

Commission Order # _____

AGREEMENT FOR PURCHASE OF SERVICES
Contract Amendment Number One
Teen Outreach Program

THIS AGREEMENT dated the _____ day of _____, 20____, Purchase Agreement **34-18JUL19** for the Children's Services Fund dated January 21, 2020 made by and between Boone County, Missouri and the City of Columbia, for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows:

- 1) Extend the contract for one (1) additional year beginning January 1, 2022 and ending on December 31, 2022.
- 2) ADD a renewal of funding for the following:

SERVICE DESCRIPTION	UNIT MEASUREMENT	UNIT RATE	# OF UNITS	TOTAL AMOUNT REQUESTED
Health Education	1 hr/individual	\$33.17	500	\$16,585.00
Information and Referral	15 minutes	\$26.86	75	\$2,014.50
Positive Youth Development	1 hr/individual	\$25.29	222	\$5,614.38
Family Education	1 hr/individual	\$30.22	26	\$785.72
Total Renewal Amount	\$24,999.60			

- 3) 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.
- 4) Except as specifically amended hereunder, all other terms, conditions and provisions of the original agreement shall remain in full force and effect.

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: _____
Printed Name/ Title

Approved as to form:

City Counselor

Company ID Number: 171557

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and City of Columbia, Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

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5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

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8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (I)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

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a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

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ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

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the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

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without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer City of Columbia, Missouri

Deborah R Dijak

Name (Please type or print)

Title

Electronically Signed

12/16/2008

Signature

Date

Department of Homeland Security – Verification Division

Company ID Number: 171557

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

12/16/2008

Signature

Date

Agreement Form - V3.2 (Year 2)

Columbia/Boone County Department of Public Health...

Quick View Information

Quick View Information

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

Organization Name

Columbia/Boone County Department of Public Health and Human Services

Program Name

Teen Outreach Program

Date Completed

09/28/2021

Funder

Boone County

Funding Type

Children's Services Fund - POS 2019

Funding Cycle

RFP #34-18JUL19

County-Children's Services - Service Type

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

Record Lock

1

Agreement Information Form Instructions

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

Information should be based on the contract/agreement period.

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

*** Indicates Required Field**

Program Budget Instructions

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

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way

(A) 1A.
\$0.00

B. Other United Ways

(A) 1B.
\$0.00

C. Capital Campaigns

(A) 1C.
\$0.00

D. Grants (non-governmental)

(A) 1D.
\$0.00

E. Fund Raising & Other Direct Support

(A) 1E.
\$0.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding

(A) 2A.
\$24,999.60

B. Boone County - Community Health Funding

(A) 2B.
\$0.00

C. Boone County - Other Funding

(A) 2C.
\$0.00

D. Funding from Other Counties

(A) 2D.
\$0.00

E. City of Columbia - Social Service Funding

(A) 2E.
\$0.00

F. City of Columbia - CDGB/Home Funding

(A) 2F.
\$0.00

G. City of Columbia - CHDO Funding

(A) 2G.
\$0.00

H. City of Columbia - Other Funding

City of Columbia - general revenue

(A) 2H.
\$12,111.22

I. Funding from Other Cities

(A) 2I.
\$0.00

J. Federal (Medicaid, Title III, etc.)

(A) 2J.
\$0.00

K. State (Purchase of Services, Grants, etc.)

We are expecting to receive \$45,000 from MO DHHS Department of Adolescent of Health.

(A) 2K.
\$45,000.00

L. Other (Schools, Courts, etc.)

(A) 2L.
\$0.00

3. Program Service Fees

(A) 3.
\$0.00

4. Investment Income (realized & unrealized)

(A) 4.
\$0.00

5. Other Revenue Items

(A) 5.
\$0.00

TOTAL PROGRAM REVENUE

(A) Total Revenue
82110.82

PROGRAM EXPENSES

1. Personnel

Personnel includes 1 health educator (54,400) + .75 Program assistance (20,152) = 74,552

(A) 1.
\$74,552.00

2. Non-Personnel

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

(A) 2.
\$7,558.82

TOTAL PROGRAM EXPENSES

(A) Total Expenses
82110.82

Yearly Amount Request from Children's Services Fund

AGREEMENT REQUEST (A)

Year 1 Total Request

(A) Year 1 Total Request
\$37,110.82

Year 2 Total Request

(A) Year 2 Total Request
\$24,999.60

Residence

RESIDENCE

AGREEMENT RESIDENCE (A)

City of Columbia

(A) City of Columbia
150

Boone County (includes City of Columbia residents)

(A) Boone County (includes City of Columbia residents)
220

Cooper County

(A) Cooper County
0

Howard County

(A) Howard County
0

Other Counties

(A) Other Counties
0

RESIDENCE TOTAL

(A) Residence Total:
220

Race

RACE

AGREEMENT RACE (A)

White (alone)

(A) White (alone)
135

Black or African American (alone)

(A) Black or African American (alone)
55

Multiple Races	(A) Multiple Races 15
Asian (alone)	(A) Asian (alone) 10
Native American Indian or Alaskan Native (alone)	(A) Native American Indian or Alaskan Native (alone) 0
Native Hawaiian or other Pacific Islander (alone)	(A) Native Hawaiian or other Pacific Islander (alone) 0
Some Other Race	(A) Some Other Race 5
RACE TOTAL	(A) Race Total 220

Ethnicity

<u>ETHNICITY</u>	AGREEMENT ETHNICITY (A)
Hispanic or Latino (of all race)	(A) Hispanic or Latino (of any race) 12
Not Hispanic or Latino	(A) Not Hispanic or Latino 208
ETHNICITY TOTAL	(A) Ethnicity Total 220

Gender

<u>GENDER</u>	AGREEMENT GENDER (A)
Female	(A) Female 132
Male	(A) Male 86
Other Gender	(A) Other Gender 2
GENDER TOTAL	(A) Gender Total 220

Income

<u>INCOME</u>	AGREEMENT INCOME (A)
---------------	----------------------

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

(A) At or below 200% of FPL
0

Over 200% of FPL

(A) Over 200% of FPL
0

INCOME TOTAL

(A) Income Total
0

Age (County-Children's Services Fund RFP)

AGE

AGREEMENT AGE (A)

Infant/Toddler (birth - 2 years)

(A) Infant/Toddler (birth - 2 years)
0

Preschool (3 years - 5 years)

(A) Preschool (3 years - 5 years)
0

School Age (6 years - 11 years)

(A) School Age (6 years - 11 years)
0

Middle School (12 years - 14 years)

(A) Middle School (12 years - 14 years)
35

High School (15 years - 19 years)

(A) High School (15 years - 19 years)
165

Parent/Guardian (19 years and younger)

(A) Parent/Guardian (19 years and younger)
0

Parent/Guardian (age 20 and over)

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

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

(A) Adult (age 20 and over - not a parent/guardian)
0

AGE TOTAL (CSF)

(A) Age Total (CSF)
220

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.
Income information is not collected.

Individuals Trained

Individuals to be Trained

(A) Individuals to be Trained
0

Description of Individuals to be Trained:

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested (A) Amount Requested
\$0.00

Description of Funds (A) Description of Funds

Program Service #1 - Description

Service #1 (A) Service #1
Name Health Education

Is this service contracted by this funding source (#1)? **Provide a detailed description on the delivery of the proposed service (#1).**
Yes The health education portion of the program is the weekly TOP lessons. For Spring 2021 these lessons will be virtual. The curriculum has been developed and recently updated 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, Empathy, Communication, Relationships, Self-Understanding, Social Identity, Health and Wellness, Emotion Management, Decision-Making, Problem-Solving, and Goal-Setting. The lessons take place at various schools in Boone County during or after school, depending on what works best for each location. The lessons are facilitated by two trained facilitators. We will also be putting lessons up online that students can view at any time.

Select all funding sources that apply (#1):
Additional Funding Sources #1 Boone County Children's Services Fund
Other

Program Service #1 - Outputs

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

Unit Measure #1 (A) Unit Measure #1
1 hour/individual

Unit Rate #1 (A) Unit Rate #1
\$33.17

Total # of Units Provided #1 (A) Units #1
1640

Total # of Unduplicated Individuals Served #1 (A) Unduplicated Individuals #1
200

Instructions:

Agreement amount with City of Columbia, Boone County, or Heart of Missouri United Way for Service #1.

Funding Amount #1 (A) Agreement Amount #1
\$16,585.00

Funded # of Units #1

(A) Agreement Units #1

500

Program Service #1 - Performance Measures (Agreement)

(A) Program Service 1 Outcomes:

(A) Program Service 1 Indicators:

(A) Program Service 1 Method of Measurements:

(A) Outcome 1-1

Increase knowledge on service delivery topics

(A) Indicator 1-1

- 1) 100% of youth will report that he/she has not been pregnant or caused a pregnancy over the past year.
- 2) 85% of youth will report that he/she often/always says no to tobacco, alcohol, and other drugs.
- 3) 75% of youth will report that he/she often or always says no to things that are dangerous or unhealthy

(A) Method of Measurement 1-1

TOP assessment (pre, within the first four weeks of club /post, within the last four weeks of club)

DAP survey (pre, within the first four weeks of club /post, within the last four weeks of club)

(A) Additional Outcome 1-2

Improve or maintain academic performance

(A) Additional Indicator 1-2

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

(A) Additional Method 1-2

TOP assessment (pre, within the first four weeks of club /post, within the last four weeks of club)

(A) Additional Outcome 1-3

Develop positive values, social competencies, and positive identities

(A) Additional Indicator 1-3

95% of youth will report that he/she cares about school.

(A) Additional Method 1-3

DAP survey (post, within the last four weeks of club)

(A) Additional Outcome 1-4

(A) Additional Indicator 1-4

(A) Additional Method 1-4

(A) Additional Outcome 1-5

(A) Additional Indicator 1-5

(A) Additional Method 1-5

Program Service #2 - Description

Service #2 Name

(A) Service #2

Information and Referral

Is this service contracted by this funding source (#2)?
Yes

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

One on one sessions give students the opportunity to seek assistance from facilitators, and provide 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 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. In Spring 2021 that will take place online. The sessions are approximately 15 minutes long and conducted at least once per semester.

Additional Funding Sources #2

Select all funding sources that apply (#2):

- Boone County Children's Services Fund
- Other

Program Service #2 - Outputs

Program Service 2 Outputs:	#2 Agreement (A)
Unit Measure #2	(A) Unit Measure #2 15 minutes
Unit Rate #2	(A) Unit Rate #2 \$26.86
Total # of Units #2	(A) Units #2 200
Total # of Unduplicated Individuals Served #2	(A) Unduplicated Individuals #2 200
<i>Instructions:</i>	
Agreement amount with City of Columbia, Boone County, or Heart of Missouri United Way for Service #2:	
Funding Amount #2	(A) Agreement Amount #2 \$2,014.50
Funded # of Units #2	(A) Agreement Units #2 75

Program Service #2 - Performance Measures (Agreement)

(A) Program Service 2 Outcomes:	(A) Program Service 2 Indicators:	(A) Program Service 2 Method of Measurement
(A) Outcome 2-1 Successfully linked with services.	(A) Indicator 2-1 80% of students report having their needs met through one-on-one sessions.	(A) Method of Measurement 2-1 One-on-one notes (assessed during last one-on-one which takes places during the last four weeks of club)
(A) Additional Outcome 2-2 Youth will have a supportive facilitator.	(A) Additional Indicator 2-2 100% of youth will report having a supportive facilitator by the end of the academic year.	(A) Additional Method 2-2 TOP assessment (post, within the last four weeks of club)
(A) Additional Outcome 2-3 Develop and/or make progress toward goals for identified needs.	(A) Additional Indicator 2-3 85% of students report that they got better at setting goals for themselves because of participating in TOP.	(A) Additional Method 2-3 TOP assessment (pre, within the first four weeks of club /post, within the last four weeks of club)
(A) Additional Outcome 2-4 Youth can identify supportive adults other than their parents.	(A) Additional Indicator 2-4 100% of youth will report having support from adults other than their parents by the end of the academic year.	(A) Additional Method 2-4 DAP (post, within the last four weeks of club)
(A) Additional Outcome 2-5	(A) Additional Indicator 2-5	(A) Additional Method 2-5

Program Service #3 - Description

Service #3 Name **(A) Service #3**
Positive Youth Development

Is this service contracted **Provide a detailed description on the delivery of the proposed service (#3).**
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

by this funding source (#3)?
Yes

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 (virtually in Spring 2021) to discuss what they have learned from volunteering at each site. 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.

Additional Funding Sources #3

Select all funding sources that apply (#3):
Boone County Children's Services Fund
Other

Program Service #3 - Outputs

Program Service 3 Outputs:	#3 Agreement (A)
Unit Measure #3	(A) Unit Measure #3 1 hour/individual
Unit Rate #3	(A) Unit Rate #3 \$25.29
Total # of Units #3	(A) Units #3 831
Total # of Unduplicated Individuals Served #3	(A) Unduplicated Individuals #3 200

Instructions:

Agreement amount with City of Columbia, Boone County, or Heart of Missouri United Way for Service #3:

Funding Amount #3	(A) Agreement Amount #3 \$5,614.38
Units #3	(A) Agreement Units #3 222

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:	(A) Program Service 3 Indicators:	(A) Program Service 3 Method of Measurement.:
(A) Outcome 3-1 Develop positive values, social competencies, or identities.	(A) Indicator 3-1 95% of youth report that they are given useful roles and responsibilities	(A) Method of Measurement 3-1 DAP Survey (post, within the last four weeks of club)
(A) Additional Outcome 3-2 Increase prosocial behaviors.	(A) Additional Indicator 3-2 100% of youth report that they believe it's important to help others.	(A) Additional Method 3-2 DAP Survey (post, within the last four weeks of club)
(A) Additional Outcome 3-3 Youth feel they have a sense of	(A) Additional Indicator 3-3 1) 90% of students will report that TOP community service	(A) Additional Method 3-3 TOP assessment (post, within the last four

purpose and can impact the community.

projects helped them make a positive difference in the lives of others.

weeks of club)

2.) 90% of youth report that they are helping make their school, neighborhood, or city a better place.

DAP Survey (pre, within the first four weeks of club /post, within the last four weeks of club)

(A) Additional Outcome 3-4

Youth feel they have the ability to handle challenges.

(A) Additional Indicator 3-4

90% of students will report that they learned how to deal with challenges during their TOP community service projects.

(A) Additional Method 3-4

TOP assessment (post, within the last four weeks of club)

(A) Additional Outcome 3-5

(A) Additional Indicator 3-5

(A) Additional Method 3-5

Program Service #4 - Description

Service #4 Name **(A) Service #4**
Family Education

Is this service contracted by this funding source (#4)?

Yes

Provide a detailed description on the delivery of the proposed service (#4).

Parent nights are an opportunity for the youth to teach their parents/guardians about the topics they are learning about in TOP, as well as the various volunteer events that they are completing through TOP throughout the year. Typically parent nights are held in the evenings to best accommodate parents' schedules and last 1-2 hours. In Spring 2021 parent nights will be virtual. The students spend time teaching their parents about the topics of their choice 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, all while making a difference in their communities.

Additional Funding Sources #4

Select all funding sources that apply (#4):

Boone County Children's Services Fund
Other

Program Service #4 - Outputs

Program Service 4 Outputs:

#4 Agreement (A)

Unit Measure #4

(A) Unit Measure #4
1 hour/individual

Unit Rate #4

(A) Unit Rate #4
\$30.22

Total # of Units #4

(A) Units #4
55

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4
20

Instructions:

Agreement amount with City of Columbia, Boone County, or Heart of Missouri United Way for Service #4:

Funding Amount #4

(A) Agreement Amount #4
\$785.72

Units #4

(A) Agreement Units #4
26

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes:

(A) Program Service 4 Indicators:

(A) Program Service 4 Method of Measurements:

(A) Outcome 4-1

Develop healthy relationships with family members/care givers.

(A) Indicator 4-1

1.) 95% of youth report that their parents want to help them succeed by the end of the academic year.
2.) 95% of youth report that their parents urge them to do well in school by the end of the academic year.

(A) Method of Measurement 4-1

DAP Survey (post, within the last four weeks of club)

(A) Additional Outcome 4-2

Youth will be encouraged to be more engaged with their families.

(A) Additional Indicator 4-2

95% of youth report that their family knows where they are and what they are doing by the end of the academic year.

(A) Additional Method 4-2

DAP Survey (post, within the last four weeks of club)

(A) Additional Outcome 4-3

Increase knowledge on service delivery topics

(A) Additional Indicator 4-3

90% of parents will report an increase in knowledge regarding community service learning activities.

(A) Additional Method 4-3

Parent night survey

(A) Additional Outcome 4-4

Increase knowledge on service delivery topics

(A) Additional Indicator 4-4

90% of parents report that they learned about the lesson topics presented during parent nights.

(A) Additional Method 4-4

Parent night survey

(A) Additional Outcome 4-5

(A) Additional Indicator 4-5

(A) Additional Method 4-5

Program Service #5 - Description

Service Name #5

(A) Service #5

Is this service contracted by this funding source (#5)?

Provide a detailed description on the delivery of the proposed service (#5).

Additional Funding Sources #5

Select all funding sources that apply (#5):

Total Funding Amount - Services 1-10

Total Funding Request for Services 1-10

24999.6

Links for Agreement Form (V3)

Linked 'Interim Report -V3.2' Records

Link Instructions

Linked 'Year End Report -V3.2' Records

Link Instructions



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

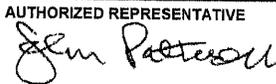
PRODUCER J.W. Terrill, a Marsh & McLennan Agency LLC compan 825 Maryville Centre Drive Suite 200 Chesterfield MO 63017	CONTACT NAME: Sue Cordani	
	PHONE (A/C, No, Ext): 314-594-2781	FAX (A/C, No): 888-307-1561
E-MAIL ADDRESS: susan.cordani@marshmma.com		
INSURED City Of Columbia P.O. Box 6015 Columbia MO 65205-6015	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Midwest Employers Casualty Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		
NAIC # 23612		

COVERAGES **CERTIFICATE NUMBER:** 600869478 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EWC009625	10/1/2021	10/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 SIR: All Other - \$500,000
 Police/Firefighters/Utility - \$750,000
 Proof of Insurance

CERTIFICATE HOLDER City of Columbia P.O. Box 6015 Columbia MO 65205-6015	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

STATES SELF-INSURERS RISK RETENTION GROUP, INC.
222 South Ninth St Suite 2700
Minneapolis, MN 55402-3332
(612) 766-3000

CERTIFICATE OF INSURANCE

Insured: City of Columbia, MO PO Box 6015 Columbia MO 65205	This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policy(ies) below. This certificate of insurance does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder.				
IMPORTANT: If the certificate holder is an Additional Insured, the policy(ies) must be endorsed. If Subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
Coverages: This is to certify that the policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies). Limits shown may have been reduced by paid claims.					
Type of Insurance:	Policy Number	Effective Date	Expiration Date	Limits Occurrence	Limits Aggregate
Public Entity Excess Liability including Error or Omission Liability Coverage.	3000030-5	10/1/2021	10/1/2022	\$3,000,000	\$10,000,000
Retroactive Date:		Occurrence Form Policy			
Description of Operations/Locations/Vehicles/Special Terms: Proof of insurance for city departmental activities.					
Certificate Holder:		CANCELLATION: Should the above described policy be cancelled before the expiration date thereof, notice will be delivered according to policy provisions.			
Self-Insured Retention:		Authorized Representative:			
\$750,000		 _____ Signature			10/29/2021 _____ Date

STATES SELF-INSURERS RISK RETENTION GROUP, INC.
222 South Ninth St Suite 2700
Minneapolis, MN 55402-3332
(612) 766-3000

CERTIFICATE OF INSURANCE

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IMPORTANT: If the certificate holder is an Additional Insured, the policy(ies) must be endorsed. If Subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Coverages:

This is to certify that the policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies).
 Limits shown may have been reduced by paid claims.

Type of Insurance:	Policy Number	Effective Date	Expiration Date	Limits	
				Occurrence	Aggregate

Public Entity Excess Liability including Error or Omission Liability Coverage.	3000030-5	10/1/2021	10/1/2022	\$3,000,000	\$10,000,000
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Retroactive Date: Occurrence Form Policy

Description of Operations/Locations/Vehicles/Special Terms:
 Proof of insurance for city departmental activities.

Certificate Holder:	CANCELLATION: Should the above described policy be cancelled before the expiration date thereof, notice will be delivered according to policy provisions.
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Self-Insured Retention: \$750,000	Authorized Representative: <div style="text-align: center;">  _____ Signature </div> <div style="text-align: right;"> 10/29/2021 Date </div>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2021

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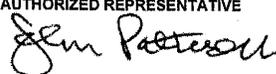
PRODUCER J.W. Terrill, a Marsh & McLennan Agency LLC compan 825 Maryville Centre Drive Suite 200 Chesterfield MO 63017	CONTACT NAME: Sue Cordani	
	PHONE (A/C, No, Ext): 314-594-2781	FAX (A/C, No): 888-307-1561
E-MAIL ADDRESS: susan.cordani@marshmma.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Midwest Employers Casualty Company		23612
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 600869478 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	EWC009625	10/1/2021	10/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 SIR: All Other - \$500,000
 Police/Firefighters/Utility - \$750,000
 Proof of Insurance

CERTIFICATE HOLDER City of Columbia P.O. Box 6015 Columbia MO 65205-6015	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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