

# **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.

CONTRACTOR	City of Columbia				
SERVICE NAME	UNIT MEASUREMENT	UNIT RATE	PROPOSED # OF UNITS	TOTAL AMOUNT REQUESTED	
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	
RENEWAL PERIOD	January 1, 2021 through December 31, 2021				
RENEWAL AMOUNT	\$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**

AUTHORIZED SIGNATURE REQUIRED:	
AUTHORIZED SIGNATURE REQUIRED:	
Please check one: Accept Renewal Request	Decline Renewal Request
Authorized Signature	
Name (print)	
Title	
Title	
Date	
his Agreement Renewal Request is contingent upon	receipt and approval of the Year End
eport for the initial term of your contract.	
lance amount this standard and an analysis of an and	
lease email this signed document and a copy of an u ummins at <u>kcummins@boonecountymo.org</u> or mail	
minimis of verminimistation accommendation of the mon	to the following address.
oone County Community Services Department	
oone County Community Services Department TTN. Kristin Cummins, Program Manager	Approved as to form:
pone County Community Services Department	Approved as to form:

## **Performance Measure Change Chart**

Organization Name: PHHS Program Name: TOP

Service #1 - Taxonomy of Service Name: Health Education

Performance Measures				
Outcome:	Indicator:	Method of Measurement:		
Individuals gain knowledge of service delivery	1) 100% of youth will report that he/she has	TOP assessment (pre, within the first four weeks of		
topics.	not been pregnant or caused a pregnancy	club /post, within the last four weeks of club)		
	over the past year.  2) 85% of youth will report that he/she	DAP survey (pre, within the first four weeks of club		
	often/always says no to tobacco, alcohol, and other drugs.	/post, within the last four weeks of club)		
	3) 75% of youth will report that he/she often or always says no to things that are dangerous or unhealthy			
Individuals increase or maintain educational	90% of youth will maintain or decrease the	TOP assessment (pre, within the first four weeks of		
proficiency.	number of failing grades they received on a report card over the last year.	club /post, within the last four weeks of club)		
Youth will report that they care about school.	95% of youth will report that he/she cares about school.	DAP survey (post, within the last four weeks of club)		
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Please indicate if there are any changes needed in the proposed performance measures:

## **Performance Measure Change Chart**

Organization Name: PHHS Program Name: TOP

Service #2 - Taxonomy of Service Name: Information and Referral

Performance Measures				
Outcome:	Indicator:	Method of Measurement:		
Individuals are successfully linked with services	80% of students report having their needs met through one-on-one sessions.	One-on-one notes (assessed during last one-on- one which takes places during the last four weeks of club)		
Individuals develop and make progress toward goals for identified needs.	85% of students report that they got better at setting goals for themselves because of participating in TOP.	TOP assessment (pre, within the first four weeks of club /post, within the last four weeks of club)		
Youth will have a supportive facilitator.	100% of youth will report having a supportive facilitator by the end of the academic year.	TOP assessment (post, within the last four weeks of club)		
Youth can identify supportive adults other than their parents.	100% of youth will report having support from adults other than their parents by the end of the academic year.	DAP (post, within the last four weeks of club)		
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Please indicate if there are any changes needed in the proposed performance measures:

### **Performance Measure Change Chart**

Organization Name: PHHS Program Name: TOP

Service #3 – Taxonomy of Service Name: Positive Youth Development

Performance Measures				
Outcome:	Indicator:	Method of Measurement:		
Individuals develop positive values, social competencies, or identities.	95% of youth report that they are given useful roles and responsibilities.	DAP Survey (post, within the last four weeks of club)		
Individuals increase prosocial behaviors.	100% of youth report that they believe it's important to help others.	DAP Survey (post, within the last four weeks of club)		
Youth feel they have a sense of purpose and can impact the community.	<ol> <li>90% of students will report that TOP community service projects helped them make a positive difference in the lives of others.</li> <li>90% of youth report that they are helping make their school, neighborhood, or city a better place.</li> </ol>	TOP assessment (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)		
Youth feel they have the 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 (post, within the last four weeks of club)		
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Please indicate if there are any changes needed in the proposed performance measures: