



# Boone County Community Services

## AGREEMENT RENEWAL REQUEST

The Boone County Children's Services Board (BCCSB) has approved renewal of the contract for RFP #: 34-18JUL19 with the City of Columbia for the Teen Outreach Program. The term shall be valid for the dates indicated below.

<b>CONTRACTOR</b>	City of Columbia			
<b>SERVICE NAME</b>	<b>UNIT MEASUREMENT</b>	<b>UNIT RATE</b>	<b>PROPOSED # OF UNITS</b>	<b>TOTAL AMOUNT REQUESTED</b>
Health Education	1 hour/individual	\$33.17	738	\$24,479.46
Information and Referral	15 minutes	\$26.86	90	\$2,417.40
Positive Youth Development	1 hour/individual	\$25.29	374	\$9,458.46
Family Education	1 hour/individual	\$30.22	25	\$755.50
<b>RENEWAL PERIOD</b>	January 1, 2021 through December 31, 2021			
<b>RENEWAL AMOUNT</b>	\$37,110.82			

Please indicate below your organization's intent to accept or decline this offer to renew by reading the information, checking the appropriate box, signing, and dating this form, and returning this to the address listed below.



## **ACCEPT AGREEMENT RENEWAL REQUEST**

Sign and date if the City of Columbia agrees to renew the contract for RFP #: 34-18JUL19 under the same terms and conditions as set in the original contract. Please note that by signing to this *Agreement Renewal Request*, your organization agrees to the following stipulations:

### **Insurance Certificate**

Submit an updated Insurance Certificate when returning this Agreement Renewal Request. Boone County must be listed as a Certificate Holder.

### **Organization Profile in the *Apricot by Social Solutions (Apricot)***

City of Columbia agrees to keep all sections and sub sections of the Organization Profile updated at all times.

### **Agreement Form in the *Apricot by Social Solutions (Apricot)***

City of Columbia agrees to update and adhere to the information entered into the Agreement Form. Requests of any additional changes during the contract year will be made to the Boone County Community Services Department prior to implementation of the requested changes.

### **Reports**

City of Columbia agrees to submit an Interim Report by July 31, 2021 for the period of January 1, 2021 – June 30, 2021 and a Year End Report by January 31, 2022 for the period of January 1, 2021 – December 31, 2021. Payments may be withheld from City of Columbia if reports designated here are not submitted on time, until such time as the reports are filed and approved.

### **Payment**

All billing shall be invoiced to the Boone County Community Services Department monthly by the 10<sup>th</sup> of the month following the month for which services were provided.

### **Program Performance Measures**

City of Columbia agrees to work in coordination with the Boone County Community Services Department to develop Program Performance Measures that align with other County providers to provide meaningful data to the community regarding the positive impact of your program.

### **Analysis and Program Evaluation Compliance**

City of Columbia agrees to fully participate and allow the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB, to monitor, analyze, and evaluate City of Columbia services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality.



**DECLINE AGREEMENT RENEWAL REQUEST**

Sign and date below if City of Columbia does not want to renew contract RFP #: 34-18JUL19.  
Please provide an explanation below on why the City of Columbia is not renewing the contract:

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**AUTHORIZED SIGNATURE REQUIRED:**

Please check one: <input type="checkbox"/> Accept Renewal Request <input type="checkbox"/> Decline Renewal Request	
Authorized Signature	
Name (print)	
Title	
Date	

**This Agreement Renewal Request is contingent upon receipt and approval of the Year End Report for the initial term of your contract.**

**Please email this signed document and a copy of an updated Insurance Certificate to Kristin Cummins at [kcummins@boonecountymo.org](mailto:kcummins@boonecountymo.org) or mail to the following address:**

**Boone County Community Services Department  
ATTN. Kristin Cummins, Program Manager  
605 E. Walnut, STE A  
Columbia, MO 65201**

Approved as to form:

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City Counselor

**Performance Measure Change Chart**

**Organization Name:**

**Program Name:**

**Service #1 – Taxonomy of Service Name:**

**Performance Measures**

**Outcome:**

**Indicator:**

**Method of Measurement:**

Please provide an appropriate method of measurement.

**Please indicate if there are any changes needed in the proposed performance measures:**