



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Service Contract
Teen Outreach Program

THIS AGREEMENT dated the _____ day of _____, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **City of Columbia** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as the **City of 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, The **City of Columbia** has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

WHEREAS, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth.

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY PHHS

The **City of Columbia** is expected to the greatest extent possible to maximize funding from all other sources. The **City of Columbia** shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. The **City of Columbia** shall only request reimbursement for services not reimbursable by any other source. The **City of Columbia** shall not invoice the Children's Services Fund for units of service invoiced to another funding source. The **City of 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.** The **City of Columbia** will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and the **City of Columbia's** response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the **City of Columbia's** Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the **City of Columbia** and the **City of Columbia** agrees to furnish the **Teen Outreach Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the **City of 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 **\$37,110.44** 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 **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. The **City of Columbia** agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB. This contract may at the sole discretion of the BCCSB and with the agreement of the **City of Columbia** be renewed for an **additional one (1), one-year period**. The **City of Columbia** agrees and understands that the BCCSB may require supplemental information to be submitted by the **City of 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
Health Education	One hour	\$25.09	901.5	\$22,618.64
Information and Referral	One meeting	\$24.67	100	\$2,467.00
Positive Youth Development	One hour	\$13.80	835	\$11,523.00
Family Education	One hour	\$25.09	20	\$501.80

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing

dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the **City of 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 Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by the **City of Columbia** to monitor service delivery and program expenditures. The **City of Columbia** agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by the **City of Columbia** and, if so stipulated, are noted on this contract document. Payments may be withheld from the **City of 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. The **City of Columbia** agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

12. **Discrimination.** The **City of 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.** The **City of 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 the **City of Columbia's** provision of such services.

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

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

20. **Failure to Perform/Default.** In the event the **City of Columbia**, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to the **City of 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 the **City of 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, the **City of Columbia** shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the **City of Columbia** for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, the **City of 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 the **City of Columbia's** services (meaning anyone, including but not limited to consultants having a contract with the **City of Columbia** or subcontractor for part of the services), or anyone directly or indirectly employed by the **City of Columbia**, or of anyone for whose acts the **City of 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.

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

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

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** The **City of 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.

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

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

Any written notice or communication to the **City of Columbia** shall be mailed or delivered to:

City of Columbia
Stephanie Browning
1005 W. Worley St.
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.

City of Columbia

Boone County, Missouri

By: Boone County Commission

By: _____
Signature

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

By: _____
Printed Name/ Title

Les Wagner, Board Chair

APPROVED AS TO FORM:

ATTEST:

County Counselor

by Ron Sweet

Taylor W. Burks, 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.)

(2161/71106/\$37,110.44)

Signature

Date

Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110

Columbia, MO 65201

Phone: (573) 886-4391

Fax: (573) 886-4390

E-mail: mbobbitt@boonecountymo.org

November 2, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 - Purchase of Service Contracts

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.

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: Columbia/Boone County Public Health and Human Services

Address: 1005 W Worley St
Columbia, MO 65203

Telephone: 573-874-6331 Fax: 573-874-7756

Federal Tax ID (or Social Security #): 43-6000810

Print Name: Michelle Shikles Title: Public Health Promotion Supervisor

Signature: Michelle Shikles Date: 11/11/2017

E-mail: michelle.shikles@como.gov

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

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.

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

Organization	Columbia/Boone County Department of Public Health and Human Services
Name of Program	Teen Outreach Program (TOP)

Program Overview Form

1. The statement on the population being served does not clearly connect BID data cited and why the population needs this program.
Action Required: Provide further information on how the population is affected by the issue being addressed by this proposed program.

TOP aims to improve academic performance among all students, including minority groups. According to BID data, the 4 year graduation rate for Black students in 2016 was 11.3% lower than that of White students, 9.1% lower than Hispanic students, and 8.8% lower than the overall average (retrieved from, <http://BooneIndicators.org/IndicatorView.aspx?id=797>). The BID data also states that nearly 20% of Black students did not graduate within four years, and nearly 10% of all Columbia Public School students did not graduate within four years. TOP has been shown to lower the risk of failing grades and lower the risk of overall course failure for TOP participants (retrieved from, <http://teenoutreachprogram.com/wp-content/uploads/2014/12/Teen-Outreach-Program-One-Sheet-FINAL-v2.pdf>). Decreasing the amount of failing grades and courses failed helps ensure that students stay on track to graduate high school within four years.

In addition, TOP teens are less likely to participate in risky sexual behaviors and become pregnant. According to the National Campaign to Prevent Teen and Unplanned Pregnancy (2010) (<https://thenationalcampaign.org/resource/briefly%E2%80%9494policy-brief-preventing-teen-pregnancy-critical-school-completion>), 60% of teen moms do not finish high school. According to BID data, 31.1% of births were born to unmarried mothers, 8.7% of births were preterm, and 2.0% (White) and 5.1% (Black) of babies born had a low birth weight. Women younger than 18 are more likely to be unmarried, have a preterm delivery and low birth weight (National Institute of Child Health and Human Development, retrieved from https://www.nichd.nih.gov/health/topics/preterm/conditioninfo/Pages/who_risk.aspx). TOP provides students with educational and factual information regarding pregnancy prevention and decreases the likelihood that TOP students will participate in risky sexual behavior. Our TOP program strives to maintain the goal of 100% of TOP students will not get pregnant or cause a pregnancy while participating in TOP, and we have met that goal every year since TOP has been implemented.

2. The Income demographics are not provided in the Consumer Demographics section.
Action Required: Provide the following information for Income levels of program consumers. Provide information on any barriers collecting this information for students.

At or below 200% of Federal Poverty Level:

Over 200% of Federal Poverty Level:

Teens are often unaware of their parent's income level; therefore, this is information that we have not received from the students in the past. The closest information we can retrieve that is similar would be to determine the percentage of students that receive free/reduced lunch.

According to the Missouri Department of Elementary and Secondary Education (October 2016), the schools that our TOP program currently cover have an average percentage of 47% of students who receive free/reduced lunches, which is representative of the income levels of the students in those schools. More specifically, the percentage for each school that has a TOP group is found below:

Battle High School: 50.24%, Douglass High School: 92.8%, Harrisburg Middle School: 50%, Hickman High School: 30.46%, Jeff Middle School: 41.63%, Lange Middle School: 60.62%, Rock Bridge High School: 21.55%, Sturgeon High School: 37.5%, West Middle School: 37.65%. (High school students are less likely to receive free/reduced lunch even though they may qualify.)

Students participating in TOP tend to be more likely to receive free/reduced lunch, therefore, it can be assumed that the percentage of TOP students who receive free/reduced lunch is higher than the average at their school. This is representative of the income levels of the youth in the TOP program. If using free/reduced lunch participation rates is an acceptable measure for BCCSB, we can begin collecting this data.

3. There was very little information provided on the location of the TOP clubs in the Program Access section.

Action Required: Provide more information about the TOP locations in the field below.

The TOP program is located at nine middle schools and high schools throughout Boone County, two of which are located in rural county areas, and the remaining schools located within the Columbia city limits. The schools in which TOP are located at are: Battle High School, Douglass High School (Douglass has two TOP clubs, as requested by the school to accommodate more students), Harrisburg Middle School, Hickman High School, Jeff Middle School, Lange Middle School, Rock Bridge High School, Sturgeon High School, and West Middle School, resulting in ten TOP groups total. More specifically, TOP sessions are held in a class room provided to us by the school liaison at the beginning of the school year. Once the room has been assigned, it typically stays consistent throughout the school year.

4. A rationale for utilizing the proposed evidence-based program and/or service was not provided.

Action Required: Provide a rationale for utilizing the proposed evidence-based program and/or service.

The TOP program has continuously been successful for the past 6 years that it has been implemented in multiple Boone County school districts, including Columbia Public Schools, Harrisburg Public Schools, and Sturgeon Public Schools. TOP facilitators have established relationships with school officials at each of the schools in which TOP are located.

TOP is recommended and funded by the MO DHSS Department of Adolescent Health. It is the only comprehensive adolescent health program that DHSS funding will support. We receive \$45,000 from the state to implement this program.

TOP is a unique program in that it is a pregnancy prevention program that also has academic outcomes. It improves academic performance by lowering the risk of failing grades and course failure. TOP also decreases the likelihood that students will participate in risky behavior by lowering the risk of sexual behavior and pregnancy, and lowering the risk of suspensions and skipping school. One of the goals of Boone County is to decrease disparities. Increasing academic achievement and decreasing high rates of pregnancy are both crucial elements of decreasing disparities. Both teen pregnancy and low academic achievement create cycles of poverty. The TOP program is designed to break these cycles (retrieved from http://teenoutreachprogram.com/wp-content/uploads/2014/12/IMPACTofTOPinfographic_111716-2.pdf)

Our TOP program will continue to strive to positively impact the lives of its students by not only improving their academic performance and decreasing risky behavior, but also strengthening family relationships, providing students with ample volunteer experience and life skills, and providing students with caring and supportive adult figures in their TOP facilitators.

5. The contract for TOP with DHSS expired 9/30/17. Once available, provide an updated contract amount received from DHSS.

Action Required: Provide an updated contract amount received from DHSS or provide information on the status of the contract being renewed.

The contract from MO DHSS was renewed. The contract total for 10/1/2017 – 9/30/2018 is \$45,000. An updated contract is provided.

6. The Memorandum of Understanding (MOU) with Columbia Housing Authority (CHA) did not have signatures and was noted as being a draft.

Action Required: Provide an update on the MOU with CHA and provide the final copy of the MOU with the required signatures once available.

Since the original proposal, CHA has undergone staffing changes. This year CHA was unable to find an employee to provide the same level of support as provided in previous years. A new MOU was created to reflect these changes. A signed copy will be provided after the MOU goes through council. An unsigned copy is provided.

7. The MOU draft for CHA states that CHA will facilitate three TOP clubs and co-facilitate six TOP clubs. The Program Personnel table only lists two employees with one having a FTE of .75.
Action Required: Provide clarification regarding CHA personnel providing support in facilitating TOP clubs. Personnel information needs to be provided for CHA personnel that are sub-contracted through the MOU. Complete the table below and provide a narrative describing all paid personnel for TOP.

Position/Title	Minimum Qualifications	FTE	Salary Range From:	Salary Range To:
Health Educator	Bachelors, CHES*/ Master's preferred	.625	\$ 43,080 (annual)	\$ 61,064 (annual)
Health Educator	Bachelors, CHES*/ Master's preferred	.35	\$ 43,080 (annual)	\$ 61,064 (annual)
Program Assistant	High school diploma or equivalent	.375	\$ 30,776 (annual)	\$ 40,458 (annual)

Narrative

*CHES stands for certified health education specialist.
 CHA will provide 1 facilitator for 5 groups, and PHHS will provide the rest; each group has 2 facilitators.
 Each TOP lesson requires two facilitators. For each lesson, the facilitators need time to tailor lessons to each group, gather materials and teaching aids, and document and report information about the lesson and attendance. They also need time to get to and from each location, which can be significant with the county schools. The program requires that the community service learning hours are supervised, which typically requires at least 2 of the facilitators, sometimes more depending on the activity. Facilitators spend time preparing for the event, at the event, and documenting activity and attendance following each event. One-on-one sessions are held with 1 facilitator. The facilitator needs time during this activity to follow up with any issues that arise during the session and to document and track goals. Parent nights require all facilitators to be present. It is important for the parents to meet all the facilitators. Similar to the lessons, this requires time to tailor the message to each group, gather materials and teaching aids, identify a location, and document and report information. Other miscellaneous activities that require staff time are submitting monthly reports to DHSS, reporting to Boone County Children Services, preparing invoices, managing budget, analyzing survey data, attending required contract meetings, and completing required training.

8. The Personnel section did not provide clear information on how the TOP clubs are distributed between PHHS, CHA, or any other organizations contributing club facilitators.

Action Required: Provide specific information on how TOP clubs are distributed between all club facilitators.

TOP groups are distributed between PHHS and CHA facilitators based on the agreement made between PHHS and CHA. It was agreed upon in the partnership that CHA will provide one facilitator for five groups and PHHS will provide coverage for the remainder of the groups. The changes that occurred this year were a result of CHA experiencing staff turnover and being unable to fill the position. Each of the ten groups is required to have two facilitators.

Each year, it is determined who is going to cover each group based upon previous years and schedule conflicts. Because it is important to each TOP facilitator to maintain strong and dependable relationships with their TOP students, facilitators for each group remain consistent year-after-year, if possible.

9. The Program Budget does not provide a narrative on the funds received from the State.

Action Required: Provide an explanation on the funds received from the State. Describe how these funds are utilized to pay for program expenses.

Funds from the state are utilized to pay for staff time, supplies, materials, transportation for the students to and from community service learning activities, mileage reimbursement for staff, and staff training. The majority of the funding goes to staff time.

Note: When providing information on TOP in the Program Services section, all the information in the Outputs section and Performance Measures section must be reflective of the entire program through all funding sources. The only information that is specific about the County Request is the Funding Request section.

Service 1

10. The unit measure should read "one hour".

Action Required: Provide the updated unit measure in the 'Service Change Chart' for Service 1. Provide any comments or questions in the field below:

It has been updated to "one hour".

11. The Outputs section does not explain how the proposed number of units to be served was determined. The number of units to be provided should be for the whole program, including services funded from other sources.

Action Required: Provide the total number of units to be provided for the whole program in the 'Service Change Chart'. The Funding Request Amount Section on the table is where units funded through the Boone County Children's Services (BCCS) Fund is listed. Provide an explanation on how the updated number of units to be provided was determined.

The number of units was determined using the total number of units provided last year. We plan to provide the same total number of units.

Last year we split the cost of the unit (for example if 100 units were provided and the cost for the unit was \$4, we charged \$2 to Children Services Fund for 100 units and the remaining \$2 was covered by the state). This year we are splitting the number of units in half (ex. 50 units for \$4). The overall cost of the program has decreased slightly.

12. Each service has the same unit rate of \$13.39. The unit rate should reflect everything that goes into the service. If possible, we would like this rate to be tied to a publicly available rate.

Review the attached *Developing a Unit of Service Rate* handout to develop a unit rate for each separate service.

Action Required: Provide the justification for the unit rate in the field below. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

The new unit rate for Health Education is \$25.09. The cost was determined using the *Developing a Unit of Service Rate* handout. The major cost in this rate is staff time. It includes time to plan, implement the lesson, and do appropriate reporting and documentation following each lesson. It also includes a small amount for supplies and materials including curriculum, basic school supplies, and flip charts.

This is less than what we receive from DHSS for the same service. There is no Medicaid rate for this service. There are Medicaid rates for similar services, for example health education provided by a health education specialist in a clinical setting for one hour is \$116. This rate is significantly too high for our purposes. There is also a Medicaid rate for risk factor reduction education provided in a group setting which is \$13.54 with one provider, with 2 providers the total would be \$27.08. Although the rate is similar, we provide complete health education, not just risk factor reduction education, so it is difficult to compare these services.

13. The Method of Measurement does not provide sufficient information on the type of assessment being utilized to measure outcomes and indicators.

Action Required: Provide clarification on the TOP assessment and include whether there are pre-post measures from this assessment and when these are given.

The TOP assessment is an evidence-based survey tool designed and tested by the Wyman Foundation. It is the required assessment for the completion of TOP, and it is used by Wyman and MO DHSS to determine the effectiveness and success of the program. It consists of a pre and post survey. Pre-surveys are given within the first four weeks of the group, and post surveys are given within the last four weeks of the group. The surveys collect data on demographics, academic behavior, community service learning, safety and belonging, sexual behavior, and social emotional learning. Results are stored in a secure online database.

Service 2

14. The service name for the type of activity being described needs to be changed to 'Information and Referral'. The description provided seems to indicate that TOP staff provides accurate information about and referrals to appropriate resources.

Action Required: Complete the 'Service Change Chart' for Service 2 with the service name being 'Information and Referral'.

The service name has been changed to "Information and Referral".

15. The unit measure should read "15 minutes".

Action Required: Provide "15 minutes" as the unit measure on the 'Service Change Chart' for Service 2.

The unit measure has been updated to "15 minutes".

16. Each service has the same unit rate of \$13.39. The unit rate should reflect everything that goes into the service. If possible, we would like this rate to be tied to a publicly available rate.

Review the attached *Developing a Unit of Service Rate* handout to develop a unit rate for each separate service.

Action Required: Provide the justification for the unit rate in the field below. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

The rate for this service is \$24.67. This solely includes staff time. It includes the 15 minutes with the student, all the necessary follow up and referrals, and the time needed to track and document the student's goals. There is a set Medicaid rate for fifteen minutes of preventive counseling provided to an individual for fifteen minutes. The rate is \$26.00.

17. The performance measures lack information on whether students achieve goals discussed and whether their needs are met through Case Management.

Action Required: Provide additional performance measures that track students achieving goals and having needs met in the 'Service Change Chart' for Service 2. Provide an explanation on the proposed outcomes, indicators, and method of measurements for the additional performance measures.

At the beginning of the school year, facilitators cover lessons that discuss goal-setting. Following those lessons, each student creates an individual goal for themselves that they will work on throughout the year. During one-on-one sessions, TOP facilitators check in with each student regarding their goals and discuss anything else the students wish to discuss during that time. In order to determine if the students met their goals that were set at the beginning of the year, we added a performance measure stating that by the end of the school year, 70% of students will meet their goal that they determined at the beginning of the year. While we strive for 100% of students to meet their goals, we chose 70% because we encourage students to create goals that will challenge them. We realize that while students may not meet their goals, we do not want to discourage them by instructing that they set goals that are easily achievable.

Additionally, in order to ensure that the one-on-one meetings are as effective and helpful to the students as possible, an additional measure will be added to assess the one-on-one meetings. This will be completed by asking the students if their needs were met during the one-on-one sessions via paper surveys at the end of the year. The paper surveys will be created by PHHS Health Educators. PHHS Health Educators have experience in survey development.

Service 3

18. The service description for Service 3 explains that transportation is provided for service events. The Boone County Children's Services Fund is unable to purchase transportation.

Action Required: Provide clarification on the funding source covering transportation costs.

MO DHSS provides funding for transportation.

19. Each service has the same unit rate of \$13.39. The unit rate should reflect everything that goes into the service. If possible, we would like this rate to be tied to a publicly available rate.

Review the attached *Developing a Unit of Service Rate* handout to develop a unit rate for each separate service.

Action Required: Provide the justification for the unit rate in the field below. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

The unit rate is \$13.80. This includes supplies, materials, and staff time. There are often supplies involved in community service learning, for example the youth have made blankets for children in local hospitals. Whenever possible we get supplies donated, for example the city provides supplies for park clean ups. This rate was calculated using the expenditures from last year. Each event typically requires two facilitators, some require more. This rate is less than the rate provided by the MO DHSS for the same service.

20. The unit measure should read "one hour".

Action Required: Update the unit measure on the 'Service Change Chart' for Service 3.

The unit measure has been updated to "one hour".

21. The Outputs section does not explain how the proposed number of units to be served was determined. The number of units to be provided should be for the whole program, including services funded from other sources.

Action Required: Provide the total number of units to be provided for the whole program in the 'Service Change Chart'. The Funding Request Amount Section on the table is where units funded through the Boone County Children's Services (BCCS) Fund is listed. Provide an explanation on how the updated number of units to be provided was determined.

The total number of units was determined using the total number of units provided last year.

22. The same unit rate is being used throughout all the services. The unit rate should reflect the service level being provided and tied to a public rate, if possible.

Action Required: Provide a unit rate that reflects the service being provided. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

The updated unit rate is \$13.80. This was calculated by taking the total staff time and supplies expenditures spent last year and dividing it by the number of units provided last year (using the Developing a Unit of Service Rate handout). There is not a public rate for this service. This is less than what DHSS provides for the same service.

23. The Performance Measures for Service 3 lack specific information. The indicators should list a percentage. There is only one outcome and indicator that is listed for the community service events and is only measured at the end of the year. *Action Required:* The Performance Measures need to be more specific. Provide additional outcomes, indicators, and method of measurements that can be measured at the end of the service year. Provide this information in the 'Service Change Chart' for Service 3. Provide information below on how the updated outcomes, indicators, and method of measurements were determined.

One additional outcome that will be measured is the youth's sense of purpose. This outcome will be indicated by the percentage of students who report that TOP community service projects helped them make a positive difference in the lives of others. The measurement method for this outcome will be the TOP assessment completed at the end of the year. We want at least 90% of TOP students to report that the community service projects that they completed during TOP helped them make a positive difference in the lives of others.

Another outcome that will be measured is the youth's ability to handle challenges that come their way. This outcome will be indicated by the percentage of students who report on the end of the year TOP assessment that they learned how to deal with challenges that they were faced with during their TOP community service projects. We want at least 90% of TOP students to report that they learned how to deal with challenges during their TOP community service projects.

These new outcomes, indicators, and measurements were chosen because these are skills that we strive to have the TOP teens gain while they are participating in the TOP community service events and can use in their everyday lives.

Service 4

24. Each service has the same unit rate of \$13.39. The unit rate should reflect everything that goes into the service. If possible, we would like this rate to be tied to a publicly available rate. Review the attached *Developing a Unit of Service Rate* handout to develop a unit rate for each separate service.

Action Required: Provide the justification for the unit rate in the field below. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

This rate has been updated to \$25.09. We realize this is the same rate as the health education service. This is because they both require similar preparation, reporting, staff time, and supplies. This is less than DHSS provides for the same service.

There is no Medicaid rate for this service. There are Medicaid rates for similar services, for example health education provided by a health education specialist in a clinical setting for one hour is \$116. This rate is significantly too high for our purposes. There is also a Medicaid rate for risk factor reduction education provided in a group setting which is \$13.54 with one provider, with 2 providers the total would be \$27.08. Although the rate is similar, we provide complete health education, not just risk factor reduction education, so it is difficult to compare these services.

25. The unit measure should read "one hour".

Action Required: Update the unit measure to "one hour" on the 'Service Change Chart'.

The unit measure has been updated to "one hour".

26. The Outputs section does not explain how the proposed number of units to be served was determined. The number of units to be provided should be for the whole program, including services funded from other sources.

Action Required: Provide the total number of units to be provided for the whole program in the 'Service Change Chart'. The Funding Request Amount Section on the table is where units funded through the Boone County Children's Services (BCCS) Fund is listed. Provide an explanation on how the updated number of units to be provided was determined.

The number of units was calculated using the number of units provided last year.

27. The total number of unduplicated individuals to be served appears to only include the parents attending parent nights. The students can be included in the number of unduplicated individuals to be served since they are teaching the parents what they have learned and participating in other activities with their families.

Action Required: Update the total number of unduplicated individuals to be served in the 'Service Change Chart' that includes the parents and students.

The number of unduplicated individuals has been updated to include both the students and the parents. We estimated a low number of parents and students because we have had small groups in the past.

28. The same unit rate is being used throughout all the services. The unit rate should reflect the service level being provided and tied to a public rate, if possible.

Action Required: Provide a unit rate that reflects the service being provided. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

This rate has been updated to \$25.09. We realize this is the same rate as the health education service. This is because they both require similar preparation, reporting, staff time, and supplies. This is less than DHSS provides for the same service.

There is no Medicaid rate for this service. There are Medicaid rates for similar services, for example health education provided by a health education specialist in a clinical setting for one hour is \$116. This rate is significantly too high for our purposes. There is also a Medicaid rate for risk factor reduction education provided in a group setting which is \$13.54 with one provider, with 2 providers the total would be \$27.08. Although the rate is similar, we provide complete health education, not just risk factor reduction education, so it is difficult to compare these services.

29. The number of units to be provided in the Funding Request section (n=40) exceeds the total number of units listed in the Outputs section (n=20).

Action Required: Provide the number of units to be funded through BCCS in the Funding Request section on the 'Service Change Chart' for Service 4.

This has been corrected on the service chart.

30. The Performance Measures for the family nights lack outcomes for what families learn from attending the events. The narratives in the proposed Performance Measures lack specific information on the outcome, indicator, and method of measurement.

Action Required: Provide additional Performance Measures in the 'Service Change Chart' that can be obtained for parent nights. Provide information below on how the outcomes, indicators, and method of measurements were developed.

During parent nights, students will present information regarding three of the topics that they learned about in their weekly TOP meetings. To encourage decision-making skills, we are allowing the students to choose which topics they wish to cover during the parent nights. These topics can include anything that had already been covered in TOP, including healthy communication, healthy relationships, sexual health, community, etc. In order to determine if the families learned new information from their students about topics covered in TOP, a small survey will be conducted for the parents following the students' presentations. Similarly, students will also present information about three community service learning activities that they completed through TOP. The students will provide information about what they did at their community service learning event, the population they helped, and why it was important to them to volunteer at that event/location. A small survey will be conducted for the parents following the students' presentations about their community service learning events to determine that parents learned new information.

We strive that 100% of parents will learn new information about TOP topics and community service learning events. We are confident that the students will be able to present these topics in an informative way, educating their parents about various topics and volunteer opportunities in their community.

31. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Program Outputs and Funding Request Table

See attachment (REQUIRED)

Boone County Children's Services Fund

Purchase of Service Contracts for Proposal (RFP) #30-20JUL17

Developing Unit of Service Rate

Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

Service Change Chart			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Teen Outreach Program (TOP)			
Service #1 – Taxonomy of Service Name: Health Education			
Service #1 – Taxonomy Definition of Service: Provides information to maintain and improve physical and mental health and overall wellbeing.			
Provide a detailed description of the proposed service: The health education portion of the program is the weekly TOP lessons. The lessons are facilitated by two trained facilitators. The curriculum has been developed by Wyman and is recommended by over a dozen organizations including SAMHSA and the National Collaboration for Youth. Lessons are approximately 1 hour in length and cover a variety of topics including community, values, development, relationships, sexuality, communication, goal setting, and decision making. The lessons take place at the various schools in Boone County during or after school, depending on what works best for each location. All youth are required to be provided with at least 25 hours of lesson time over the school year. PHHS collaborates with CHA and the schools to provide this service. PHHS and CHA facilitate the group and the schools provide the space, help recruit, and help to maintain youth in the group.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour	\$ 25.09	1803	200
Funding Request			
Amount Requested to Boone County: \$22,618.64		Proposed Number of Units of Service: 901.5	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase academic achievement of Teen Outreach Program students	90% of youth will maintain or decrease the number of failing grades they received on a report card over the last year.	TOP assessment	
Reduce participation in risky behaviors such as teen pregnancy	100% of youth will report that he/she has not been pregnant or cause a pregnancy over the past year.	TOP assessment	

Service Change Chart			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Teen Outreach Program (TOP)			
Service #2 – Taxonomy of Service Name: Case Management			
Service #2 – Taxonomy Definition of Service: 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 interventions and outcomes.			
Provide a detailed description of the proposed service: One on one sessions give students the opportunity to seek assistance from the facilitators, and the facilitator the opportunity to gain a deeper understanding of the students’ needs. These sessions also provide students with the opportunity to discuss their personal goals with their facilitator and ask for assistance. One on one sessions also allow the student and the facilitator to speak with one another individually rather in a group setting, as the majority of time in TOP is spent with the entire TOP group. While TOP is advertised as a safe, open environment, some students still do not feel comfortable discussing some personal issues among the group. One on one sessions provide those students with the opportunity to share and discuss individually with their TOP facilitator. Facilitators provide referrals as needed. Facilitators are also able to receive feedback from students during the one-on-one sessions regarding their feelings about TOP and if any adjustments need to be made to better fit the individual needs of each student and/or group. In the past, this time has been used to discuss family issues, academic problems, and define goals. The one on one sessions take place during the school day or after school depending on the school. The sessions are approximately 15 minutes long and conducted once per semester.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$ 24.67	200	200
Funding Request			
Amount Requested to Boone County: \$2,467.00		Proposed Number of Units of Service: 100	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase the percentage of students who found one-on-one sessions helpful.	80% of students report having their needs met through one-on-one sessions.	One-on-one assessment	
Increase the percentage of students who report meeting their goals they determined at the beginning of the school year.	70% of students meet their goal by the end of the school year.	One-on-one assessment	
Increase adult support and engagement in youth development	100% of youth will report having a caring and supportive facilitator by the end of the academic year.	TOP assessment	

Service Change Chart			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Teen Outreach Program (TOP)			
Service #3 – Taxonomy of Service Name: Positive Youth Development			
Service #3 – Taxonomy Definition of Service: Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.			
Provide a detailed description of the proposed service: During the service learning, the youth practice the skills they have been learning during lesson time while making connections with people in their community through service. All students are offered at least 20 hours of community service learning opportunities. The students work with facilitators to determine community needs, their interests, and a plan for improving their community through service events. These steps provide students with the opportunity to practice decision making skills, as they discuss where they would like to volunteer and why. In the past, students have volunteered at the food bank, advocated for tobacco policies, served lunch at a senior center, made blankets for children in the hospital, helped the humane society, and more. After each project, the group debriefs to discuss what they have learned. Debriefing with the students allows them to reflect on the differences they made while volunteering and how they positively impacted the lives of individuals in their community, directly or indirectly. Helping the students realize the difference they are making in the lives of others can help to boost their morale, sense of purpose, and ability to see themselves in a positive light. Service learning opportunities are typically offered on nights and weekends, but it varies depending on the school. For example, groups at schools that are not in session on Mondays, often use Mondays to complete service hours. Facilitators from PHHS and CHA are with the students during the service learning events and guide them through the debriefing process.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour	\$ 13.80	1670	200
Funding Request			
Amount Requested to Boone County: \$ 11,523.00		Proposed Number of Units of Service: 835	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase the youth's developmental assets and decision making skills	100% of students will score in the adequate or thriving asset range by the end of the school year.	Developmental Asset Profile (DAP) survey	
Increase youth's sense of purpose	90% of students will report that TOP community service projects helped them make a positive difference in the lives of others.	TOP assessment	
Increase youth's ability to handle challenges	90% of students will report that they learned how to deal with challenges during their TOP community service projects.	TOP assessment	

Service Change Chart			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Teen Outreach Program (TOP)			
Service #4 – Taxonomy of Service Name: Family Education			
Service #4 – Taxonomy Definition of Service: Develops communication and coping skills with the goal of strengthening family relationships.			
Provide a detailed description of the proposed service: Parent nights are an opportunity for the youth to teach their parents/guardians about topics they are learning about in TOP, as well as the community service learning events that they participate in. Typically parent nights are after TOP group and last 1-2 hours. TOP parent nights also allow parents to get to know the TOP facilitators, as all facilitators are always in attendance.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour	\$25.09	40	40
Funding Request			
Amount Requested to Boone County: \$501.80		Proposed Number of Units of Service: 20	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase parent knowledge about three topics covered in the TOP program (topics chosen by youth and may include healthy communication, healthy relationships, sexual health, community, etc.)	100% of parents will report an increase in knowledge regarding the chosen topics.	Parent night survey	
Increase parent knowledge of community service learning activities.	100% of parents will report an increase in knowledge regarding community service learning activities.	Parent night survey	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that

Organization Name: Columbia/Boone County Public Health and Human Services				
Program Name: Teen Outreach Program (TOP)				
Program Outputs from all funding sources (including Children’s Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
4.1 Health Education	1 hour	\$ 25.09	1803	200
10.3 Information & Referral	15 min	\$ 24.67	200	200
9.13 Positive Youth Development	1 hour	\$ 13.80	1670	200
9.5 Family Education	1 hour	\$ 25.09	40	40

Funding Request to Children’s Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
4.1 Health Education	\$ 22,618.64	901.5
10.3 Information & Referral	\$ 2,467.00	100
9.13 Positive Youth Development	\$ 11,523.00	835
9.5 Family Education	\$ 501.80	20
Development/Start Up Service Funding	\$ 0	
Total Amount Requested to Boone County:	\$ 37,110.44	

Agreement
between the
City of Columbia, Missouri,
and
Columbia Housing Authority,
for
Teen Outreach Program

THIS AGREEMENT (the "Agreement") by and between Columbia Housing Authority, a political subdivision of the State of Missouri, (hereinafter "CHA") and the City of Columbia, Missouri, a political subdivision of the State of Missouri, (hereinafter "City"), is entered into on the date of the last signatory noted below (hereinafter "Effective Date"). City and CHA are each individually referred to herein as a "Party" and collectively as the "Parties".

WHEREAS, the Parties recognize the need for teen programs in the community; and

WHEREAS, the Parties desire to cooperate to plan, implement, and evaluate nine teen outreach programs in schools in the community.

WITNESSETH:

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations in this Agreement, the Parties agree as follows.

1. **PURPOSE:** The purpose of this Agreement is to formalize the understanding between the Parties with regard to the implementation of the Teen Outreach Program in the Columbia area.
2. **RESPONSIBILITIES OF THE PARTIES FOR TEEN OUTREACH PROGRAM.** The Parties commit to working together through September 30, 2018 in the planning, implementation, and evaluation of the Teen Outreach Program (TOP) clubs in Columbia/Boone County schools. The Parties also commit to an ongoing discussion of their roles and responsibilities. Both parties agree to:
 - Serve as a local TOP provider and implement TOP with fidelity.
 - Provide each club with a minimum of 25 weekly meetings and 20 hours of community service learning (CSL) over a nine month period.
 - Adhere to the TOP Changing Scenes curriculum, and present the curriculum from a values neutral standpoint.

- Assure its facilitators are TOP certified, have completed Child Abuse and Neglect Background checks, and are scheduled to remain the same throughout the nine month duration of the program.
- Assure the program is delivered to groups of adolescents grades 6 through 12. The facilitator shall strive to have at least 10 adolescents per group, and the facilitator cannot have more than 25 adolescents per group.
- Assure that the program is inclusive of, and non-stigmatizing towards adolescents of any race, ethnicity, religion, sexual or gender identity, and sexual orientation.
- Obtain signed consent forms for all adolescents participating in the program.
- Administer student pre and post program surveys to all clubs and the developmental assets profile survey to designated clubs.
- Submit required paperwork including consents, surveys, sequencing forms, CSL description forms, and attendance logs to City's TOP coordinator (Michelle Shikles) and/or to Wyman Connect according to the submission timeline outlined in the facilitator training.
- Participate in at least one on-site evaluation.
- Assist in organizing and transporting teens to and from volunteer events.
- Partner to provide a recognition event/trip for adolescents who have successfully participated in the program.
- Participate in technical assistance sessions as requested with Missouri DHSS, City, Boone County Children Services, or Wyman during the Term of the Agreement.

3. CHA'S ADDITIONAL RESPONSIBILITIES. CHA shall:

- a. Provide 1 Facilitator for 5 TOP clubs
- b. Provide an itemized invoices to City for TOP on the 7th day of the month following the month in which the services were provided. Itemized invoices shall include line item purchases with according receipts and personal expenditures for the month. Allowable costs shall not exceed \$15,000 over the twelve month period. Allowable costs include personnel for TOP club facilitators, mileage, background checks, supplies, and up to 8% for indirect costs. Indirect costs may include such things as utilities, rent, administrative salaries, financial staff salaries, and building maintenance.
- c. Provide information and assistance necessary to meet additional Missouri DHSS or Boone County Children Services contract needs.

4. CITY'S ADDITIONAL RESPONSIBILITIES. City shall:

- a. Provide one staff member to serve as TOP coordinator and ensure all TOP fidelity requirements are met including, but not limited to, consent forms, surveys, values neutral lessons, CSL hour requirements, and site visits.
- b. Oversee Boone County Children Services Contract and MODHHS contract and assure all deliverables and reporting requirements are met and that expenditures align with contract budgets.

- c. Provide 1 facilitator for 5 clubs and 2 facilitators for 5 clubs.
 - d. Send appropriate staff to required contract and technical assistance trainings.
 - e. Maintain all records.
 - f. Reimburse CHA for allowable costs associated with the operation of the TOP in an amount not to exceed fifteen thousand dollars (\$15,000.00).
5. TERM. The "Term" of this Agreement shall commence on the Effective Date, and shall continue until the date that is one (1) year following the Effective Date.
6. TERMINATION.
- a. By Mutual Agreement. This Agreement may be terminated at any time during its Term upon mutual agreement by both Parties.
 - b. By Convenience. With thirty (30) days written notice, either Party may terminate this Agreement for convenience.
 - c. By Default. Either Party may terminate this Agreement in accordance with Section 10.
7. TERMINATION UPON DEFAULT. Upon the occurrence of an event of Default, the non-Defaulting Party shall be entitled to immediately terminate this Agreement. A Party shall be considered in Default of this Agreement upon:
- a. The failure to perform or observe a material term or condition of this Agreement, including but not limited to any material Default of a representation, warranty or covenant made in this Agreement;
 - b. The Party (i) becoming insolvent; (ii) filing a voluntary petition in bankruptcy under any provision of any federal or state bankruptcy law or consenting to the filing of any bankruptcy or reorganization petition against it under any similar law; (iii) making a general assignment for the benefit of its creditors; or (iv) consenting to the appointment of a receiver, trustee or liquidator;
 - c. The purported assignment of this Agreement in a manner inconsistent with the terms of this Agreement;
 - d. The failure of the Party to provide information or data to the other Party as required under this Agreement, provided that the Party entitled to the information or data under this Agreement requires such information or data to satisfy its obligations under this Agreement.
8. NO ASSIGNMENT. This Agreement shall inure to the benefit of and be binding upon the Parties and their respective successors and permitted assigns. Neither Party shall assign

this Agreement or any of its rights or obligations hereunder without the prior written consent of the other Party.

9. NOTICES. Any notice, demand, request, or communication required or authorized by the Agreement shall be delivered either by hand, facsimile, overnight courier or mailed by certified mail, return receipt requested, with postage prepaid, to:

If to City:

City of Columbia

Department of Health and Human Services

P.O. Box 6015

Columbia, Missouri 65205-6015

ATTN: Stephanie Browning, Director

If to CHA:

Columbia Housing Authority

201 Switzler Street

Columbia, Missouri 65203

Attn: Phil Steinhaus, CEO

The designation and titles of the person to be notified or the address of such person may be changed at any time by written notice. Any such notice, demand, request, or communication shall be deemed delivered on receipt if delivered by hand or facsimile and on deposit by the sending party if delivered by courier or U.S. mail.

10. NO THIRD-PARTY BENEFICIARY. No provision of the Agreement is intended to nor shall it in any way inure to the benefit of any third party, so as to constitute any such person a third-party beneficiary under the Agreement.
11. AMENDMENT. No amendment, addition to, or modification of any provision hereof shall be binding upon the Parties, and neither Party shall be deemed to have waived any provision or any remedy available to it unless such amendment, addition, modification or waiver is in writing and signed by a duly authorized officer or representative of the applicable Party or Parties.
12. GOVERNING LAW AND VENUE. This Agreement shall be governed, interpreted, and enforced in accordance with the laws of the State of Missouri and/or the laws of the

United States, as applicable. The venue for all litigation arising out of, or relating to this Agreement, shall be in Boone County, Missouri, or the United States Western District of Missouri. The Parties hereto irrevocably agree to submit to the exclusive jurisdiction of such courts in the State of Missouri. The Parties agree to waive any defense of forum non conveniens.

13. **GENERAL LAWS.** The Parties shall comply with all applicable federal, state, and local laws, rules, regulations, and ordinances.
14. **NO WAIVER OF IMMUNITIES.** In no event shall the language of this Agreement constitute or be construed as a waiver or limitation for either Party's rights or defenses with regard to each Party's applicable sovereign, governmental, or official immunities and protections as provided by federal and state constitutions or laws.
15. **HOLD HARMLESS AGREEMENT.** To the fullest extent not prohibited by law, CHA shall indemnify and hold harmless the City of Columbia, its directors, officers, agents, and employees from and against all claims, damages, losses, and expenses (including but not limited to attorney's fees) for bodily injury and/or property damage arising by reason of any act or failure to act, negligent or otherwise, of CHA, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with CHA or a subcontractor for part of the services), of anyone directly or indirectly employed by CHA or by any subcontractor, or of anyone for whose acts the CHA or its subcontractor may be liable, in connection with CHA's services provided pursuant to this Agreement. This provision does not, however, require CHA to indemnify, hold harmless, or defend the City of Columbia from the City's own negligence.
16. **AUTHORITY.** The individuals signing this agreement below certify that they have obtained the appropriate authority to execute this Agreement on behalf of the respective Parties.
17. **ENTIRE AGREEMENT.** This Agreement represents the entire and integrated Agreement between CHA and City relative to the services. All previous or contemporaneous agreements, representations, promises and conditions relating to the Teen Outreach Program services herein are superseded.

IN WITNESS WHEREOF the Parties through their duly authorize representatives have executed this Agreement effective as of the date of the last party to execute the same.

CITY OF COLUMBIA

COLUMBIA HOUSING AUTHORITY

Mike Matthes, City Manager

Phil Steinhaus, CEO

Date: _____

Date: _____

ATTEST:

ATTEST:

Sheela Amin, City Clerk

Date: _____

Date: _____

APPROVED AS TO FORM:

APPROVED AS TO FORM:

Nancy Thompson, City Attorney

Name/Title: _____

Date: _____

Date: _____

CERTIFICATION: I, hereby certify that this Agreement is within the purpose of the appropriation to which it is to be charged, Account Number _____, and that there is an unencumbered balance to the credit of such appropriation sufficient to pay therefor.

Michele Nix, Director of Finance

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
PROGRAM SERVICES CONTRACT

This contract is entered into by and between the State of Missouri, Department of Health and Senior Services (Department/state agency) and the below named entity/individual (Contractor). The contract consists of the contract signature page, the scope of work; any attachments referenced and incorporated herein; the terms and conditions; and any written amendments made in accordance with the provisions contained herein. This contract expresses the complete agreement of the parties. By signing below, the Contractor and Department agree to all the terms and conditions set forth in this contract.

To the extent that this contract involves the use, in whole or in part, federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A which is attached hereto and is incorporated by reference as if fully set forth herein.

Tracking # 42099	Contract Title: TEEN OUTREACH PROGRAM (TOP)	
Contract Start: 10/1/2015	Contract End: 9/30/2018	Questions/Please Contact: PROCUREMENT UNIT @ (573)751-6471
Contract #: AOC16380061		Amend #: 03

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

NAME OF ENTITY/INDIVIDUAL (Contractor) CITY OF COLUMBIA	
DOING BUSINESS AS (DBA) NAME	
MAILING ADDRESS 701 EAST BROADWAY P O BOX 6015	
CITY, STATE, and ZIP CODE COLUMBIA MO 65205-6015	
REMIT TO (PAYMENT) ADDRESS (if different from above)	
CITY, STATE, and ZIP CODE	
CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
TAXPAYER ID NUMBER (TIN) *****0810	DUNS NUMBER 071989024
CONTRACTOR'S AUTHORIZED SIGNATURE 	DATE 10-17-17
PRINTED NAME Mike Matthes	TITLE City Manager
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE	DATE

Amendment #003 To Contract #AOC16380061

CONTRACT TITLE: Teen Outreach Program

CONTRACT PERIOD: October 1, 2017 through September 30, 2018

The State of Missouri hereby exercises the option to renew the above referenced contract for the period of October 1, 2017 through September 30, 2018.

In addition, the Department of Health and Senior Services hereby amends the following:

1. Delete Section 1.1 in its entirety and replace with revised Section 1.1 as follows:
 - 1.1 The contract amount shall not exceed \$45,000 for the period of October 1, 2017 through September 30, 2018.

2. Delete Section 5.5.2 in its entirety and replace with revised Section 5.5.2 as follows:
 - 5.5.2 The Contractor shall not bill the Department for indirect costs that exceed 9% of the modified total direct costs as defined in 2 CFR § 200.68.
 - a. Modified Total Direct Cost Method (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

3. Delete Attachment D and Attachment F in its entirety and replace with revised Attachment D and Attachment F, which is attached hereto and is incorporated by reference as if fully set forth herein.

All other terms, conditions, and provisions of the contract, shall remain the same and apply hereto.

PROGRAM SUMMARY

A Program Summary for the evidence-based teen pregnancy prevention program offered should be submitted using this form.

The offeror should list each time the entire multi-session evidence-based teen pregnancy prevention program is proposed to be conducted during the first contract period. For each entire multi-session evidence-based teen pregnancy prevention program, identify the facilitator, county/community, address/location, target population, and the proposed number of adolescents to be served.

Funding	Proposed Dates/ Timeframe	Facilitator	County/ Community Where Program is Implemented	Address/Location	Target Population (age, grade, race/ethnicity, designate specific age range, e.g. 12-14, 15-17, etc.)	Proposed Number of Adolescents Served
MCH	September 2017 – May 2018	Sarah Varvaro Ravin Palmer	Boone -Columbia	Battle High School	15-17	15
MCH	September 2017 – May 2018	Clara Umbe Ravin Palmer	Boone -Columbia	Rock Bridge High School	15-17	15
MCH	September 2017 – May 2018	Clara Umbe Ravin Palmer	Boone -Columbia	Hickman High School	15-17	15
MCH	September 2017 – May 2018	Clara Umbe Ravin Palmer	Boone -Columbia	Douglass High School	15-17	10
MCH	September 2017 – May 2018	Sarah Varvaro Ravin Palmer	Boone - Harrisburg	Harrisburg High School	15-17	15
MCH	September 2017 – May 2018	Sarah Varvaro Ravin Palmer	Boone - Sturgeon	Sturgeon High School	15-17	15
MCH	September 2017 – May 2018	Clara Umbe Ravin Palmer	Boone -Columbia	Jefferson Middle School	12-14	15
MCH	September 2017 – May 2018	Clara Umbe Ravin Palmer	Boone -Columbia	Oakland Middle School	12-14	15
MCH	September 2017 – May 2018	Sarah Varvaro Ravin Palmer	Boone - Harrisburg	Harrisburg Middle School	12-14	15
MCH	September 2017 – May 2018	Sarah Varvaro TBD	Boone - Columbia	Smithton Middle School	12-14	10
					Totals	145

BUDGET

Budget Categories:	Justification:	Funding Requested:
Personnel Costs <i>(hourly wage, salaries, and fringe benefits)</i>	-TOP facilitator for 5 TOP clubs (14hrs per week). -TOP coordinator time provided in-kind. -TOP facilitator for the remaining 5 clubs (25 hrs per week) is funded through another funding source (Boone County Children Services).	\$19,668.56
Travel Expenses <i>(mileage, transportation, lodging, meals)</i>	<i>(Include travel costs to contractor conference, meal, mileage, hotel costs for travel; any student transportation costs, etc)</i> - Van rentals for service projects and club events - Mileage reimbursement for facilitators - Travel, lodging, and meals for training trips for facilitators	\$2,000.00
Education Program Costs <i>(curriculum materials, registration/ training fees, background checks, supplies, etc)</i>	<i>(Include supplies/food for meetings, educational materials, and other costs for club)</i> <i>For program implementation supplies including</i> - Club supplies (journals, flip charts, markers, etc) - Lesson materials - Weekly snacks - Service event costs - End of the year recognition event	\$9,615.84
Other Subcontractoral Costs <i>(Facilitators to implement programs, etc.)</i>	<i>Supports CHALIS staff (including 1 trained facilitator) to facilitate or co-facilitate 9 clubs (five clubs will be supported by Boone County Children Services funding).</i>	\$10,000
Subtotal of all Budget Categories Above/Direct Costs		\$41,284.40
Indirect Costs	<i>(9%)</i>	\$3,715.60
Guaranteed not-to-exceed total annual price		\$45,000.00

CONTRACT FUNDING SOURCE(S)

The Contract Funding Source(s) is supplemental information the Department is required to provide the Contractor when issuing a contract or amendment that will be funded by federal sources. The document identifies the total amount of funding and the federal funding source(s) expected to be used over the life of this contract. For the specific amount for a contract period, refer to the contract and/or applicable amendments. If the funding information is not available at the time the contract is issued or the information below changes, the Contractor will be notified in writing by the Department. Please retain this information with your official contract files for future reference.

Tracking # 42099 **State:** 0% \$0.00 **Federal:** 100% \$135,977.00
Contract Title: TEEN OUTREACH PROGRAM (TOP)
Contract Start: 10/1/2015 **Contract End:** 9/30/2018 **Amend#:** 03 **Contract #:** AOC16380061
Vendor Name: CITY OF COLUMBIA

CFDA: 93.235 **Research and Development:** N
CFDA Name: AFFORDABLE CARE ACT (ACA) ABSTINENCE EDUCATION PROGRAM
Federal Agency: DEPARTMENT OF HEALTH AND HUMAN SERVICES / ADMINISTRATION FOR CHILDREN AND FAMILIES
Federal Award: 1601MOAEGP
Federal Award Name: ABSTINENCE EDUCATION GRANT PROGRAM FY 2016-2017
Federal Award Year: 2017 **DHSS #:** 1601MOAEGP **Federal Obligation:** \$3,239.00

CFDA: 93.994 **Research and Development:** N
CFDA Name: MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES
Federal Agency: DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION
Federal Award: 1B04MC29350-01, 6B04MC29350-01
Federal Award Name: MATERNAL AND CHILD HEALTH SERVICES
Federal Award Year: 2016 **DHSS #:** 16MCH **Federal Obligation:** \$43,869.00

CFDA: 93.994 **Research and Development:** N
CFDA Name: MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES
Federal Agency: DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION
Federal Award: 1B04MC30623-01, 6B04MC30623-01
Federal Award Name: MATERNAL AND CHILD HEALTH SERVICES
Federal Award Year: 2017 **DHSS #:** 17MCH **Federal Obligation:** \$43,869.00

CFDA: N/A **Research and Development:** *
CFDA Name: *
Federal Agency: *
Federal Award: *
Federal Award Name: *
Federal Award Year: * **DHSS #:** ZZZ-PENDING FOA **Federal Obligation:** \$45,000.00

*** The Department will provide this information when it becomes available.**

Project Description:

To implement the Teen Outreach Program (TOP) evidence-based teen pregnancy prevention program.

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 23, 2017

Columbia/Boone County Department of Public Health and Human Services
Attn: Michelle Shikles, Public Health Promotion Supervisor
P.O. Box 6015
Columbia, MO 65205
michelle.shikles@como.gov

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Shikles:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

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.

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

Organization	Columbia/Boone County Department of Public Health and Human Services
Name of Program	Teen Outreach Program (TOP)

Program Overview Form	
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1. The statement on the population being served does not clearly connect BID data cited and why the population needs this program.
Action Required: Provide further information on how the population is affected by the issue being addressed by this proposed program.

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2. The Income demographics are not provided in the Consumer Demographics section.
Action Required: Provide the following information for Income levels of program consumers. Provide information on any barriers collecting this information for students.

At or below 200% of Federal Poverty Level:
Over 200% of Federal Poverty Level:

3. There was very little information provided on the location of the TOP clubs in the Program Access section.
Action Required: Provide more information about the TOP locations in the field below.

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4. A rationale for utilizing the proposed evidence-based program and/or service was not provided.

Action Required: Provide a rationale for utilizing the proposed evidence-based program and/or service.

5. The contract for TOP with DHSS expired 9/30/17. Once available, provide an updated contract amount received from DHSS.

Action Required: Provide an updated contract amount received from DHSS or provide information on the status of the contract being renewed.

6. The Memorandum of Understanding (MOU) with Columbia Housing Authority (CHA) did not have signatures and was noted as being a draft.

Action Required: Provide an update on the MOU with CHA and provide the final copy of the MOU with the required signatures once available.

7. The MOU draft for CHA states that CHA will facilitate three TOP clubs and co-facilitate six TOP clubs. The Program Personnel table only lists two employees with one having a FTE of .75.

Action Required: Provide clarification regarding CHA personnel providing support in facilitating TOP clubs. Personnel information needs to be provided for CHA personnel that are sub-contracted through the MOU. Complete the table below and provide a narrative describing all paid personnel for TOP.

Position/Title	Minimum Qualifications	FTE	Salary Range From:	Salary Range To:
Narrative				

8. The Personnel section did not provide clear information on how the TOP clubs are distributed between PHHS, CHA, or any other organizations contributing club facilitators.

Action Required: Provide specific information on how TOP clubs are distributed between all club facilitators.

9. The Program Budget does not provide a narrative on the funds received from the State.
Action Required: Provide an explanation on the funds received from the State. Describe how these funds are utilized to pay for program expenses.

Program Services Form (1-5)	
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Note: When providing information on TOP in the Program Services section, all the information in the Outputs section and Performance Measures section must be reflective of the entire program through all funding sources. The only information that is specific about the County Request is the Funding Request section.

Service 1

10. The unit measure should read "one hour".
Action Required: Provide the updated unit measure in the 'Service Change Chart' for Service 1. Provide any comments or questions in the field below:

11. The Outputs section does not explain how the proposed number of units to be served was determined. The number of units to be provided should be for the whole program, including services funded from other sources.
Action Required: Provide the total number of units to be provided for the whole program in the 'Service Change Chart'. The Funding Request Amount Section on the table is where units funded

through the Boone County Children's Services (BCCS) Fund is listed. Provide an explanation on how the updated number of units to be provided was determined.

12. Each service has the same unit rate of \$13.39. The unit rate should reflect everything that goes into the service. If possible, we would like this rate to be tied to a publicly available rate. Review the attached *Developing a Unit of Service Rate* handout to develop a unit rate for each separate service.

Action Required: Provide the justification for the unit rate in the field below. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

13. The Method of Measurement does not provide sufficient information on the type of assessment being utilized to measure outcomes and indicators.

Action Required: Provide clarification on the TOP assessment and include whether there are pre-post measures from this assessment and when these are given.

Service 2

14. The service name for the type of activity being described needs to be changed to 'Information and Referral'. The description provided seems to indicate that TOP staff provides accurate information about and referrals to appropriate resources.

Action Required: Complete the 'Service Change Chart' for Service 2 with the service name being 'Information and Referral'.

15. The unit measure should read "15 minutes".

Action Required: Provide "15 minutes" as the unit measure on the 'Service Change Chart' for Service 2.

16. Each service has the same unit rate of \$13.39. The unit rate should reflect everything that goes into the service. If possible, we would like this rate to be tied to a publicly available rate. Review

the attached *Developing a Unit of Service Rate* handout to develop a unit rate for each separate service.

Action Required: Provide the justification for the unit rate in the field below. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

17. The performance measures lack information on whether students achieve goals discussed and whether their needs are met through Case Management.

Action Required: Provide additional performance measures that track students achieving goals and having needs met in the 'Service Change Chart' for Service 2. Provide an explanation on the proposed outcomes, indicators, and method of measurements for the additional performance measures.

Service 3

18. The service description for Service 3 explains that transportation is provided for service events. The Boone County Children's Services Fund is unable to purchase transportation.

Action Required: Provide clarification on the funding source covering transportation costs.

19. Each service has the same unit rate of \$13.39. The unit rate should reflect everything that goes into the service. If possible, we would like this rate to be tied to a publicly available rate. Review the attached *Developing a Unit of Service Rate* handout to develop a unit rate for each separate service.

Action Required: Provide the justification for the unit rate in the field below. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

20. The unit measure should read "one hour".

Action Required: Update the unit measure on the 'Service Change Chart' for Service 3.

21. The Outputs section does not explain how the proposed number of units to be served was determined. The number of units to be provided should be for the whole program, including services funded from other sources.

Action Required: Provide the total number of units to be provided for the whole program in the 'Service Change Chart'. The Funding Request Amount Section on the table is where units funded through the Boone County Children's Services (BCCS) Fund is listed. Provide an explanation on how the updated number of units to be provided was determined.

22. The same unit rate is being used throughout all the services. The unit rate should reflect the service level being provided and tied to a public rate, if possible.

Action Required: Provide a unit rate that reflects the service being provided. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

23. The Performance Measures for Service 3 lack specific information. The indicators should list a percentage. There is only one outcome and indicator that is listed for the community service events and is only measured at the end of the year.

Action Required: The Performance Measures need to be more specific. Provide additional outcomes, indicators, and method of measurements that can be measured at the end of the service year. Provide this information in the 'Service Change Chart' for Service 3. Provide information below on how the updated outcomes, indicators, and method of measurements were determined.

Service 4

24. Each service has the same unit rate of \$13.39. The unit rate should reflect everything that goes into the service. If possible, we would like this rate to be tied to a publicly available rate. Review the attached *Developing a Unit of Service Rate* handout to develop a unit rate for each separate service.

Action Required: Provide the justification for the unit rate in the field below. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

25. The unit measure should read "one hour".

Action Required: Update the unit measure to "one hour" on the 'Service Change Chart'.

26. The Outputs section does not explain how the proposed number of units to be served was determined. The number of units to be provided should be for the whole program, including services funded from other sources.

Action Required: Provide the total number of units to be provided for the whole program in the 'Service Change Chart'. The Funding Request Amount Section on the table is where units funded through the Boone County Children's Services (BCCS) Fund is listed. Provide an explanation on how the updated number of units to be provided was determined.

27. The total number of unduplicated individuals to be served appears to only include the parents attending parent nights. The students can be included in the number of unduplicated individuals to be served since they are teaching the parents what they have learned and participating in other activities with their families.

Action Required: Update the total number of unduplicated individuals to be served in the 'Service Change Chart' that includes the parents and students.

28. The same unit rate is being used throughout all the services. The unit rate should reflect the service level being provided and tied to a public rate, if possible.

Action Required: Provide a unit rate that reflects the service being provided. Provide the updated unit rate in the 'Service Change Chart' and complete the 'Program Outputs and Funding Request Tables'.

29. The number of units to be provided in the Funding Request section (n=40) exceeds the total number of units listed in the Outputs section (n=20).

Action Required: Provide the number of units to be funded through BCCS in the Funding Request section on the 'Service Change Chart' for Service 4.

--

30. The Performance Measures for the family nights lack outcomes for what families learn from attending the events. The narratives in the proposed Performance Measures lack specific information on the outcome, indicator, and method of measurement.

Action Required: Provide additional Performance Measures in the 'Service Change Chart' that can be obtained for parent nights. Provide information below on how the outcomes, indicators, and method of measurements were developed.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
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31. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Boone County Children's Services Fund
Purchase of Service Contracts for Proposal (RFP) #30-20JUL17
Developing Unit of Service Rate

Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

Service Change Chart			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Teen Outreach Program (TOP)			
Service #1 – Taxonomy of Service Name: Health Education			
Service #1 – Taxonomy Definition of Service: Provides information to maintain and improve physical and mental health and overall wellbeing.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Teen Outreach Program (TOP)			
Service #2 – Taxonomy of Service Name: Case Management			
Service #2 – Taxonomy Definition of Service: 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 interventions and outcomes.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Teen Outreach Program (TOP)			
Service #3 – Taxonomy of Service Name: Positive Youth Development			
Service #3 – Taxonomy Definition of Service: Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Columbia/Boone County Department of Public Health and Human Services			
Program Name: Teen Outreach Program (TOP)			
Service #4 – Taxonomy of Service Name: Family Education			
Service #4 – Taxonomy Definition of Service: Develops communication and coping skills with the goal of strengthening family relationships.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children’s Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children’s Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

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):

Columbia/Boone County Department of Public Health and Human Services

DBA:

Federal EIN Number:

436000810

Organization Type:

Governmental

Organization Contact Information

Address

1005 W. Worley St.

City

Columbia

State

Missouri

County

Zip

65203

Organization Phone Number:

573-874-7345

Website:

<http://www.como.gov/health/>

Head of Organization

Stephanie Browning

Head of Organization Phone:

573-874-7345

Address

P.O. Box 6015

City

Columbia

State

Missouri

County

Zip

65205

Organization Fax Number:

573-874-7756

Email:

health@como.gov

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

Director

Head of Organization Email:

stephanie.browning@como.gov

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

Local Organization Name:

Local Organization Fax:

Address

City

State

County

Zip

Local Contact Name:

Local Contact Email:

Address

City

State

County

Zip

Local Contact Title:

Local Contact Phone:

General Information

Provide your organization's mission statement. (600 character limit)

Organization Mission Statement (Purpose):
 Mission: To promote and protect the health, safety, and well-being of the community through leadership, partnership, and service.
 Vision: Optimal health, safety, and well-being for all.

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

Organization History:
 Columbia-Boone County Public Health and Human Services (PHHS) is a joint department of the City of Columbia and the County of Boone. The City of Columbia and Boone County health departments merged in 1974. In 2006, the City/County Office of Community Services merged into the City/County Health Department, creating the City/County Department of Public Health and Human Services. Today, the department is a comprehensive provider and funder of health and human services.

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

Brief Statement of Organization's Major Goals:
 The Columbia/Boone County Department of Public Health and Human Services provides and purchases essential services that support optimal health, safety, and well-being for all city and county residents.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of Incorporation:
 /document/download/filename/1467988067_30405_ColumbiaHistory_Incorporation.pdf

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

Bylaws (MUST BE IN PDF FORMAT)

Bylaws:
 Provide a copy of the organization's Bylaws.
 /document/download/filename/1467988067_34051_ARTICLE_II_ THE_COUNCIL.doc/

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational Chart (must be for the entire organization):
 /document/download/filename/1485559540_30406_PHHSOrganizationalChartJanuary2017.pdf

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan:

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

Service Area:
 PHHS serves residents of and visitors to Boone County, Missouri.

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

Population Served:
 PHHS is dedicated to serving all residents and visitors of Boone County, Missouri. Target populations differ based upon the service provided. For example, Missouri vital records, animal control, communicable disease prevention, immunizations, and environmental

health services are available to all residents of and visitors to Boone County. Prenatal case management, social services, and the WIC nutrition program are available to low-income residents of Boone County.

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

Whistleblower Policy: **Does your organization have a written Whistleblower policy?**
no

Business Continuity Plan: **Does your organization have a written Business Continuity plan?**
yes

Records Retention Policy: **Does your organization have a written Records Retention policy?**
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):

3 years

Organization Governing Board:

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

Governing Board Member

Governing Board Member						Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date	
Clyde Ruffin	Columbia City Council- Ward 1 Council Member	04/01/2017	03/31/2020	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205	✓	Added on 06/05/2015	
Matt Pitzer	Columbia City Council- Ward 5 Council Member	03/31/2017	03/31/2020	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205	✓	Added on 06/05/2015	
Betsy Peters	Columbia City Council- Ward 6 Council Member	04/01/2015	03/31/2018	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205	✓	Added on 06/05/2015	
Brian Treece	Columbia City Council- Mayor	04/01/2016	03/31/2019	701 E. Broadway, Columbia, MO. 65201	✓	Added on 06/17/2016	
Fred Parry	Boone County Commission- District I Commissioner	01/01/2017	12/31/2019	801 East Walnut, Rm. 333 Columbia, MO 65201-7732	✓	Added on 06/05/2015	
Daniel Atwill	Boone County Commission- Presiding Commissioner	01/01/2016	12/31/2018	801 East Walnut, Rm. 333, Columbia, MO 65201-7732	✓	Added on 06/05/2015	
Janet Thompson	Boone County Commission- District II Commissioner	01/01/2017	12/31/2019	801 East Walnut, Rm. 333 Columbia, MO 65201-7732	✓	Added on 06/05/2015	
Karl Skala	Columbia City Council- Ward 3 Council Member	04/01/2016	03/31/2019	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205	✓	Added on 06/05/2015	

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Michael Trapp	Columbia City Council- Ward 2 Council Member	04/01/2015	03/31/2018	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205	✓	Added on 06/05/2015
Ian Thomas	Columbia City Council- Ward 4 Council Member	04/01/2016	03/31/2019	City of Columbia, Missouri 701 E Broadway P.O. Box 6015 Columbia, Missouri, 65205	✓	Added on 06/05/2015

Total Active Links:10, Total Deactivated Links:1, Current Active Links:10, Current Deactivated Links:1

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")**

The length of terms is three years, with openings occurring in August for the City appointments.

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

Acts as an advisory board to the City Manager, health officer, and the Council on matters pertaining to public health and animal control. The City Council makes seven appointments and the County Commission makes four appointments to this eleven member board. Membership must include a physician, veterinarian, nurse, dentist, and health care worker. The remaining members must have an interest in public health.

Organization Advisory Board:

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

Advisory Board Member**Advisory Board Member**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Link Info	
					Active	Date
Mary Gadbois	Board of Health Member	08/31/2014	08/31/2017	3408 Buttonwood Drive Columbia, MO 65201	✓	Added on 06/05/2015
Denise Stillson	Board of Health Member	04/28/2015	04/28/2018	7902 Highway 40 W Columbia MO 65202	✓	Added on 06/05/2015
Harry Feirman	Board of Health Member	10/01/2015	09/30/2018	7301 N. Boothe Ln. Rocheport, MO 65279	✓	Added on 06/05/2015
Cynthia Boley	Board of Health Member	08/31/2014	08/31/2017	307 Alexander Avenue Columbia MO 65203	✓	Added on 06/05/2015
Sally Beth Lyon	Board of Health Member	08/31/2014	08/31/2017	701 Thilly Avenue Columbia, MO 65203	✓	Added on 06/05/2015
Michael Szewczyk	Board of Health Member	08/31/2015	08/31/2018	1404 Highlands Court Columbia MO 65203	✓	Added on 06/05/2015
David Sohl	Board of Health Member	09/01/2016	08/31/2019	4800 New Castle Dr Columbia MO 65203	✓	Added on 06/05/2015
Mahree Skala	Board of Health Member	09/01/2015	08/31/2018	5201 Gasconade Dr Columbia MO 65202	✓	Added on 06/05/2015
Lynelle Phillips	Board of Health Member	09/01/2014	08/31/2017	2515 Meadow Lark Columbia, MO 65201	✓	Added on 06/05/2015
Elizabeth Hussey	Board of Health Member	12/01/2015	11/30/2018	655 North Route 0 Rocheport MO 65279	✓	Added on 06/05/2015
Jean Sax	Board of Health Member	09/02/2016	09/01/2019	1904 W Fenton Road Columbia, MO 65202	✓	Added on 06/05/2015

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

Financial Information

Organization Fiscal Year:

October 1 - September 30

IRS Tax Exempt Status Determination Letter:

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

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

/document/download/filename/1433521771_29953_CityTaxidletter.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/1498664187_29954_FY-2016-Comprehensive-Annual-Financial-Report.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)

Financial Policies and Procedures:

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

The City of Columbia Finance Department provides the support necessary to allow the City to conduct business in an efficient and effective manner. The Finance Department is responsible for ensuring the City adheres to all federal, state, and local requirements that relate to accounting, budgeting, purchasing, business license, and other related activity. Please note: the City does not file a 990. As a municipal corporation, it is not regulated by the Secretary of State and does not have an Article of Incorporation. The most recent city financial audit is available upon request.

Employees Compensation

Top Five Compensated Employees:

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

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

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation			Link Info			
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Human Services Manager	BA or BS	1.00	\$71,210.00	\$26,211.00	✓	Added on 06/05/2015
Director of Public Health and Human Services	B.A. or B.S.	1.00	\$143,119.00	\$45,448.00	✓	Added on 06/05/2015
Nurse Practitioner	Licensed N.P.	1.00	\$75,551.00	\$24,255.00	✓	Added on 06/05/2015
Community Health Manager	BSN	1.00	\$91,320.00	\$27,305.00	✓	Added on 06/05/2015
Assistant Director of Public Health & Human Services	B.A. or B.S.	1.00	\$94,180.00	\$30,198.00	✓	Added on 06/05/2015

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:

PHHS is accredited through the Public Health Accreditation Board, the only national public health agency accrediting body. Public Health Department Accreditation is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. Accreditation period: 5/25/2016 - 5/25/2021

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 applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

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

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Columbia/Boone County Department of Public Health and Human Services	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/28/2017
Children's Services Fund - POS RFP #27-10JUN14 (Modified Interim POS Report ends 08/01/2017 12:01 PM CDT)	Columbia/Boone County Department of Public Health and Human Services	Children's Services Fund - POS	Boone County	RFP #27-10JUN14	✓	Added on 06/26/2015
Community Health/Medical Fund - PILOT #26-15JUN15 (Interim PILOT Reporting ends 08/01/2017 12:01 PM CDT)	Columbia/Boone County Department of Public Health and Human Services	Community Health/Medical Fund - Pilot	Boone County	RFP #26-15JUN15	✓	Added on 05/20/2015
Children's Services Fund - POS RFP #27-10JUN14 (Closed)	Columbia/Boone County Department of Public Health and Human Services	Children's Services Fund - POS	Boone County	RFP #27-10JUN14	✓	Added on 06/26/2015

Total Active Links:4, Total Deactivated Links:0, Current Active Links:4, Current Deactivated Links:0

System Fields

Record ID

12684

Modification Date

06/28/2017 10:55 AM CDT

Modified By

Columbia-Boone County PHHS ORG

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Columbia/Boone County Department of Public Health and Human Services

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Teen Outreach Program

Amount of Request

\$0.00

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

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

Program Information

Program Website (will default to Organization website)

<http://www.como.gov/health/>

Address

1005 W. Worley St.

City

Columbia

State

Missouri

County**Zip**

65203

Program Administrator Name

Michelle Shikles

Phone Number

573-874-6331

Address

P.O. Box 6015

City

Columbia

State

Missouri

County**Zip**

65205

Program Administrator Title

Public Health Promotion Supervisor

Email

Michelle.Shikles@como.gov

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

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1498668937_30421_1161_001.pdf/

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

/document/download/filename/1498668937_30420_1162_001.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1498668937_30419_1163_001.pdf/

Signed Addendums

/document/download/filename/1500390743_30418_1520_001.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

Columbia/Boone County Department of Public Health and Human Services

Organization Mailing Address:

P.O. Box 6015

Head of Organization

Stephanie Browning

Link Info

Active	Date
--------	------

<input checked="" type="checkbox"/>	Added on 06/28/2017
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Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

436000810

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

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:

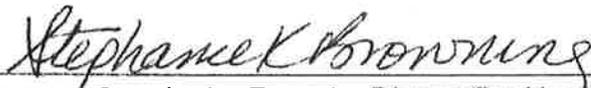
- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Stephanie Browning, Director

Printed Name - Organization Executive Director/President/CEO

6/27/17

Date



Signature - Organization Executive Director/President/CEO

6/27/17

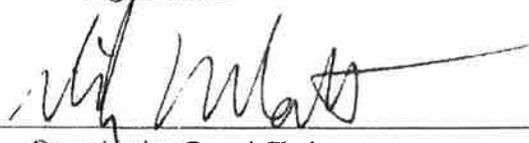
Date

Mike Matthes, City Manager

Printed Name - Organization Board Chair

6-27-17

Date



Signature - Organization Board Chair

6-27-17

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

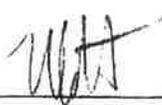
This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(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 Organization.
- (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.

Mike Matthes, City Manager

Name and Title of Authorized Representative

Signature

6-27-17

Date



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children’s Services Fund

ADDENDUM #1 - Issued June 26, 2017

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

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that’s a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their 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). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker’s compensation insurance since we don’t have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – Purchase of Service Contracts was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto. Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

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

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: City of Columbia - PHHS
Address: 1005 W Worley St Columbia MO 65203
Phone Number: (573) 874-6331 Fax Number: (573) 874-7756
E-mail: Michelle.Shikles@como.gov
Authorized Representative Signature: Michelle Shikles Date: 6/28/2017
Authorized Representative Printed Name: Michelle Shikles

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Hines	Horizon Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank B.C.	874-8506	874-8432
8.	Bob Hull	US Bank	446-3394	446-2061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

23.	Bonnie Layton	Central Bank		874-8501
24.	Jennifer Jackson	US Bank		446-6736
25.	Erin Wright	US Bank		673-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20 JUL 17 - Depository of County Funds

46.	Julia Lutz	IT		
47.	Aron Gos	IT		
48.	Denise Abney	COLLECTOR		
49.	Denise Abney	Collector		
50.	TOM D'ARROU	TREAS		
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #2 - Issued July 7, 2017

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

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

I. The County received the following question and is providing a response:

a. You included the following requested attachments:

Attachment A 2017 Organization Assurance Sheet

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

Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: City of Columbia

Address: 1005 W Worley St 65203

Phone Number: 573 874 6331 Fax Number: 573-874-7756

E-mail: Michelle.Shikles@como.gov

Authorized Representative Signature: Michelle Shikles Date: 7/10/2017

Authorized Representative Printed Name: Michelle Shikles



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #3 - Issued July 10, 2017

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

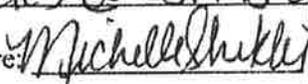
Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# *30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: City of Columbia
Address: 1005 W Worley St 65203
Phone Number: 573 874 6331 Fax Number: 573 874 7756
E-mail: Michelle.Shikles@comco.gov
Authorized Representative Signature:  Date: 7/10/2017
Authorized Representative Printed Name: Michelle Shikles

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valorie Livingston	BGC	823-1157 ext	874-0681
4.	Shelly Lock	CCAMO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Jim Arttag	U of Mo CFR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trauer	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Lecker	Rainbow House	573-473-2963	
15.	Ron Rome	YC2	573-554-7041	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>	
3.	Jannestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klostermann	CMCA BRIDGE	573 427 7897	
5.	Mernell King	CMCA Bridge	573-999-4179	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A!	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	036-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573 884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vikki Dawott	EG-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Julia Kiessling	Kiessling & Assoc.	573-554-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Baling	SOAR	573-884-6324	
17.	Carole Schaub	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(777) 677-1218	
19.	Becky Markt	CHA Low-Income Svcs	573-443-2556	0551
20.	Gay Littken	MLJ CLC	573 449 -5600	573 815 1535
21.	Minam Martinez	H DFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017
Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Charles	WV Bridge	268-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Beatrice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys Girls Club	268 8549	
28.	Mark Brendel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dinn	H Fletcher BPS	573-874-3677	
31.	Laine Bang-Walker	Rep of Ryck	884-6136	
32.	Michelle Shickler	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Kelly Hill	Heart of MO CATSA	442-4670	N/A
23.	Janine Trust	Grade A Plus	573-268-4172	
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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Columbia/Boone County Department of Public Health and Human Services
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Teen Outreach Program
Amount of Request	\$0.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

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

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* 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)

Teen Outreach Program (TOP) addresses many community-level issues including teen pregnancy, graduation, and positive youth development.

School dropout was identified by Boone County residents as one of the top three greatest impacts on youth health (PHHS, 2014). In 2016, nearly 10% of all Columbia Public School students did not graduate in four years. In addition, nearly 20% of all Black students did not graduate in four years demonstrating a significant disparity (Boone County Indicators).

One group that is particularly vulnerable to school drop out is teen mothers. According to the National Campaign to Prevent Teen and Unplanned Pregnancy about 50% of teen mothers graduate from high school, and "teen childbearing cost at least 9.4 billion to U.S. taxpayers..." (2016). Keeping teen pregnancy low in Boone County will help avoid social and economic consequences and prevent high school drop out.

Focus group findings indicate, "there is a lack of recreational and after school programs outside of organized athletic teams" (PHHS, 2013). Youth throughout Boone County need programming which is evidence-based and promotes healthy youth development. Through recreational and after-school activities, students develop social skills, improve their academic performance, and establish relationships with caring adults (Junge, Manglallan, & Raskauskas, 2003).

b. Describe the population(s) in the City of Columbia and/or the Boone County 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/>. (1500 character limit)

TOP serves students, grades 6 through 12 throughout Boone County. The program uses school guidance counselors to identify a diverse group of students who would receive the greatest benefit from this program. Students who participate are often identified because of poor academic performance and behavioral problems. The program provides extra support for the students who need it most. Over the past 5 years of implementing the program, we

have served many students in disparate groups including low income, minorities, special needs, etc. Last year nearly 21% of our Boone County youth identified as Black or mixed. According to the Boone County Index, these students are most at risk for not graduating within 4 years (2016).

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 goals of TOP are (1) to provide youth with a supportive facilitator and a safe environment (2) to develop positive assets to improve behavior and school performance (3) and to increase family support and engagement in youth development.

Program Overview

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

Teen Outreach Program is an evidence-based program that includes 25 hours of guided discussion led by the TOP curriculum, 20 of service learning, and 1:1 sessions where students work individually with TOP facilitators. The curriculum covers several topics including community, values, development, relationships, sexuality, communication, goal setting, and decision making. During the service learning the youth practice their newly developed skills while making connections with people in their community through service. Finally the 1:1 sessions give students the opportunity to seek assistance from the facilitators and the facilitator the opportunity to gain a deeper understanding of the students' needs to provide assistance and referrals if needed. In the past, this time has been used to discuss family issues, academic problems, and define goals.

A TOP group is comprised of 10-25 youth led by two trained facilitators. Facilitators lead groups through the curriculum and community service, provide transportation when needed, and provide a physically and emotionally safe setting. They help youth navigate through school, interpersonal conflicts, and decision making.

To further enhance the TOP program Parent Nights will be held once a semester. Parent nights will provide opportunities for the youth to share what they are learning in TOP with their parents and to engage in activities to practice these skills as a family.

Program Consumers

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

Currently, TOP serves students, grades 6 through 12, however the curriculum can be used for students in grades 4 through 12. This past year, there were 3 TOP clubs in the Boone County area and 7 TOP clubs in the City of Columbia for a total of 10 TOP clubs. The program uses school guidance counselors to identify a diverse group of students who would receive the greatest benefit from this program. Students who participate are often identified because of poor academic performance and behavioral problems. The program provides extra support for the students who need it most.

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

These particular consumers will be served because they are most at risk, and evidence has shown that they receive the greatest benefit from the program (Allen, 2001).

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

There are some challenges in serving these youth. In the past, we have had youth suspended which makes it challenging for them to reach the required number of lesson hours. In these situations, we work with the schools to come up with a plan that works best for the student. It can also be challenging for youth to get transportation to and from community service learning projects when the projects take place at night or on a weekend. To address this issue, PHHS has a van that it uses to transport students.

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

220

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

428.25

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)	City of Columbia	Other Counties
220	150	0
Residence Total		
220		
Record Lock		
0		

Race

White (alone)	Black or African American (alone)
135	55
Native American Indian or Alaskan Native	Asian (alone)
0	10
Native Hawaiian or other Pacific Islander (alone)	Multiple Races
0	15
Some Other Race	
5	
Race Total	
220	

Ethnicity

Hispanic or Latino (of any race)
12
Not Hispanic or Latino
208
Ethnicity Total
220

Gender

Female	Male	Other
132	88	0
Gender Total		
220		

Income

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

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth - 2 years)

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

0

Middle School (12 years – 14 years)

60

High School (15 years – 19 years)

140

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

20

Age Total

220

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)

Each of the clubs meet once per week for lesson time. These meetings take place during school or after school depending on what works best for the students at that school. For example, Douglass prefers to run their club during the school day because many of their students have jobs and other commitments after school.

Parent nights take place after school. One on one meetings with the students take place during or after school depending on what works best for the school and student.

Community Service Learning projects take place after school and on weekends.

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

In most schools, students are referred to TOP by school counselors and teachers. We work closely with faculty to identify students who would receive the biggest benefit from the program. Some schools allow the club to be open to all students. At these schools, faculty still help recruit students, but a student does not need a referral to join.

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

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

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

TOP strives to serve students who are most at risk for school drop out, teen pregnancy, and course failure. Charging a fee would limit our ability to reach the youth who are most at risk.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

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

Wyman is the agency who created and monitors the programs to ensure outcomes and fidelity requirements are met. Missouri DHSS serves as our umbrella agency. As the umbrella agency, Missouri DHSS conducts site visits, collects monthly data, and reports our data to Wyman.

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

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 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

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

1. TOP® Clubs meet weekly over 9 months with a minimum of 25 weekly meetings
2. A minimum of 80% of teens complete a minimum of 20 hours of community service learning
3. TOP® clubs are facilitated only by facilitators who have completed Wyman's TOP® training
4. TOP® teen to TOP® trained facilitator ratio is no more than 25:1
5. Teens feel physically and emotionally safe within their TOP club.
6. The partner creates and uses a written quality assurance plan that includes the following:
 - Club observations, professional development, monitoring survey submission (Wyman, 2015)

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

These are fidelity requirements that all agencies funded through Missouri DHSS are required to follow.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

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

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

Wyman's TOP has participated in several empirical research studies to evaluate both the behavioral outcomes and the process mechanisms that lead to positive outcomes for TOP participants. For the behavioral outcomes two studies demonstrated lower risk of school suspension, course failure, and pregnancy. The first study in 1997, found 42% lower risk of school suspension, 39% lower risk of course failure, 41% lower risk of pregnancy (Allen, 1997). In 2001, a study was repeated and it confirmed program effectiveness and indicated that TOP is even more effective for students at the highest initial risk for program behaviors. The results were as follows:

- 52% lower risk of school suspension
- 60% lower risk of course failure
- o Significantly higher levels of success for students with a history of school suspension
- o Significantly higher levels of success for females and racial/ethnic minorities
- 53% lower risk of pregnancy
- o Significantly higher levels of success for teen parents: 1/5 the repeat pregnancy risk relative to parenting teens in comparison group (Allen, 2001).

TOP has also been cited as a cost effective program (Isaacs, 2007), and a program with social and economic value (Shapiro and Mathur, 2008). The National Dropout Prevention Center/Network sites TOP as an exemplary program (2007).

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

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

We have added a parent component to our TOP program. Each semester the youth hold a parent night, at which the parents learn about what the youth have been doing in TOP club. For example, the youth may present to the parents about healthy relationships or effective communication. The youth can also get the parents involved in their community service learning projects. From past years, we have learned that this is an effective way to get the parents and the youth involved in the TOP program, active in the community, and engaged in positive youth development.

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)

This program has a formal and informal process for quality improvement. The formal process is done in partnership with Wyman and Missouri DHSS. Wyman outlines fidelity standards and Missouri DHSS conducts monitoring and site visits. After each site visit, DHSS creates a report. If any changes need to be made, PHHS responds stating how the changes will be made. DHSS would then follow up with PHHS to assure all needed changes were made. Internally, PHHS is continuously going through the quality improvement process on an informal level. PHHS TOP facilitators get weekly feedback from students and tailor lessons and service learning accordingly.

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)

PHHS TOP facilitators get weekly feedback from students regarding lessons and community service learning projects. One of the goals of the TOP program is to allow for students to feel ownership in their community service learning projects. It is this constant flow of feedback that allows the students to feel ownership. The TOP facilitators also hold 1:1 meetings with each student. This is another opportunity for the facilitators to solicit feedback from the youth.

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)

PHHS partners with Missouri DHHS and Columbia Housing Authority Low Income Services's Youth Community Coalition (YC2). Missouri DHHS provides a portion of the funding and conducting the monitoring and site visits. YC2 provides one facilitator to assist with the implementation for the program. YC2 and PHHS have partnered together for over 5 years to implement the program. The collaboration brings the services and both YC2 and PHHS to the students who participant in the TOP program. PHHS also partners with many of the schools and school districts to implement the program including Columbia Public Schools, Harrisburg Public Schools, and Sturgeon High School. These partnerships enable the facilitators to get the students who are most at risk into the programs and assist the facilitators in getting the students referred to additional resources if needed.

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):

/document/download/filename/1499784740_40691_draftagreementforCHAteenoutreachprogram.docx/

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):

/document/download/filename/1499785431_40764_1760_001.pdf/

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):

/document/download/filename/1499785444_40765_1761_001.pdf/

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 (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Health Educator (PHHS)	MQ1 Bachelors, Master's and/or CHES preferred	FTE1 1.00	SR1 FROM \$43,080.00	SR1 TO \$61,064.00
P2 Program Assistant (CHALIS)	MQ2 High school diploma	FTE2 0.75	SR2 FROM \$26,869.00	SR2 TO \$26,869.00
P3	MQ3	FTE3 0.00	SR3 FROM \$0.00	SR3 TO \$0.00
P4	MQ4	FTE4 0.00	SR4 FROM \$0.00	SR4 TO \$0.00
P5	MQ5	FTE5 0.00	SR5 FROM \$0.00	SR5 TO \$0.00
P6	MQ6	FTE6 0.00	SR6 FROM \$0.00	SR6 TO \$0.00
P7	MQ7	FTE7 0.00	SR7 FROM \$0.00	SR7 TO \$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)

TOP must be implemented by individuals trained in the TOP curriculum. Each club requires two trained facilitators. One facilitator is a health educator who is experienced at teaching sexual health education, conducting program evaluation, and teaching from health curricula. The health educator facilitates weekly lessons, coordinates community service learning projects, plans for parent nights, and holds one on one meetings with the youth. The health educator works to create a safe space for the youth and monitor youth behavior. The health educator also serves as the TOP coordinator who assures all data are collected appropriately and reports submitted.

The program assistant is trained in the TOP curricula. The program assistant has many of the same duties as the health educator, but is not required to have a background in health education. The program assistant is also not charged with summarizing data or submitting reports.

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
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
We are requesting 47,106 from Boone County Children Services.	\$47,106.00	50
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %

	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$47,108.00	50
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
	TOTAL REVENUE	
TOTAL PROGRAM REVENUE	94214	

PROGRAM EXPENSES

	1.	1. %
1. Personnel	\$63,232.00	67

Personnel Narrative (300 character limit)

Personnel includes 1 health educator (43,080) + .75 Program assistance (20,152) = 63,232

	2.	2. %
2. Non-Personnel	\$30,982.00	33

Non-Personnel Narrative (300 character limit)

Non-personnel expenditures include mileage, transportation to CSL events for youth, supplies for programming, and the curriculum.

TOTAL PROGRAM EXPENSES	TOTAL EXPENSES
	94214

Yearly Amount Request from Children's Services Fund

Year 1 Total Request	Year 2 Total Request
\$47,106.00	\$47,106.00
Total Amount Request from CSF	
94212	

Program Budget Narrative

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

Missouri Department of Health and Senior Services Division of Adolescent Health provides half of the funding for this program.

Reference List

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

Reference List: (5000 character limit)

Allen, J.P., Philliber, S., Hertling, S., & Kupermic, G.P. (1997). Preventing Teen Pregnancy and Academic Failure: Experimental Evaluation of a Developmentally Based Approach. *Child Development*, 64 (4): 729-742.

Allen, J.P., Philliber, S. (2001). Who Benefits Most From A Broadly Targeted Prevention Program? Differential Efficacy Across Populations in the Teen Outreach Program. *Journal of Community Psychology*, 29, (6): 637-655.

Boone County Indicators (2016). Retrieved on July 8, 2017 from <http://booneindicators.org/CommunityProfile.aspx#812>

Hammond, C., Linton D., Smink J, and Drew S. (2007). "Dropout Risk Factors and Exemplary Programs" National Dropout Prevention Center and Communities in Schools, Inc. Retrieved July 10, 2017 from http://www.dropoutprevention.org/resource/major_reports/communities_in_schools.htm.

Isaacs, J. B. (2007). "Cost Effective Investments in Children" The Brookings Institution Retrieved July 10, 2017 from http://www.brookings.edu/papers/2007/01childrenfamilies_isaacs.aspx.

National Campaign to Prevent Teen and Unplanned Pregnancy, Counting It Up: The Public Costs of Teen Childbearing 2013. Accessed March 31, 2016.

PHHS. (2014) Community Health Assessment.

Shapiro, R. J. and Mathur A. (2008) "The Social and Economic Value of Private and Community Foundations" The Philanthropy Collaborative. Washington D.C. Retrieved July 10, 2017 from <http://www.philanthropycollaborative.org>.

Sharon K. Junge, Sue Manglallan, & Juliana Raskauskas. (2003). "Building Life Skills through Afterschool Participation in Experiential and Cooperative Learning," *Child Study Journal*, 174.

Wyman (2015). "TOP Fidelity Criteria" Retrieved July 10, 2017 from <http://wymanconnect.org:8099/My-Resources?folderId=87&view=gridview&pageSize=10>

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Columbia/Boone County Department of Public Health and Human Services
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Teen Outreach Program
Amount of Request	\$0.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed 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.

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.

Important: 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.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

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

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

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

4.1 Health Education

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

Provides information to maintain or improve physical and mental health and overall wellbeing

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)

The health education portion of the program is the weekly TOP lessons. The lessons are facilitated by two trained facilitators. The curriculum has been developed by Wyman and is recommended by over a dozen organizations including SAMHSA and the National Collaboration for Youth. Lessons are approximately 1 hour in length and cover a variety of topics including community, values, development, relationships, sexuality, communication, goal setting, and decision making. The lessons take place at the various schools in Boone County during or after school, depending on what works best for each location. All youth are required to be provided with at least 25 hours of lesson time over the school year. PHHS collaborates with CHALIS and the schools to provide this service. PHHS and CHALIS facilitate the group and the schools provide the space and help recruit and maintain the youth in the group.

Record Lock

0

Service #1 - Outputs

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

one TOP lesson, approximately 1 hour

b. Unit Rate (#1)

\$13.39

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 (#1) tied to an established public funding rate?

No

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

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

There is not public funding unit rate available for this service. This is consistent with the level of funding provided by Missouri Department of Health and Senior Services for the same service. The cost includes the curriculum, facilitator prep time, reporting time, and supplies for the lessons.

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

1803

e. Total Number of Unduplicated Individuals (#1)

200

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

9.02

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

120.71

Service #1 - Service Fee

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

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

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

The purpose of TOP is to reach youth who are most at risk. Charging a fee would make it more difficult to reach these youth.

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

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

There is no third-party payor that covers this service.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Service #1 - Amount Received From Other Funders

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)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$13.39	1a2. 5324	1a3. \$71,286.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

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)

\$24,142.15

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

1803

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)

We are requesting a level unit rate \$13.91. The previous purchase of service agreement with Boone County Children Services covered an 18 month period, hence the lower total amount. The total amount is also less because last year all TOP services were combined (parent nights, lesson, community service learning, one on one TOP meetings). The TOP services are split up in this proposal to better align with the new Taxonomy of Service guide.

Service #1- Performance Measures

Outcome (1-1)

Increase academic achievement of Teen Outreach Program students

Indicator (1-1)

90% of youth will maintain or decrease the number of failing grades they received on a report card over the last year.

Method of

Measurement (1-1)

TOP assessment

Additional Outcome (1-2)

Reduce participation in risky behaviors such as teen pregnancy.

Additional Indicator (1-2)

100% of youth will report that he/she has not been pregnant or caused a pregnancy over the past year.

Additional Method (1-2)

TOP assessment

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

Part of the goal of the TOP program is to improve youth behavior and school performance. Giving youth the skills to resist risky behavior reduces the risk of teen pregnancy. In addition, the goal-setting skills, decision-making skills, and other skills that are taught in the TOP program attribute to improvements in school performance.

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

There are many factors that can impact a student's academic performance and a student's participation in risky behavior. Despite these individual variables, we plan to meet the proposed outcome. The program is designed to specifically target these areas regardless of external factors and variables.

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

Academic performance is an important part of youth development, therefore, the program strives for at least 90% of youth to be maintaining or improving their grades.

Teen pregnancy takes a large toll on an individual's ability to succeed and on society as a whole. Therefore, TOP strives to have 100% of youth report that they have not been pregnant or caused a pregnancy during the program.

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

The TOP assessment will be used for measurement for both of these objectives. The TOP assessment was developed by Wyman, has been thoroughly tested, and is closely monitored by Wyman and the Missouri Department of Health and Senior Services.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

9.7 Community-Based Mentoring

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

Social interaction, guidance, and/or role models in a community setting to increase positive behaviors and decisions.

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)

The one on one (1:1) sessions give students the opportunity to seek assistance from the facilitators, and the facilitator the opportunity to gain a deeper understanding of the students' needs to provide assistance and referrals if needed. In the past, this time has been used to discuss family issues, academic problems, and define goals. The 1:1 sessions take place during the school day or after school depending on the school. The sessions are approximately 15 minutes long and conducted once per semester.

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

15 minutes sessions

b. Unit Rate (#2)

\$13.39

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 (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If 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)

There is not public funding unit rate available for this service. This is consistent with the level of funding provided by Missouri Department of Health and Senior Services for the same service. The cost includes facilitator staff time during the session and any time needed to follow up with issues that come up during the session.

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

200

e. Total Number of Unduplicated Individuals (#2)

200

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

1

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

13.39

Service #2 - Service Fee

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

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

The purpose of TOP is to reach youth who are most at risk. Charging a fee would make it more difficult to reach these youth.

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

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

There is no third-party payor that covers this service.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

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)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
a Boone County - Children's Services Funding (#2)	2a1. \$13.39	2a2. 5324	2a3. \$71,286.00
	2b1. \$0.00	2b2. 0	2b3. \$0.00

b. Boone County - Community Health Funding (#2)

c. City of Columbia - Social Services Funding (#2)	2c1. \$0.00	2c2. 0	2c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

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)

\$2,678.00

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

200

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)

We are requesting a level unit rate \$13.91. The previous purchase of service agreement with Boone County Children Services covered an 18 month period, hence the lower total amount. The total amount is also less because last year all TOP services were combined (parent nights, lesson, community service learning, one on one TOP meetings). The TOP services are split up in this proposal to better align with the new Taxonomy of Service guide.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Increase adult support and engagement in youth development	100% of youth will report having a caring and supportive facilitator by the end of the academic year.	TOP assessment
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)

The first part of the program goal is to provide youth with a supportive facilitator and safe environment which aligns very well with the outcome to increase adult support and engagement in youth development.

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

Individual differences among youth may affect the proposed outcomes. Some youth find it challenging to feel supported or cared for. Despite these individual differences, we feel we will be able to meet this outcome by the end of the school year.

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

This indicator shows the number of students who have a positive and supportive relationship with the Teen Outreach Program Facilitators. We strive to have 100% of youth feel they have a supportive and caring facilitator because we know the important role caring adults play in healthy youth development.

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

The TOP assessment will be used for measurement for both of these objectives. The TOP assessment was developed by Wyman, has been thoroughly tested, and is closely monitored by Wyman and the Missouri Department of Health and Senior Services.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

9.13 Positive Youth Development

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

Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.

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)

During the service learning the youth practice the skills they have been learning during lesson time while making connections with people in their community through service. All students are offered at least 20 hours of community service learning opportunities. The students work with facilitators to determine community needs, their interests, and a plan for improving their community. In the past, students have volunteered at the food bank, advocated for tobacco policies, served lunch at a senior center, made blankets for children in the hospital, helped the humane society, and more. After each project the group debriefs to discuss what they have learned. Service learning opportunities are typically offered on nights and weekends, but it varies depending on the school. For example, clubs at schools that are not in session on Mondays, sometimes use Mondays to complete service hours. If possible, PHHS offers transportation to and from the service event for the youth. Facilitators from PHHS and CHALIS are with the students during the service learning event and guide them through the debriefing process.

Service #3 - Outputs

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

One hour of community service learning

b. Unit Rate (#3)

\$13.39

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 (#3) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

There is not public funding unit rate available for this service. This is consistent with the level of funding provided by Missouri Department of Health and Senior Services for the same service. The cost includes facilitator staff time before and during the event, supplies and transportation.

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

1475

e. Total Number of Unduplicated Individuals (#3)

200

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

7.38

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

98.75

Service #3 - Service Fee

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

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

The purpose of TOP is to reach youth who are most at risk. Charging a fee would make it more difficult to reach these youth.

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

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

There is no third-party payor that covers this service.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

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? (#3)

Yes (complete the Other Funder's Chart below)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
a Boone County - Children's Services Funding (#3)	3a1. \$13.39	3a2. 5324	3a3. \$71,286.00
b. Boone County - Community Health Funding (#3)	3b1. \$0.00	3b2. 0	3b3. \$0.00
c. City of Columbia - Social Services Funding (#3)	3c1. \$0.00	3c2. 0	3c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	3d1. \$0.00	3d2. 0	3d3. \$0.00
e. Heart of Missouri United Way Funding (#3)	3e1. \$0.00	3e2. 0	3e3. \$0.00

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)

\$19,750.25

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

1475

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)

We are requesting a level unit rate \$13.91. The previous purchase of service agreement with Boone County Children Services covered an 18 month period, hence the lower total amount. The total amount is also less because last year all TOP services were combined (parent nights, lesson, community service learning, one on one TOP meetings). The TOP services are split up in this proposal to better align with the new Taxonomy of Service guide.

Service #3 - Performance Measures

Outcome (3-1)

Indicator (3-1)

Method of Measurement (3-1)

Increase the youth's developmental assets and decision making skills

By the end of the school year, all youth will score in the adequate or thriving asset range.

Developmental Asset Profile (DAP) Survey

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)

This outcome supports the goal to develop youth assets to improve behavior.

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

Since the DAP survey measures both internal and external assets there are many assets that the program and the facilitators cannot impact. However, through TOP and specifically the community service learning component, the students will be able to build enough assets to become adequate and/or thriving despite lacking some external assets that cannot be controlled.

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

Presence of Developmental Assets- This indicator shows the number of developmental assets that a child possesses and how they change over time. This indicator is based off the research from the Search Institute and their 40 Developmental Asset Framework. Their research has shown that the more assets a child possesses, the more likely they are to make healthy choices and avoid risky behaviors like substance abuse. They are also more likely to report higher levels of social, emotional, and mental health.

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

The Developmental Asset Profile survey created by the Search Institute will be used to measure youth assets. The DAP is one of the most used instruments in the world for measuring the internal strengths and external supports that influence a youth's success in school and in life. Multiple studies have demonstrated that the DAP measures those strengths and supports in valid and reliable ways (Search Institute, 2017). The DAP survey summarizes youth assets into four ranges: challenged, vulnerable, adequate, and thriving.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

9.5 Family Education

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Develops communication and coping skills with the goal of strengthening family relationships.

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)

Parent nights are an opportunity for the youth to teach their parents/guardians about the topics they are learning about in TOP. Typically parent nights are after TOP club and last 1-2 hours. The students spend time teaching the parents and discussing their community service learning projects. Additionally, parent nights often involve completing a community service learning project, as well. For example, parents have joined their teens in making blankets for children in the hospital. This provides the parents and their youth an opportunity to work together on a project for their community, practice communication skills, and spend quality time with one another.

Service #4 - Outputs

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

one hour parent night

b. Unit Rate (#4)

\$13.39

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 (#4) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

There is not public funding unit rate available for this service. This is consistent with the level of funding provided by Missouri Department of Health and Senior Services for the same service. The cost includes facilitators time and supplies for the event.

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

20

e. Total Number of Unduplicated Individuals (#4)

20

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

1

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

13.39

Service #4 - Service Fee

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

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

The purpose of TOP is to reach youth who are most at risk. Charging a fee would make it more difficult to reach these youth.

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

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

There is no third-party payor that covers this service.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

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)

Yes (complete the Other Funder's Chart below)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$13.39	4a2. 5324	4a3. \$71,286.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00

c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

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)

\$535.60

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

40

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)

We are requesting a level unit rate \$13.91. The previous purchase of service agreement with Boone County Children Services covered an 18 month period, hence the lower total amount. The total amount is also less because last year all TOP services were combined (parent nights, lesson, community service learning, one on one TOP meetings). The TOP services are split up in this proposal to better align with the new Taxonomy of Service guide.

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Increase parent knowledge on the youth development topics covered in the TOP program.	Youth will present 3 lesson topics to parents/guardians during parent nights.	Parent night summary form
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)

This outcome will help increase family support and engagement in youth development by getting the parents involved in discussing the TOP program and the important youth issues the TOP program covers.

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

Sometimes it is challenging to get parents to attend the parent nights. To combat this issue, we try to offer parent nights at convenient times.

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

TOP covers a wide variety of topics, all of which are important for youth development. The students get the opportunity to choose 3 that they feel their parents would benefit from learning about. Covering more than 3 would be challenging in the amount of time given for a parent night.

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

A parent night summary form is used to track how many topics were covered during the parent night. This form is an easy way to track how many and which topics were covered during the parent nights.

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 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 (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

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 (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

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

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

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 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

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

47106



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

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

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

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

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

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

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, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, 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 /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- 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 Organization 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, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

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

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

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

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

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 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. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

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

3.2. Purpose Statement:

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

3.3. Background:

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

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

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

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

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

3.5. Minimum Eligibility Requirements:

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

- Any tax-exempt, not organized for profit Organization 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 up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

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

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. 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).

3.7.2. Program Service:

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).

3.7.3. 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 Organization Requirements:

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

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

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

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, 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

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. 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 5:00 p.m. on July 19, 2017 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 technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

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

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

4.3.2. Negotiations will only be conducted with potentially acceptable proposals.

4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

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
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization 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 Organization.

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

Name and Title of Authorized Representative

Signature

Date

