



# Boone County Community Services

## AGREEMENT RENEWAL REQUEST

Boone County has approved renewal of the contract for RFP #36-13SEP18 with the Columbia/Boone County Department of Public Health and Human Services for the Live Well Boone County Program. 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> |
| Health Education (LWBF)                                | One session/person   | \$45.46          | 900                        | \$40,914.00                   |
| Physical Health Assessment                             | One assessment   | \$10.81          | 500                        | \$5,405.00                    |
| Public Awareness/Education                             | 15 minutes   | \$14.36          | 2,680                      | \$38,484.80                   |
| Consultation   | 15 minutes   | \$29.41          | 150                        | \$4,411.50                    |
| Best Practices Training                                | One individual   | \$59.40          | 150                        | \$8,910.00                    |
| Health Education (E-Cigarette Cessation)               | One hour   | \$32.91          | 0                          | \$0.00                        |
| Public Awareness/Education (E-Cigarette Campaign)      | \$1.00   | \$1.00           | 13644                      | \$13,644.00                   |
| Public Awareness/Education (E-Cigarette Presentations) | One individual   | \$1.55           | 2307                       | \$3,575.85                    |
| Health Education (Cooking Matters)                     | One individual   | \$18.33          | 24                         | \$439.92                      |
| Consultation   | One restaurant   | \$200.00         | 5                          | \$1,000.00                    |
| Development/Start-Up Funds                             | -----  | -----            | -----                      | -----                         |
| <b>RENEWAL PERIOD</b>                                  | January 1, 2020 through December 31, 2020                            |                  |                            |                               |



|                           |              |
|---------------------------|--------------|
| <b>RENEWAL<br/>AMOUNT</b> | \$116,785.07 |
|---------------------------|--------------|

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 Columbia/Boone County Department of Public Health and Human Services agrees to renew the contract for RFP #36-13SEP18 under the same terms and conditions as set in the original contract and any subsequent amendments. Please note that by signing 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 an interim report by July 31, 2020 for the period of January 1, 2020 – June 30, 2020 and a year-end report by January 31, 2021 for the period of January 1, 2020 – December 31, 2020. 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 Boone County, to monitor, analyze, and evaluate Columbia/Boone County Department of Public Health and Human Services' 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 Columbia/Boone County Department of Public Health and Human Services does not want to renew contract RFP #36-13SEP18. Please provide an explanation below on why 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 year-end 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. Kristin Cummins, Program Specialist  
605 E. Walnut, STE A  
Columbia, MO 65201

ATTEST:

Approved as to form:

\_\_\_\_\_  
Sheela Amin, City Clerk

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Nancy Thompson, City Counselor