

217-2019

CERTIFIED COPY OF ORDER



STATE OF MISSOURI

} ca.

May Session of the April Adjourned

Term. 20 19

County of Boone

In the County Commission of said county, on the 23rd day of May 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 a request for authorization to convert position 170, Custodian, to a .88 FTE position, budgeted at 35 hours per week that can be converted back to a 1.0 FTE budgeted at 40 hours per week, with the same classification, at the vacancy or via a budget request in an annual budget process.

Done this 23rd day of May 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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STATE OF MISSOURI }
County of Boone } ea.

May Session of the April Adjourned

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In the County Commission of said county, on the 23rd day of May 20 19

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

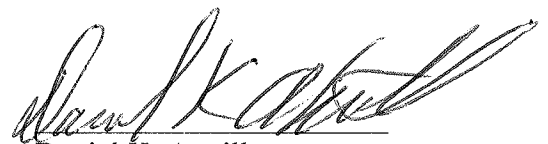
Now on this day, the County Commission of the County of Boone does hereby approve the attached Agreement for Purchase of Service Contract between Boone County and Cora Community Outreach.

Terms of the agreement are stipulated in the attached Agreement It is further ordered the Presiding Commissioner is hereby authorized to sign said Agreement.

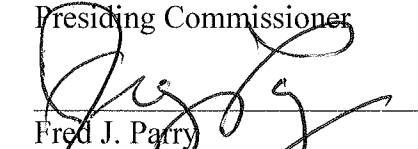
Done this 23rd day of May 2019.

ATTEST:

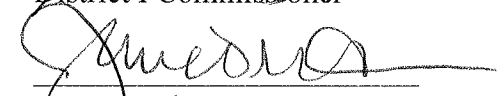
Brianna L. Lennon
Brianna L. Lennon
Clerk of the County Commission



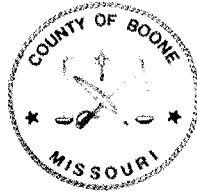
Daniel K. Atwill
Presiding Commissioner



Fred J. Parry
District I Commissioner



Janet M. Thompson
District II Commissioner



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Service Contract
Cor Columbia North Columbia Expansion

THIS AGREEMENT dated the 28rd day of May, 201~~8~~⁹ is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Cora Community Outreach**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **Cor Columbia**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, Cor Columbia has submitted a complete Strategic Innovation Opportunity Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to Cor Columbia thereof; and

WHEREAS, the BCCSB has approved the Strategic Innovation Opportunity Proposal in whole or in part as hereinafter set forth.

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY COR COLUMBIA

Cor Columbia is expected to the greatest extent possible to maximize funding from all other sources. Cor Columbia shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. Cor Columbia shall only request reimbursement for services not reimbursable by any other source. Cor Columbia shall not invoice the Children's Services Fund for units of service invoiced to another funding source. Cor Columbia shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** This agreement shall consist of the application for **Cor Columbia North Columbia Expansion** as posted in the Apricot System.

3. **Purchase.** The BCCSB agrees to purchase from Cor Columbia and Cor Columbia agrees to furnish the **Cor Columbia North Columbia Expansion** program for children and youth nineteen years of age or less and their families, as described and in compliance with the Strategic Innovation Opportunity Proposal Application and as presented in Cor Columbia'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 **\$219,999.04** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

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

This contract may at the sole discretion of the BCCSB and with the agreement of Cor Columbia be renewed for **an additional one (1), one-year period**. Cor Columbia agrees and understands that the BCCSB may require supplemental information to be submitted by Cor Columbia prior to any renewal of this agreement.

5. **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
Out of School Programming (Includes: Academic Support, Congregate Meals, Case Management, Positive Youth Development, Parent Partnership)	One hour/student	\$10.93	2128	\$219,999.04

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

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated

if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

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

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

9. **Monitoring.** Cor Columbia agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect Cor Columbia'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, Cor Columbia hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

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

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

13. ***CSF to be used for Services Provided.*** Cor Columbia agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to Cor Columbia's provision of such services.

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

15. ***Conflict of Interest.*** Cor Columbia 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 Cor Columbia, and this shall include any transaction in which Cor Columbia is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. ***Subcontracts.*** Cor Columbia may enter into subcontracts for components of the contracted service as Cor Columbia deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, Cor Columbia shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. ***Employment of Unauthorized Aliens Prohibited.*** Cor Columbia 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. Cor Columbia shall require each subcontractor to affirmatively state in its Agreement with the Cor Columbia 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 Cor Columbia a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

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

19. **Board Ownership.** If Cor Columbia ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if Cor Columbia no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, Cor Columbia will need BCCSB approval to re-direct the use of such.

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should Cor Columbia 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, Cor Columbia shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the Cor Columbia for outstanding expenses incurred up to the date of termination, including noncancelable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. Insurance Requirements. Cor Columbia 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: Cor Columbia 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, Cor Columbia 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 Cor Columbia.

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: Cor Columbia 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. Cor Columbia 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.

Cor Columbia 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 Cor Columbia 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 Cor Columbia.

c. **Professional Liability Insurance:** Cor Columbia 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:** Cor Columbia 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 Cor Columbia's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

23. **Indemnification.** To the extent permitted under Missouri law, Cor Columbia agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Cor Columbia** (meaning anyone, including but not limited to consultants having a contract with Cor Columbia or subcontractor for part of the services), or anyone directly or indirectly employed by Cor Columbia, or of anyone for whose acts Cor Columbia 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.

24. **Publicity by the Cor Columbia.** Cor Columbia shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. Cor Columbia will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. Cor Columbia will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. Cor Columbia agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

25. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and Cor Columbia. The BCCSB does not recognize any of the Cor Columbia's employees, agents, or volunteers as those of the BCCSB.

26. **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.

27. **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.

28. **Record Retention Clause.** Cor Columbia 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.

29. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

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

Any written notice or communication to Cor Columbia shall be mailed or delivered to:

Cor Columbia
Attn: Travis Craig
4818 Santana Circle
Columbia, MO 65203

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

Cora Community Outreach

Boone County, Missouri

By: Travis Craig
Signature

By: Daniel H. Atwell
Boone County Commission
Daniel H. Atwell, Presiding Commissioner

By: Travis Craig Director
Printed Name/ Title

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

APPROVED AS TO FORM:

ATTEST:

[Signature]
County Counselor

Brianna L. Lennon
Brianna L. Lennon, County Clerk

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

Jane Pitchford by jjg 04/30/2019 (2161/71100/\$219,999.04)
Signature Date Appropriation Account

Agreement Form - V3.1

Children's Services Fund - Crisis Intervention...

Quick View Information

Grant	Children's Services Fund - Crisis Intervention Programs (Agreement Form (V3.1))
Organization Name (will aut...	Cora Community Outreach
Fund Source	Children's Services Fund - Crisis Intervention Programs
Funder	Boone County.
Funding Cycle	RFP #35-13SEP18
Name of Program or Project	Cor Columbia North Columbia Expansion
Amount of Request	\$220,000.00
Record Lock	

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

Cora Community Outreach

Program Name

Cor Columbia North Columbia Expansion

Date Completed

03/27/2019

Funder

Boone County

Funding Type

Children's Services Fund - Crisis Intervention Programs

Funding Cycle

RFP #35-13SEP18

County-Children's Services - Service Type

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

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

A. Heart of Missouri United Way**(A) 1A.**

\$0.00

B. Other United Ways**(A) 1B.**

\$0.00

C. Capital Campaigns**(A) 1C.**

\$0.00

D. Grants (non-governmental)**(A) 1D.**

\$0.00

E. Fund Raising & Other Direct Support**(A) 1E.**

\$240,000.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding**(A) 2A.**

\$219,999.04

B. Boone County - Community Health Funding**(A) 2B.**

\$0.00

C. Boone County - Other Funding**(A) 2C.**

\$0.00

D. Funding from Other Counties**(A) 2D.**

\$0.00

E. City of Columbia - Social Service Funding**(A) 2E.**

\$0.00

F. City of Columbia - CDGB/Home Funding**(A) 2F.**

\$0.00

G. City of Columbia - CHDO Funding**(A) 2G.**

\$0.00

H. City of Columbia - Other Funding**(A) 2H.**

\$0.00

I. Funding from Other Cities**(A) 2I.**

\$0.00

J. Federal (Medicaid, Title III, etc.)**(A) 2J.**

\$0.00

K. State (Purchase of Services, Grants, etc.)**(A) 2K.**

\$0.00

L. Other (Schools, Courts, etc.)**(A) 2L.**

\$0.00

3. Program Service Fees**(A) 3.**

\$0.00

4. Investment Income (realized & unrealized)	(A) 4. \$0.00
5. Other Revenue Items	(A) 5. \$0.00
TOTAL PROGRAM REVENUE	(A) Total Revenue 459999.04
PROGRAM EXPENSES	
1. Personnel	(A) 1. \$294,999.04
2. Non-Personnel	(A) 2. \$165,000.00
TOTAL PROGRAM EXPENSES	(A) Total Expenses 459999.04

Yearly Amount Request from Children's Services Fund	
	AGREEMENT REQUEST (A)
<u>Year 1 Total Request</u>	(A) Year 1 Total Request \$219,999.04
	(A) Total Amount Requested 219999.04

Residence	
<u>RESIDENCE</u>	AGREEMENT RESIDENCE (A)
City of Columbia	(A) City of Columbia 110
Boone County (includes City of Columbia residents)	(A) Boone County (includes City of Columbia residents) 110
Cooper County	(A) Cooper County 0
Howard County	(A) Howard County 0
Other Counties	(A) Other Counties 0
RESIDENCE TOTAL	(A) Residence Total: 110

Race	
-------------	--

RACE

AGREEMENT RACE (A)

White (alone)

(A) White (alone)

0

Black or African American (alone)

(A) Black or African American (alone)

80

Multiple Races

(A) Multiple Races

30

Asian (alone)

(A) Asian (alone)

0

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

0

Native Hawaiian or other Pacific Islander (alone)

(A) Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

(A) Some Other Race

0

RACE TOTAL**(A) Race Total**

110

Ethnicity

ETHNICITY

AGREEMENT ETHNICITY (A)

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)

5

Not Hispanic or Latino

(A) Not Hispanic or Latino

105

ETHNICITY TOTAL**(A) Ethnicity Total**

110

Gender

GENDER

AGREEMENT GENDER (A)

Female

(A) Female

0

Male

(A) Male

110

Other Gender

(A) Other Gender

0

GENDER TOTAL**(A) Gender Total**

110

Income

INCOME

AGREEMENT INCOME (A)

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

(A) At or below 200% of FPL

95

Over 200% of FPL

(A) Over 200% of FPL

15

INCOME TOTAL**(A) Income Total**

110

Age (County-Children's Services Fund RFP)

AGE

AGREEMENT AGE (A)

Infant/Toddler (birth - 2 years)

(A) Infant/Toddler (birth - 2 years)

0

Preschool (3 years - 5 years)

(A) Preschool (3 years - 5 years)

0

School Age (6 years - 11 years)

(A) School Age (6 years - 11 years)

0

Middle School (12 years - 14 years)

(A) Middle School (12 years - 14 years)

20

High School (15 years - 19 years)

(A) High School (15 years - 19 years)

90

Parent/Guardian (19 years and younger)

(A) Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

(A) Parent/Guardian (age 20 and over)

0

Adult (age 20 and over - not a parent/guardian)

(A) Proposed Adult (age 20 and over - not a parent/guardian)

0

AGE TOTAL (CSF)**(A) Age Total (CSF)**

110

Consumer Demographics Narrative (optional)

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

Individuals Trained

AGREEMENT (A)

Individuals to be Trained

(A) Individuals to be Trained

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)

Amount Requested (A) Amount Requested
\$0.00

Description of Funds (A) Description of Funds

Program Service #1 - Outputs

Program Service #1 - #1 Agreement (A)
Outputs:

Service #1 Name (A) Service #1
Out of School Programming (Includes: Academic Support, Congregate Meals, Case Management, Positive Youth Development, Parent Partnership, Relational Mentorship)

Total # of Units Provided #1 (A) Units #1
44720

Unit Measure #1 (A) Unit Measure #1
One hour/student

Unit Rate #1 (A) Unit Rate #1
\$10.93

Total # of Unduplicated Individuals Served #1 (A) Unduplicated Individuals #1
110

Program Service #1 - Description

Provide a detailed description on the delivery of the proposed service (#1).

Program Service #1 - Funding

Funding Amount #1 (A) Agreement Amount #1
\$219,999.04

Units #1 (A) Agreement Units #1
20128

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

Students will be on track for high school graduation.

(A) Indicator 1-1

- 1.) 75% of students will be on track to graduate.
- 2.) 65% of students will have passing grades.
- 3.) 80% of students will maintain 80% school attendance.

(A) Method of Measurement 1-1

Parent consent for Columbia Public Schools Home Access System

(A) Additional Outcome 1-2

Students will have a post-secondary plan.

(A) Additional Indicator 1-2

- 1.) 70% of seniors will establish goals for post-secondary plans.
- 2.) 70% of seniors will be accepted into a post-secondary program.

(A) Additional Method 1-2

Parent consent for Columbia Public Schools Home Access System

(A) Additional Outcome 1-3

Students will exhibit pro-social behaviors

(A) Additional Indicator 1-3

- 1.) 80% of students will not have any disciplinary referrals.

(A) Additional Method 1-3

Parent consent for Columbia Public Schools Home Access System

(A) Additional Outcome 1-4

Students meet eligibility requirements to participate in after-school activities

(A) Additional Indicator 1-4

- 1.) 70% of students maintain requirements to participate in athletics.

(A) Additional Method 1-4

Parent consent for Columbia Public Schools Home Access System

(A) Additional Outcome 1-5

Students have support through Cor Columbia.

(A) Additional Indicator 1-5

- 1.) 80% of students report having a supportive adult in their life.
- 2.) 80% of students report having their needs met.

(A) Additional Method 1-5

Student survey once a semester

Program Service #2 - Outputs

Program Service 2 Outputs:

#2 Agreement (A)

Service #2 Name

(A) Service #2

Total # of Units #2

(A) Units #2
0

Unit Measure #2

(A) Unit Measure #2

Unit Rate #2

(A) Unit Rate #2
\$0.00

Total # of Unduplicated Individuals Served #2

(A) Unduplicated Individuals #2
0

Program Service #2 - Description

Provide a detailed description on the delivery of the proposed service (#2).

Program Service #2 - Funding

Funding Amount #2

(A) Agreement Amount #2
\$0.00

Units #2

(A) Agreement Units #2

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

(A) Indicator 2-1

(A) Method of Measurement 2-1

(A) Additional Outcome 2-2

(A) Additional Indicator 2-2

(A) Additional Method 2-2

(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

Total # of Units #3

(A) Units #3

0

Unit Measure #3

(A) Unit Measure #3

Unit Rate #3

(A) Unit Rate #3

\$0.00

Total # of Unduplicated Individuals Served #3

(A) Unduplicated Individuals #3

0

Program Service #3 - Description

Provide a detailed description on the delivery of the proposed service (#3).

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

(A) Indicator 3-1

(A) Method of Measurement 3-1

(A) Additional Outcome 3-2

(A) Additional Indicator 3-2

(A) Additional Method 3-2

(A) Additional Outcome 3-3

(A) Additional Indicator 3-3

(A) Additional Method 3-3

(A) Additional Outcome 3-4

(A) Additional Indicator 3-4

(A) Additional Method 3-4

(A) Additional Outcome 3-5

(A) Additional Indicator 3-5

(A) Additional Method 3-5

Program Service #4 - Outputs

Program Service 4 Outputs:

#4 Agreement (A)

Service #4 Name

(A) Service #4

Total # of Units #4

(A) Units #4

0

Unit Measure #4

(A) Unit Measure #4

Unit Rate #4

(A) Unit Rate #4

\$0.00

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4

0

Program Service #4 - Description**Provide a detailed description on the delivery of the proposed service (#4).****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**(A) Indicator 4-1****(A) Method of Measurement 4-1****(A) Additional Outcome 4-2****(A) Additional Indicator 4-2****(A) Additional Method 4-2****(A) Additional Outcome 4-3****(A) Additional Indicator 4-3****(A) Additional Method 4-3****(A) Additional Outcome 4-4****(A) Additional Indicator 4-4****(A) Additional Method 4-4****(A) Additional Outcome 4-5****(A) Additional Indicator 4-5****(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 - Description****Provide a detailed description on the delivery of the proposed service (#5).****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):

Service #6 Name:

(A) Service #6

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 - Description**Provide a detailed description on the delivery of the proposed service (#6).****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:

(A) Outcome 6-1**(A) Indicator 6-1****(A) Method of Measurement 6-1****(A) Additional Outcome 6-2****(A) Additional Indicator 6-2****(A) Additional Method 6-2****(A) Additional Outcome 6-3****(A) Additional Indicator 6-3****(A) Additional Method 6-3****(A) Additional Outcome 6-4****(A) Additional Indicator 6-4****(A) Additional Method 6-4****(A) Additional Outcome 6-5****(A) Additional Indicator 6-5****(A) Additional Method 6-5****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 - Description**Provide a detailed description on the delivery of the proposed service (#7).****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 - Description**Provide a detailed description on the delivery of the proposed service (#8).****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 - Description

Provide a detailed description on the delivery of the proposed service (#9).

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

Program Service #10 - Description

Provide a detailed description on the delivery of the proposed service (#10).

Program Service #10 - Funding

Funding Amount #10	(A) Agreement Amount #10 \$0.00
Units #10	(A) Agreement Units #10 0

Program Service #10 - Performance Measures (Agreement)

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

Total Funding Amount - Services 1-10

Total Funding Request for Services 1-10
219999.04

Links for Agreement Form (V3)

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 Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

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

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

Travis Craig
Printed Name - Agency Executive Director/President/CEO

1/23/19
Date

Travis Craig
Signature - Agency Executive Director/President/CEO

1/23/19
Date

Printed Name - Agency Board Chair

Date

Signature - Agency Board Chair

Date

Company ID Number: 911969

Approved by:

Employer Cora Community Outreach	
Name (Please Type or Print) Travis J Craig	Title
Signature Electronically Signed	Date 09/23/2015
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 09/23/2015



Company ID Number: 911969

Information Required for the E-Verify Program

Information relating to your Company:

Company Name	Cora Community Outreach
Company Facility Address	4818 Santana Circle Columbia, MO 65203
Company Alternate Address	
County or Parish	BOONE
Employer Identification Number	462788102
North American Industry Classification Systems Code	624
Parent Company	
Number of Employees	1 to 4
Number of Sites Verified for	1



Company ID Number: 911969

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MISSOURI 1 site(s)



Company ID Number: 911969

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

Name Travis J Craig
Phone Number (816) 695 - 8464
Fax Number
Email Address travisjcraig@gmail.com



CORACOM-01

MDAVIDSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2019

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).

PRODUCER TIG Advisors-Col 200 East Southampton Drive Columbia, MO 65203	CONTACT NAME: Mary D. Davidson PHONE (A/C, No, Ext): (573) 875-4800 FAX (A/C, No): (573) 875-4514 E-MAIL ADDRESS: mdavidson@tigadvisors.com
INSURED Cora Community Outreach 4818 Santana Circle Columbia, MO 65203	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company NAIC # 18058 INSURER B: Missouri Employers Mutual Insurance Company 10191 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	PHPK1877716	11/10/2018	11/10/2019	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK1877716	11/10/2018	11/10/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A		MEM3000842-00	3/7/2019	3/7/2020	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
A	<input type="checkbox"/> Professional Liab		PHPK1877716	11/10/2018	11/10/2019	Each Incident	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 their interest may appear per company form CG2026. 30 day notice of cancellation on the general liability, automobile liability and professional liability.

CERTIFICATE HOLDER County of Boone 601 E Ash Columbia, MO 65201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Mary Davidson</i>
---	--

219-2019

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

County of Boone

} ea.

May Session of the April Adjourned

Term. 20 19

In the County Commission of said county, on the 23rd day of May 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 request by the Sheriff's Department to dispose of one (1) 2007 Ford Econoline Van, fixed asset tag 16351 through Missouri Auto Auction.

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

Done this 23rd day of May 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

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

TO: Boone County Commission

FROM: Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

DATE: May 15, 2019

RE: Vehicle Surplus Disposal

Following is a vehicle that has been replaced. The Sheriff's Department requests commission approval for disposal through the Missouri Auto Auction. Our contract with MO Auto Auction is *15-24APR15 – Auction Services for Surplus Vehicles*.

Year	Description	Approximate Mileage	VIN #	Condition
2007	Ford Econoline Van	150,971	1FBSS31L7DB25562	GOOD

cc: Disposal File; Captain Gary German, Leasa Quick, Sheriff; Greg Edington, PW; Angela Wehmeyer, HR Risk Manager; Heather Acton, Auditor

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

Date: 11/29/18

Fixed Asset Tag Number: 16351

DEC 07 2018

Description of Asset: 2007 Ford Econoline Van

BOONE COUNTY AUDITOR

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

Other Information (Serial number, etc.): 1FBSS31L17DB25562

Condition of Asset: Good *150,971 miles*

Reason for Disposition: Replaced

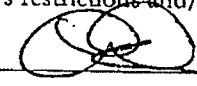
Location of Asset and Desired Date for Removal to Storage: Sheriff's Dept

Was asset purchased with grant funding? YES NO

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

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

Dept Number & Name: Sheriff's *1255*

Signature 

To be Completed by: **AUDITOR**

Original Acquisition Date *8-15-17*

G/L Account for Proceeds *1255-3835 NA*

Original Acquisition Amount *\$19,342.00*

Original Funding Source *2731*

Account Group *1605*

To be Completed by: **COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name _____ Number _____

Location within Department *0*

Individual *[Signature]*

Trade Auction Sealed Bids

Other Explain _____

Commission Order Number *219-2019*

Date Approved *5-23-19*

Signature *[Signature]*

Trns N Tag 16351 Tagged Y Tag Replaced N To _____ From _____ Last Posted
Description 2007 FORD ECONOLINE VAN Adjustments in Process 7 2014
Acquired 8/15/2007 Acq Amt 19,342.00 Useful Life Months 84
Acct Grp 1605 VEHICLES Res Val % 20
Category 15 PICKUP TRUCKS Tag in Book N
Location 8999 ASSETS PENDING DISPOSAL Book ID _____
Purch Dept 1255 CORRECTIONS
Inventory Date 12/01/2018 Inv Status Found - No Change
Site Loc Assets Pending Disposal
Site Detl None
Make FORD Model ECONOLINE 15 PASSENGER
Serial 1FBSS31L17DB25562 Note _____
Invoice 147138 Check 135473
Vendor 507 JOE MACHENS FORD INC
Bid# C107081002
User _____

Calculated Fields Book Value
Dep St Dt _____
Adj Total _____ 15,473.60- Acq Dep Ytd _____ .00
* NOTES * Total Cost 19,342.00
F2=Key Scr F3=Exit F11=Grant F23=Bid F22=Hist F24=More

Equipment

Filter: < Standard >

7562

Apply Clear Advanced...

1 of 1 Records 7562: 2007 Ford Van

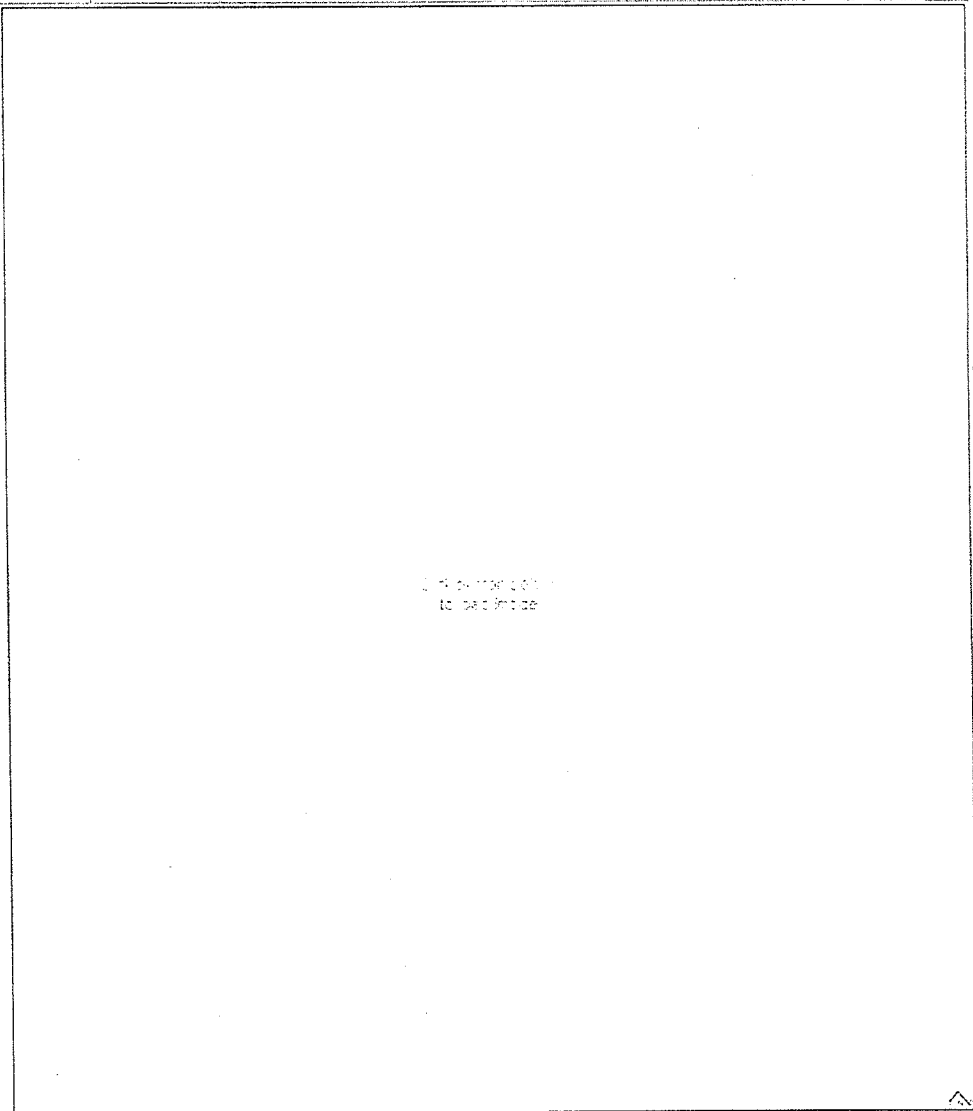
Print This

Editing Equipment: 7562: 2007 Ford Van

Applied Query: Active Equipment

Main Meters Purchase Info Tools Scheduling Details Documents Pictures Tires Driver Depreciation Release Info Comments

Equipment No. 7562
 Fixed Asset No. 66351
 Year 2007 Age 11:00
 Make Ford Model Van
 Miles 159,971.0 Miles Updated 12/12/2018
 License Plate No. JAL 9 VIN 1FB5S31L170B25562
 Location 02-Sheriff's Department and Jail Department 1255-Corrections
 Equip Type 24:SEVERE VAN/SUV Sub Type
 GVW 0
 Equip Condition
 Equip Status
 Attach To
 Fuel Type 1:1 Fuel Tank Size 40
 Fuel Used 12,300.9
 This is a Tool



What's This?

New Save Reset Changes Done

CERTIFICATE OF TITLE

02975GK532

ORIGINAL

TITLE NUMBER
TRA33363



VEHICLE IDENTIFICATION NUMBER		YEAR	MAKE	MODEL	BODY STYLE	FUEL
1FBSS31L17DB25562		2007	FORD		UTILI	
CYL	HP	PREVIOUS STATE	MILEAGE AT TIME OF TRANSFER	TAX	PURCHASE DATE	DATE ISSUED
40			6	EX 08	07/24/2007	08/23/2007

OWNER
 BOONE COUNTY
 801 E WALNUT ST RM 245
 COLUMBIA MO 65201

MAIL TO

BOONE COUNTY
 801 E WALNUT ST RM 245
 COLUMBIA MO 65201-4890

VEHICLE SUBJECT TO FOLLOWING LIEN(S)

FIRST LIEN

LIEN DATE

Lien release--To release any lien shown on the face of this title, the lienholder must complete a notarized Lien Release (DOR-4809) to be attached to this title before the purchaser applies for a Certificate of Title.

SECOND LIEN

LIEN DATE

Any person who knowingly and intentionally submits a separate document releasing a lien of another without authority to do so shall be guilty of a class C felony. (301.640 RSMo)

BUYER ON REVERSE SIDE MUST TITLE IN 30 DAYS TO AVOID PENALTY

MILEAGE STATEMENT

*ACTUAL MILEAGE.

ANNUAL ODOMETER UPDATES MAY BE AVAILABLE FROM THE DEPARTMENT OF REVENUE. EFFECTIVE 1/1/06 YOU MUST SUBMIT A NOTICE OF SALE TO THE DEPARTMENT OF REVENUE WITHIN 30 DAYS OF SELLING THIS VEHICLE.

MO 640-0331 (09-06)

03014147

Tush Vincent
 DIRECTOR OF REVENUE (09-06)

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

Work Order Detail

7562: 2007 Ford Van		VIN: 1FB5S31L170B2551 Miles: 19,756.0		License Plate: JAL 9	
Recall: External WO:		Campaign # V7000 - SHERIFF		Department: Date: Invt: PO#:	
WO# 5504	Open Date 08/27/2008	Close Date 08/27/2008	Status Closed	Downtime 0.00	Accident
Description: APM					
Detail Service A					
Light Check					
Brake Lights Pass	Dashboard Lights Pass				
Headlights Pass	Reverse Lights Pass				
Miscellaneous Parts					
Miscellaneous Labor					
Other					
Lube, Oil & Filter		\$21.95	\$0	\$0.00	\$21.95
Miscellaneous Parts		\$21.33			
Miscellaneous Labor			\$0		
Other				\$0	
		\$0	\$21.95	\$0	\$0
			\$0	\$0	\$21.95

Work Order Detail

7562: 2007 Ford Van		VIN: 1FB5S31L170B2551 Miles: 27,966.0		License Plate: JAL 9	
Recall: External WO:		Campaign # V7000 - SHERIFF		Department: Date: Invt: PO#:	
WO# 7572	Open Date 07/06/2009	Close Date 08/08/2009	Status Closed	Downtime 0.00	Accident
Description: BPI					
Detail Service B					
Tire Rotation					
Miscellaneous Parts					
Miscellaneous Labor					
Other					
Replace Fuel Filter					
Miscellaneous Parts					
Miscellaneous Labor					
Other					
\$0			\$21.95	\$0	\$0
			\$0	\$0	\$21.95

Work Order Detail

Miscellaneous Parts		\$0			
Miscellaneous Labor		\$0		\$0	
Other				\$0	\$0.00
PRY MAINT		\$0	\$0	\$0.00	\$0.00
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$0	
Other				\$0	
SHOP SUPPLIES		\$0	\$0	\$0.00	\$0.00
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$0	
Other				\$0	
INJ CLEANER		\$14.31	\$0	\$0.00	\$14.31
4K (1.000)		\$14.31			
Miscellaneous Parts		\$9.48			
Miscellaneous Labor		\$0		\$0	
Other				\$0	
WIPER BLADES		\$9.48	\$0	\$0.00	\$9.48
31-20 (2.000)		\$9.48			
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$0	
Other				\$0	
ENG OIL SYNTHETIC		\$13.50	\$0	\$0.00	\$13.50
5W20 (6.000)		\$13.50			
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$0	
Other				\$0	
MOA		\$7.70	\$0	\$0.00	\$7.70
110 (1.000)		\$7.70			
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$0	
Other				\$0	
OIL FILTER		\$2.50	\$0	\$0.00	\$2.50
FHR20 (1.000)		\$2.50			
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$0	
Other				\$0	
FILTER		\$4.49	\$0	\$0.00	\$4.49
GR593 (1.000)		\$4.49			
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$0	
Other				\$0	
AIR FILTER		\$6.66	\$0	\$0.00	\$6.66
AF1612 (1.000)		\$6.66			
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$0	
Other				\$0	
DRUM GREASE SUPER		\$0.10	\$0	\$0.00	\$0.10
DRUM GREASE (1.000)		\$0.10			
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$0	
Other				\$0	
Work Order Labor		\$0	\$17.00	\$0.00	\$17.00
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$17.00	
Other				\$0	
Work Order Labor		\$0	\$17.00	\$0.00	\$17.00
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$17.00	
Other				\$0	
Work Order Labor		\$0	\$6.80	\$0.00	\$6.80
Miscellaneous Parts		\$0			

Work Order Detail

M0053 (0.20)					\$6.80
Miscellaneous Labor					\$0
Other					\$0
Work Order Labor		\$0	\$17.00	\$0.00	\$17.00
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$17.00	
Other				\$0	
Work Order Labor		\$0	\$0	\$0.00	\$0.00
Miscellaneous Parts		\$0			
Miscellaneous Labor				\$0.00	
Other				\$0	
		\$0	\$58.74	\$57.80	\$0
			\$0	\$0	\$116.54

Work Order Detail

Table with columns for Description, APIM, Discounts, Parts, Labor, Taxes, Other, and Total. Includes sections for Service A, PWS A/C, AIR FILTER, ENG OIL SYNTHETIC, TRANS FLUID SYN, MDA, and OIL FILTER.

Work Order Detail

Table with columns for Description, APIM, Discounts, Parts, Labor, Taxes, Other, and Total. Includes vehicle information and sections for Service A, PWS A/C, AIR FILTER, ENG OIL SYNTHETIC, TRANS FLUID SYN, MDA, and OIL FILTER.

Work Order Detail

Table with columns for Description, APIM, Discounts, Parts, Labor, Taxes, Other, and Total. Includes sections for Service A, PWS A/C, AIR FILTER, ENG OIL SYNTHETIC, TRANS FLUID SYN, MDA, and OIL FILTER.

Work Order Detail

Table with columns for Description, APIM, Discounts, Parts, Labor, Taxes, Other, and Total. Includes sections for Service A, PWS A/C, AIR FILTER, ENG OIL SYNTHETIC, TRANS FLUID SYN, MDA, and OIL FILTER.

Work Order Detail

Table with columns: Other, VIN: 1FBSS31L17D82554, License Plate: JAIL 9, Description: APM, Status: Closed, Downline: 9.00, Total: \$113.16. Includes details for 7562: 2007 Ford Van.

Work Order Detail

Table with columns: External WO, Vendor: V7000 - SHERIFF, Inv. #, PO#, Status: Closed, Downline: 9.00, Total: \$113.16. Includes details for 7562: 2007 Ford Van.

Work Order Detail

Table with columns: Other, Description: APM, Status: Closed, Downline: 9.00, Total: \$0.00. Includes details for 7562: 2007 Ford Van.

Work Order Detail

Table with columns: Description: DPM, RPL FRONT BRAKES, Status: Closed, Downline: 0.00, Total: \$0.00. Includes details for 7562: 2007 Ford Van.

Work Order Detail

Table listing work order details including labor and parts costs for various services like wiper blades, transmission fluid, and tire rotation.

7562: 2007 Ford Van VIN: 1F8S31L170B2554 License Plate: JAL 9

Recall: Campaign # Status Closed Date: 08/28/2013 08/28/2013

Main work order summary table with columns: W.O.#, Open Date, Close Date, Status, Description, Campaign #, Down Time, Date, Accident, Detail, Discounts, Parts, Labor, Taxes, Other, Total.

Work Order Detail

Table listing work order details including labor and parts costs for services like fuel filter, wipers, rotate tires, road test, CPW, misc maint, misc shop supplies, moa, pws atc, filter, inj cleaner, oil filter, and eng oil synthetic.

7562: 2007 Ford Van VIN: 1F8S31L170B2554 License Plate: JAL 9

Recall: Campaign # Status Closed Date: 08/28/2013 08/28/2013

Main work order summary table with columns: W.O.#, Open Date, Close Date, Status, Description, Campaign #, Down Time, Date, Accident, Detail, Discounts, Parts, Labor, Taxes, Other, Total.

Work Order Detail

Table listing work order details including labor and parts costs for services like drum grease, air filter, misc shop supplies, wiper blades, and tire service.

7562: 2007 Ford Van VIN: 1F8S31L170B2554 License Plate: JAL 9

Recall: Campaign # Status Closed Date: 11/07/2013 11/07/2013

Main work order summary table with columns: W.O.#, Open Date, Close Date, Status, Description, Campaign #, Down Time, Date, Accident, Detail, Discounts, Parts, Labor, Taxes, Other, Total.

Work Order Detail

Table listing work order details including labor and parts costs for services like rfr atc, rpl 2 tires, and light check.

7562: 2007 Ford Van VIN: 1F8S31L170B2554 License Plate: JAL 9

Recall: Campaign # Status Closed Date: 05/02/2014 05/02/2014

Main work order summary table with columns: W.O.#, Open Date, Close Date, Status, Description, Campaign #, Down Time, Date, Accident, Detail, Discounts, Parts, Labor, Taxes, Other, Total.

Work Order Detail

Table with columns for VIN, Mileage, Location, Campaign #, Vendor, Department, Date, Invoiced, POF, and various repair items like 'RP1.2 TIRES'.

Work Order Detail

Table with columns for VIN, Mileage, Location, Campaign #, Vendor, Department, Date, Invoiced, POF, and various repair items like 'BALL JOINTS'.

Work Order Detail

Table with columns for VIN, Mileage, Location, Campaign #, Vendor, Department, Date, Invoiced, POF, and various repair items like 'SWAY BAR BUSHINGS'.

Work Order Detail

Table with columns for VIN, Mileage, Location, Campaign #, Vendor, Department, Date, Invoiced, POF, and various repair items like 'APR BPM A/C'.

Work Order Detail

Table with columns for Description, Amount, and Total. Includes items like SHOP SUPPLIES (1.00), Miscellaneous Parts, M0053 - Knight, Terry (0.50), Tire Rotation, Service B, Check Brakes, Replace Fuel Filter, C23-AIR CONDITIONING, and C14-ROAD TEST.

7562: 2007 Ford Van VIN: 1F85S31L170B2551 License Plate: JAL 9

Recall: External WO: Campaign # Vendor: V7000 - SHERIFF Date: Inv#: 167412 PO#: Department: 1255-Corrections

Table with columns: WO #, Open Date, Close Date, Status, Downtime, Accident. Includes a detailed 'Detail' section with columns: Description, Discounts, Parts, Labor, Tires, Other, Total.

Work Order Detail

Table with columns for Description, Amount, and Total. Includes items like Tire Rotation, Miscellaneous Parts, Tire Service, 7562: 2007 Ford Van, 7562: 2007 Ford Van, 7562: 2007 Ford Van, and 7562: 2007 Ford Van.

7562: 2007 Ford Van VIN: 1F85S31L170B2551 License Plate: JAL 9

Recall: External WO: Campaign # Vendor: V7000 - SHERIFF Date: Inv#: 177191 PO#: Department: 1255-Corrections

Table with columns: WO #, Open Date, Close Date, Status, Downtime, Accident. Includes a detailed 'Detail' section with columns: Description, Discounts, Parts, Labor, Tires, Other, Total.

Work Order Detail

Table with columns for Description, Amount, and Total. Includes items like Miscellaneous Labor and Other.

7562: 2007 Ford Van VIN: 1F85S31L170B2551 License Plate: JAL 9

Recall: External WO: Campaign # Vendor: V7000 - SHERIFF Date: Inv#: 167412 PO#: Department: 1255-Corrections

Table with columns: WO #, Open Date, Close Date, Status, Downtime, Accident. Includes a detailed 'Detail' section with columns: Description, Discounts, Parts, Labor, Tires, Other, Total.

Work Order Detail

Table with columns for Description, Amount, and Total. Includes items like M0053 - Knight, Terry (0.20), Change Transmission Fluid, SHOP: 6090ZC LUBE, C14-ROAD TEST, and 7562: 2007 Ford Van.

7562: 2007 Ford Van VIN: 1F85S31L170B2551 License Plate: JAL 9

Recall: External WO: Campaign # Vendor: V7000 - SHERIFF Date: Inv#: 437139 PO#: Department: 1255-Corrections

Table with columns: WO #, Open Date, Close Date, Status, Downtime, Accident. Includes a detailed 'Detail' section with columns: Description, Discounts, Parts, Labor, Tires, Other, Total.

7562: 2007 Ford Van VIN: 1F85S31L170B2551 License Plate: JAL 9

Recall: External WO: Campaign # Vendor: V7000 - SHERIFF Date: Inv#: 466590 PO#: Department: 1255-Corrections

Table with columns: WO #, Open Date, Close Date, Status, Downtime, Accident. Includes a detailed 'Detail' section with columns: Description, Discounts, Parts, Labor, Tires, Other, Total.

Work Order Detail

YO.#	Open Date	Close Date	Status	Downtime	Accident
14371	09/17/2017	09/17/2017	Closed	0.00	
Detail Service A Light Check Brakes Lights Pass Headlights Pass Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other Lube, Oil & Filter Main SW29 SYN SYNTHETIC ENGINE OIL (6.000) 2F-OP24651-OIL FILTER (1.000) OIL DRUM GREASE DRUM GREASE SUPER (5.000) Main AF8036 AIR FILTER (1.000) 2F-SHOP SUPPLIES, MISC SHOP SUPPLIES (1.000) Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other C14-ELECTRIC 11557 test (1.000) Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other					
Summary: Discounts: \$0 Parts: \$17.00 Labor: \$17.00 Tires: \$0 Other: \$0.00 Total: \$34.00					
VIN: 1FB5S31L170B2551 Miles: 139,415.0 Location: 02-Sheriff's Department: 1255-Corrections Date: 195228 PO#:					
Recall: External WO: 1217/2018 9 54 AM Campaign # 1217/2018 9 54 AM Vendor: V7000 - SHERIFF License Plate: JAIL 9 Invt: 145243 PGE:					

Work Order Detail

YO.#	Open Date	Close Date	Status	Downtime	Accident
14160	10/20/2017	10/20/2017	Closed	0.00	
Detail Service A Light Check Brakes Lights Pass Headlights Pass Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other Lube, Oil & Filter Main SW29 SYN SYNTHETIC ENGINE OIL (6.000) 2F-OP24651-OIL FILTER (1.000) OIL DRUM GREASE DRUM GREASE SUPER (5.000) Main AF8036 AIR FILTER (1.000) 2F-SHOP SUPPLIES, MISC SHOP SUPPLIES (1.000) Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other C14-ELECTRIC 11557 test (1.000) Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other					
Summary: Discounts: \$0 Parts: \$75.00 Labor: \$0 Tires: \$0 Other: \$0.00 Total: \$75.00					
VIN: 1FB5S31L170B2551 Miles: 140,425.0 Location: 02-Sheriff's Department: 1255-Corrections Date: 195228 PO#:					
Recall: External WO: 1217/2018 9 54 AM Campaign # 1217/2018 9 54 AM Vendor: V7000 - SHERIFF License Plate: JAIL 9 Invt: 145243 PGE:					

Work Order Detail

YO.#	Open Date	Close Date	Status	Downtime	Accident
142708	11/16/2018	11/16/2018	Closed	0.00	
Detail Service A Light Check Brakes Lights Pass Headlights Pass Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other Lube, Oil & Filter Main SW29 SYN SYNTHETIC ENGINE OIL (6.000) 2F-OP24651-OIL FILTER (1.000) OIL DRUM GREASE DRUM GREASE SUPER (5.000) Main AF8036 AIR FILTER (1.000) 2F-SHOP SUPPLIES, MISC SHOP SUPPLIES (1.000) Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other C14-ELECTRIC 11557 test (1.000) Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other					
Summary: Discounts: \$0 Parts: \$13.60 Labor: \$13.60 Tires: \$0 Other: \$0.00 Total: \$27.20					
VIN: 1FB5S31L170B2551 Miles: 156,025.0 Location: 02-Sheriff's Department: 1255-Corrections Date: 20681149 PO#:					
Recall: External WO: 1217/2018 9 54 AM Campaign # 1217/2018 9 54 AM Vendor: V7000 - SHERIFF License Plate: JAIL 9 Invt: 20681149 PGE:					

Work Order Detail

YO.#	Open Date	Close Date	Status	Downtime	Accident
14161	10/20/2017	10/20/2017	Closed	0.00	
Detail Service A Light Check Brakes Lights Pass Headlights Pass Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other Lube, Oil & Filter Main SW29 SYN SYNTHETIC ENGINE OIL (6.000) 2F-OP24651-OIL FILTER (1.000) OIL DRUM GREASE DRUM GREASE SUPER (5.000) Main AF8036 AIR FILTER (1.000) 2F-SHOP SUPPLIES, MISC SHOP SUPPLIES (1.000) Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other C14-ELECTRIC 11557 test (1.000) Miscellaneous Parts M0053 - Knight, Terry (0.50) Miscellaneous Labor Other					
Summary: Discounts: \$0 Parts: \$17.00 Labor: \$17.00 Tires: \$0 Other: \$0.00 Total: \$34.00					
VIN: 1FB5S31L170B2551 Miles: 141,843.0 Location: 02-Sheriff's Department: 1255-Corrections Date: 195228 PO#:					
Recall: External WO: 1217/2018 9 54 AM Campaign # 1217/2018 9 54 AM Vendor: V7000 - SHERIFF License Plate: JAIL 9 Invt: 145243 PGE:					

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

May Session of the April Adjourned

Term. 20 19

County of Boone

In the County Commission of said county, on the

23rd

day of

May

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 Organizational Use of the Boone County Government Center Chambers by Baha'i Faith Community on August 17, 2019 from 11:30 am to 8:30 pm.

Done this 23rd day of May 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

Daniel K. Atwill, Presiding Commissioner
Fred J. Parry, District I Commissioner
Janet M. Thompson, District II Commissioner



Roger B. Wilson
Boone County Government Center
801 East Walnut, Room 333
Columbia, MO 65201-7732
573-886-4305 • FAX 573-886-4311

Boone County Commission

APPLICATION FOR ORGANIZATIONAL USE OF BOONE COUNTY CONFERENCE ROOMS

The undersigned organization hereby applies for a use permit to use Boone County Government conference rooms as follows:

Organization :Bahai _____

Address: 205 Blue Sky Court _____

City: Columbia _____ State: MO _____ ZIP Code 65203 _____

Phone: 573-445-6853 _____ Website: www.columbiabahai.org _____

Individual Requesting Use: Farah Nieuwenhuizen _____ Position in Organization: Assistant secretary _____

Facility requested: Chambers Room 301 Room 311 Room 332 Centralia Clinic

Event: Bahai celebration of holy days _____

Description of Use (ex. Speaker, meeting, reception): Speaker and reception _____

Date(s) of Use: Saturday August 17/2019 _____

Start Time of Setup: 11:30am _____ AM/PM Start Time of Event: 12 Noon _____ AM/PM

End Time of Event: 8:00 pm _____ AM/PM End Time of Cleanup: 8:30pm _____ AM/PM

The undersigned organization agrees to abide by the following terms and conditions in the event this application is approved:

1. To abide by all applicable laws, ordinances and county policies in using Boone County Government conference rooms.
2. To remove all trash or other debris that may be deposited (by participants) in rooms by the organizational use.
3. To repair, replace, or pay for the repair or replacement of damaged property including carpet and furnishings in rooms.
4. To conduct its use in such a manner as to not unreasonably interfere with Boone County Government building functions.
5. To indemnify and hold the County of Boone, its officers, agents and employees, harmless from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature including costs, litigation expenses, attorney fees, judgments, settlements on account of bodily injury or property damage incurred by anyone participating in or attending the organizational use of rooms as specified in this application.

Organization Representative/Title: Assistant secretary _____

Phone Number: 573-445-6853 _____ Date of Application, May 20/2019 _____

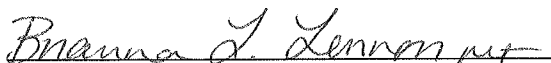
Email Address: farahn19@yahoo.com _____

Applications may be submitted in person or by mail to the Boone County Commission, 801 E. Walnut, Room 333, Columbia, MO 65201 or by email to commission@boonecountymmo.org.

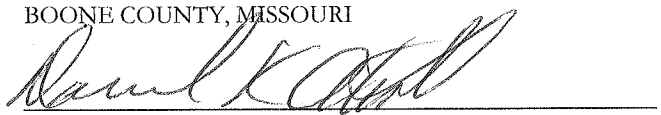
PERMIT FOR ORGANIZATIONAL USE OF BOONE COUNTY GOVERNMENT CONFERENCE ROOMS

The County of Boone hereby grants the above application for permit in accordance with the terms and conditions above written. The above permit is subject to termination for any reason by duly entered order of the Boone County Commission.

ATTEST:


County Clerk

BOONE COUNTY, MISSOURI


County Commissioner

DATE: 5-23-19 _____

221-2019

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

May Session of the April Adjourned

Term. 20 19

County of Boone

In the County Commission of said county, on the 23rd day of May 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 Organizational Use of the Boone County Government Center Chambers by the League of Women Voters of Columbia-Boone County on September 18, 2019 from 5:00 pm to 9:15 pm.

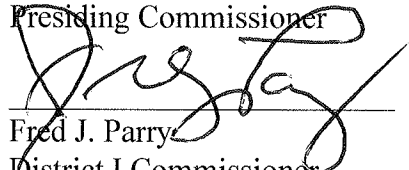
Done this 23rd day of May 2019.

ATTEST:

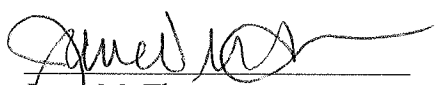
Brianna L. Lennon
Brianna L. Lennon
Clerk of the County Commission



Daniel K. Atwill
Presiding Commissioner

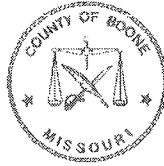


Fred J. Parry
District I Commissioner



Janet M. Thompson
District II Commissioner

Daniel K. Atwill, Presiding Commissioner
Fred J. Parry, District I Commissioner
Janet M. Thompson, District II Commissioner



Roger B. Wilson
Boone County Government Center
801 East Walnut, Room 333
Columbia, MO 65201-7732
573-886-4305 • FAX 573-886-4311

Boone County Commission

APPLICATION FOR ORGANIZATIONAL USE OF BOONE COUNTY CONFERENCE ROOMS

The undersigned organization hereby applies for a use permit to use Boone County Government conference rooms as follows:

Organization: League of Women Voters of Columbia-Boone County

Address: PO Box 239

City: Columbia State: MO ZIP Code: 65205

Phone: 573-445-3500 Website: lwvcbc.org

Individual Requesting Use: Marilyn McLeod Position in Organization: President

Facility requested: Chambers Room 301 Room 311 Room 332 Centralia Clinic

Event: Constitution Day Program

Description of Use (ex. Speaker, meeting, reception): Panel of Women Judges (Anniv. of 19th Amend.)

Date(s) of Use: Wednesday, September 18, 2019

Start Time of Setup: 5:00 p.m. AM/PM Start Time of Event: 7:00 p.m. AM/PM

End Time of Event: 9:00 p.m. AM/PM End Time of Cleanup: 9:15 p.m. AM/PM

The undersigned organization agrees to abide by the following terms and conditions in the event this application is approved:

1. To abide by all applicable laws, ordinances and county policies in using Boone County Government conference rooms.
2. To remove all trash or other debris that may be deposited (by participants) in rooms by the organizational use.
3. To repair, replace, or pay for the repair or replacement of damaged property including carpet and furnishings in rooms.
4. To conduct its use in such a manner as to not unreasonably interfere with Boone County Government building functions.
5. To indemnify and hold the County of Boone, its officers, agents and employees, harmless from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature including costs, litigation expenses, attorney fees, judgments, settlements on account of bodily injury or property damage incurred by anyone participating in or attending the organizational use of rooms as specified in this application.

Organization Representative/Title: League of Women Voters / President *Marilyn McLeod*

Phone Number: 573-445-3500 Date of Application: May 16, 2019

Email Address: lwvcbc@gmail.com

Applications may be submitted in person or by mail to the Boone County Commission, 801 E. Walnut, Room 333, Columbia, MO 65201 or by email to commission@boonecountymo.org.

PERMIT FOR ORGANIZATIONAL USE OF BOONE COUNTY GOVERNMENT CONFERENCE ROOMS

The County of Boone hereby grants the above application for permit in accordance with the terms and conditions above written. The above permit is subject to termination for any reason by duly entered order of the Boone County Commission.

ATTEST:

Branna L. Lennon
County Clerk

BOONE COUNTY, MISSOURI

Daniel K. Atwill
County Commissioner

DATE: 5-23-19