County Commission



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Janet M. Thompson  
District II Commissioner

# Boone County Purchasing

**Melinda Bobbitt, CPPO, CPPB**  
Director of Purchasing



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

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## MEMORANDUM

TO: Boone County Commission  
FROM: Melinda Bobbitt, CPPO, CPPB  
DATE: March 26, 2019  
RE: RFP Award Recommendation: *52-13DEC18 – Supportive Services – Community Health / Medical Fund*

Request for Proposal *52-13DEC18 – Supportive Services – Community Health / Medical Fund* closed on December 13, 2018. One proposal response was received.

The program being recommended for award for the period of date of award through December 31, 2020 with the option for one, one-year renewal includes:

Voluntary Action Center  
*VAC Housing Program*  
\$116,498.53

The evaluation committee consisted of Janet Thompson, Steve Hollis, Katie Burnham-Wilkins, and Phil Steinhaus. Their Evaluation and Comment sheets are attached.

Invoices will be paid from department 2130 – Community Health/Medical (Hospital Lease), account 71106 – Contractual Services. The total amount funded from this award is \$116,498.53. \$75,000 was budgeted for fiscal year 2019. Since the initial contract term is a partial year ending on December 31, 2019, there is enough budget for the contract for 2019.

cc: Proposal File

ATT Evaluation Committee Reports and Score Sheets



## Personal Comment Sheet

**Organization Name:** Voluntary Action Center

**Program Name:** VAC Supportive Housing

### Overall Comments

**Clarity and Accuracy of Proposal:** Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.

**Responsiveness:** The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.

**Purpose Statement:** *The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.*

**Funding Goals:** *This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by community data resources.*

**Strengths:**

**Concerns:**

- The amount requested in the proposal is unclear.
- Did not provide Attachments A, B, and C and addendums.
- Did not include this program under their existing Housing Program.

### Organization Profile

**Organization General**

- Relationship of mission and goals to proposed service(s)
- History of providing proposed service(s) or similar service(s)
- Sufficient representation of Boone County residents on governing board

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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**Strengths:**

- Organization profile is up to date
- Expressed need to do more to address homelessness in their strategic plan

**Concerns:**

### Program Overview

**Statement of Issue Being Addressed, Program Goal, and Program Overview**

- Description of how the population/community is affected by the issues to be addressed in this proposal
- Utilizes data from Boone Indicators Dashboard (BID)
- Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile
- Clearly describes the proposed program

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
<b>Strengths:</b>					
<ul style="list-style-type: none"> <li>• Provided multiple sources describing the issue to be addressed.</li> </ul>					
<b>Concerns:</b>					
<ul style="list-style-type: none"> <li>• Lacked a thorough description of the population affected by the issue.</li> <li>• Did not utilize Functional Zero Task Force data.</li> </ul>					
<b>Program Consumers, Demographics, and Access</b>					
<ul style="list-style-type: none"> <li>• Description of consumers accessing program services</li> <li>• Explanation of why these consumers were chosen</li> <li>• Describes any impediments or challenges in serving these consumers</li> <li>• Adequate number of unduplicated individuals to be served</li> <li>• Adequate average program cost per individual</li> <li>• Description of where and when the program services will be offered and any logistical information</li> <li>• Describes eligibility criteria</li> <li>• Description and justification of the fee for services, including sliding fee schedule, if applicable</li> </ul>					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
<b>Strengths:</b>					
<ul style="list-style-type: none"> <li>• Program consumer and access align with the RFP</li> <li>• All demographic totals equal 14 individuals</li> </ul>					
<b>Concerns:</b>					
<b>Program Quality and Collaboration</b>					
<ul style="list-style-type: none"> <li>• Program uses best practices that are evidence-based</li> <li>• Describes a process that collects consumer feedback and utilization to enhance services and program outcomes</li> <li>• Thorough description of partnerships or collaborations that enhance access to and/or the proposed services</li> </ul>					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
<b>Strengths:</b>					
<ul style="list-style-type: none"> <li>• VAC participates in the Missouri Continuum of Care and is an active member of the Functional Zero Task Force</li> <li>• VAC has a multitude of partnerships within the community to link clients to services</li> </ul>					
<b>Concerns:</b>					

**Program Personnel and Budget**

- Program personnel qualifications and staffing levels appropriate to deliver proposed services
- Program personnel compensation levels reasonable
- Ratio of Boone County funding to other sources of funding
- Basis for funding request from Boone County

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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**Strengths:****Concerns:**

- The salary range for the Social Services Specialist is low.
- Personnel table lacks proper clinical supervisory position for providing intensive case management.
- The difficulty of providing this program would require at least a Master's level degree plus experience in housing services. Concern that VAC may not have the experience to provide intensive case management. Consider listing required training to implement the program and/or collaborate/sub-contract to provide clinical supervision.
- The Total Amount Requested on the Program Services form equals \$69,550 but the budget states \$65,550.
- What structure exists for backup for personnel.

**Program Services****Development/Start Up Service Funding**

- Describes how funds will be utilized
- Adequate justification for one-time funding request

**Comments:**

- Request is reasonable to add VAC personnel

**Service Names, Descriptions, and Outputs**

- Provides service names and definitions from the Taxonomy of Services
- Detailed description for each proposed service(s)
- Reasonable unit rates proposed for each service
- Adequate number of units, unduplicated individuals, and cost proposed for each service

Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
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**Strengths:**

- VAC's proposal correctly followed the Taxonomy of Services.

**Concerns:**

- The service descriptions lacked specific information on how the program/services will be implemented. Specifically, the level of support need of clients. Consider the services as Clinical Case Management.
- There are other activities not captured in the two proposed services (i.e. Attending FZTF meetings)

Service Funding and Request					
<ul style="list-style-type: none"> <li>Description and justification of the fee for services</li> <li>Proposed program services list any current funders</li> <li>Adequate amount and justification for funding request from Boone County</li> </ul>					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
<b>Strengths:</b>					
<b>Concerns:</b>					
<ul style="list-style-type: none"> <li>Did not include this model within their existing housing program.</li> </ul>					
Service Performance Measures and Narrative					
<ul style="list-style-type: none"> <li>Relationship of performance measures to program goal(s) and issue identified in proposed program</li> <li>Description of any external factors or variables which may affect proposed outcome(s)</li> </ul>					
Rating:	0 Very Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
<b>Strengths:</b>					
<ul style="list-style-type: none"> <li>Program Performance measures are fair but will need a little more work.</li> </ul>					
<b>Concerns:</b>					
<ul style="list-style-type: none"> <li>Method of Measurement tools need to be developed more. A more valid tool than client surveys should be utilized. VAC will need to use the CSH data integration tool to measure reoffending.</li> </ul>					

<b>Total Score=</b>	<b>18</b>
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**Program Name:** VAC Supportive Housing

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- Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile
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<ul style="list-style-type: none"> <li>• Lacked a thorough description of the population affected by the issue.</li> <li>• Did not utilize Functional Zero Task Force data.</li> </ul>					
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**Strengths:**

- Concerns:**
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**Program Services**

**Development/Start Up Service Funding**

- Describes how funds will be utilized
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- Comments:**
- Request is reasonable to add VAC personnel

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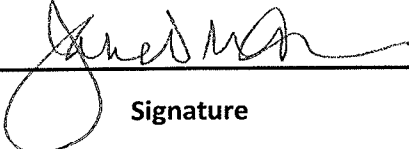
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<b>Concerns:</b>					
<ul style="list-style-type: none"> <li>Method of Measurement tools need to be developed more. A more valid tool than client surveys should be utilized. VAC will need to use the CSH data integration tool to measure reoffending.</li> </ul>					

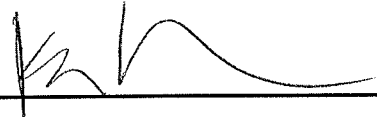
<b>Total Score=</b>	<b>18</b>
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## Evaluation Committee for RFP #52-13DEC18

<b>Organization Name:</b> Voluntary Action Center
<b>Program Name:</b> VAC Supportive Housing
<b>Committee Recommendation:</b> The Committee recommends funding the program services submitted by this organization in their proposal.

Janet Thompson  3/16/19  
Printed Name Signature Date

Phil Steinhaus  3/19/2019  
Printed Name Signature Date

Katie Burnham Wilkins  3.21.19  
Printed Name Signature Date

Steve Hollis  3/19/19  
Printed Name Signature Date



**AGREEMENT FOR SUPPORTIVE SERVICES**  
**Purchase of Services Contract**  
***VAC Housing Program***

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**THIS AGREEMENT** dated the 2nd day of April, 2019 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County" and **Voluntary Action Center** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **VAC**.

**WHEREAS**, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

**WHEREAS**, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

**WHEREAS**, the County desires to purchase services that support stable housing, improve quality of life, reduced recidivism, and other indicators of success for individuals accessing the criminal justice and homelessness systems.

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

**WHEREAS**, the County has approved the Request for Proposal Application in whole or in part as hereinafter set forth.

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

**FUNDING ALLOCATION FOR SERVICES RENDERED BY VAC**

VAC is expected to the greatest extent possible to maximize funding from all other sources. VAC shall periodically, upon request, furnish to the County information as to its efforts to obtain such other sources of funding. VAC shall only request reimbursement for services not

reimbursable by any other source. VAC shall not invoice the County for units of service invoiced to another funding source. VAC shall provide documentation and assurance to the County that requests for reimbursement from the Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

1. **Contract Documents.** VAC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #52-13DEC18 (Supportive Services) with Addendum Number One, VAC's response to the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot. 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 VAC's Proposal, Request for Clarification, responses to Requests for Clarification, and the Agreement Form.

2. **Purchase.** The County agrees to purchase from VAC and VAC agrees to furnish the **VAC Housing Program** for Boone County residents, as described and in compliance with the original Request for Proposal and as presented in the VAC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$116,498.53** unless compensation for specific identified additional services is authorized and approved by the County in writing in advance of rendition of such services for which additional compensation is requested. Compensation will be available through a performance-based reimbursement, in which [90%] of the service rate will be paid for in a usual fee-for-service arrangement and the remaining [10%] of the actual service rate will be reimbursed based on information from the interim and year end reports.

3. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through December 31, 2020 subject to the provisions for termination specified below.

This contract may at the sole discretion of the County and with the agreement of VAC be renewed for **an additional one-year period**. VAC agrees and understands that the County may require supplemental information to be submitted by VAC prior to any renewal of this agreement.

4. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Case Management	15 minutes	\$19.07	5,679	\$108,298.53
Hotel/Motel Stay	1 night	\$50.00	84	\$4,200.00
Development/Start-Up Funding	-----	-----	-----	\$4,000.00

All billing shall be invoiced to the County monthly by the 10<sup>th</sup> of the month following the month for which services were provided. The County agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of VAC, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

### **REPORTING, MONITORING, AND MODIFICATION**

6. **Reporting.** The County shall utilize the Request for Proposal, Request for Clarification, responses to the Request for Clarification, and the Agreement Form in Apricot as submitted by VAC to monitor service delivery and program expenditures. VAC agrees to submit to the County a Year End Report by January 31, 2020, for the period of contract execution through December 31, 2019, an Interim Report by July 31, 2020 for the period January 31, 2020 through June 30, 2020, and a Year End Report by January 31, 2021, for the period of January 1, 2020 through December 31, 2020. Variations on this date may be requested by VAC and, if so stipulated, are noted on this contract document. Payments may be withheld from VAC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. VAC agrees to submit its reports through Apricot by Social Solutions funding management system or another format if requested.

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

8. **Monitoring.** VAC agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County to monitor, survey and inspect VAC's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, VAC hereby agrees that, upon notice of forty-eight

(48) hours, it will make available to the County or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CHF funds and all other matters set forth in the contract.

9. **Modification or Amendment.** In the event VAC requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the County for approval. A board resolution from VAC may be required with the request. For consideration of a request to modify or amend the contract, requests should be submitted to the Director of the Community Services Department for consideration.

### OTHER TERMS OF THIS CONTRACT

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

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

12. **CHF to be used for Services Provided.** VAC agrees that the CHF funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to VAC's provision of such services.

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

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

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

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

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

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

18. **Board Ownership.** If VAC ceases to be funded by the County or ceases to provide programs and services to address community health needs, pursuant to this contract, all capital equipment, materials, and buildings purchased with CHF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the VAC. In addition, if VAC no longer uses capital equipment, materials, or buildings purchased with CHF funds for its original intent, VAC will need County approval to re-direct the use of such.

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

20. **Termination.** 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 County upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

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



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

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

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

Upon receipt of notice of termination, VAC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. The County shall reimburse VAC 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.

21. **Insurance Requirements.** VAC shall not commence work under this contract until they have obtained all insurance required in this section 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.

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

Worker's Compensation and Employers' Liability Insurance 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.

b. **Comprehensive General Liability Insurance:** VAC 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. VAC 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.

VAC shall provide the County with proof of Comprehensive 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 VAC 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 VAC.

c. **Professional Liability Insurance:** VAC 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.

d. **Commercial Automobile Liability:** VAC shall maintain during the life of this contract, Commercial 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 VAC's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

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

23. **Publicity by the VAC.** VAC shall notify the County of contact with the media regarding CHF funded programs or profiles of participants in CHF funded programs. VAC will acknowledge the County as a funding source whenever publicizing CHF funded programs. VAC will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. VAC agrees to acknowledge the Community Health Fund as a funding source on 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 County and VAC. The County does not recognize any of the VAC's employees, agents, or volunteers as those of the County.

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.** VAC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of 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 County shall be mailed or delivered to:

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

Any written notice or communication to VAC shall be mailed or delivered to:

**Voluntary Action Center**  
Attn: Nick Foster  
403A Vandiver Drive  
Columbia, MO 65202

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

**Voluntary Action Center**

**Boone County, Missouri**

By: Boone County Commission

DocuSigned by:  
McK Foster  
By: C0E83FAE08E84D4  
Signature

DocuSigned by:  
Daniel K. Atwill  
By: B4B934CED6E4EB  
Daniel K. Atwill, Presiding Commissioner

By: Nick Foster, Executive Director  
Printed Name/Title

**APPROVED AS TO FORM:**

**ATTEST:**

DocuSigned by:  
Charly J. Duffane  
By: 50E0A0DD86AC445  
County Counselor

DocuSigned by:  
Brianna L Lennon by MT  
By: 7D82DA986BF6495  
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.)

DocuSigned by:  
Dune P... by jg 3/22/2019 (2130/71106/\$116,498.53)  
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

# 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):

Voluntary Action Center

### DBA:

### Federal EIN Number:

23-7120750

### Organization Type:

Tax-Exempt/Not-For-Profit

## Organization Contact Information

### Address

403A Vandiver Dr

### City

Columbia

### State

Missouri

### County

Boone

### Zip

65202

### Organization Phone Number:

573-847-2273

### Website:

www.vacmo.org

### Head of Organization

Nick Foster

### Head of Organization Phone:

573-874-2273

### Address

403A Vandiver Dr

### City

Columbia, MO

### State

Missouri

### County

Boone

### Zip

65202

### Organization Fax Number:

573-874-9172

### Email:

dir@vacmo.org

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

Executive Director

### Head of Organization Email:

dir@vacmo.org

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

### Local Organization Name:

### Local Organization Fax:

### Address

### Address

### City

### City

State  
County  
Zip  
Local Contact Name:  
Local Contact Email:

State  
County  
Zip  
Local Contact Title:  
Local Contact Phone:

### General Information

**Provide your organization's mission statement. (600 character limit)**  
Organization Mission Statement (Purpose): To help low-income individuals and families bridge the gaps between crisis and stability and improve quality of life in Boone County.

**Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**  
Organization History: Volunteers who identified the need for a central volunteer coordination agency and an information bureau founded Voluntary Action Center in Columbia, Missouri in 1969. As the agency grew, emphasis shifted from volunteer-related services to information, referral, and advocacy. The agency continued to identify gaps in service and as a result, began providing emergency assistance in areas of basic need such as food, shelter, clothing, transportation, and prescriptions. Today, VAC is an established social service agency, essential to clients, agencies, and the community as a whole.

**Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**  
Brief Statement of Organization's Major Goals: VAC seeks to provide services that assist low-income residents of Boone County by providing services in the areas of basic needs, health, employment, education, and housing. The agency seeks also to remain flexible and creative in responding to new opportunities that will contribute, in partnership with others, to an effective network of services adequate to the needs of our clients. Ultimate goals include a reduction in the effects of poverty as well as a reduction in the numbers of those living in poverty.

**Articles of Incorporation (MUST BE IN PDF FORMAT)**  
Articles of Incorporation: /document/download/filename/1433859001\_30405\_VACArticlesofIncorporation.pdf/

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

**Bylaws (MUST BE IN PDF FORMAT)**  
Bylaws: /document/download/filename/1468593293\_34051\_VACBy-laws%28amended2.15%29.pdf/  
**Provide a copy of the organization's Bylaws.**

**Organizational Chart (MUST BE IN PDF FORMAT)**  
Organizational Chart (must be for the entire organization): /document/download/filename/1548960179\_30406\_VACOrganizationalChart1.19.pdf/

**Strategic Plan (MUST BE IN PDF FORMAT)**  
Strategic Plan: /document/download/filename/1510681020\_42846\_VACStrategicPlan11.8.17.pdf/

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

**Briefly describe the population(s) served by your organization. (600 character limit)**  
Population Served: Boone County residents whose family income must be under 200% of Federal poverty guidelines.

**Does your organization have a written Conflict of Interest policy?**  
yes

Conflict of Interest Policy:

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"):**  
3 years, able to serve 2 consecutive terms.

Organization Governing Board:

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

#### Governing Board Member

Showing 1 - 30 of 33 Links

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Melissa Carr	Board Member	11/01/2016	06/30/2019	Retired - Daniel Boone Public Library; 1109 LaRail Dr. Columbia, MO 65203	✓	Added on 01/26/2017
Monica Barbee	Board Member	07/01/2018	06/30/2021	Veterans United Home Loans, 2931 Ridley Wood Street, Columbia, MO 65203	✓	Added on 09/10/2018
Denise Whitworth	Board Member	07/01/2015	06/30/2021	Landmark Bank 109 E Nifong Blvd Columbia, MO 65202	✓	Added on 07/20/2015
Lloyd Montgomery	Board Member	07/01/2015	06/30/2021	Shelter Insurance 1817 West Broadway Columbia, MO 65218	✓	Added on 01/06/2016
Ken Hutchinson	Board Member	07/01/2018	06/30/2021	1419 N Countryside Drive Columbia, MO 65202	✓	Added on 06/29/2018
Alex George	Board Member	07/01/2016	06/30/2019	The George Law Firm, LLC 608 Westmount Ave Columbia, MO 65203	✓	Added on 07/15/2016
Jim Bryan	Board Member	09/30/2017	06/30/2020	343 Whitney Ct Columbia, MO 65203	✓	Added on 11/16/2017
Jennifer Erickson	Board Member	11/01/2017	06/30/2020	Osher@Mizzou 212 W Stewart Road Columbia, MO 65203	✓	Added on 11/16/2017
Gary Tegerdine	Board Member	07/01/2017	06/30/2020	One Ray Young Dr. Columbia, MO 65202	✓	Added on 07/25/2017
Chris Lunn	Board Member	07/01/2017	06/30/2020	1400 Veterans United Dr. Columbia, MO 65203	✓	Added on 07/25/2017

**Governing Board Member**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Diamond Scott	Board Member	07/01/2014	06/30/2020	Influence & Co. 5029 S Providence Road, Apt D Columbia, MO 65203		Added on 06/08/2015
Chris Roszkopf	Treasurer	07/01/2014	06/30/2020	Boone County National Bank PO Box 678 Columbia, MO 65205		Added on 06/08/2015
Robert Churchill	Immediate Past President	07/01/2016	06/30/2019	1119 Northshore Drive Columbia, MO 65203		Added on 06/08/2015
Kelsey Raymond	President	07/01/2017	06/30/2020	Influence & Co. 807 East Green Meadows Rd Apt 305 Columbia, MO 65201		Added on 06/08/2015
Celeste Hardnock	Board Member	11/01/2016	06/30/2019	My Sisters's Circus 1110 East Broadway Columbia, MO 65201		Added on 01/26/2017
Lynn Cole	Board Member	07/01/2016	06/30/2019	DHSS-Section for Child Care Regulation 3418 Knipp Jefferson City, MO 65101		Added on 07/29/2016
Sara Emily LaMone	Board Member	07/01/2016	06/30/2019	Little Dixie Construction 3316 Lemone Industrial Blvd. Columbia, MO 65201		Added on 06/08/2015

Total Active Links:17, Total Deactivated Links:16, Current Active Links:17, Current Deactivated Links:13

| Next

**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:**

January - December

**If the organization has filed an extension with the IRS for Form 990/990EZ, please indicate the filing date: MM/DD/YYYY**

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

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

/document/download/filename/1433859238\_29953\_VAC501%28c%29%283%29Letter.pdf/

**Financial Statement:**

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

**Financial Statement (MUST BE IN PDF FORMAT)**

/document/download/filename/1536599614\_29954\_VACAuditReport2017.pdf/

**IRS 990 or 990 EZ:**

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

**990/990 EZ (MUST BE PDF FORMAT)**

/document/download/filename/1536599614\_29955\_2017VACTaxReturn-PublicDisclosureCopy.pdf/



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

Voluntary Action Center has an in-depth Financial Policy which defines the procedures and policies for all financial aspects of the agency. The Financial policies of the Voluntary Action Center are adopted by the Board of Directors to guide the financial operation of the agency. The Board of Directors adopts the annual budget as developed by the Finance Committee. The Board of Directors has oversight of the purchasing, salaries, gifts, reserves, and endowments that the agency engages in. VAC's financial statements are presented and reviewed each month at the monthly board meetings.

**Employees Compensation**

Top Five Compensated Employees:

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

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of 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			Active	Date
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:			
Social Services Provider	H.S., B.A., B.S., or M.S.W.	1.00	\$31,420.09	\$3,730.90		Added on	06/09/2015
Social Services Specialist	B.A., B.S., or M.S.W.	1.00	\$34,185.15	\$4,059.78		Added on	06/09/2015
Social Services Specialist	B.A., B.S., or M.S.W.	1.00	\$37,952.90	\$4,793.98		Added on	06/09/2015
Finance Administrator	H.S., B.A., B.S.	1.00	\$44,554.56	\$5,890.67		Added on	06/09/2015
Executive Director	B.A., B.S., M.P.A. or M.B.A.	1.00	\$65,719.83	\$5,267.62		Added on	06/09/2015

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:

Accreditation 2:

Accreditation 3:

**Certifications:**

Certifications:

Please indicate that the above named organization:

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

yes

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

yes

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

n/a

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

yes

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

yes

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

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

### Heart of Missouri United Way

The following documents are required only of organizations receiving HMUW funding, and for those applying for or renewing Heart of Missouri United Way certification.

Agencies receiving funding are required to provide these documents annually and should complete these uploads by October 31.

Organization "Budget to Actual Report" (MUST BE IN PDF FORMAT) The Budget to Actual Report will cover the same fiscal period as your most recent IRS Form 990, and \*Third Party Financial Statement Review or \*\*Audit (\*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue / \*\*Audit required for Organizations reporting \$250,000 or more in annual revenue).

/document/download/filename/1509474842\_32839\_Org.Budget.pdf/

IRS Pro Forma - ONLY FOR ORGANIZATIONS WHO DO NOT FILE AN IRS FORM 990 or 990EZ (MUST BE IN PDF FORMAT) To complete an IRS Pro Forma go to www.irs.gov, download a blank IRS Form 990 and complete the following sections: Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses); and Part XII (Financial Statements and Reporting)

Accounting and Reporting Policies and Procedures Questionnaire (MUST BE IN PDF FORMAT) Submission of this questionnaire is required only for agency's required to submit a \*Third Party Financial Statement Review. (Please contact United Way if you need a copy of the ARPPQ to be sent to you) \*Third Party Financial Statement Review required for Organization's reporting less than \$250,000 in annual revenue.

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

/document/download/filename/1500915797\_32678\_2017CertificateofInsurance.pdf/

### Linked 'Proposal Cover Sheet' Records

#### Link to Proposal Cover Sheet

Showing 1 - 5 of 9 Links

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info
					Active Date

Proposal Cover Sheet

Link Info

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Community Health/Medical Fund - RFP #52-13DEC18 (Agreement Form (V3.1) ends 03/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #52-13DEC18	Boone County	RFP #52-13DEC18	✓	Added on 12/01/2018
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	✓	Added on 09/10/2018
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	✓	Added on 08/16/2018
HMUW-Financial Stability(Income) RFP:JUL2016 Cycle (Complete ends 01/13/2017 12:00 PM CST)	Voluntary Action Center	HMUW Financial Stability (Income) and Basic Needs (Safety Net) RFP	Heart of Missouri United Way	Financial Stability (Income) JUL2016-JUN2019 and Basic Needs (Safety Net) JUL2016-JUN2018	✓	Added on 01/26/2016
HMUW - Basic Needs RFP: JUL2018 Cycle (No Actions in Progress ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	HMUW Basic Needs RFP	Heart of Missouri United Way	JUL2018 - JUN2020	✓	Added on 01/12/2018

Total Active Links:9, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

| Next

System Fields

# Proposal Cover Sheet

## Proposal Request Information

**Grant**

Community Health/Medical Fund - RFP #52-13DEC18 (Agreement Form (V3.1) ends 03/31/2019 11:59 AM CDT)

**Organization Name (will auto-populate)**

Voluntary Action Center

**Fund Source**

Community Health/Medical Fund - RFP #52-13DEC18

**Funder**

Boone County

**Funding Cycle**

RFP #52-13DEC18

**Name of Program or Project**

VAC Housing Program

**Amount of Request**

\$0.00

## Program Information

**Program Website (will default to Organization website)**

www.vacmo.org

**Address**

403A Vandiver Dr

**City**

Columbia

**State**

Missouri

**County**

Boone

**Zip**

65202

**Program Administrator Name**

Nick Foster

**Phone Number**

**Address**

403A Vandiver Dr

**City**

Columbia, MO

**State**

Missouri

**County**

Boone

**Zip**

65202

**Program Administrator Title**

Executive Director

**Email**

dir@vacmo.org

## Required Attachments - Children's Services Fund and Community Health Only

**Attachment A 2018 Organization Assurance Sheet**

/document/download/filename/1552338275\_30421\_AttachmentA.pdf/

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

/document/download/filename/1552338275\_30420\_AttachmentB.pdf/

**Attachment C Work Authorization Certification**

/document/download/filename/1552338275\_30419\_AttachmentC.pdf/

**Signed Addendums**

/document/download/filename/1552338325\_30418\_VACAddendum.pdf/

## Link to Organization Profile Record

**Link to Organization Records**

Organization Profile

Link Info

Organization Profile	Organization Mailing Address:	Head of Organization	Record ID	Active	Date
Organization Name (the offi... Voluntary Action Center	Organization Maili... Address: 403A Vandiver Dr	Head of Organization Nick Foster	Record ID 12687	Active ✓	Dated on 12/01/2018

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

**Federal EIN Number (will auto-populate)**  
23-7120750

Linked 'Agreement Form - V3 (Services 11-15)' Records (2)

Link Instructions -1

Linked 'Agreement Form - V2' Records

Link Instructions Agreement Form V2

Linked 'Interim Report - V3' Records

Link Instructions Interim Report

Linked 'Interim Report - V3 (Services 6-15)' Records

Link Instructions - V3 (6-15)

Linked 'Interim Report - YHP' Records

Link Instructions - 2

Linked 'Agreement Form - V3 (Services 16-20)' Records

Link Instructions - Agreement form

Linked 'Early Childhood Prevention Programs Year End Report (V2 - Services 5-8)'

Link Instructions 3

Linked 'Early Childhood Prevention Programs Year End Report (V2)' Records

Link Instructions 4

Linked 'Year End Report - V3' Records

**Link Instructions YER Svcs 1-5**

**Linked 'Year End Report - V3 (Services 6-15)' Records**

**Link Instructions YER Svcs 6-15**

**Linked 'Agreement Form - V3.1' Records**

**Link Instructions Agreement Form 3.1**

**Proposal Cover Sheet**

**Agreement Form - V3.1**

**Link Info**

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Organization Name	Program Name	Date Completed	Record Lock	Description	Active	Date
Community Health/Medical Fund - RFP #52-13DEC18 (Agreement Form (V3.1) ends 03/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #52-13DEC18	Boone County	RFP #52-13DEC18	Voluntary Action Center	VAC Housing Program					Added on 01/08/2019

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

**Linked 'Agreement Form - V3.1 (Services 11-20)' Records**

**Link Instructions Agreement Form - V3.1 (Services 11-20)**

**Linked 'Year End Report - YHP' Records**

**Link Instructions YER HYP**

**ATTACHMENT A**

**2018 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

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

Nick Foster  
Printed Name - Agency Executive Director/President/CEO

1-18-19  
Date

  
Signature - Agency Executive Director/President/CEO

1-18-19  
Date

Kelsey Raymond  
Printed Name - Agency Board Chair

1-22-19  
Date

  
Signature - Agency Board Chair

1-22-19  
Date

**ATTACHMENT B**

**(Please complete and return with Proposal Response)**

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

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

Nick Foster, Executive Director  
Name and Title of Authorized Representative

      1-18-19  
Signature      Date



**ATTACHMENT C**

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

County of Boone )  
 )ss  
State of Missouri )

My name is Nick Foster. I am an authorized agent of Voluntary Action Center (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

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

[Signature] 1-22-19  
Affiant Date

Nick Foster  
Printed Name

Subscribed and sworn to before me this 22 day of January, 2019.

ALLISON BURNHAM  
Notary Public - Notary Seal  
STATE OF MISSOURI  
County of Boone  
My Commission Expires 11/08/2021  
Commission # 17440646

Allison Burnham  
Notary Public

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



**BOONE COUNTY, MISSOURI**

**Request for Proposal #: 52-13DEC18 – Supportive Services – Community Health /  
Medical Fund**

**ADDENDUM #1 - Issued November 21, 2018**

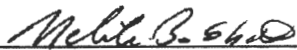
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*.

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. Edit paragraph 3.6. on page 7 of the RFP to read: "There is a total of \$75,000 **per year** for up to a two-year period available..."
- II. Edit paragraph 2.4.1. on page 6 of the RFP to read: "The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be for a period of up to two years. The negotiated contract may have an option for a one-year renewal.
- III. The Sign-In Sheet from the pre-proposal conference held on November 19 is attached for informational purpose.
- IV. The County received the following question and is providing a response:
  - a. Do vouchers follow fair market value?

**Response:** Yes.

By:


  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **52-13DEC18 – Supportive Services – Community Health / Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Voluntary Action Center  
Address: 403 A Vandiver Drive, Columbia, MO 65202

Phone Number: 573-874-2273 Fax Number: 573-874-9172

E-mail: dir@valmo.org

Authorized Representative Signature:  Date: 1-18-19

Authorized Representative Printed Name: Nick Foster

# Program Overview (V3)

## Community Health/Medical Fund - RFP #52-13DEC18...

Quick View Information

### Program Overview Form Information

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization.

**Guidelines:**

Information should be based on the proposed contract/agreement period.  
Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the Boone County, City of Columbia, and/or the Heart of Missouri United Way.  
Each narrative response should be clear and succinct.  
Information provided in the Program Overview form must correspond with the information provided in the Program Service form(s).

**Instructions:**

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). Every effort should be made to utilize information from the Boone Indicators Dashboard.  
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.

**Resources:**

Boone Indicators Dashboard (<http://booneindicators.org>)  
For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

\* Indicates Required Field

### Statement of Issue Being Addressed

**a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)**

Individuals exiting the criminal justice system are particularly vulnerable to become and remain homeless, also accessing crisis care resources such as healthcare at a costly rate. Studies indicate that persons exiting the criminal system are over-represented in the population of persons who are homeless.(1) Additionally, people who have been homeless are over-represented in the prison population.(2) Persons leaving jail are also more likely to remain homeless longer.(3)

Homelessness and the risk of homelessness remain significant in Boone County. In 2015 52.7 of renters had a cost burden greater than 30% of household income.(4). 8,525 of those households had a housing cost burden greater than 50%. (5) MHDC's 2015 Homelessness Study found that 60% of our county's population is cost overburdened in relationship to housing. That study indicates the availability of affordable housing in Boone is complicated by conditions that make for a "hot housing market" including "competition for affordable apartments, elimination of older, less costly units and an interest among developers in building luxury student housing".(6) Data from 2-1-1 for 1/1/18 through 6/30/18 indicates that of 485 calls from Boone County, 102 were for rent payment assistance, the greatest number of requests made. An additional 29 calls were for rental deposit assistance. Of the top unmet needs, rental deposit assistance was the first item with 28 occasions, with homeless motel vouchers second at 20.(7)

**b. Describe the population(s) in the City of Columbia and/or the Boone County area affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (NOTE: HMUW applicants may include Cooper and Howard County data in this field.) (1500 character limit)**

The program will address the needs of those who meet eligibility criteria and/or from a by-name list provided by Boone County for services. Clients will be persons who are accessing both the criminal justice and homelessness systems and who are deemed good candidates to receive case management services described in the RFP.

### Program Goal

**State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)**

The primary goal of the program is to provide support for identified clients, according to information provided by Boone County, to obtain stable housing, improved quality of life, reduced re-offending, and other indicators of success. This will result also in reduced use of crisis care services.

### Program Overview

**Provide an overview of the proposed program. (1500 character limit)**

Within the VAC Supportive Housing Program, case management will be provided to those clients identified who are also using housing vouchers supplied by the Columbia Housing Authority. The case manager will assist clients in obtaining and maintaining housing with these vouchers. Additional support will be provided to increase income, access appropriate health services, and other supports as deemed appropriate on a case by case basis. Such services may include those provided by VAC's Basic Needs Services Program, i.e., food, hygiene and household cleaning supplies, ID, work uniforms, transportation assistance, etc.

The Corporation for Supportive Housing (CSH) describes supportive housing as very affordable rental housing forming a platform of stability for vulnerable people who do not have a home or are leaving institutions or hospitals. It is linked to intensive case management and voluntary, life-improving services like health care, workforce development and child welfare.(8) VAC will provide services that conform to CSH's principles of supportive housing, providing services that are tenant-centered, accessible, coordinated, integrated, and sustainable.(9) The goals of the program will also conform to the CSH goals that tenants stay housed, improve their mental and physical health, increase their income and employment, are satisfied with the service and housing, and build social and community connections. (10)

**Program Consumers**

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

The program will address the needs of those who meet eligibility criteria and/or from a by-name list provided by Boone County for services. These persons are individuals who access both homeless support services and the criminal justice system. They will all be residents of Boone County.

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

These consumers are identified for services by Boone County within the RFP. The intent is to provide services to these persons so that their housing becomes stable thus resulting also in less likelihood of their becoming involved again in the criminal justice system.

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

Persons with criminal records often struggle to identify housing available to someone in that circumstance. Special effort will need to be made by the case worker to help in the identification of available housing units as well as seeking out landlords who will be amenable to renting under these circumstances and with the knowledge that case management is provided. The case manager will also assist in securing adequate income, sometimes also impeded by a criminal record.

**d. Total number of unduplicated individuals to be served by the proposed program:**

14

*The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.*

**e. Average program cost per individual**

4682.14

**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 program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.**

**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)**

14

**City of Columbia**

10

**Cooper County**

0

**Howard County**

0

**Other Counties**

0

**Residence Total**

14  
**Record Lock**  
1

### Race

**White (alone)**  
5  
**Black or African American (alone)**  
7  
**Multiple Races**  
1  
**Asian (alone)**  
0  
**Native American Indian or Alaskan Native**  
0  
**Native Hawaiian or other Pacific Islander (alone)**  
0  
**Some Other Race**  
1  
**Race Total**  
14

### Ethnicity

**Hispanic or Latino (of any race)**  
2  
**Not Hispanic or Latino**  
12  
**Ethnicity Total**  
14

### Gender

**Female**  
2  
**Male**  
12  
**Other**  
0  
**Gender Total**  
14

### Income

**At or below 200% of Federal Poverty Level**  
14  
**Over 200% of Federal Poverty Level**  
0  
**Income Total**  
14

### Age (City-Social Services/County-Health/HMUW-RFP)

**Under 5 years**

0

**5-19 years**

0

**20-59 years**

10

**60 years and over**

4

**Age Total (1)**

14

**Individuals Trained**

*Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.*

**a. Number of individuals to be trained:**

0

**b. Provide information on the types of training that will be offered. (1500 character limit)**

**Program Access**

**a. 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 program. (600 character limit)**

Monday - Friday, 8:30 a.m. - 4:30 p.m. at 403A Vandiver Drive, Columbia, Missouri 65202. Client contact for this program may take place also outside these hours as needed.

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

VAC's services are provided to Clients residents of Boone County, Missouri with household income at or below 200% of Federal poverty guidelines. The clients for this program will be identified by Boone County for the purposes of providing case management for securing and maintaining housing.

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

No

**Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)**

VAC has never charged a fee for any program service; securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

**Program Quality**

**a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)**

VAC participates in the Missouri Continuum of Care, specifically in Region 5. VAC attends all required meetings and trainings offered by the CoC, Region 5, MHDC, and others. The program will meet requirements of the funder, Boone County, to provide services that are tenant-centered, accessible, coordinated, integrated, and sustainable in the manner defined by the Corporation for Supportive Housing.

**b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?**

No

**Provide the name of the accreditation agency. (300 character limit)**

**c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.**

Yes

**Indicate, cite, and describe the available best practices and/or standards. (600 character limit)**

Best practices for housing services include identification and assessment of vulnerable clients, a rapid response that leads to stable housing as soon as possible, empowerment of and involvement by the client, strategic provision of cash services for rent and other necessary payments, and case management especially to assist clients in planning and assessing other community services.(11)

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

Government resources at both the state and Federal level have for several years been directed in larger measure to programs such as this one, supporting the "Housing First" model especially. Studies such as one recently published in Science indicate that cash assistance for purposes of stabilizing housing are in fact quite effective. The study was of a program very similar in purpose and procedures to that of VAC's, indicating that cash assistance for those who called the agency when funds were available were 88 less likely to be homeless after three months and 76% less likely to be homeless after six months.(12) The study further found a significant cost savings, with the example that "the mortality-reducing benefit per person that avoids homelessness comes to about \$13,000....Based on this estimate, the benefits stemming from reduced mortality alone exceed the costs."(13) It is reasonable to assume that such elements will apply also to persons included in this program specifically. As this is a pilot project, the results will help inform general knowledge of housing services provided to individuals with a criminal record.

**Provide a rationale for utilizing the proposed evidence-based program and/or service(s). (1500 character limit)**

Prior experience and results will inform expectations of this program with the anticipation that stable housing will lead to better outcomes for individuals with criminal records in the same manner that they are effective for other populations.

**e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)**

As with all VAC services, the agency works in a continuous manner to review and adjust service provision in order to increase the quality and effectiveness of our housing program. The addition of supportive housing services will expand and enhance VAC's housing program as a whole. Access, quality, and effectiveness of VAC's Housing Program is enhanced by participation with the Functional Zero Task Force (FZTF) of which VAC and a number of other local agencies are part. The FZTF identifies, screens, and refers veterans who are homeless and the chronically homeless. The group meets twice each month to review a priority list of those identified.. A determination is made as to each person's vulnerability and then plans are made for meeting each person's need. VAC has had several referrals made from this list for the purpose of providing Rapid Rehousing assistance. As the FZTF develops, the number of such referrals should increase in number and quality. The FZTF is also acting as the "door" for the comprehensive Coordinated Entry (CE) project. A similar process is in place in Region 5 of the Balance of State Continuum of Care, of which Boone County is part. CE is providing an entryway for individuals and households to access any and all housing services in our state; Boone County and Region 5 are among the leaders putting this process in place.

**f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)**

VAC continuously reviews housing services to confirm program effectiveness. Most specifically, the Social Service Specialist who is the lead for service provision reviews the program on a regular basis with the Executive Director. The program is prompted for quality improvement also by regular file audits carried out by the Missouri Housing Development Commission (MHDC). MHDC makes awards for and oversees ESG funding for the state of Missouri. They also review processes in a similar fashion for MHTF and MoHIP funding. While concerns have been minimal as the result of these audits, they have led to improvements in the program's procedures. Additionally, VAC has recently put into place an Advisory Committee to review the program quarterly and to recommend improvements. This group is made up of persons who have experienced homelessness. Some have previously received services through VAC's Housing Program.

**g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)**

Consumer feedback will be collected in an ongoing fashion throughout the process of providing supportive services in the case management for each client. This is also used in the review of the program. Feedback from participating landlords is also taken into consideration for making decisions regarding the program. An advisory board made up of former housing clients is now also in place to provide feedback about VAC's housing services on a regular basis.

## Collaboration

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

Applicable partnerships and collaborations are described in "e" above. Additionally, as VAC is becoming better known for having rental assistance funds, especially for a general clientele, more agencies are making referrals to VAC for that purpose. VAC works with such agencies in order to coordinate and make most effective use of services provided across the agency landscape. Such agencies include are Phoenix Health Programs, Family Health Center, Family Dental Center, Burrell Behavioral Health, Parents as Teachers, City of Columbia Health Department, Lutheran Child and Family Services, The Wardrobe, various food pantries, Job Point, Love INC, Columbia Housing Authority, Columbia Public Schools, Boone County Family Resources, McCambridge Center, Coyote Hill Christian Home, Rainbow House, Great Circle, Central Missouri Community Action, Welcome Home, True North, Turning Point, Harbor House, Services for Independent Living, Centro Latino, Refugee and Immigration Services, Salvation Army, Family Impact Center, Big Brothers Big Sisters, Fun City, many local faith communities, and others.

VAC's staff also meets with a number of local groups in order to maintain connections. These include Basic Needs Coalition, Youth Community Coalition, Safe Kids, Networking for Early Childhood, and more.

**If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):**

**If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):**

**If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):**

## Program Personnel Instructions

**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)**

**Salary = Wages + FICA (Social Security/Medicare)**



**Program Personnel Information**

POSITION OR TITLE <b>(Do not use employee names)</b>	MINIMUM QUALIFICATIONS <b>(B.A., Licensed, etc.)</b>	FTE	FULL-TIME SALARY RANGE FROM: <b>(wages, Social Security and Medicare)</b>	FULL-TIME SALARY RANGE TO: <b>(wages, Social Security and Medicare)</b>
<b>P1</b> Social Services Specialist	<b>MQ1</b> B.A., B.S., or M.S.W.	<b>FTE1</b> 1.00	<b>SR1 FROM</b> \$31,000.00	<b>SR1 TO</b> \$35,000.00
<b>P2</b> Executive Director	<b>MQ2</b> B.A., B.S., M.P.A. or M.B.A.	<b>FTE2</b> 0.10	<b>SR2 FROM</b> \$64,000.00	<b>SR2 TO</b> \$66,000.00
<b>P3</b> Finance Administrator	<b>MQ3</b> H.S., B.A., B.S.	<b>FTE3</b> 0.10	<b>SR3 FROM</b> \$42,000.00	<b>SR3 TO</b> \$45,000.00
<b>P4</b>	<b>MQ4</b>	<b>FTE4</b> 0.00	<b>SR4 FROM</b> \$0.00	<b>SR4 TO</b> \$0.00
<b>P5</b>	<b>MQ5</b>	<b>FTE5</b> 0.00	<b>SR5 FROM</b> \$0.00	<b>SR5 TO</b> \$0.00
<b>P6</b>	<b>MQ6</b>	<b>FTE6</b> 0.00	<b>SR6 FROM</b> \$0.00	<b>SR6 TO</b> \$0.00
<b>P7</b>	<b>MQ7</b>	<b>FTE7</b> 0.00	<b>SR7 FROM</b> \$0.00	<b>SR7 TO</b> \$0.00

**Program Personnel Narrative**

**Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)**

The lead Social Services Specialist for this service will provides personal interaction with clients, screening for qualification and then providing services directly. Minimum educational requirements are deemed to be necessary to insure an adequate background and understanding of the work VAC does. The Executive Director will provide oversight and administrative support. The Finance Administrator will provide financial services necessary for administrating the program.

**Program Budget Instructions**

**Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. 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 program.**

**Program Budget**

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
<b>1. DIRECT SUPPORT</b>		
<b>A. Heart of Missouri United Way (300 character limit)</b>	<b>1A</b> \$0.00	<b>1A%</b> 0
<b>B. Other United Ways (300 character limit)</b>	<b>1B</b> \$0.00	<b>1B%</b> 0

<b>C. Capital Campaigns (300 character limit)</b>	<b>1C</b>	<b>1C%</b>
	\$0.00	0
<b>D. Grants (non-governmental) (300 character limit)</b>	<b>1D</b>	<b>1D%</b>
	\$0.00	0
<b>E. Fund Raising &amp; Other Direct Support (300 character limit)</b>	<b>1E</b>	<b>1E%</b>
	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

<b>A. Boone County - Children's Services Funding (300 character limit)</b>	<b>2A</b>	<b>2A %</b>
	\$0.00	0
<b>B. Boone County - Community Health Funding (300 character limit)</b>	<b>2B</b>	<b>2B %</b>
	\$0.00	0
<b>C. Boone County- Other Funding (300 character limit)</b> Funding for personnel and overhead expenses. Funding also for motel assistance.	<b>2C</b>	<b>2C %</b>
	\$65,550.00	100
<b>D. Funding from Other Counties (300 character limit)</b>	<b>2D</b>	<b>2D %</b>
	\$0.00	0
<b>E. City of Columbia - Social Service Funding (300 character limit)</b>	<b>2E</b>	<b>2E %</b>
	\$0.00	0
<b>F. City of Columbia - CDBG/Home Funding (300 character limit)</b>	<b>2F</b>	<b>2F %</b>
	\$0.00	0
<b>G. City of Columbia - CHDO Funding (300 character limit)</b>	<b>2G</b>	<b>2G %</b>
	\$0.00	0
<b>H. City of Columbia - Other Funding (300 character limit)</b>	<b>2H</b>	<b>2H %</b>
	\$0.00	0
<b>I. Funding from Other Cities (300 character limit)</b>	<b>2I</b>	<b>2I %</b>
	\$0.00	0
<b>J. Federal (Medicaid, Title III, etc.) (300 character limit)</b>	<b>2J</b>	<b>2J %</b>
	\$0.00	0
<b>K. State (Purchase of Service, Grants, etc.) (300 character limit)</b>	<b>2K</b>	<b>2K %</b>
	\$0.00	0
<b>L. Other (Schools, Courts, etc.) (300 character limit)</b>	<b>2L</b>	<b>2L %</b>
	\$0.00	0
<b>3. Program Service Fees (300 character limit)</b>	<b>3.</b>	<b>3 %</b>
	\$0.00	0
<b>4. Investment Income (realized &amp; unrealized) (300 character limit)</b>	<b>4.</b>	<b>4 %</b>
	\$0.00	0
<b>5. Other Revenue Items (300 character limit)</b>	<b>5.</b>	<b>5 %</b>
	\$0.00	0

TOTAL PROGRAM REVENUE

**TOTAL REVENUE**  
65550

PROGRAM EXPENSES

<b>1. Personnel</b>	<b>1.</b>	<b>1. %</b>
	\$41,500.00	63
<b>Personnel Narrative (300 character limit)</b> Funding for case manager.		
<b>2. Non-Personnel</b>	<b>2.</b>	<b>2. %</b>
	\$24,050.00	37
<b>Non-Personnel Narrative (300 character limit)</b> Costs of overhead expenses and motel assistance.		

TOTAL PROGRAM EXPENSES

**TOTAL EXPENSES**  
65550

### Program Budget Narrative

**Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)**

VAC receives funding from other governmental agencies as indicated in the budget and submits RFPs as available and appropriate, seeks grants from other entities, continues outreach to local faith congregations and local businesses for support, conducts several fund raising events, and reaches out to individuals for donations. VAC received two new grants for housing services in 2018. The agency has begun a fundraising campaign in light of our 50th anniversary in 2019 also to increase capacity.

### Reference List

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

**Reference List: (5000 character limit)**

1. [https://repository.upenn.edu/cgi/viewcontent.cgi?referer=http://www.reentryandhousing.org/public-housing/&httpsredir=1&article=1063&context=spp\\_papers](https://repository.upenn.edu/cgi/viewcontent.cgi?referer=http://www.reentryandhousing.org/public-housing/&httpsredir=1&article=1063&context=spp_papers), p. 2.
2. <https://homelesshub.ca/sites/default/files/Greenberg.pdf>, p. 170.
3. [file:///C:/Users/dir/Downloads/Risk\\_Factors\\_for\\_Long-Term\\_Homelessness\\_Findings\\_F.pdf](file:///C:/Users/dir/Downloads/Risk_Factors_for_Long-Term_Homelessness_Findings_F.pdf), p. 5.
4. Boone Impact Group's Boone Indicators Dashboard, Issues: Basic Needs & Safety Net. Retrieved from <http://booneindicators.org/Issues.aspx?id=1#4785>, retrieved 9/12/18.
5. Ibid.
6. Missouri Housing Development Commission Statewide Homelessness Study Report (2015), p. 318. Retrieved August 15, 2016, p. 318f. <http://www.mhdc.com/ci/documents/MHDC%202015%20FINAL%20Digital.pdf>
7. 2-1-1 Boone County Report, Received via email 7/5/2018 to [dir@vacmo.org](mailto:dir@vacmo.org) from Kate Rollins, [Kate.Rollins@stl.unitedway.org](mailto:Kate.Rollins@stl.unitedway.org), Missouri/Illinois 2-1-1
8. From home website page of the Corporation of Supportive Housing, <https://www.csh.org>, retrieved 12/8/18.
9. Dimensions of Quality Supportive Housing guidebook, Corporation for Supportive Housing, p. 5.
10. Ibid., p. 3.
11. "Necessary Activities of Best Practice Rapid Re-Housing Programs Handout", Retrieved 8/27/2016. <http://www.endhomelessness.org/library/entry/homelessness-prevention-creating-programs-that-work>, and "Homelessness Prevention and Rapid Re-Housing Best Practice Standards," Retrieved 8/27/2016.
12. Science Magazine. "The impact of homelessness prevention programs on homelessness," p. 696. Discovered at <http://science.sciencemag.org/content/353/6300/694>. Full article retrieved through institutional access 8/28/2016.
13. Ibid., p. 698.

### Linked 'Agreement Form - V3' Records

**Link Instructions - Agreement Form - V3**

### Linked 'Agreement Form - V3.1' Records

**Link Instructions Agreement Form - V3.1**

**Agreement Form - V3.1**

				Link Info	
Organization Name	Program Name	Date Completed	Record Lock	Description	Active Date
Voluntary Action Center	VAC Housing Program				Added on 01/08/2019

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



# Program Services 1-5 (V3)

## Community Health/Medical Fund - RFP #52-13DEC18...

[Quick View Information](#)

### Program Service Form Information

The purpose of the Program Service form is to provide detailed information about the proposed program service(s).

*Guidelines:*

- Information should be based on the proposed contract/agreement period.
- Information provided should be for the entire program, not just the portion proposed to be contracted/funded by the City of Columbia, Boone County, or the Heart of Missouri United Way.
- Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).
- Each narrative response should be clear and succinct.
- Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

*Instructions:*

Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled. Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

*Resources:*

Allowable service terms and definitions are indicated in the Taxonomy of Services. This document can be accessed in My Shared Files and on the Boone Impact Group (BIG) website: <http://www.booneimpact.org/>  
Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the My Shared Files section.

\* Indicates Required Field

### Development/Start Up Service Funding

*Instructions for Boone County Children's Services Funding and Community Health/Medical Fund:* The Boone County Children's Services Board or the Community Health Advisory Council will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

*Instructions for Heart of Missouri United Way Funding:* The Heart of Missouri United Way Board will consider funding one-time costs for expenses and equipment required in order to deliver the proposed program service(s). One-time funding will only be considered if HMUW chooses to enter into a funding agreement for the proposed program service(s).

**NOTE:** Heart of Missouri United Way does not intend for this section to be used for capacity building funding requests. If you will be requesting capacity building funds specific to the proposed program service(s), use the service field(s) below and the appropriate taxonomy service(s).

**a. Amount Requested**

\$4,000.00

**b. Describe how the funds will be utilized. (600 character limit)**

Funds will be used to purchase items necessary for the case manager's office: desk and desk chair, computer (including setup), telephone, file cabinet, guest chairs, etc.

**c. Provide justification for the request for one-time funding. (600 character limit)**

As this is a new position and will require additional space within the agency, the funding will make start up of the position possible.

### Service #1 - Name, Definition, and Description

**a. Service #1 - Taxonomy of Service Name (300 character limit)**

10.11 Case Management

**b. Service #1 - Taxonomy Definition of Service (300 character limit)**

A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective...

**c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)**

Clients who receive case management from VAC for this program will be those persons identified by Boone County. Case management includes support for identification of a rental unit, financial planning, assistance with locating employment, etc. Clients within this program may also receive assistance also with other wrap-around services from VAC's Basic Needs Program. These include assistance with food, hygiene and household cleaning products, fans, official ID, work uniforms, transportation assistance, etc. Clients will also be counseled as to the availability of other resources and so are given information about and referral to these other services and agencies.

**Record Lock**

0

**Service #1 - Outputs**

**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)**

15 minutes

**b. Unit Rate (#1)**

\$12.55

**IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)**

**c. Is the proposed Unit Rate tied to an established public funding rate? (#1)**

Yes

**Indicate the publicly available rate and describe the source. (#1) (600 character limit)**

The rate is tied in part to rates as described by the St. Louis Children's Service Fund's Approved Units of Service rates for 2016 and is also informed by an internal agency review of service cost.

**d. Total Number of Units of Service to be Provided (#1)**

5000

**e. Total Number of Unduplicated Individuals (#1)**

14

**f. Average Number of Units of Service per Unduplicated Individual (#1)**

357.14

**g. Average Cost of Service per Individual (#1)**

4482.14

**Service #1 - Service Fee**

**a. Will the proposed service consumers be charged a fee? (#1)**

No

**Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)**

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service: fees would present such a barrier.

**b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#1)**

No

**Explain why the proposed service is not billable to a third-party payor. (#1) (600 character limit)**

This service does not qualify for third-party payment reimbursement from any source known to the agency.

**Service #1 - Local Funding**

**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)**

No

**Service #1 - Funding Request**

**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)**

\$62,750.00

**b. Proposed Number of Units of Service (#1)**

5000

**c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)**

This funding will provide for the addition of a new staff member to provide the case management required to successfully meet the goals of the program as well as associated costs for support of the case manager.

**Service #1- Performance Measures**

**Outcome (1-1)**

Clients will gain or regain stability in their housing.

**Indicator (1-1)**

Clients will remain in housing for the 365 days following their housing start date.

**Method of Measurement (1-1)**

Direct contact by case manager in follow-up meeting or call.

**Additional Outcome (1-2)**

Clients will experience an improved quality of life.

**Additional Indicator (1-2)**

Clients will report an improved quality of over the period of service provision measured by a 1 to 5 Likert scale.

**Additional Method (1-2)**

Direct contact by case manager in follow-up meeting or call.

**Additional Outcome (1-3)**

Clients will not re-offend, therefore not reentering the justice system.

**Additional Indicator (1-3)**

Clients will not have reported interaction with law enforcement over the period of service provision.

**Additional Method (1-3)**

Monitoring by case manager in follow-up meeting or call.

**Additional Outcome (1-4)**

**Additional Outcome (1-5)**

**Additional Indicator (1-4)**

**Additional Indicator (1-5)**

**Additional Method (1-4)**

**Additional Method (1-5)**

**Service #1 - Performance Measures Narrative**

**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

These outcomes address the primary goal of the program of providing support for identified clients, according to information provided by Boone County, to obtain stable housing, improved quality of life, reduced re-offending, and other indicators of success. This will result also in reduced use of crisis care services.

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

Persons leaving incarceration often face a variety of challenges and barriers that impact the outcome of services. These include an unwillingness of landlords to rent to someone with a criminal record and potential employers who have the same concern. Clients may also experience interruption of work, physical and mental health challenges, unexpected household changes, and transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of services.

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

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

**d. Provide a rationale for each method of measurement. (#1) (600 character limit)**

Direct contact with the client is the most effective means of determining service outcomes. Client surveys are conducted directly with clients by phone, or in this case also in person, providing not only a structured method of gathering information, but also the opportunity to clarify responses and gather additional information.

**Service #2 - Name, Definition, and Description**

**a. Service #2 - Taxonomy of Service Name (300 character limit)**

5.20 Hotel/Motel Stay

**b. Service #2 - Taxonomy Definition of Service (300 character limit)**

Provision of a one night hotel/motel stay for persons experiencing homelessness.

**c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)**

Motel vouchers will be provided to clients within this program on the occasions where necessary to bridge a short period of time when transitional housing is needed.

**Service #2 - Outputs**

**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)**

One night

**b. Unit Rate (#2)**

\$50.00

**IMPORTANT REMINDER:** Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

**c. Is the proposed Unit Rate tied to an established public funding rate? (#2)**

No

**Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)**

Rate is based on current negotiated rate per night at local motels. Funds will be used to pay motels directly on behalf of clients and will be billed to the county accordingly.

**d. Total Number of Units of Service to be Provided (#2)**

56

**e. Total Number of Unduplicated Individuals (#2)**

8

**f. Average Number of Units of Service per Unduplicated Individual (#2)**

7

**g. Average Cost of Service per Individual (#2)**

350

### Service #2 - Service Fee

**a. Will the proposed service consumers be charged a fee? (#2)**

No

**Provide a rationale why no fee will be charged for the service. (#2) (600 character limit)**

VAC has never charged a fee for any program service, securing necessary funding through other sources, including local government, Heart of Missouri United Way, Boone Electric Trust, Federal agencies, local faith communities, fund raising events, and donations from service clubs, businesses, and individuals. Additionally, the agency seeks to limit barriers to service; fees would present such a barrier.

**b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#2)**

No

**Explain why the proposed service is not billable to a third-party payor. (#2) (600 character limit)**

This service does not qualify for third-party payment reimbursement from any source known to the agency.

### Service #2 - Local Funding

**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)**

No

### Service #2 - Funding Request

**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)**

\$2,800.00

**b. Proposed Number of Units of Service (#2)**

56

**c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)**

Funding will fill the gap of needed revenue to cover the extension of this service to the clients identified within this program.

### Service #2 - Performance Measures

**Outcome (2-1)**

Individuals will be housed on an interim basis before moving into permanent housing.

**Indicator (2-1)**

95 to 100% of individuals will report that the motel stay provided met their immediate need for housing.

**Method of Measurement (2-1)**

Direct contact by case manager in follow-up meeting or call.

**Additional Outcome (2-2)**

**Additional Indicator (2-2)**

**Additional Method (2-2)**

**Additional Outcome (2-3)**

**Additional Indicator (2-3)**

**Additional Method (2-3)**



Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

### Service #2 - Performance Measures Narrative

**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)**

As housing is an essential basic need, this service makes a direct contribution to the stability of clients. As clients gain stability in permanent housing, the primary goal of the program will be met.

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

Low-income persons often face a variety of challenges and barriers that impact the outcome of services. These include interruption of work, physical and mental health challenges, unexpected household changes, and transportation difficulties. Limited resources make such challenges difficult to overcome and can limit the effectiveness of VAC services.

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

These measures reflect the agency's previous experience with measuring the effectiveness of this service. Because of client vulnerability a certain lack of success can be anticipated to some degree.

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

Direct contact with the client is the most effective means of determining service outcomes.

### Service #3 - Name, Definition and Description

**a. Service #3 - Taxonomy of Service Name (300 character limit)**

**b. Service #3 - Taxonomy Definition of Service (300 character limit)**

**c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)**

### Service #3 - Outputs

**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)**

**b. Unit Rate (#3)**

\$0.00

*IMPORTANT REMINDER:* Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

**c. Is the proposed Unit Rate tied to an established public funding rate? (#3)**

**d. Total Number of Units of Service to be Provided (#3)**

0

**e. Total Number of Unduplicated Individuals (#3)**

0

**f. Average Number of Units of Service per Unduplicated Individual (#3)**

0

**g. Average Cost of Service per Individual (#3)**

0

### Service #3 - Service Fee

**a. Will the proposed service consumers be charged a fee? (#3)**

**b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#3)**

### Service #3 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for

### Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

### Service #3 - Performance Measures

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

### Service #3 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section. (#3) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator. (#3) (600 character limit)
- d. Provide a rationale for each method of measurement. (#3) (600 character limit)

### Service #4 - Name, Definition, and Description

- a. Service #4 - Taxonomy of Service Name (300 character limit)
- b. Service #4 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

### Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

**IMPORTANT REMINDER:** Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate tied to an established public funding rate? (#4)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

g. Average Cost of Service per Individual (#4)

0

### Service #4 - Service Fee

a. Will the proposed service consumers be charged a fee? (#4)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#4)

### Service #4 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

### Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

### Service #4 - Performance Measures

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

### Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

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

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

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

### Service #5 - Name, Definition, and Description

a. Service #5 - Taxonomy of Service Name (300 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

### Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

**IMPORTANT REMINDER:** Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate tied to an established public funding rate? (#5)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

### Service #5 - Service Fee

a. Will the proposed service consumers be charged a fee? (#5)

b. Is this proposed service billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.)? (#5)

### Service #5 - Local Funding

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

### Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

### Service #5 - Performance Measures

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

### Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

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

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

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

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

69550

Linked 'Agreement Form - V3' Records

Link Instructions - Agreement Form - V3

Linked 'Agreement Form - V3.1' Records

Link Instructions - Agreement Form - V3.1

Agreement Form - V3.1

Organization Name	Program Name	Date Completed	Record Lock	Description	Link Info	Active	Date
Voluntary Action Center	VAC Housing Program					<input checked="" type="checkbox"/>	Added on 01/08/2019

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

**BOONE COUNTY – MISSOURI**

PROPOSAL NUMBER AND DESCRIPTION: #52-13DEC18 – Supportive Services

**WRITTEN CLARIFICATION FORM #1**

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

**All information must be provided as the best and final offer for this proposed program.**

---

<b>Organization</b>	Voluntary Action Center
<b>Name of Program</b>	VAC Housing Program

<b>Proposal Cover Sheet</b>	
-----------------------------	--

1. The Proposal Cover Sheet was missing Attachment A, B, and C and signed addendum.  
*Action Required:* Provide the required attachments and addendum. The attachments can be located in the back of the RFP and the addendum can be located on the Purchasing Department’s website under [Bid Opportunities](#).

--

2. Based on our discussion, the program will fall under VAC Housing Program. The name of the program has been changed on the Proposal Cover Sheet. Please review.

<b>Program Overview Form</b>	
------------------------------	--

3. Based on our discussion, VAC agreed that the proposed case management will be added to their existing VAC Housing Program.  
*Action Required:* Provide clarification on how the proposed services will be incorporated into the existing housing program. Include information on how program staff will support the Case Manager and clients.

--

4. After our discussion with the Review Committee, do you plan on raising the minimum qualifications and salary range to reflect the level of case management required for the program.

*Action Required:* Complete the Personnel Table below to reflect the VAC Housing Program and the updated qualifications and salary range for the Case Manager.

Position or Title	Minimum Qualifications	FTE	Full-Time Salary Range From:	Full-Time Salary Range To:

Notes:

5. How do you plan to provide Clinical Supervision for the Case Manager?

*Action Required:* Provide information on how VAC will arrange Clinical Supervision for the Case Manager.

**Program Services 1-5**

6. The unit rate for Hotel/Motel Stay in the proposal is \$50.00 for one night. The Agreement Form from through RFP #35-13SEP18 is \$25.00 for one night.

*Action Required:* Provide clarification on the unit rate for Hotel/Motel Stay.

**BOONE COUNTY – MISSOURI**

PROPOSAL NUMBER AND DESCRIPTION: #52-13DEC18 – Supportive Services

**WRITTEN 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](mailto:mbobbitt@boonecountymmo.org).

**All information must be provided as the best and final offer for this proposed program.**

<b>Organization</b>	Voluntary Action Center
<b>Name of Program</b>	VAC Housing Program

**Proposal Cover Sheet**

1. The Proposal Cover Sheet was missing Attachment A, B, and C and signed addendum.  
*Action Required:* Provide the required attachments and addendum. The attachments can be located in the back of the RFP and the addendum can be located on the Purchasing Department’s website under [Bid Opportunities](#).

Attached.

2. Based on our discussion, the program will fall under VAC Housing Program. The name of the program has been changed on the Proposal Cover Sheet. Please review.

**Program Overview Form**

3. Based on our discussion, VAC agreed that the proposed case management will be added to their existing VAC Housing Program.  
*Action Required:* Provide clarification on how the proposed services will be incorporated into the existing housing program. Include information on how program staff will support the Case Manager and clients.

VAC has for several years provided rent assistance and motel assistance within other basic needs services. In recent years housing services have been recognized as distinct from other services, though most if not all VAC housing clients also receive basic needs (wraparound) services as well. Two years ago a staff reorganization led to the designation of a Housing Coordinator who takes primary responsibility for housing services and reports to the Executive Director with additional significant support provided by VAC’s Finance Administrator who generates reports and consults on financial matters. The case manager within this service will work in concert with the current Housing Coordinator, also reporting to the Executive Director, also with support from the Finance Administrator. After having received funding in 2018 for the first time from the Missouri Housing Innovation Program and Missouri Housing Trust Fund, the agency is actively exploring other funding sources to further increase housing service provision. If successful, this will mean the addition of another staff position in addition to the new hire for the service within this RFP. This would result in VAC having three staff members providing housing services. While all will receive support from



the Executive Director and Finance Administrator, staff enlargement will mean an evolving structure for support and supervision of the entire staff. VAC's leadership is actively reviewing and addressing these matters.

- After our discussion with the Review Committee, do you plan on raising the minimum qualifications and salary range to reflect the level of case management required for the program.

*Action Required:* Complete the Personnel Table below to reflect the VAC Housing Program and the updated qualifications and salary range for the Case Manager.

Position or Title	Minimum Qualifications	FTE	Full-Time Salary Range From:	Full-Time Salary Range To:
Housing Case Manager	MSW, LCSW or equivalent	1	\$36,000	\$41,000

Notes: An increase in salary will require also an increase in cost of taxes and benefits according to VAC's personnel manual. Therefore, the budget for this service under "Personnel" should be adjusted to \$49,000. The UOS provided may also need to be adjusted to reflect the change in personnel salary. VAC remains open to negotiating these terms.

- How do you plan to provide Clinical Supervision for the Case Manager?

*Action Required:* Provide information on how VAC will arrange Clinical Supervision for the Case Manager.

Supervision will need to be provided from outside the agency as there is no one currently employed who is qualified. VAC will reach out to the School of Social Work at the University of Missouri to explore provision from faculty there. We will also reach out to other local agencies that are providing housing services, such as through Functional Zero Task Force, for assistance in identifying someone qualified to provide supervision. Input from the county is also welcome.

**Program Services 1-5**

- The unit rate for Hotel/Motel Stay in the proposal is \$50.00 for one night. The Agreement Form from through RFP #35-13SEP18 is \$25.00 for one night.

*Action Required:* Provide clarification on the unit rate for Hotel/Motel Stay.

The agreement through RFP #35-13SEP18 is for the provision of one night's stay. The request in this RFP is to provide for the expense of an overnight motel payment. Provision would be covered through the support of the case manager for this service.

# 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](mailto:mbobbitt@boonecountymo.org)

January 23, 2019

BOONE COUNTY - MISSOURI  
PROPOSAL NUMER AND DESCRIPTION: 52-13DEC18 – Supportive Services

### CLARIFICATION FORM #1

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

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: Voluntary Action Center

Address: 403A Vandiver Drive  
Columbia, MO 65202

Telephone: 573/874-2273 Fax: 573/874-9172

Federal Tax ID (or Social Security #): 23-7120750

Print Name: Nick Foster Title: Executive Director

Signature: [Handwritten Signature] Date: 1-22-19

E-mail: dir@vacmo.org



**BOONE COUNTY, MISSOURI**

**Request for Proposal #: 52-13DEC18 – Supportive Services – Community Health /  
Medical Fund**

**ADDENDUM #1 - Issued November 21, 2018**

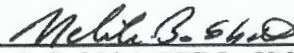
This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

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. Edit paragraph 3.6. on page 7 of the RFP to read: "There is a total of \$75,000 **per year** for up to a two-year period available..."
- II. Edit paragraph 2.4.1. on page 6 of the RFP to read: "The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be for a period of up to two years. The negotiated contract may have an option for a one-year renewal.
- III. The Sign-In Sheet from the pre-proposal conference held on November 19 is attached for informational purpose.
- IV. The County received the following question and is providing a response:
  - a. Do vouchers follow fair market value?

**Response:** Yes.

By:

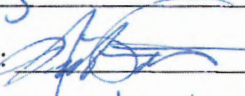
  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **52-13DEC18 – Supportive Services – Community Health / Medical Fund**, receipt of which is hereby acknowledged:

Company Name: Voluntary Action Center  
Address: 403A Vandiver Drive, Columbia, MO 65202

Phone Number: 573-874-2273 Fax Number: 573-874-9172

E-mail: dir@vacmo.org

Authorized Representative Signature:  Date: 1-18-19

Authorized Representative Printed Name: Nick Foster

**ATTACHMENT A**

**2018 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

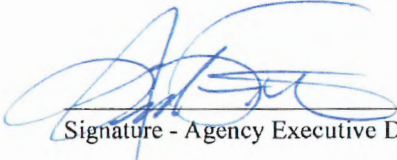
- Certificate of Corporate Good Standing
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Nick Foster

Printed Name - Agency Executive Director/President/CEO

1-18-19

Date



Signature - Agency Executive Director/President/CEO

1-18-19

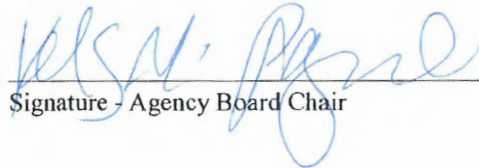
Date

Kelsey Raymond

Printed Name - Agency Board Chair

1-22-19

Date



Signature - Agency Board Chair

1-22-19

Date

**ATTACHMENT B**

**(Please complete and return with Proposal Response)**

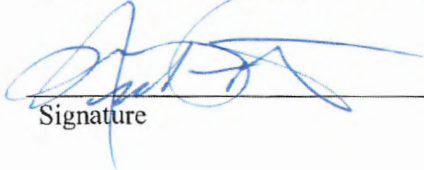
Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

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

Nick Foster, Executive Director  
Name and Title of Authorized Representative

  
Signature

1-18-19  
Date



**ATTACHMENT C**

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

County of Boone )  
 )ss  
State of Missouri )

My name is Nick Foster. I am an authorized agent of Voluntary Action Center (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

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

[Signature] 1-22-19  
Affiant Date  
Nick Foster  
Printed Name

Subscribed and sworn to before me this 22 day of January, 2019.

ALLISON BURNHAM  
Notary Public - Notary Seal  
STATE OF MISSOURI  
County of Boone  
My Commission Expires 11/08/2021  
Commission # 17440646

Allison Burnham  
Notary Public

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



## Voluntary Action Center

### Agreement Form Follow-Up Notes

**Instructions:** An Agreement Form has been created under your program’s proposal on Apricot and has been updated with information provided through the Written Clarifications. Please review the following comments and complete the items requested. The Agreement Form is located in the Proposal Cover Sheet Document Folder and is unlocked to make changes. Please click “Submit Agreement” once changes and a review has been completed. Please, write down any changes that are made to the Agreement Form so the Community Services Department staff can easily identify items to review.

If contracted, funding will be provided through two different RFPs/proposals. Reporting will be required on the program as whole in both RFPs. You can identify the two different proposals by identifying the Funding Cycle on the Proposal Cover Sheet page. Instructions below are for the Agreement Form for Funding Cycle: **RFP #52-13DEC18**.



Voluntary

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project
Community Health/Medical Fund - RFP #26-15SEP16 (First Reporting ends 02/01/2019 12:00 AM CST)	Voluntary Action Center	Community Health/Medical Fund - POS	Boone County	RFP #26-15SEP16	Basic Needs and Emergency Services
City of Columbia- RFP FY2016 Social Services (Year End Reporting ends 02/01/2019 12:01 AM CST)	Voluntary Action Center	Social Services FY2018	City of Columbia	FY2018	Essential Transportation
HMUW Financial Stability/Income RFP JUL2018 (Interim Report ends 06/30/2018 12:00 PM CDT)	Voluntary Action Center	HMUW Financial Stability/Income and Basic Needs (State Net) RFP	Heart of Missouri United Way	Financial Stability/Income JUL2018-JUN2019 and Basic Needs Safety Net JUL2018-JUN2019	Family Assistance and Emergency Services SN#11
City of Columbia- RFP FY2017 Social Services (Year End Report ends 02/01/2019 12:00 PM CST)	Voluntary Action Center		City of Columbia	FY2017	VAC Basic Needs Program
City of Columbia- RFP FY2017 Social Services (Year End Report ends 02/01/2019 12:00 PM CST)	Voluntary Action Center		City of Columbia	FY2017	VAC Housing Program
HMUW - Basic Needs RFP JUL2018 Cycle (Interim Report ends 04/01/2019 11:59 AM CDT)	Voluntary Action Center	HMUW Basic Needs RFP	Heart of Missouri United Way	JUL2018 - JUN2020	VAC Basic Needs Services
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	VAC Basic Needs Program
Community Health/Medical Fund - RFP #36-13SEP18 (Interim Reports ends 07/31/2019 11:59 AM CDT)	Voluntary Action Center	Community Health/Medical Fund - RFP #36-13SEP18	Boone County	RFP #36-13SEP18	VAC Housing Program
Community Health/Medical Fund - RFP #52-13DEC18 (Agreement Form V3.0) ends 02/28/2019 11:59 AM CST	Voluntary Action Center	Community Health/Medical Fund - RFP #52-13DEC18	Boone County	RFP #52-13DEC18	VAC Housing Program

Follow-up is needed for the RFP #52-13DEC18 Agreement Form:

Agreement Form Section	Items Updated	Action Required:
Program Budget	<ol style="list-style-type: none"> <li>1. The budget information from RFP #35-SEP18 VAC Housing Program Agreement Form has been added to the new Agreement Form. The amount requested through this RFP has been updated to reflect the total from the Services proposal page. Funding through this RFP will be listed under Boone County - Community Health Fund and funding through the other program is listed under Boone County – Other Funding.</li> <li>2. The program expenses may need to be adjusted to reflect changes made to the Case Manager’s salary range.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review the program revenues. Update the Boone County – Community Health Funding amount based on the total Agreement Amount (include development/start-up funds in the total).</li> <li>2. Review the Program Expenses and make updates.</li> </ol>
Consumer Demographic	<ol style="list-style-type: none"> <li>1. The demographics information from RFP #35-SEP18 VAC Housing Program Agreement Form has been added to the new Agreement Form.</li> </ol>	<ol style="list-style-type: none"> <li>1. Please review the Consumer Demographics. A narrative was provided explaining that 14 individuals will be served through the RFP.</li> </ol>
Program Service 1 – Outputs	<ol style="list-style-type: none"> <li>1. The new service offered through this RFP will be named Case Management.</li> <li>2. The unit rate may need to be adjusted to reflect salary range changes for the new Case Manager. The current unit rate is identical to the less intensive case management from the previous RFP.</li> </ol>	<ol style="list-style-type: none"> <li>1. Please review</li> <li>2. Make revisions as necessary.</li> </ol>
Program Service 1 – Funding	<ol style="list-style-type: none"> <li>1. Make changes to the Agreement Amount #1 to reflect any changes made to the unit rate. Keep in mind that the Agreement Units needs to be a whole number. This amount is what is being requested from Boone County.</li> </ol>	<ol style="list-style-type: none"> <li>1. Make revisions as necessary.</li> </ol>
Program Service #1 – Performance Measures	<ol style="list-style-type: none"> <li>1. The performance measures have been reviewed and updated.</li> </ol>	<ol style="list-style-type: none"> <li>1. Please review the performance measures, make any corrections, and add percentages.</li> </ol>

Program Service #2 – Outputs	1. The number of units for Hotel/Motel Stay has been increased to include the units listed in the Agreement Form from RFP #35-13SEP18. This number should be for the whole program.	1. Please Review.
Program Service #2 – Funding	1. Make changes to the Agreement Amount #2 to reflect any changes made to the unit rate. Keep in mind that the Agreement Units needs to be a whole number. This amount is what is being requested from Boone County.	1. Make revisions as necessary.
Program Service #2 – Performance Measures	1. Performance measures have been updated to reflect the Agreement Form from RFP #35-13SEP18.	1. Please review.
Program Services #3-4 (Service Coordination & Rental Assistance)	1. Case Management from RFP #35-13SEP18 has been changed to Service Coordination. 2. Information has been added from the RFP #35-13SEP18 Agreement Form	1. Please review. 2. Please review.

## Kristin Cummins

---

**From:** Melinda Bobbitt  
**Sent:** Wednesday, March 13, 2019 2:37 PM  
**To:** Kristin Cummins; Kelly Wallis; Joanne Nelson  
**Subject:** FW: Agreement Form for RFP #52-13DEC18 - Voluntary Action Center

**From:** Nick Foster <dir@vacmo.org>  
**Sent:** Wednesday, March 13, 2019 2:29 PM  
**To:** Melinda Bobbitt <MBobbitt@boonecountymo.org>  
**Cc:** Kristin Cummins <KCummins@boonecountymo.org>  
**Subject:** Re: Agreement Form for RFP #52-13DEC18 - Voluntary Action Center

Melinda,

The Agreement Form has been updated. Please let me know if you have any questions or concerns.

Thank you,

On Mon, Mar 4, 2019 at 8:41 AM Melinda Bobbitt <[MBobbitt@boonecountymo.org](mailto:MBobbitt@boonecountymo.org)> wrote:

Nick,

Please see the attached instructions to complete the Agreement for the Supportive Services RFP. The program name has been changed to VAC Housing Program. The Agreement Form is located under Funding Cycle: **RFP #52-13DEC18**. This allows the proposed case management service to be part of the existing housing program. We also wanted to give you an update on how the 811 vouchers will be distributed. The distribution of the 811 vouchers will be a collaborative effort between the County, CHA, FZTF, and VAC. Utilizing the FZTF case conferencing process, individuals will be selected to receive an 811 voucher. Those individuals will need to be placed on the 2015 HCV waitlist which will be opened at a time to be determined. Once the individuals are on the waitlist and their eligibility preference is certified, they will work with CHA to receive the voucher. The VAC case manager will need to assist the individuals to receive the voucher, find housing, and maintain housing.

Please complete the Agreement Form by Friday, March 15 or earlier.

Thanks,

Melinda Bobbitt, CPPO, CPPB

Director of Purchasing

613 E. Ash Street, Room 110

Columbia, MO 65201

E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

Phone: (573) 886-4391

Fax: (573) 886-4390



--

**Nick Foster**  
*Executive Director*  
VAC



403A Vandiver Drive  
Columbia, MO 65202  
[www.vacmo.org](http://www.vacmo.org)

[\(573\) 874-2273](tel:5738742273)  
[\(573\) 874-9172](tel:5738749172), FAX

**Learn all about VAC in 2 minutes!**  
**Watch the video [here](#).**

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# Agreement Form - V3.1

## Community Health/Medical Fund - RFP #52-13DEC18...

Quick View Information

### Quick View Information

This form is auto-populated with information from the Proposal Cover Sheet, Program Overview (V3) and Program Services (V3) proposal forms.

**Organization Name**

Voluntary Action Center

**Program Name**

VAC Housing Program

**Date Completed**

**Funder**

Boone County

**Funding Type**

Community Health/Medical Fund - RFP #52-13DEC18

**Funding Cycle**

RFP #52-13DEC18

**Record Lock**

1

### Agreement Information Form Instructions

The purpose of this form is to capture key information about the contracted program and program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

\* Indicates Required Field

### Program Budget Instructions

*Instructions:* As needed and/or required, update the information in the Agreement (A) Column.

### Program Budget

PROGRAM REVENUE	AGREEMENT BUDGET (A)
1. DIRECT SUPPORT	
<b>A. Heart of Missouri United Way</b>	<b>(A) 1A.</b> \$500.00
	<b>(A) 1B.</b>

<b>B. Other United Ways</b>	\$0.00
<b>C. Capital Campaigns</b>	<b>(A) 1C.</b> \$0.00
<b>D. Grants (non-governmental)</b>	<b>(A) 1D.</b> \$0.00
<b>E. Fund Raising &amp; Other Direct Support</b>	<b>(A) 1E.</b> \$13,000.00

## 2. GOVERNMENT CONTRACTS/SUPPORT

<b>A. Boone County - Children's Services Funding</b>	<b>(A) 2A.</b> \$0.00
<b>B. Boone County - Community Health Funding</b>	<b>(A) 2B.</b> \$78,999.00
<b>C. Boone County - Other Funding</b>	<b>(A) 2C.</b> \$10,040.00
<b>D. Funding from Other Counties</b>	<b>(A) 2D.</b> \$0.00
<b>E. City of Columbia - Social Service Funding</b>	<b>(A) 2E.</b> \$15,000.00
<b>F. City of Columbia - CDGB/Home Funding</b>	<b>(A) 2F.</b> \$0.00
<b>G. City of Columbia - CHDO Funding</b>	<b>(A) 2G.</b> \$0.00
<b>H. City of Columbia - Other Funding</b>	<b>(A) 2H.</b> \$0.00
<b>I. Funding from Other Cities</b>	<b>(A) 2I.</b> \$0.00
<b>J. Federal (Medicaid, Title III, etc.)</b>	<b>(A) 2J.</b> \$72,000.00
<b>K. State (Purchase of Services, Grants, etc.)</b>	<b>(A) 2K.</b> \$69,500.00
<b>L. Other (Schools, Courts, etc.)</b>	<b>(A) 2L.</b> \$0.00
<b>3. Program Service Fees</b>	<b>(A) 3.</b> \$0.00
<b>4. Investment Income (realized &amp; unrealized)</b>	<b>(A) 4.</b> \$0.00
<b>5. Other Revenue Items</b>	<b>(A) 5.</b> \$0.00
<b>TOTAL PROGRAM REVENUE</b>	<b>(A) Total Revenue</b> 259039

## PROGRAM EXPENSES



<b>1. Personnel</b>	<b>(A) 1.</b>
	\$96,530.00
<b>2. Non-Personnel</b>	<b>(A) 2.</b>
	\$161,990.00
<b>TOTAL PROGRAM EXPENSES</b>	<b>(A) Total Expenses</b>
	258520

## Residence

<u>RESIDENCE</u>	AGREEMENT RESIDENCE (A)
City of Columbia	<b>(A) City of Columbia</b> 185
Boone County (includes City of Columbia residents)	<b>(A) Boone County (includes City of Columbia residents)</b> 214
Cooper County	<b>(A) Cooper County</b> 0
Howard County	<b>(A) Howard County</b> 0
Other Counties	<b>(A) Other Counties</b> 0
<b>RESIDENCE TOTAL</b>	<b>(A) Residence Total:</b> 214

## Race

<u>RACE</u>	AGREEMENT RACE (A)
White (alone)	<b>(A) White (alone)</b> 71
Black or African American (alone)	<b>(A) Black or African American (alone)</b> 97
Multiple Races	<b>(A) Multiple Races</b> 21
Asian (alone)	<b>(A) Asian (alone)</b> 4
Native American Indian or Alaskan Native (alone)	<b>(A) Native American Indian or Alaskan Native (alone)</b> 1
Native Hawaiian or other Pacific Islander (alone)	<b>(A) Native Hawaiian or other Pacific Islander (alone)</b> 1
Some Other Race	<b>(A) Some Other Race</b> 19
<b>RACE TOTAL</b>	<b>(A) Race Total</b>



## Ethnicity

ETHNICITY

## AGREEMENT ETHNICITY (A)

Hispanic or Latino (of all race)

**(A) Hispanic or Latino (of any race)**

13

Not Hispanic or Latino

**(A) Not Hispanic or Latino**

196

**ETHNICITY TOTAL****(A) Ethnicity Total**

214

## Gender

GENDER

## AGREEMENT GENDER (A)

Female

**(A) Female**

107

Male

**(A) Male**

102

Other Gender

**(A) Other Gender**

5

**GENDER TOTAL****(A) Gender Total**

214

## Income

INCOME

## AGREEMENT INCOME (A)

At or below 200% of FPL (Federal Poverty Level)

**(A) At or below 200% of FPL**

214

Over 200% of FPL

**(A) Over 200% of FPL**

0

**INCOME TOTAL****(A) Income Total**

214

## Age (City-Social Services/County-Health/HMUW)

AGE

## AGREEMENT AGE (A):

Under 5 years

**(A) Under 5 years**

32

**(A) 5-19 years**

5-19 years	65
20-59 years	<b>(A) 20-59 years</b> 105
60 years and over	<b>(A) 60 years and over</b> 12
<b>AGE TOTAL</b>	<b>(A) Age Total</b> 214

**Consumer Demographics Narrative (optional)**

**Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.**

14 individuals will be served through the Supportive Services RFP.

**Individuals Trained**

	AGREEMENT (A)
Individuals to be Trained	<b>(A) Individuals to be Trained</b> 0

**Program Service and Performance**

*Instructions:* **Update the Agreement(A) Column with updated figures finalized through the approved contract.**

**Development/Start Up Service Funding**

	AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)
<b>Amount Requested</b>	<b>(A) Amount Requested</b> \$4,000.00
<b>Description of Funds</b>	<b>(A) Description of Funds</b> Funds will be used to purchase items necessary for the case manager's office: desk and desk chair, computer (including setup), telephone, file cabinet, guest chairs, etc.

**Program Service #1 - Outputs**

Program Service #1 - Outputs:	#1 Agreement (A)
Service #1 Name	<b>(A) Service #1</b> Case Management
Total # of Units Provided #1	<b>(A) Units #1</b> 3786
Unit Measure #1	<b>(A) Unit Measure #1</b> 15 minutes

Unit Rate #1

**(A) Unit Rate #1**

\$19.07

Total # of Unduplicated Individuals Served #1

**(A) Unduplicated Individuals #1**

14

**Program Service #1 - Funding**

Funding Amount #1

**(A) Agreement Amount #1**

\$72,199.00

Units #1

**(A) Agreement Units #1**

3786

**Program Service #1 - Performance Measures (Agreement)**

(A) Program Service 1 Outcomes:

(A) Program Service 1 Indicators:

(A) Program Service 1 Method of Measurements:

**(A) Outcome 1-1**

Clients will gain or regain stability in their housing.

**(A) Indicator 1-1**

1.) 95% of clients will remain in housing for 90 days following their housing start date.

**(A) Method of Measurement 1-1**

Case Manager notes

2.) 90% of clients will remain in housing for the 365 days following their housing start date.

**(A) Additional Outcome 1-2**

Clients will experience an improved quality of life.

**(A) Additional Indicator 1-2**

90% of clients will report improvement in mental and/or physical well-being.

**(A) Additional Method 1-2**

Direct contact by Case Manager in follow-up meeting or call within 30 days of receiving service. (Likert scale)

**(A) Additional Outcome 1-3**

Clients will not reentering the justice system.

**(A) Additional Indicator 1-3**

1.) 80% of clients will not have reported interaction with law enforcement over the period of service provision.

**(A) Additional Method 1-3**

Monitoring by case manager in follow-up meeting or call.

2.) 85% of clients will not reenter the justice system.

**(A) Additional Outcome 1-4****(A) Additional Indicator 1-4****(A) Additional Method 1-4****(A) Additional Outcome 1-5****(A) Additional Indicator 1-5****(A) Additional Method 1-5****Program Service #2 - Outputs**

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

**(A) Service #2**

Hotel/Motel Stay

Total # of Units #2

**(A) Units #2**

56

Unit Measure #2

**(A) Unit Measure #2**

One night

Unit Rate #2

**(A) Unit Rate #2**

\$50.00

Total # of Unduplicated Individuals Served #2

**(A) Unduplicated Individuals #2**

8

**Program Service #2 - Funding**

Funding Amount #2

**(A) Agreement Amount #2**  
\$2,800.00

Units #2

**(A) Agreement Units #2**  
56**Program Service #2 - Performance Measures (Agreement)****(A) Program Service 2 Outcomes:**      **(A) Program Service 2 Indicators:**      **(A) Program Service 2 Method of Measurement****(A) Outcome 2-1**

Individuals will be housed on an interim basis before moving into permanent housing.

**(A) Indicator 2-1**

95% of individuals will report that the motel stay provided met their immediate need for housing.

**(A) Method of Measurement 2-1**

Direct contact by case manager in follow-up meeting or call.

**(A) Additional Outcome 2-2**

Clients will report an improvement in mental and/or physical well-being

**(A) Additional Indicator 2-2**

80% of clients will report improvement in mental and/or physical well-being.

**(A) Additional Method 2-2**

Direct contact by Social Services Specialist in follow-up meeting or call within 30 days of receiving service. (Likert scale)

**(A) Additional Outcome 2-3****(A) Additional Indicator 2-3****(A) Additional Method 2-3****(A) Additional Outcome 2-4****(A) Additional Indicator 2-4****(A) Additional Method 2-4****(A) Additional Outcome 2-5****(A) Additional Indicator 2-5****(A) Additional Method 2-5****Program Service #3 - Outputs**

Program Service 3 Outputs:

#3 Agreement (A)

Service #3 Name

**(A) Service #3**  
Service Coordination

Total # of Units #3

**(A) Units #3**  
1500

Unit Measure #3

**(A) Unit Measure #3**  
15 minutes

Unit Rate #3

**(A) Unit Rate #3**  
\$12.55

Total # of Unduplicated Individuals Served #3

**(A) Unduplicated Individuals #3**  
100**Program Service #3 - Funding**

Funding Amount #3

**(A) Agreement Amount #3**  
\$0.00

Units #3

**(A) Agreement Units #3**  
0

**Program Service #3 - Performance Measures (Agreement)**

(A) Program Service 3 Outcomes:

(A) Program Service 3 Indicators:

(A) Program Service 3 Method of Measurement.:

**(A) Outcome 3-1**

Clients will gain or regain stability in their housing.

**(A) Indicator 3-1**

1.) At least 95% of clients will remain in housing after 30 days.

**(A) Method of Measurement 3-1**

Direct contact by Social Services Specialist in follow-up meeting or call.

**(A) Additional Outcome 3-2**

Clients will report an improvement in mental and/or physical well-being

**(A) Additional Indicator 3-2**

80% of clients will report improvement in mental and/or physical well-being.

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

Direct contact by Social Services Specialist in follow-up meeting or call after 30 days of receiving service. (Likert scale)

**(A) Additional Outcome 3-3****(A) Additional Outcome 3-4****(A) Additional Outcome 3-5****(A) Additional Indicator 3-3****(A) Additional Indicator 3-4****(A) Additional Indicator 3-5****(A) Additional Method 3-3****(A) Additional Method 3-4****(A) Additional Method 3-5****Program Service #4 - Outputs**

Program Service 4 Outputs:

#4 Agreement (A)

Service #4 Name

**(A) Service #4**

Rental Assistance

Total # of Units #4

**(A) Units #4**

1500

Unit Measure #4

**(A) Unit Measure #4**

15 minutes

Unit Rate #4

**(A) Unit Rate #4**

\$12.55

Total # of Unduplicated Individuals Served #4

**(A) Unduplicated Individuals #4**

150

**Program Service #4 - Funding**

Funding Amount #4

**(A) Agreement Amount #4**

\$0.00

Units #4

**(A) Agreement Units #4**

0

**Program Service #4 - Performance Measures (Agreement)**

(A) Program Service 4 Outcomes:

(A) Program Service 4 Indicators:

(A) Program Service 4 Method of Measurements:

**(A) Outcome 4-1**

Clients will gain or regain stability in their housing.

**(A) Indicator 4-1**

1.) At least 90% of clients will remain in housing after 30 days.

**(A) Method of Measurement 4-1**

Direct contact by Social Services Specialist in follow-up meeting or call.

2.) At least 75% of clients will remain in housing after 90 days.

**(A) Additional Outcome 4-2**

Clients will report an improvement in mental and/or physical well-being

**(A) Additional Outcome 4-3**

**(A) Additional Outcome 4-4**

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

**(A) Additional Indicator 4-2**

Clients will report an improvement in mental and/or physical well-being

**(A) Additional Indicator 4-3**

**(A) Additional Indicator 4-4**

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

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

Direct contact by Social Services Specialist in follow-up meeting or call within 30 days of receiving service. (Likert scale)

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

**(A) Additional Method 4-4**

**(A) Additional Method 4-5**

**Program Service #5 - Outputs**

Program Service 5 Outputs:

#5 Agreement (A)

Service Name #5

**(A) Service #5**

Total # of Units Provided #5

**(A) Units #5**

0

Unit Measure #5

**(A) Unit Measure #5**

Unit Rate #5

**(A) Unit Rate #5**

\$0.00

Total # of Unduplicated Individuals Served #5

**(A) Unduplicated Individuals #5**

0

**Program Service #5 - Funding**

Funding Amount #5

**(A) Agreement Amount #5**

\$0.00

Units #5

**(A) Agreement Units #5**

0

**Program Service #5 - Performance Measures (Agreement)**

(A) Program Service 5 Outcomes:

(A) Program Service 5 Indicators:

(A) Program Service 5 Method of Measurements:

**(A) Outcome 5-1**

**(A) Indicator 5-1**

**(A) Method of Measurement 5-1**

**(A) Additional Outcome 5-2**

**(A) Additional Indicator 5-2**

**(A) Additional Method 5-2**

**(A) Additional Outcome 5-3**

**(A) Additional Indicator 5-3**

**(A) Additional Method 5-3**

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

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

**(A) Additional Method 5-4**

**(A) Additional Outcome 5-5**

**(A) Additional Indicator 5-5**

**(A) Additional Method 5-5**

**Program Service #6 - Outputs**

Program Service 6 Outputs:

#6 Agreement (A):

**(A) Service #6**

Service #6 Name:

Total # of Units #6: **(A) Units #6**  
0

Unit Measure #6: **(A) Unit Measure #6**

Unit Rate #6: **(A) Unit Rate #6**  
\$0.00

Total # of Unduplicated Individuals Served #6: **(A) Unduplicated Individuals #6**  
0

**Program Service #6 - Funding**

Funding Amount #6 **(A) Agreement Amount #6**  
\$0.00

Units #6 **(A) Agreement Units #6**  
0

**Program Service #6 - Performance Measures (Agreement)**

(A) Program Service 6 Outcomes: (A) Program Service 6 Indicators: (A) Program Service 6 Method of Measurements:

<b>(A) Outcome 6-1</b>	<b>(A) Indicator 6-1</b>	<b>(A) Method of Measurement 6-1</b>
<b>(A) Additional Outcome 6-2</b>	<b>(A) Additional Indicator 6-2</b>	<b>(A) Additional Method 6-2</b>
<b>(A) Additional Outcome 6-3</b>	<b>(A) Additional Indicator 6-3</b>	<b>(A) Additional Method 6-3</b>
<b>(A) Additional Outcome 6-4</b>	<b>(A) Additional Indicator 6-4</b>	<b>(A) Additional Method 6-4</b>
<b>(A) Additional Outcome 6-5</b>	<b>(A) Additional Indicator 6-5</b>	<b>(A) Additional Method 6-5</b>

**Program Service #7 - Outputs**

Program Service 7 Outputs: #7 Agreement (A)

Service #7 Name **(A) Service #7**

Total # of Units #7 **(A) Units #7**  
0

Unit Measure #7 **(A) Unit Measure #7**

Unit Rate #7 **(A) Unit Rate #7**  
\$0.00

Total # of Unduplicated Individuals Served #7 **(A) Unduplicated Individuals #7**  
0

**Program Service #7 - Funding**

Funding Amount #7	(A) Agreement Amount #7 \$0.00
Units #7	(A) Agreement Units #7 0

**Program Service #7 - Performance Measures (Agreement)**

(A) Program Service 7 Outcomes:	(A) Program Service 7 Indicators:	(A) Program Service 7 Method of Measurements:
(A) Outcome 7-1	(A) Indicator 7-1	(A) Method of Measurement 7-1
(A) Additional Outcome 7-2	(A) Additional Indicator 7-2	(A) Additional Method 7-2
(A) Additional Outcome 7-3	(A) Additional Indicator 7-3	(A) Additional Method 7-3
(A) Additional Outcome 7-4	(A) Additional Indicator 7-4	(A) Additional Method 7-4
(A) Additional Outcome 7-5	(A) Additional Indicator 7-5	(A) Additional Method 7-5

**Program Service #8 - Outputs**

Program Service #8 - Outputs:	#8 Agreement (A)
Service #8 Name	(A) Service #8
Total # of Units Provided #8	(A) Units #8 0
Unit Measure #8	(A) Unit Measure #8
Unit Rate #8	(A) Unit Rate #8 \$0.00
Total # of Unduplicated Individuals Served #8	(A) Unduplicated Individuals #8 0

**Program Service #8 - Funding**

Funding Amount #8	(A) Agreement Amount #8 \$0.00
Units #8	(A) Agreement Units #8 0

**Program Service #8 - Performance Measures (Agreement)**

(A) Program Service 8 Outcomes:	(A) Program Service 8 Indicators:	(A) Program Service 8 Method of Measurements:
(A) Outcome 8-1	(A) Indicator 8-1	(A) Method of Measurement 8-1
(A) Additional Outcome 8-2	(A) Additional Indicator 8-2	(A) Additional Method 8-2



(A) Additional Outcome 8-3	(A) Additional Indicator 8-3	(A) Additional Method 8-3
(A) Additional Outcome 8-4	(A) Additional Indicator 8-4	(A) Additional Method 8-4
(A) Additional Outcome 8-5	(A) Additional Indicator 8-5	(A) Additional Method 8-5

**Program Service #9 - Outputs**

Program Service #9 - Outputs:	#9 Agreement (A)
Service #9 Name	(A) Service #9
Total # of Units Provided #9	(A) Units #9 0
Unit Measure #9	(A) Unit Measure #9
Unit Rate #9	(A) Unit Rate #9 \$0.00
Total # of Unduplicated Individuals Served #9	(A) Unduplicated Individuals #9 0

**Program Service #9 - Funding**

Funding Amount #9	(A) Agreement Amount #9 \$0.00
Units #9	(A) Agreement Units #9 0

**Program Service #9 - Performance Measures (Agreement)**

(A) Program Service 9 Outcomes:	(A) Program Service 9 Indicators:	(A) Program Service 9 Method of Measurements:
(A) Outcome 9-1	(A) Indicator 9-1	(A) Method of Measurement 9-1
(A) Additional Outcome 9-2	(A) Additional Indicator 9-2	(A) Additional Method 9-2
(A) Additional Outcome 9-3	(A) Additional Indicator 9-3	(A) Additional Method 9-3
(A) Additional Outcome 9-4	(A) Additional Indicator 9-4	(A) Additional Method 9-4
(A) Additional Outcome 9-5	(A) Additional Indicator 9-5	(A) Additional Method 9-5

**Program Service #10 - Outputs**

Program Service 10 Outputs:	#10 Agreement (A)
Service Name #10	(A) Service #10
Total # of Units Provided #10	(A) Units #10 0

Unit Measure #10	<b>(A) Unit Measure #10</b>
Unit Rate #10	<b>(A) Unit Rate #10</b> \$0.00
Total # of Unduplicated Individuals Served #10	<b>(A) Unduplicated Individuals #10</b> 0

**Program Service #10 - Funding**

Funding Amount #10	<b>(A) Agreement Amount #10</b> \$0.00
Units #10	<b>(A) Agreement Units #10</b> 0

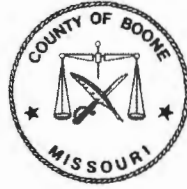
**Program Service #10 - Performance Measures (Agreement)**

(A) Program Service 10 Outcomes:	(A) Program Service 10 Indicators:	(A) Program Service 10 Method of Measurements:
<b>(A) Outcome 10-1</b>	<b>(A) Indicator 10-1</b>	<b>(A) Method of Measurement 10-1</b>
<b>(A) Additional Outcome 10-2</b>	<b>(A) Additional Indicator 10-2</b>	<b>(A) Additional Method 10-2</b>
<b>(A) Additional Outcome 10-3</b>	<b>(A) Additional Indicator 10-3</b>	<b>(A) Additional Method 10-3</b>
<b>(A) Additional Outcome 10-4</b>	<b>(A) Additional Indicator 10-4</b>	<b>(A) Additional Method 10-4</b>
<b>(A) Additional Outcome 10-5</b>	<b>(A) Additional Indicator 10-5</b>	<b>(A) Additional Method 10-5</b>

**Total Funding Amount - Services 1-10**

**Total Funding Request for Services 1-10**  
78999

**Links for Agreement Form (V3)**



## COUNTY OF BOONE - MISSOURI

### REQUEST FOR PROPOSAL (RFP) #: 52-13DEC18

#### Supportive Services Community Health/Medical Fund

#### RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>November 14, 2018</b>
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	<b>December 3, 2018 12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>November 19, 2018 3:00 p.m. Central Time</b>
Response Submission Deadline	Web-based funding management system	<b>December 13, 2018 10:00 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>December 13, 2018 1:30 p.m. Central Time</b>

#### CONTACT INFORMATION:

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

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

**NOTICE OF REQUEST FOR PROPOSAL**

Boone County is accepting Request for Proposals for the following:

**BID #: 52-13DEC18 – Supportive Services – Community Health/Medical Fund**

A pre-proposal conference has been scheduled for **Monday, November 19, 2018, at 3:00 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 13, 2018** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. on Thursday, December 13, 2018** 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](mailto:mbobbitt@boonecountymo.org). A copy may also be downloaded from our web page at [www.showmeboone.com](http://www.showmeboone.com). Select Purchasing / Bid Opportunities / 52-13DEC18

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 14, 2018

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## **1. INSTRUCTIONS AND GENERAL CONDITIONS**

### **1.1 Delivery of Proposals:**

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by Social Solutions, 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 /Bid Opportunities/ 52-13DEC18](http://www.showmeboone.com/Purchasing/Bid%20Opportunities/52-13DEC18).
- 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 13, 2018 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](http://www.showmeboone.com). Select "Purchasing", then "Bid Opportunities/52-13DEC18".
- c) Proposal responses are due by **Thursday, December 13, 2018 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 services to address community health needs.

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 12:00 p.m., December 3, 2018. 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 registered 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](mailto: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 19, 2018 at 3:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.
  - 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
  - 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
  - 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

**3. PROJECT INFORMATION AND REQUIREMENTS**

**3.1. Project Description:**

The County of Boone – Missouri, hereafter referred to as the County, hereby solicits formal written proposals from eligible organizations for the two-year provision and delivery of services to support fourteen individuals accessing the criminal justice and homelessness systems to maintain their housing and to thrive in the community. A list of eligibility criteria and/or a by-name list of eligible participants will be furnished by the County to the organization(s) entering into a contract for this opportunity. Individuals referred for supportive services will be recipients of housing vouchers through the Columbia Housing Authority. The contracted organization will be required to assist eligible participants establish housing using a housing voucher. This opportunity is for a performance-based contract, in which [10%] of the contract value will be paid on the basis of the number of days participants spend in stable housing during the year following their housing start date.

**3.2. Background:**

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission. To further the impact of this funding, the County is undertaking a data matching exercise to identify the



individuals who access both homeless support services and the criminal justice system. The County recognizes that these individuals are likely to cycle through costly systems of crisis care, including healthcare, while experiencing poor social outcomes. The services funded through this RFP should support these individuals to stabilize their lives and to improve outcomes through housing with supportive services provided by the contracted agency.

**3.3. Purpose Statement:**

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

**3.4. Funding Goals:**

This RFP seeks proposal applications which address support for fourteen individuals accessing the criminal justice and homelessness systems to maintain housing in the community. Proposed services should clearly demonstrate an evidence base and, where possible, local outcomes for impacts on stable housing, improved quality of life, reduced re-offending, and other indicators of success.

**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 \$75,000 available for purchase of services that address tenancy support needs for individuals accessing the criminal justice and homelessness systems. Applications for funding for purchase of services should expand availability of services currently offered in Boone County or make available a service that does not currently exist in Boone County.

The funding will be available through a performance-based contract, in which [90%] of the service rate will be paid for in a usual fee-for-service arrangement and the remaining [10%] of the actual service rates will be reimbursed based on a metric of success. The metric will be the number of days participants spend in stable housing during the 365 days following a participant's housing start date.

This shift towards measuring outcomes and reimbursing services on the basis of outcomes enables the County to demonstrate its return on investment for the funded services. More information, including the definition of stable housing, is available in section [3.7.1].

**3.7. Scope of Work and Deliverables:**

3.7.1 Offeror shall demonstrate in their proposal response how they propose to deliver and provide supportive services to address housing stability for individuals accessing the criminal justice and homelessness systems. The County will assess the proposed services against the CSH Supportive Housing Dimensions of Quality, which describes high quality supportive housing as tenant-centered, accessible, coordinated, integrated, and sustainable. High quality supportive housing services should adhere to the following principles:

- **Tenant-Centered:** Services are voluntary, customized and comprehensive, reflecting the needs of all household members.
- **Accessible:** Staff actively works to ensure that tenants are aware of available services, which are at convenient hours and locations.
- **Coordinated:** The primary service provider has established connections to mainstream and community-based resources.
- **Integrated:** Staff supports tenants in developing and strengthening connections to their community.
- **Sustainable:** The supportive housing project has funding that is sufficient to provide services to tenants on an ongoing basis and flexible enough to address changing tenant needs.

Additionally, applications will be assessed for alignment with proven supportive service models, such as Intensive Case Management or Tenancy-Support Services. Applicants should demonstrate a clear understanding of how their services relate to these models with regard to case management ratios, staffing levels, and the structure of support teams.

More information on high quality supportive housing services can be found in the [CSH Dimensions of Quality Guidebook](#).

Program Performance Measures Information:

The County will measure ‘stable housing’ of program participants in the 365 days following a Participant’s housing start date. Payments will be made for each day in stable housing beyond the 90 days after housing start. This is to ensure the County does not pay for stable housing days of individuals who leave housing within 90 days (three months). Stable housing will be defined as the total number of days that each participant maintains a lease, sublease, or occupancy agreement in the participant’s name. The process for measuring stable housing will be as follows:

1. The provider(s) entering into a contract for this opportunity will be allocated Participants meeting program criteria through the coordinated entry referral system. All Participants must be housed within the first year of the project to allow for a measurement period of at least 365 days per Participant.

- 2. The provider(s) will submit monthly reports to the County that include:
  - a. A list of Participants
  - b. Each Participant’s housing start date(s)
  - c. Each Participant’s housing end date(s), if applicable

This reporting will be required unless the County and provider(s) agree to an alternative form of data collection or measurement.

- 3. The County will calculate the payment owed to the service provider using the reports. Stable housing days will be paid for after the first 90 days in housing and up to 365 days in housing.



- 4. The provider(s) will be offered an opportunity to dispute any calculations through a review committee that will review payments and consider extenuating or unusual circumstances. Please note that the payment per stable housing day is calibrated to ensure that providers receive the full payment if at least 85% of their Participants maintain housing for 365 days. Performance-based payments to providers shall not exceed [10%] of the total contract value, even if the percentage of Participants maintaining housing exceeds 85%.

Performance Improvement:

Applicants must agree to participate, with reasonable effort, to performance monitoring and improvement of the specified outcomes as organized by the County. These efforts are intended to support learning and the sharing of best practice between providers in order to improve outcomes for all service participants. This may include: a monthly learning collaborative between service providers, contract review meetings where outcomes are discussed and strategies for improving outcomes are put in place, and compliance with efforts of a third party program evaluator.

**3.7.2. Online Application**

The Scope of Work and Deliverables information will be outlined via the required on-line application system, Apricot by Social Solutions:

**3.7.2.1 Program Overview:**

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs). The total contract value is not expected to cover the full costs of supporting individuals to thrive in the community, and applicants should therefore demonstrate what

resources will be leveraged to cover additional costs and how they intend to connect participants to other services.

**3.7.2.2 Program Services:**

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service). Please include rationale for why these services are proposed and evidence of the services' effectiveness with similar populations.

**3.7.2.3 Additional Program Services:**

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

**3.8. Contractor Agency Requirements:**

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

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

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

**Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$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.

**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, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). 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](mailto: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 Community Health/Medical Fund – RFP #52-13DEC18. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Community Health/Medical Fund – RFP#52-13DEC18. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking 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 13, 2018 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. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.

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

**ATTACHMENT A**

**2018 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

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

- Certificate of Corporate Good Standing
- Agency 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.

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Name and Title of Authorized Representative

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Signature

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Date

## **ATTACHMENT C**

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

County of \_\_\_\_\_ )  
   )ss  
 State of \_\_\_\_\_ )

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

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

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name

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

\_\_\_\_\_  
 Notary Public

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



SERVFOR-01

MDAVIDSON

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
1/4/2019

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).

<b>PRODUCER</b> TIG Advisors-CoI 200 East Southampton Drive Columbia, MO 65203	<b>CONTACT NAME:</b> Mary D. Davidson	
	<b>PHONE (AC, No, Ext):</b> (573) 875-4800	<b>FAX (AC, No):</b> (573) 875-4514
<b>E-MAIL ADDRESS:</b> mdavidson@tigadvisors.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Philadelphia Indemnity Insurance Company		18056
<b>INSURER B:</b> Missouri Employers Mutual Insurance Company		10191
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**  
 Services For Independent Living  
 1401 Hathman Place  
 Columbia, MO 65201

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK1889973	12/23/2018	12/23/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK1889973	12/23/2018	12/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE OED      RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		MEM 1023917-11	8/26/2018	8/26/2019	PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holder is an additional insured for general liability as required by written contract.

<b>CERTIFICATE HOLDER</b>  County of Boone 901 E Ash St Columbia, MO 65201	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Mary D Davidson</i>
--	--



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/21/2019

**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).**


<b>PRODUCER</b> 554-001 Mills & Sons, Inc. (P) PO Box 505 Clinton, MO 64735	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (660) 885-7576      FAX (A/C, No): E-MAIL ADDRESS:															
	<b>INSURED</b> Compass Health, Inc 1800 Community Clinton, MO 64735-8804	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Missouri Employers Mutual Insurance</td> <td>10191</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Missouri Employers Mutual Insurance	10191	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A: Missouri Employers Mutual Insurance	10191															
INSURER B:																
INSURER C:																
INSURER D:																
INSURER E:																
INSURER F:																

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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

INBR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A    N    MEG 1021742-11 Unit #24	02/12/2019	02/12/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b> COUNTY OF BOONE, MISSOURI 613 E ASH, ROOM 110 COLUMBIA, MO 65201	<b>CANCELLATION</b> 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 
---	---

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

County of Boone

} ea.

April Session of the April Adjourned

Term. 20 19

In the County Commission of said county, on the 2nd day of April 2019 the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the transfer of one (1) 2013 BAE System Caiman armored vehicle from the Missouri LESO Program to the Boone County Sheriff's Department.

Done this 2nd day of April 2019.

ATTEST:

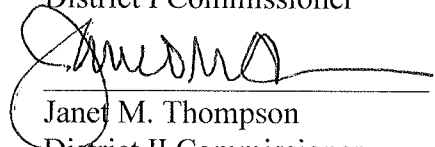
*Brianna L. Lennon*  
Brianna L. Lennon  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Fred J. Parry  
District I Commissioner



Janet M. Thompson  
District II Commissioner

**BOONE COUNTY SHERIFF'S DEPARTMENT**

**INTER-OFFICE COMMUNICATION**

**DATE: March 19, 2019**

**TO: Presiding Commissioner Atwill, Commissioner Thompson and Commissioner Perry**

**FROM: Captain Gary German**

**RE: Missouri LESO Armored Vehicle Transfer**

**Commissioners,**

**The Sheriff's Department is seeking formal acceptance of an armored vehicle acquired through the Missouri LESO Program. The Sheriff's Department submitted an application for an armored vehicle through the Missouri LESO program in the fall of 2018. We were notified the application was approved in December of 2018. Another Missouri law enforcement agency was interested in transferring their vehicle. We inspected the vehicle with the assistance of a Boone County Road and Bridge heavy equipment mechanic. The armored vehicle is a 2013 BAE Systems Caiman with around 3,000 miles. The vehicle was transferred on 2-1-19 to Boone County.**

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

April Session of the April Adjourned

Term. 20 19

County of Boone

} ea.

In the County Commission of said county, on the

2nd

day of

April

20 19

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

Now on this day, the County Commission of the County of Boone does hereby approve the disposition of surplus, per attached summary order description, to Alice Kuo in the amount of \$14,934.98.

It is furthered ordered the Boone County Commissioners are hereby authorized to sign said summary order.

Done this 2nd day of April 2019.

ATTEST:

*Brianna L. Lennon*  
Brianna L. Lennon  
Clerk of the County Commission

*Daniel K. Atwill*  
Daniel K. Atwill  
Presiding Commissioner

*Fred J. Parry*  
Fred J. Parry  
District I Commissioner

*Janet M. Thompson*  
Janet M. Thompson  
District II Commissioner

**DRAFT Commission Order:**

Now on this day the Boone County Commission takes up the disposition of the **2017** tax sale surplus relating to **Parcel 16-405-18-01-013.00**

RSMo §140.230, authorizes the Commission to approve claims for any tax sale surplus held by the County Treasurer resulting from the County Collector's annual tax sale. The owner or owners of the subject real property have a period of three (3) years to make a claim for that surplus. The owner of record of this particular property at the time it went to tax sale **Kenneth Ching-Tien Kuo**, who died on April 11, 2006. Claimant **Alice Kuo** was adjudged Kenneth Ching-Tien Kuo's heir at law in Boone County, Missouri Circuit Court Case No. 18BA-PR00506, and she has filed a verified surplus claim with the Boone County Treasurer claiming the tax surplus proceeds. The Order of Distribution and Determination of Heirship in that Case No. 18BA-PR00506, the verified surplus claim, and a copy of the Warranty Deed granting title to Kenneth Ching-Tein Kuo and recorded in the Boone County Records are made a part of this record. Claimant's original application to the County Treasurer for the surplus funds was timely, but claimant's Order of Distribution and Determination of Heirship had not yet issued, thus indicating the need of the amended application.

The County Treasurer, based upon the documents presented to his office and made a part of the record before the Commission, is satisfied that **Kenneth Ching-Tien Kuo** was the record owner of the subject property at the time of the delinquent land tax auction and that **Alice Kuo** is **Kenneth Ching-Tien Kuo's** heir at law, and as such is entitled to the total surplus of **\$14,934.98** and recommends the Commission approve the same.

NOW, THEREFORE, upon the recommendation of the County Treasurer and the evidence made a part of this record, the County Commission hereby approves the disposition of surplus to **Alice Kuo** in the amount of **\$14,934.98** via check payable to **Alice Kuo** in that amount.

Done this 2<sup>nd</sup> day of April, 2019.





Daniel K. Atwill  
Presiding Commissioner



Fred Parry  
District I Commissioner

ATTEST:

  
Brianna L. Lennon  
Clerk of the County Commission

  
Janet M. Thompson  
District II Commissioner



IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI

IN RE THE ESTATE OF

KENNETH KUO,

DECEASED.

]
]  
]
]  
]

CASE NO. 18BA-PR00506

**ORDER OF DISTRIBUTION AND DETERMINATION OF HEIRSHIP**

Now, on this 4<sup>TH</sup> day of FEBRUARY 2019, the Court, being fully advised in all the pleadings and premises, hereby finds as follows and enters its Order of Distribution and Determination of Heirship:

- 1. The matters and facts stated in Petitioner Alice Kuo's Petition are true.
2. Kenneth Kuo (Decedent) owned the following property, located in Boone County,

Missouri, as of the date of his death:

Lot Four (4) of Sugartree Hill, a subdivision in Boone County, Missouri, as shown by the plat thereof recorded in Plat Book 10, Page 96, Records of Boone County, Missouri. (the "Property").

- 3. Decedent's date of death was April 11, 2006.
4. Decedent was unmarried the time of his death.
5. Decedent was survived by his daughter, Alice Kuo.
6. On information and belief, Petitioner had siblings (the "siblings") who may have

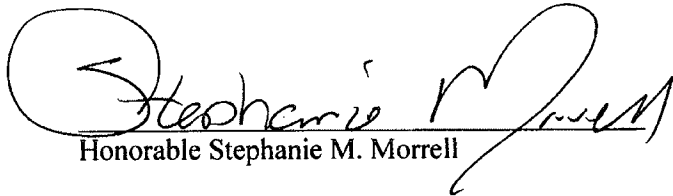
been the issue of Decent.

- 7. Petitioner knows neither the last names nor the location of the siblings, and believes one of the siblings to be deceased.

8. It is unknown whether Decedent died with any other issue.
9. Decedent's parents predeceased him.
10. The Property was sold for back taxes on or about August 28, 2017, and the surplus amount paid by the purchaser at the back tax sale in excess of that owed to the county collector was \$14,934.98 (the "surplus").
11. No administration has been commenced on the estate of Decedent in this state.
12. No Will of said Decedent has been offered for probate in this state.
13. Petitioner is the only party who timely filed a claim for the surplus.
14. Notice of this matter was served at the direction of the Clerk.
15. Petitioner, as an heir of Decedent, has an interest in the surplus and is authorized to prosecute her Verified Petition.
16. Petitioner is entitled to the relief prayed for in Petitioner's Verified Petition.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that Petitioner is the heir at law of Decedent; that Petitioner is entitled to 100% of the surplus; and that and Petitioner is authorized to collect the surplus.

Dated: 2/4/19

  
Honorable Stephanie M. Morrell

Property Information

Property Location (Situs Address)	7 S CARDINAL CT
-----------------------------------	-----------------

Legal Description	SUGARTREE HILL LOT 4
<u>FB</u> Initial if legal description matches description on delinquent statements. If not, explain discrepancies in Additional Info.	

RECEIVED

JUN 19 2017

BOONE COUNTY COLLECTOR

Vesting Deed

Name of Owner(s)	KUO KENNETH CHING-TIEN
Address	C/O PUBLIC ADMINISTRATOR, 705 E WALNUT ST, COLUMBIA MO 65201-4448
Title Taken By	WARRANTY DEED
Date of Deed	8/5/1971
Date Recorded	8/17/1971 1:21:00 PM
Book/Page	395/829
Address Correction	

Open Deed(s) of Trust

First Deed of Trust	
Lender's Address	
Deed of Trust Date	
Date Recorded	
Book/ Page	
Loan Amount	
Assigned To	
Date Assigned	

Second Deed of Trust	
Lender's Address	
Deed of Trust Date	
Date Recorded	
Book/ Page	
Loan Amount	
Assigned To	
Date Assigned	

Lien Search Company

Signature of Searcher	
Searcher (print)	CARRIE BELLINGHAUSEN
Date Searched	06/01/2017



True Line Title Company  
110 E Ash Street  
Columbia, MO 65203

**Additional Liens**

<b>Special Assessments</b>	
<b>Tax Bill #</b>	
<b>Address</b>	

<b>Federal Tax Liens</b>	
<b>Date</b>	
<b>Address</b>	

<b>State Tax Liens</b>	
<b>Date</b>	
<b>Address</b>	

<b>Mechanics Liens</b>	
<b>Date</b>	
<b>Address</b>	

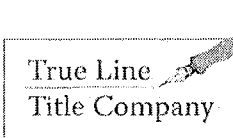
<b>Judgments</b>	
<b>Date</b>	
<b>Address</b>	
<b>Case #</b>	

<b>Other (Lis Pendens, Bankruptcies, etc)</b>	
<b>Date</b>	
<b>Address</b>	
<b>Case #</b>	

**Additional Information**

DIVORCE DECREE RECORDED IN BOOK 578 PAGE 831

NOTICE OF DELINQUENCY RECORDED 06/26/2015 IN BOOK 4461 PAGE 81



True Line Title Company  
110 E Ash Street  
Columbia, MO 65203

Filed for record on August 17 1971 at 11:00 A.M. in Boone Co. Mo.  
Document No. Boone County, Missouri  
GENERAL WARRANTY DEED (by Corporation) Boone County, Missouri Recorders, Recorder of Deeds,

THIS INSTRUMENT Made on the 5 day of August A.D. One Thousand Nine Hundred and Seventy-one

Cripple Creek Development, Inc.  
**Unofficial Document**

a corporation of the State of Missouri, party of the First Part and Kenneth Ching-Tien Kuo and Teala  
(Grantor's Mailing Address to:) Kavana Kuo, husband and wife  
Route 5, Columbia

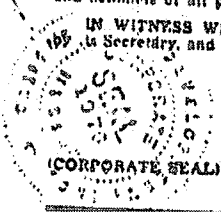
of the County of Boone in the State of Missouri party or parties of the Second Part

WITNESSETH, That the said party of the First Part, in consideration of the sum of ten dollars and other valuable considerations to it paid by the said party or parties of the Second Part, the receipt of which is hereby acknowledged, does by these presents, Grant, Bargain and Sell, Convey and Confirm unto the said party or parties of the Second Part, their heirs and assigns, the following described Real Estate, situated in the County of Boone and State of Missouri, to-wit:

Lot 4 Sugartree Hill according to the recorded plat thereof  
in Plat Book 10 page 96 of the Boone County Records.

Subject to easements and restrictions of record.

TO HAVE AND TO HOLD the premises aforesaid, with all and singular the Rights, Privileges, Appurtenances and Immunities thereto belonging, or in anywise appertaining, unto the said party or parties of the Second Part, and unto their heirs and assigns, FOREVER, the said party of the First Part, hereby covenanting that it is lawfully seized of an indefeasible Estate in Fee in the premises herein conveyed; that it has good right to convey the same; and that the said premises are free and clear of any encumbrances done or suffered by it to those under whom it claims, and that it will Warrant and Defend the title to the said premises unto the said party or parties of the Second Part, and unto their heirs and assigns, Forever, against the lawful claims and demands of all persons whomsoever, except taxes for 1971 and thereafter.



IN WITNESS WHEREOF, The said Party of the First Part has caused these presents to be signed by its President, attested by its Secretary, and its corporate seal to be hereto affixed, the day and year first above written.  
Cripple Creek Development, Inc.  
By F. Barry Vanlandingham President  
Attest: [Signature] Secretary

STATE OF MISSOURI  
County of Boone  
On this 5 day of August, 1971

before me appeared F. Barry Vanlandingham  
to me personally known, who, being by me duly sworn, did say that he is the President of the Corporation of the State of Missouri, and that the seal affixed to the foregoing instrument is the corporate seal of said Corporation and that said instrument was signed and sealed in behalf of said Corporation by authority of its Board of Directors and the said President acknowledged said instrument to be the free act and deed of said Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in Columbia the day and year first above written.  
My term expires Sept 6, 1974  
[Signature] Notary Public

STATE OF MISSOURI  
County of Boone  
IN THE RECORDER'S OFFICE  
I, Recorder, of said county, do hereby certify that the within instrument of writing was, at 1 o'clock 21 minutes P. M. on the 17 day of August A.D. 1971, duly filed for record in this office, and has been recorded in Book 395, Page 829.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Columbia, Missouri, on the day and year aforesaid.  
Betty Saunders Recorder  
[Signature] Deputy

Nora Dietzel, Recorder of Deeds

Filed for record on August 17, 1971 at 11:00 A.M. in Boone Co. Mo.  
Document No. Boone County, Missouri, page 829, Betty Saunders, Recorder of Deeds,  
GENERAL WARRANTY DEED (by a Corporation)

THIS INDENTURE, Made on the 5 day of August  
by and between

A. D. One Thousand Nine Hundred and Seventy-one

Exhibit A

Cripple Creek Development, Inc.  
Unofficial Document

a corporation of the State of Missouri, party of the First Part and Kenneth Ching-Tien Kuo and Tesla  
(Grantee's Mailing Address is:) Kavena Kuo, husband and wife  
Route 5, Columbia

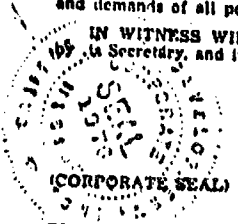
of the County of Boone In the State of Missouri party or parties of the Second Part:

WITNESSETH, That the said party of the First Part, in consideration of the sum of ten dollars and other valuable considera-  
tions to it paid by the said party or parties of the Second Part, the receipt of which is hereby acknowledged, does by these pre-  
sents, Grant, Bargain and Sell, Convey and Confirm unto the said party or parties of the Second Part, their heirs and assigns,  
the following described Real Estate, situated in the County of Boone and State of Missouri, to-wit:

Lot 4 Sugartree Hill according to the recorded plat thereof  
in Plat Book 10 page 96 of the Boone County Records.

Subject to easements and restrictions of record.

TO HAVE AND TO HOLD the premises aforesaid, with all and singular the Rights, Privileges, Appurtenances and Immunities  
thereto belonging, or in anywise appertaining, unto the said party or parties of the Second Part, and unto their heirs and assigns,  
FOREVER, the said party of the First Part, hereby covenanting that it is lawfully seized of an indefeasible Estate in Fee in  
the premises herein conveyed; that it has good right to convey the same; and that the said premises are free and clear of any  
encumbrances done or suffered by it to those under whom it claims, and that it will Warrant and Defend the title to the said  
premises unto the said party or parties of the Second Part, and unto their heirs and assigns, Forever, against the lawful claims  
and demands of all persons whomsoever, except taxes for 1971 and thereafter.



IN WITNESS WHEREOF, The said Party of the First Part has caused these presents to be signed by its President, attested  
by its Secretary, and its corporate seal to be hereto affixed, the day and year first above written.

Cripple Creek Development, Inc.  
By Barry Vanlandingham President  
Attest: Betty Saunders Secretary

STATE OF MISSOURI } ss.  
County of Boone } On this 5 day of August, 1971.

before me appeared F. Barry Vanlandingham  
to me personally known, who, being by me duly sworn, did say that he is the President of the Corporation of the State of Missouri,  
and that the seal affixed to the foregoing instrument is the corporate seal of said Corporation and that said instrument was signed  
and sealed in behalf of said Corporation by authority of its Board of Directors and the said President acknowledged said instru-  
ment to be the free act and deed of said Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at  
my office in Columbia, Missouri, the day and year first above written.  
My term expires Sept 6, 1974  
Betty Saunders, Notary Public

STATE OF MISSOURI } ss.  
County of Boone } IN THE RECORDER'S OFFICE  
I, Recorder, of said county, do hereby certify that the within instrument of writing was, at 1 o'clock 21  
minutes P. M. on the 17 day of August, A.D. 1971, duly filed for record  
in this office, and has been recorded in Book 395, Page 829.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at  
Columbia, Missouri, on the day and year aforesaid.

(SEAL) Betty Saunders Recorder  
Betty Saunders, Deputy

Nora Dietzel, Recorder of Deeds

**TAX SURPLUS CLAIM AFFIDAVIT**

I, **Alice Kuo**, as the sole heir of **Kenneth Kuo**, the person shown in the Boone County Collector's tax records as owner of the property listed below, hereby claim the surplus amount of **\$14,934.98** resulting from the tax certificate sale conducted by the Boone County Collector on **August 28, 2017**. I affirm that I am the sole heir of the legal owner of the below described property at the time the property was sold at the tax delinquency sale, and I further affirm that I am entitled to the surplus amount. By signing below, I acknowledge the following:

- Claiming surplus does not waive legal right of property redemption within statutory limits.
- The Boone County Treasurer processes surplus claims without charge.
- Claimants may be called to testify directly to the Boone County Commission before surplus claim is approved.
- The claim may not be approved as submitted, and additional information might be requested.

Property:

Parcel: **16-405-18-01-013.00**

**Sec 18 T48 R13 7 S Cardinal Ct**

**L4 Sugartree Hill as shown in Plat Book/Page 10/96**

Current mailing address:

3601 Grapevine Mills Pkwy #1411

Street

Grapevine TX 76051

City

State

Zip Code

Social Security Number: \_\_\_\_\_

Driver's License/State ID Number: \_\_\_\_\_

Daytime Telephone Number(s): \_\_\_\_\_

Alice Kuo

Signature

3/2 2019

Date

State of Texas

County of Dallas

On this 13 day of March in the year 2019, before me personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Elisa Ivon Aguilar  
Notary Public



**CERTIFIED COPY OF ORDER**

STATE OF MISSOURI

April Session of the April Adjourned

Term. 20 19

County of Boone

} ea.

In the County Commission of said county, on the 2nd day of April 20 19  
the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby re-appoint the following:

Name	Board	Period
Eric Kurzejeski	Planning & Zoning Commission	April 1, 2019 thru March 31, 2023
Michele Kennett	Children's Services Board	April 1, 2019 thru March 31, 2022
Gregory Grupe	Children's Services Board	April 1, 2019 thru March 31, 2022
Les Wagner	Children's Services Board	April 1, 2019 thru March 31, 2022
Tec Chapman	Boone County Family Resources	April 1, 2019 thru March 31, 2022

Done this 2nd day of April 2019.

ATTEST:

*Brianna L. Lennon*  
Brianna L. Lennon  
Clerk of the County Commission

*Daniel K. Atwill*  
Daniel K. Atwill  
Presiding Commissioner

*Fred J. Parry*  
Fred J. Parry  
District I Commissioner

*Janet M. Thompson*  
Janet M. Thompson  
District II Commissioner



Dan Atwill, Presiding Commissioner  
Fred J. Parry, District I Commissioner  
Janet Thompson, District II Commissioner



Boone County Government Center  
801 E. Walnut, Room 333  
Columbia, MO 65201  
573-886-4305 - FAX 573-886-4311  
E-mail: commission@boonecountymo.org

# Boone County Commission

## BOONE COUNTY BOARD OR COMMISSION APPLICATION FORM

**Board or Commission:** Planning & Zoning Commission

**Name:** eric kurzejeski

**Home Address:** 4320 s brushwood lk

**City:** columbia **Zip Code:** mo

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**At which address would you prefer to be contacted?**     

**E-mail:** kurzees@centurytel.net

**Phone (Home):** 573 881 3955 **Phone (Work):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Qualifications:**

30 years as natural resources professional and administrator. Boone county landowner for over 25 years. Developed small acreage subdivisions in Boone County. Familiar with Zoning regulations.

**Past Community Service:**

I have served 2 terms on the P & Z Commission and I would be excited to continue to be of service to the citizens of Boone County.

**References:**

Stan Shaver - Boone Co Resource Mgmt Dr. Shibu Jose - Associate Dean College of Agriculture University of Missouri

**I have no objections to the information in this application being made public. To the best of my knowledge at this time I can serve a full term if appointed. I do hereby certify that the above information is true and accurate.**

\_\_\_\_\_  
**Applicant Signature**

**Return Application  
To:**

**Boone County Commission Office  
Boone County Government Center  
801 East Walnut, Room 333  
Columbia, MO 65201  
Fax: 573-886-4311**

**An Affirmative Action/Equal Opportunity Institution**

## Application for Appointment to Boone County Children's Services Board

The Boone County Children's Services Board was established in 2013 with the passage of a special sales tax levy in November, 2012. The Board, in partnership with the Boone County Commission, is charged with making Boone County a better and healthier community through the provision of services to protect the well-being and safety of children under the age of nineteen (19) and their families. The Board's goal is to maximize positive outcomes in a transparent, accountable fashion in recognition of the fact that the taxpayers of Boone County are an important stakeholder and beneficiary of this program. The Board's partnership with the Boone County Commission allows it to benefit from the ability to hire dedicated, professional staff with competitive salary and benefits packages into a professional environment with supports that include facilities maintenance, purchasing, human resources, legal, auditing, and other organizational supports and synergies that stem from being integrated into Boone County government as a County department. This partnership also allows the Boone County taxpayers to benefit from a coordination of social service spending at the County level in order to avoid duplication of effort, ensure efficient spending of public resources, and increase transparency. Finally, being part of County government allows the Children's Services sales tax proceeds to retain its character as "local tax dollars," allowing for the pursuit of matching federal dollars through various federal programs administered through the State Department of Mental Health, State Department of Social Services, and other federal matching programs.

Composition of the board of directors must meet the statutory requirements of the enabling legislation. Additionally, persons appointed to the board must comply with the provisions of the bylaws of the board and the conflict of interest policies promulgated by the County Commission and the Board. As appointees of a statutorily created Board with powers to direct the expenditure of public funds, board members have certain fiduciary duties, which require that they conduct themselves without conflict to the interest of the Children's Services Board or the Boone County taxpayer. Certain types of conflicts of interest are not prohibited, but disclosure is critical. Disclosure should not be construed as creating a presumption of impropriety or as automatically precluding someone from participation. Rather, it reflects the recognition of the many factors that can influence one's judgment and a desire to make as much information as possible available to other participants. Potentially conflicting interests may relate to programs and services or operations, such as contracts with third parties.

### APPLICATION

Name: Kennett Michele  
*Last First Middle Initial*

Home Address: 4614 Copperstone Ct.

City: Columbia Zip: 65203

Employment Address: 311 Jesse Hall

City: Columbia Zip: 65211

At which address would you prefer to be contacted:  Home  Business



receiving funds from the Children's Services Fund, and those employed by any agency receiving funds. In addition, the Boone County Commission, based on its experience with other board appointments and the experiences of other counties in the administration of other Children's Services funds, prohibits membership on the board by those who are board members or volunteers with agencies that receive funds, or are employed by, have a financial interest in, serve on the board of, or otherwise volunteer with affiliated organizations of those agencies receiving funds. For purposes of this policy, "affiliated organizations" are those organizations which are controlled by or have systemic legal relationships with an agency who receive funds from the Children's Services Fund. [For example, two entities controlled by the same Board of Directors or the same administration team or an entity that relies on another almost exclusively for its financial support. Many other examples of such affiliated organizations exist, and the intent of this policy is to examine the substance of the relationships between entities and not the strict legal organization they have chosen to employ.] The questions below are designed to determine if a prohibited conflict of interest exists **and** to allow for the disclosure of any conflicts that do not amount to a prohibition but, absent disclosure, would tend to indicate that a board member may have an appearance of a conflict of interest.

***For purposes of the following questions, "related family member" is defined to include relationships within the third degree by blood or marriage.*** [Relationships in the third degree include mother, father, child, brother, sister, (including half, step and in-law relationships in these same categories), and grandparent, grandchild, aunt, uncle, niece, nephew, great grandparent, great grandchild.]

Do you or any related family member have any financial interest, directly or indirectly in any agency or entity, or are employed by any agency or entity, or volunteer or serve as a Board member of any agency or entity or any "affiliated organization" of any such agency or entity, that has applied for or receives funds from, or plans to apply for funds, or otherwise contracts, or subcontracts with the Boone County Children's Services Board? If yes, please explain.

Yes, Step son works for Phoenix Programs

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Have you or a related family member applied for eligibility and been determined eligible or ineligible for funding from the Boone County Children's Services Fund at any time? If yes, identify the individual who applied, their relationship to you and the date of application.

No

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Explain briefly why you are seeking this position and identify any special qualifications you have for this position.

I have been on the advisory board since its inception I believe that I bring some

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historical perspective and value to the board.

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Are you or any family member now or have you or a related family member ever been employed by Boone County? If so, please give dates of employment, the position held, and describe if the position had any responsibilities or duties regarding the Boone County Children's Services Fund.

no

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Do you or does any related family member have any other interest which might conflict or be perceived to conflict with your duty of loyalty to the interests of Boone County Children's Services Fund? If so, identify the interest and the relationship.

My husband Jerry Kennett is a Boone Hospital Trustee

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Have you ever been arrested, charged, or convicted of any felony?  Yes  No  
If yes, please explain.

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Have you ever been disciplined, cited, or sanctioned for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group?  Yes  No  
If yes, please explain.

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Have you ever been the subject of a substantiated allegation of abuse, neglect, or misconduct by any agency that involves care to others or abuse of others?  Yes  No  
If yes, please explain.

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Are your Boone County taxes paid in full to date?  Yes  No

If "No", please explain.

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References:

<i>Name</i>	<i>Nature of Relationship</i>	<i>Contact Information</i>	<i>Years Known</i>
<i>Name</i>	<i>Nature of Relationship</i>	<i>Contact Information</i>	<i>Years Known</i>

By my signature, I agree to comply fully with board policies, bylaws, and conflict of interest requirements of the board of directors and certify that the information above is complete and accurate to the best of my knowledge and that should a potential conflict arise during my term, I will bring it to that attention of the Boone County Children's Services Fund Board and the Boone County Commission.

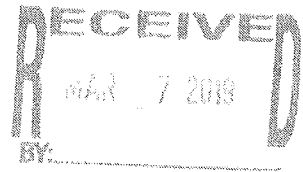
Michele  
Kennett:A010980000001497636FA4F00001502  
02

Digitally signed by Michele  
Kennett:A010980000001497636FA4F00001502  
Date: 2019.03.06 15:33:05 -0600

03/06/2019

Signature

Date



**Application for Appointment to Boone County Children's Services Board**

The Boone County Children's Services Board was established in 2013 with the passage of a special sales tax levy in November, 2012. The Board, in partnership with the Boone County Commission, is charged with making Boone County a better and healthier community through the provision of services to protect the well-being and safety of children under the age of nineteen (19) and their families. The Board's goal is to maximize positive outcomes in a transparent, accountable fashion in recognition of the fact that the taxpayers of Boone County are an important stakeholder and beneficiary of this program. The Board's partnership with the Boone County Commission allows it to benefit from the ability to hire dedicated, professional staff with competitive salary and benefits packages into a professional environment with supports that include facilities maintenance, purchasing, human resources, legal, auditing, and other organizational supports and synergies that stem from being integrated into Boone County government as a County department. This partnership also allows the Boone County taxpayers to benefit from a coordination of social service spending at the County level in order to avoid duplication of effort, ensure efficient spending of public resources, and increase transparency. Finally, being part of County government allows the Children's Services sales tax proceeds to retain its character as "local tax dollars," allowing for the pursuit of matching federal dollars through various federal programs administered through the State Department of Mental Health, State Department of Social Services, and other federal matching programs.

Composition of the board of directors must meet the statutory requirements of the enabling legislation. Additionally, persons appointed to the board must comply with the provisions of the bylaws of the board and the conflict of interest policies promulgated by the County Commission and the Board. As appointees of a statutorily created Board with powers to direct the expenditure of public funds, board members have certain fiduciary duties, which require that they conduct themselves without conflict to the interest of the Children's Services Board or the Boone County taxpayer. Certain types of conflicts of interest are not prohibited, but disclosure is critical. Disclosure should not be construed as creating a presumption of impropriety or as automatically precluding someone from participation. Rather, it reflects the recognition of the many factors that can influence one's judgment and a desire to make as much information as possible available to other participants. Potentially conflicting interests may relate to programs and services or operations, such as contracts with third parties.

**APPLICATION**

Name: GRUPE GREGORY N  
*Last First Middle Initial*

Home Address: 4012 QUINTELL COURT

City: COLUMBIA, Mo Zip: 65202

Employment Address: NA

City: \_\_\_\_\_ Zip: \_\_\_\_\_

At which address would you prefer to be contacted:  Home  Business

Email Address (where you wish to be contacted): ggimp@volunteer@gmail.com

Home Phone: NA Business Phone: 573.999.0438

Section 210.861 RSMo requires board members be residents of Boone County. Are you a Boone County resident and how long have you lived in Boone County? 44 Years  
\_\_\_\_ Months

Are you a registered voter?  Yes  No

Have you previously served as a member of a board? If yes, identify the board and the dates of service.

BCCSB since formation

What other professional, civic or community endeavors are you currently involved in?

HMMW Board, adjunct Faculty UMC College of Education

Are you or have you previously held any local, state or federal government positions, appointments or elected office(s)? If so, please list dates and positions held.

NA

Have you ever volunteered with or been employed by an agency that may provide services to eligible service recipients of the Children's Services Fund (examples include the following services provided to one under the age of 19 or their families: outpatient chemical dependency or psychiatry treatment services, counseling services, or other services as a result of being abused, neglected, runaway, homeless, or emotional disturbance, or services to an unwed mother)? If so, please list the Agency, a description of the services provided by the Agency, the time frames of your involvement, and contact person and contact information for said Agency.

NA since retirement in 2010 from CPS where I was an administrator

Section 210.861, Revised Statutes of Missouri, prohibits membership on the board by certain persons, including current County Commissioners, those having any financial interest in any agency



receiving funds from the Children's Services Fund, and those employed by any agency receiving funds. In addition, the Boone County Commission, based on its experience with other board appointments and the experiences of other counties in the administration of other Children's Services funds, prohibits membership on the board by those who are board members or volunteers with agencies that receive funds, or are employed by, have a financial interest in, serve on the board of, or otherwise volunteer with affiliated organizations of those agencies receiving funds. For purposes of this policy, "affiliated organizations" are those organizations which are controlled by or have systemic legal relationships with an agency who receive funds from the Children's Services Fund. [For example, two entities controlled by the same Board of Directors or the same administration team or an entity that relies on another almost exclusively for its financial support. Many other examples of such affiliated organizations exist, and the intent of this policy is to examine the substance of the relationships between entities and not the strict legal organization they have chosen to employ.] The questions below are designed to determine if a prohibited conflict of interest exists and to allow for the disclosure of any conflicts that do not amount to a prohibition but, absent disclosure, would tend to indicate that a board member may have an appearance of a conflict of interest.

*For purposes of the following questions, "related family member" is defined to include relationships within the third degree by blood or marriage. [Relationships in the third degree include mother, father, child, brother, sister, (including half, step and in-law relationships in these same categories), and grandparent, grandchild, aunt, uncle, niece, nephew, great grandparent, great grandchild.]*

Do you or any related family member have any financial interest, directly or indirectly in any agency or entity, or are employed by any agency or entity, or volunteer or serve as a Board member of any agency or entity or any "affiliated organization" of any such agency or entity, that has applied for or receives funds from, or plans to apply for funds, or otherwise contracts, or subcontracts with the Boone County Children's Services Board? If yes, please explain.

NA

Have you or a related family member applied for eligibility and been determined eligible or ineligible for funding from the Boone County Children's Services Fund at any time? If yes, identify the individual who applied, their relationship to you and the date of application.

NA

Explain briefly why you are seeking this position and identify any special qualifications you have for this position.

Continue to serve as BCCSB vice-chair and bring my expertise from previous work to the board.

Are you or any family member now or have you or a related family member ever been employed by Boone County? If so, please give dates of employment, the position held, and describe if the position had any responsibilities or duties regarding the Boone County Children's Services Fund.

NA

Do you or does any related family member have any other interest which might conflict or be perceived to conflict with your duty of loyalty to the interests of Boone County Children's Services Fund? If so, identify the interest and the relationship.

NA

Have you ever been arrested, charged, or convicted of any felony?  Yes  No  
If yes, please explain.

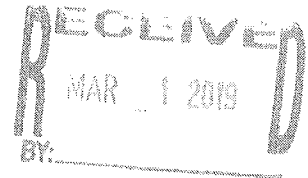
Have you ever been disciplined, cited, or sanctioned for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group?  Yes  No  
If yes, please explain.

Have you ever been the subject of a substantiated allegation of abuse, neglect, or misconduct by any agency that involves care to others or abuse of others?  Yes  No  
If yes, please explain.

Are your Boone County taxes paid in full to date?  Yes  No



# Boone County Commission



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## Application for Appointment to Boone County Childrens Services Board

The Boone County Children's Services Board was established in 2013 as a result of the passage of a special sales tax levy in November, 2012. It is the responsibility and goal of the Boone County Commission to appoint members to the Board that are representative of our community, with diversity in age, race, gender, and experience. Individuals with experience in one of the following six areas are especially encouraged to apply; however, the County Commission recognizes that these areas are not exclusive:

- **Mental Health** (A person with experience with mental health advocacy or the provision of mental health services.)
- **Healthcare Administration** experience
- **Administrative** experience with governmental or social service agency
- **A former eligible service recipient or a guardian of a former eligible service recipient** ("Former eligible service recipient" refers to a child 19 years of age or younger who would have qualified for services because the child needed outpatient services relating to chemical dependency or psychiatric treatment; the need for counselling services; or the need for other professional services as a result of abuse, neglect, homelessness, runaway status, teen pregnancy or an emotional disturbance.)
- **Legal** experience (A person with experience representing juveniles impacted by a mental health, housing, abuse/neglect, or pregnancy-related crisis.)
- **Accountant / Finance**

The Boone County Children's Services Board consists of nine members, each serving a three-year term. Initial board terms were staggered such that three positions will be open to applicants each year. Any Board member desiring reappointment at the conclusion of their term will be required to submit a new application.

The Board, in partnership with the Boone County Commission, is charged with making Boone County a better and healthier community through the provision of services to protect the well-being and safety of children under the age of nineteen (19) and their families. The Board's goal is to maximize positive outcomes in a transparent, accountable fashion in recognition of the fact that the taxpayers of Boone County are an important stakeholder and beneficiary of this program. The Board's partnership with the Boone County Commission allows it to benefit from the ability to hire dedicated, professional staff with competitive salary and benefits packages into a professional environment with supports that include facilities maintenance, purchasing, human resources, legal, auditing, and other organizational supports and synergies that stem from being integrated into

Boone County government as a County department. This partnership also allows the Boone County taxpayers to benefit from a coordination of social service spending at the County level in order to avoid duplication of effort, ensure efficient spending of public resources, and increase transparency. Finally, being part of County government allows the Children's Services sales tax proceeds to retain its character as "local tax dollars," allowing for the pursuit of matching federal dollars through various federal programs administered through the State Department of Mental Health, State Department of Social Services, and other federal matching programs.

Composition of the board of directors must meet the statutory requirements of the enabling legislation. Additionally, persons appointed to the board must comply with the provisions of the bylaws of the board and the conflict of interest policies promulgated by the County Commission and the Board. As appointees of a statutorily created Board with powers to direct the expenditure of public funds, board members have certain fiduciary duties, which require that they conduct themselves without conflict to the interest of the Children's Services Board or the Boone County taxpayer. Certain types of conflicts of interest are not prohibited, but disclosure is critical. Disclosure should not be construed as creating a presumption of impropriety or as automatically precluding someone from participation. Rather, it reflects the recognition of the many factors that can influence one's judgement and a desire to make as much information as possible available to other participants. Potentially conflicting interests may relate to programs and services or operations, such as contracts with third parties.

To apply for the Boone County Children's Services Board, please complete the following form or complete and print the PDF form available below. Be sure to sign and date the printed copy before submitting. Applicants should also submit their resume or curriculum vitae. Applications and resumes/C.V.s may be delivered to the Boone County Commission Office in person; sent by mail to 801 E. Walnut Street, Room 333; or emailed as an attachment to [commission@boonecountyma.org](mailto:commission@boonecountyma.org).

[Download PDF Application](#)

### ONLINE APPLICATION

Name:	Les M. Wagner		
Home Address:	705 South Greenwood Avenue		
City:	Columbia	Zip:	65203
Employment Address:	705 South Greenwood Avenue		
City:	Columbia	Zip:	65203
At which address would you prefer to be contacted:	<input checked="" type="radio"/> HOME <input type="radio"/> WORK		
Email Address (where you wish to be contacted):	lesmwagner@gmail.com		

Home Phone:

573 424 2642

Business  
Phone:

same

Section 205.970 RSMo requires that at least 7 of the board members be residents of the county where the facility is located.

Are you a Boone County resident?

YES  NO

How long have you lived in Boone County?

Years: 59

Months:

This field is  
required

Are you a registered voter?

YES  NO

Have you previously served as a member of a board? If yes, identify the board and the dates of service.

Yes, please see attached resume.

What other professional, civic or community endeavours are you currently involved in?

Yes, please see attached resume.

Are you or have you previously held any local, state or federal government positions, appointments or elected office(s)? If so, please list dates and positions held.

Yes, please see attached resume.

Have you ever volunteered with or been employed by an agency that may provide services to eligible service recipients of the Children's Services Fund (examples include the following services provided to one under the age of 19 or their families: outpatient chemical dependency or psychiatry treatment services, counselling services, or other services as a result of being abused, neglected, runaway, homeless, or emotional disturbance, or services to an unwed mother)?

YES  NO

If yes, please list the Agency, a description of the services provided by the Agency, the time frames of your involvement, and contact person and contact information for said Agency.

Section 210.861, Revised Statutes of Missouri, prohibits membership on the board by certain persons, including current County Commissioners, those having any financial interest in any agency receiving funds from the Children's Services Fund, and those employed by any agency receiving funds. In addition, the Boone County Commission, based on its experience with other board appointments and the experiences of other counties in the administration of other Children's Services funds, prohibits membership on the board by those who are board members or volunteers with agencies that receive funds, or are employed by, have a financial interest in, serve on the board of, or otherwise volunteer with affiliated organizations of those agencies receiving funds. For purposes of this policy, "affiliated organizations" are those organizations which are controlled by or have systemic legal relationships with an agency who receive funds from the Children's Services Fund. [For example, two entities controlled by the same Board of Directors or the same administration team or an entity that relies on another almost exclusively for its financial support. Many other examples of such affiliated organizations exist, and the intent of this policy is to examine the substance of the relationships between entities and not the strict legal organization they have chosen to employ.] The questions below are designed to determine if a prohibited conflict of interest exists and to allow for the disclosure of any conflicts that do not amount to a prohibition but, absent disclosure, would tend to indicate that a board member may have an appearance of a conflict of interest.

For purposes of the following questions, "related family member" is defined to include relationships within the third degree by blood or marriage. [Relationships in the third degree include mother, father, child, brother, sister, (including half, step and in-law relationships in these same categories), and grandparent, grandchild, aunt, uncle, niece, nephew, great grandparent,

great grandchild.]

Do you or any related family member have any financial interest, directly or indirectly in any agency or entity, or are employed by any agency or entity, or volunteer or serve as a Board member of any agency or entity or any "affiliated organization" of any such agency or entity, that has applied for or receives funds from, or plans to apply for funds, or otherwise contracts, or subcontracts with the Boone County Children's Services Board?

YES  NO

If yes, please explain.

Have you or a related family member applied for eligibility and been determined eligible or ineligible for funding from the Boone County Children's Services Fund at any time?

YES  NO

If yes, identify the individual who applied, their relationship to you and the date of application.

Explain briefly why you are seeking this position and identify any special qualifications you have for this position.

Services Board and children and families in Boone County.

Are you or any related family member now or have you or a related family member ever been employed by Boone County?

YES  NO

If yes, please give dates of employment, the position held, and describe if the position had any responsibilities or duties regarding the Boone County Children's Services Fund.

Yes, please see attached resume.

Do you or does any related family member have any other interest which might conflict or be perceived to conflict with your duty of loyalty to the interests of Boone County Children's Services Fund?

YES  NO

If yes, identify the interest and the relationship.

Have you ever been arrested, charged, or convicted of any felony?

YES  NO

If yes, please explain.

Have you ever been disciplined, cited, or sanctioned for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group?

YES  NO

If yes, please explain.

Have you ever been the subject of a substantiated allegation of abuse, neglect, or misconduct by any agency that involves care to others or abuse of others?

YES  NO

If yes, please explain.

Are your Boone County taxes paid in full to date?

YES  NO

If no, please explain.

References:

Roger Wilson, Friend, 573 474 2308 45+

Bob Bailey, Friend, 573 882 6891, 25+

(Include name, nature of relationship, contact information, and number of years known)

Please submit your resume or curriculum vitae:

Choose File

Wagner Resum...y 2019.docx

 Submit

 Reset

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### Boone County Commission

801 E. Walnut, Rm 333  
Columbia, MO 65201-7732  
[commission@boonecountymo.org](mailto:commission@boonecountymo.org)

Office (573) 886-4305  
Fax (573) 886-4311



LES MJEAN WAGNER  
705 South Greenwood  
Columbia, MO 65203  
lesmwagner@gmail.com  
573.424.2642  
February 2019

## EMPLOYMENT BACKGROUND

7/12 - 2/19

Executive Director, Missouri Association of County Developmental Disabilities Services. The Missouri Association of County Developmental Disabilities Services (MACDS) is a leader in local initiatives for people with developmental disabilities. MACDS is dedicated to ensuring that quality community supports are available for people with intellectual and developmental disabilities. As Executive Director I conduct member meetings, participate in planning and organizing the annual conference, and support local board development. I am responsible for public policy, legislative and advocacy activities and all official responsibilities of the Association. Together with MACDS membership I identify issues and needs for research and other training on legal matters, Medicaid compliance and mentor emerging County Boards and newly employed Executive Directors in best practices or other issues and concerns. A member of the National Association of County Behavioral Health and Developmental Disabilities Directors Board, I have the opportunity to learn of national trends, opportunities, challenges and report these back to the Association membership. The Association has 92 members, employs professional staff including an accountant and attorney, collaborates with a network of agencies, organizations, lawmakers and professionals.

10/79 - 7/12

Executive Director, Boone County Family Resources, Columbia, Missouri. Employed as chief administrative officer with accountability to Board of Directors appointed by County Commission. The agency, as a county entity operating as an affiliated community service provider of the Missouri Department of Mental Health's (DMH) Division of Developmental Disabilities, provides a comprehensive array of services for developmentally disabled persons eligible for services under the county and state statutes. Individually planned services are jointly funded by county property taxes, DMH general revenue purchase of services, Federal Medicaid and Home and Community Based Waiver funding, insurance and Part H of the First Steps program. First program in the nation to receive accreditation from Commission on Rehabilitation Facilities (CARF) for service coordination and family support services. The agency serves over 1,800 persons annually, employs approximately 120 regularly scheduled staff, and collaborates with a network of over 200 community service providers and professionals.

04/79 - 10/79

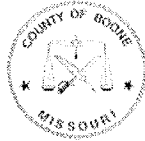
Executive Director, Jefferson County Commission for the Handicapped, Hillsboro, Missouri. Chief administrative officer with accountability to nine-member board appointed by County Court. Responsibilities included:

- 2014-Present Missouri Supported Employment Leadership Network (SELN)
- 2014-Present Member, Missouri Support Coordination Innovation Project
- 2008 - 2017 Member, Partnership for Hope Steering Committee
- 2006 - 2008 Member of Boone County Commission Chapter 100 Revenue Bonds
- 2012-Present Friends of Boone County Family Resources Board Member
- 2012-Present Chairman, Boones County Children's Services Board
- 2010-Present DMH Provider Rate Rebasing Review Committee
- 2007 Member of the Recommendation 24 Stakeholder Committee. The Committee comprised of key stakeholders with the Department of Mental Health's Division of MR/DD evaluated the feasibility of public private partnerships to deliver case management services, determine eligibility, manage local wait lists, and provide and/or contract for a system of programs and services in their local areas.

#### PREVIOUS DISTINCTIONS AND AWARDS

- 2012 President, Missouri Association of County Developmental Disabilities Services
- 2012 Recipient of the Marie Kovar Award as "One that made a difference in the lives of persons with developmental disabilities"
- 2012 Recognized by Missouri House of Representatives and Missouri Senate for outstanding professional contributions "helping Missouri residents live normal and productive lives"
- 2010 - 2011 Representative on the Tax Increment Financing Commission (TIF) for the City of Columbia; representing the Columbia Public Library, the Special Business District, and Boone County Family Resources
- 2008 Co-Author of "2008 Campaign for Excellence: A Medicaid Waiver Research Paper and Recommendations"; published by MACDDS with funding from the Missouri Foundation for Health
- 2008 Appointed by Governor of Missouri to the Comprehensive Entry Point Committee. The Committee was created to advise the Department of Health and Senior Services on the development of a comprehensive entry point system for long term care
- 2008 Co-Author of Partnership for Hope Medicaid Waiver
- 2005 - 2009 Member of the Advisory Council for Thompson Center for Autism and Neurodevelopmental Disorders
- 2005 Agency awarded "Agency of the Year" by People First of Missouri
- 2003 Recipient of the Monsignor Behrman Lifetime Achievement Award from the Missouri Chapter of American Association for Intellectual Disabilities
- 2002 - 2006 Appointed by the Governor to the Missouri Department of Insurance's Consumer Advisory Commission
- 1997 - 2003 Charter member of City of Columbia Disability Commission
- 1997 Recipient of Missouri House of Representatives Recognition
- 1997 Recipient of the Elks Lodge 594 "Distinguished Citizen" of the Year Award
- 1996 Elected Charter Member of the Community Partnerships Board of Directors - Treasurer 1996-97.
- 1993 Successfully led a ballot initiative to increase a local property tax from five to twelve cents for persons with developmental disabilities in Boone County
- 1990 Distinguished Service Award for Outstanding Contributions to the Field of Mental Retardation, presented by the Missouri State Chapter of the American Association for Mental Retardation

Dan Atwill, Presiding Commissioner  
Fred J. Parry, District I Commissioner  
Janet Thompson, District II Commissioner



Boone County Government Center  
801 E. Walnut, Room 333  
Columbia, MO 65201  
573-886-4305 - FAX 573-886-4311  
E-mail: commission@boonecountymo.org

# Boone County Commission

## BOONE COUNTY BOARD OR COMMISSION APPLICATION FORM

**Board or Commission:** Boone County Family Resources Board of Directors

**Name:** Tec Chapman

**Home Address:** 3708 Watts Drive

**City:** Columbia **Zip Code:** 65203

**Business Address:** 1401 Hathman Place

**City:** Columbia **Zip Code:** 65201

**At which address would you prefer to be contacted?** HOME

**E-mail:** tec.chapman@gmail.com

**Phone (Home):** (573)239-8136 **Phone (Work):** 573-874-1646

**Fax:** \_\_\_\_\_

**References:**

Kay Conklin, professional 573-474-0361 26 years Bill Costello, professional, 573-268-3747 12 years Jeff Johnson, professional, jeff.johnson@dmh.mo.gov 12 years

**Are you a Boone County resident?** Y

**How long have you lived in Boone County?** 12 Years 9 Months

**Are you a registered voter?** Y

**Have you previously served as a member of a board? If yes, identify the board and dates of service.**

BCFR 2014-present; Missouri Statewide Workforce Investment Board 2016-2018; Missouri Statewide Independent Living Council 2015-present; Missouri State Interagency Coordinating Council 2006-2010; Missouri Developmental Disabilities Council 2006-2010;

**What other professional, civic or community endeavours are you currently involved in?**

Columbia Chamber of Commerce Government Affairs Committee and Emerging Issues Committee;

**Are you or have you previously held any local, state or federal government positions, appointments or elected office(s)? If so, please list dates and positions held.**

Deputy Director Division of Developmental Disabilities-MODMH; United State Senate-Health, Education, Labor, and Pensions committee staff

**Are you related by blood or marriage within the third degree to a handicapped person as defined in Missouri statutes? N If yes, please identify the person and relationship: \_\_\_\_\_**

**Have you or a family member applied for eligibility and been determined eligible or ineligible for services of Boone County Family Resources at any time? N**

**If yes, identify the individual who applied, their relationship to you and the date of the application.**  
\_\_\_\_\_

**Explain briefly why you are seeking this position and identify any special qualifications you have for this position.**

I would like to continue to serve on the board of directors to support the organization to assist individuals to thrive in the community, connect with others, and achieve their personal goals.

**Do you or any related family member have any financial interest, directly or indirectly, in any contract or subcontract with Boone County Family Resources; or have you or a related family member been employed by any agency or entity that contracts or subcontracts with Boone County Family Resources; or in the sale to Boone County Family Resources of land, materials, supplies, or services? N**

**If yes, please explain.**  
\_\_\_\_\_

Are you or any related family member now or have you or a related family member ever been employed by Boone County Family Resources? N

If so, please give dates of employment and position held.

—

Do you or does any related family member have any other interest which might conflict or be perceived to conflict with your duty of loyalty to the interests of Boone County Family Resources? N

If so, identify the interest and the relationship.

—

Have you every been arrested, charged, or convicted of any felony? N

If yes, please explain.

—

Have you ever been disciplined, cited, or sanctioned for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? N

If yes, please explain.

—

Are your Boone County taxes paid in full to date? Y

If no, please explain.

—

I have no objections to the information in this application being made public. To the best of my knowledge at this time I can serve a full term if appointed. I do hereby certify that the above information is true and accurate.

\_\_\_\_\_  
Applicant Signature

Return Application  
To:

Boone County Commission Office  
Boone County Government Center  
801 East Walnut, Room 333  
Columbia, MO 65201  
Fax: 573-886-4311

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