

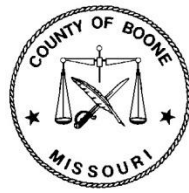
# Boone County Community Services

## AGREEMENT RENEWAL REQUEST

The Boone County Children's Services Board (BCCSB) has approved renewal of the contract for RFP #27-10JUN14 with the Columbia/Boone County Department of Public Health and Human Services for the Teen Outreach Program (TOP). The term shall be valid for the dates indicated below.

<b>CONTRACTOR</b>	Columbia/Boone County Department of Public Health and Human Services			
<b>SERVICE DESCRIPTION</b>	<b>UNIT MEASUREMENT</b>	<b>UNIT RATE</b>	<b>PROPOSED # OF UNITS</b>	<b>TOTAL AMOUNT REQUESTED</b>
Teen Outreach Program meetings, Service Learning Projects, Parent Outreach Activities, and 1:1 meetings (TOP Activities)	One hour	\$13.39	5,324	\$71,286.00
<b>RENEWAL PERIOD</b>	July 1, 2016 through December 31, 2017			
<b>RENEWAL AMOUNT</b>	\$71,286.00			

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



## **ACCEPT AGREEMENT RENEWAL REQUEST**

Sign and date below if the Columbia/Boone County Department of Public Health and Human Services agrees to renew the contract for RFP # 27-10JUN14 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 and Work Authorization Form**

Submit an updated Insurance Certificate and a new notarized Work Authorization Form along with the E-Verify Memorandum of Understanding when returning this Agreement Renewal Request.

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

Columbia/Boone County Department of Public Health and Human Services agrees to keep all sections and sub sections of the Organization Profile updated at all times.

### **Reports**

Columbia/Boone County Department of Public Health and Human Services agrees to submit a modified interim report by July 31, 2016 for the period of January 1, 2015 – June 30, 2016 and a year end report by January 31, 2017 for the period of January 1, 2016 – December 31, 2016. Payments may be withheld from Columbia/Boone County Department of Public Health and Human Services if reports designated here are not submitted on time, until such time as the reports are filed and approved.

### **Payment**

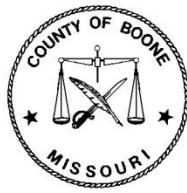
All billing shall be invoiced to the Boone County Community Services Department monthly by the 10<sup>th</sup> of the month following the month for which services were provided.

### **Program Performance Measures**

Columbia/Boone County Department of Public Health and Human Services 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**

Columbia/Boone County Department of Public Health and Human Services 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 Columbia/Boone County Department of Public Health and Human Services' activities, services, 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 Columbia/Boone County Department of Public Health and Human Services does not want to renew contract RFP #27-10JUN14. Please provide an explanation below on why the Columbia/Boone County Department of Public Health and Human Services 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 a modified interim report for the initial term of your contract.**

**Please mail or deliver this original, signed document, a copy of an updated Insurance Certificate, and a newly signed and notarized Work Authorization form with the E-Verify information attached to:**

**Boone County Community Services Department  
ATTN. Kelly Wallis, Director  
605 E. Walnut, STE A  
Columbia, MO 65201**