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Fiscal Year 2026

Missouri Substance Use Disorder Grant Program



**Preventing Adverse
Childhood Experiences (ACEs)
for Families Impacted by
Substance Use**

Notice of Grant Opportunity
#2603

Application Due Date: 09/15/2025

Missouri Substance Use Disorder Grant Program

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1. Missouri Substance Use Disorder (MO SUD) Grant Program Description

1.1 PROGRAM TITLE

Missouri Substance Use Disorder Grant Program or MO SUD Grant Program.

1.2 MO SUD GRANT PROGRAM ADMINISTRATION

The Bureau of Community Health and Wellness (CHW) within the Division of Community and Public Health (DCPH) within the Missouri Department of Health and Senior Services (DHSS) administers the MO SUD Grant Program.

1.3 MO SUD GRANT PROGRAM FUNDING

The MO SUD Grant Program is a state-authorized program established under Missouri Constitution Article XIV Section 2.6 (2). The grant program is funded through the Missouri Veterans, Health, and Community Reinvestment Fund from revenue on taxes and fees collected from retail sales of adult-use marijuana sold at licensed retailers within the state.¹

1.3.1 DHSS is required to use these funds to support and increase recovery, prevention, and treatment programs and services targeting Missouri's populations with the highest rates of drug-related overdose, poor health outcomes, and contributing health factors. The MO SUD Grant Program offers multiple funding opportunities, each with specific objectives to achieve this goal.

1.3.2 Grant funding is subject to state budget appropriations for the period of July 1 to June 30 each year.

1.4 MO SUD GRANT PROGRAM GOAL AND STRATEGIC PRIORITIES

The goal of the SUD Grant Program is to improve health outcomes and prevent and reduce the prevalence of substance use disorders (SUDs) and/or drug-related harms, including overdose.

1.4.1 By supporting programs and services to increase access to evidence-based, low-barrier drug addiction treatment, overdose prevention education, and job placement, housing, and counseling for those with substance use disorders. This program aligns with the following DHSS State Health Improvement Plan strategic priorities:²

- a. Whole Person Health Access;
- b. Fostering Healthy Behaviors; and
- c. Infant and Maternal Health.

2. Notice of Grant Opportunity (NGO)

This NGO requests applications from eligible entities to implement, support, and expand strategies that reduce and prevent adverse childhood experiences (ACEs) and their associated harms among families impacted by SUDs and substance use (SU) (vulnerable families). Projects should be tailored to meet the needs of vulnerable and at-risk families by utilizing data-driven, evidence-based education and prevention methods, support services, and/or trauma-informed approaches to address SUDs and their impact.

2.1 Available Funding

The maximum number of awards to implement, support, and expand strategies to prevent ACEs and their associated harms among families impacted by substance misuse is contingent upon the amount of funding and appropriation available.

2.2 Grant Award Amounts

The maximum award amount is \$250,000 per recipient.

2.3 Grant Period

Date of grant award through June 30, 2026, with the possibility of two (2) additional one-year periods.

2.4 Anticipated Award Date

October 20, 2025

2.5 Anticipated Project Start Date

Date of Award.

2.6 Application Due Date

September 15, 2025

2.7 Eligible Applicants

An agency, including an established business or organization, or a non-profit organization, including a local or state government or community-based organization. See Section 8 of this NGO for complete eligibility information.

2.8 Program Overview

SUD Program Goal	Increase health outcomes and prevent and reduce the prevalence of SUDs and/or drug-related harms, including overdose.
Objectives	1. Increasing access to evidence-based, low-barrier SUD treatment. 2. Enhancing systems to support individuals with SUD to foster health and resilience.
Strategies	Data-driven, evidence-based strategies proven to reduce and prevent ACEs and their associated harms for families impacted by SU. Strategies

	may encompass training, technical assistance, and programming and policy, systems, and environmental changes.
Priority Population	Families at risk of or having experienced ACEs due to SUDs and SU.
NGO Goals	Reduce and prevent ACEs and their associated harms among vulnerable families, particularly parents/caregivers with SUD and their children.
Anticipated Outcomes	<ol style="list-style-type: none"> 1. Decreased prevalence of ACEs associated with SUD to strengthen the resilience and well-being of families and communities. 2. Increased availability of social and educational resources, support systems, and SUD services to enhance life skills that empower individuals to effectively manage stress and overcome challenges to break generational cycles of trauma and adversity. 3. Improved behavioral, physical, and emotional health outcomes among parents/caregivers with SUD to support their children's cognitive and socio-emotional development. 4. Increased engagement of stakeholders in addressing the burden of ACEs that result from SUDs. 5. Increased public awareness of societal factors that lead to safe, stable, nurturing relationships and environments and promote positive childhood experiences (PCEs). 6. Increased implementation of early intervention strategies to reduce the likelihood of ACEs in vulnerable and at-risk families and communities.
Performance Metrics	<ol style="list-style-type: none"> 1. List of project service(s) and/or support(s) provided through grant funding (e.g., financial counseling, peer support, linkage to SUD treatment and recovery services, ACEs monitoring and surveillance, etc.). 2. Aggregate project participant demographic information, if applicable: <ol style="list-style-type: none"> a. Age; b. Sex; c. Race; d. County of residence; e. Parent/caregiver/household member primary drug of use (e.g., opioid, stimulants, heroin, methamphetamine, alcohol, marijuana, other); f. Housing status; g. Employment status; h. History of ACEs; and i. Veteran status. 3. Number of unique participants/families reached by grant activities. <ol style="list-style-type: none"> a. Number of times services were provided; b. Number of participants who completed the program; c. Number of participants who continued service enrollment; and d. Reasons for service discontinuation. 4. Participant-reported:

	<ol style="list-style-type: none"> a. Satisfaction with services; b. Barriers and facilitators to accessing services; c. Perception of environment as non-judgmental, welcoming, and accepting; and d. Perceived impact of the service on their recovery and/or wellbeing. <ol style="list-style-type: none"> 5. Pre- and post-program evaluation of resilience and health outcomes. 6. Number and list of partnerships developed or leveraged to enhance project awareness and/or activities. 7. Number and type of outreach effort(s) conducted, including number and types of materials and resources developed and distributed. 8. Other performance metrics based on the project scope as identified in collaboration with and at the request of the DHSS.
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3. Communication Regarding the NGO

3.1 Point of Contact

Applicants may send any questions or concerns about this NGO using the subject line “Preventing ACEs for Families Impacted by Substance Use Application” to the following email:

Primary Contact: Nathan Ridenhour

Email: Nathan.Ridenhour@health.mo.gov

Phone: 573-751-6026

3.2 Communication

1. DHSS requires Applicants to provide a current, valid email address for electronic communications with DHSS during the application process.
2. Applicants are responsible for ensuring these communications are received and responded to accordingly.
3. DHSS will send any information or changes to the NGO requirements electronically as an addendum to the original NGO to all eligible Applicants, which may require a new signature of acknowledgment and change in terms.

4. Glossary of Terms and Acronyms

Whenever the following terms and acronyms appear in the NGO document or any addendum the definitions or meanings described below shall apply.

“Adverse Childhood Experiences” or “ACEs”	Stressful or traumatic events that occur before the age of 18 such as abuse, neglect, and household dysfunction. ³
“Adverse Community Environment”	Conditions that negatively impact a community’s health and well-being. These conditions can

	include poverty, violence, discrimination, and lack of affordable housing.
“Applicant”	An agency, including an established business or organization, or a non-profit organization, including a local or state government or community-based organization. See Section 7 of this NGO for complete eligibility information.
“DHSS”	The Missouri Department of Health and Senior Services.
“Disparate population”	A group of people who experience preventable, unfavorable differences in health outcomes. These differences can be caused by a variety of factors, including race or ethnicity, gender, sexual orientation, age, disability or mental health status, income, geographic location, and language.
“Early intervention strategies”	Proactive measures designed to address health challenges at an early stage that aim to identify individuals at risk, provide timely support, and mitigate the potential for more severe problems down the line.
“Evidence-based”	The services, programs, and interventions provided in accordance with ethical, current, peer-reviewed, systematically derived, research-based evidence about the most effective methods of preventing and reducing ACEs and SUDs.
“Fiscal agent”	An organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds and has the authority to sign the grant agreement. A fiscal agent may be a different entity from the applicant (which performs the work). In a multi-entity collaboration, one entity must be designated as the fiscal agent.
“Grant agreement”	The written instrument between the DHSS and grantee that sets forth the terms and conditions of participation in the SUD Grant Program, including all written and executed amendments.
“Grant agreement period”	The time frame of the grant agreement defined by the notice of grant opportunity.
“Grantee”	An Applicant who was selected for SUD Grant Program funding by the DHSS according to the eligibility and selection criteria described in this notice of grant opportunity and who has a grant agreement signed by both parties. Grantees must be registered in the online MissouriBUYS and MOVERS e-procurement systems

	(https://missouribuys.mo.gov/) to be considered for a SUD Grant Program award.
“Nutritious food”	A nutritious food is one that provides food that provides the body with essential nutrients – like vitamins, minerals, and macronutrients (protein, carbohydrates, and fats) – to support growth, maintenance, and overall health and minimizes potentially harmful elements (e.g. anti-nutrients and high quantities of sodium, saturated fats, sugars).
“Physical presence”	Refers to an office or staff member located in Missouri. Grantees are allowed to conduct grant activities from another state but must maintain agency representation by having an office or staff present in Missouri.
“Populations with the highest rates of drug-related overdose”	A group of people or communities who have been disproportionately impacted by overdose incidence. These populations may be defined by race, gender, geographical location, and/or socioeconomic factors.
“Positive childhood experiences” or “PCEs”	Experiences during childhood that promote safe, stable, and nurturing relationships and environments. Also includes environments that promote healthy child development and adult mental and relational health and buffer against negative impacts of adverse childhood experiences. ⁴
“Protective factors”	Characteristics that may decrease the likelihood of experiencing adverse childhood experiences.
“Risk factors”	Characteristics that may increase the likelihood of experiencing adverse childhood experiences.
“Resilience”	Refers to the ability of an individual to positively adapt and overcome the negative impacts of adverse childhood experiences.
“Social drivers of health” or “SDOH”	The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The determinants can be grouped into five domains: economic stability, education access and quality, health care access and quality, neighborhood and build environment, and social and community context. ⁵
“Substance use disorder” or “SUD”	A treatable mental disorder that affects a person's brain and behavior, leading to their inability to

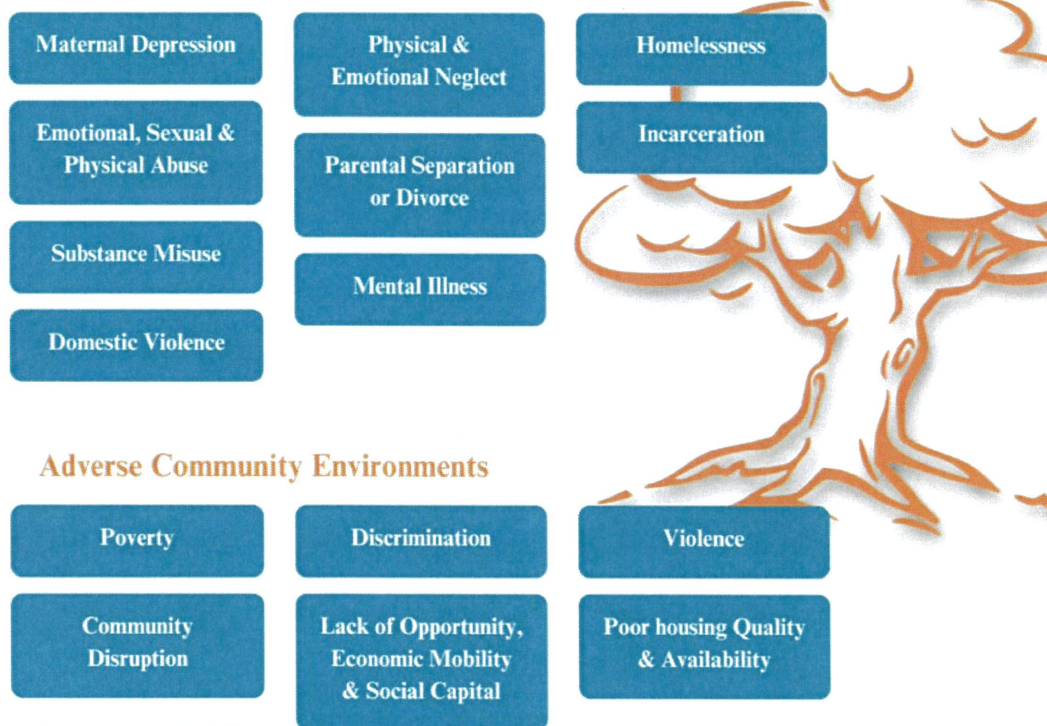
	control their use of substances like legal or illegal drugs, alcohol, tobacco, or medications. ⁶
“Substance Use Disorder Grant Program” or “SUD Grant Program”	The program established within the DHSS to administer the Substance Use Disorder Grant Program fund, established by the Missouri Revisor of Statutes Section XIV, Section II. ¹
“Trauma-informed approach”	A way of working that understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.
“Vulnerable families”	Families facing significant challenges that increase their risk of experiencing harm, instability, or poor outcomes, often requiring specialized support to thrive. For the purpose of this NGO, vulnerable families are families impacted by SUD and SU.
“Wrap-around services”	Non-medical services that address health, well-being, and quality of life, such as job placement, housing, and transportation for people with SUDs.

5. Background Information

- 5.1 ACEs are stressful or traumatic events that happen to children and teenagers ages 0 to 17. These include things such as physical, emotional, or sexual abuse or neglect. Children may also experience trauma from witnessing violence at home or from a family member attempting or dying by suicide. Factors in a child's environment that can make them feel unsafe or unstable include growing up in a home with substance abuse, mental health issues, or instability like parental separation, divorce, domestic violence, or having a parent or sibling in jail.^{3,7} Additionally, adverse community environments, such as poverty, discrimination, and violence, can increase the chances of experiencing ACEs. (Figure 1).⁸

Figure 1.

Adverse Childhood Experiences

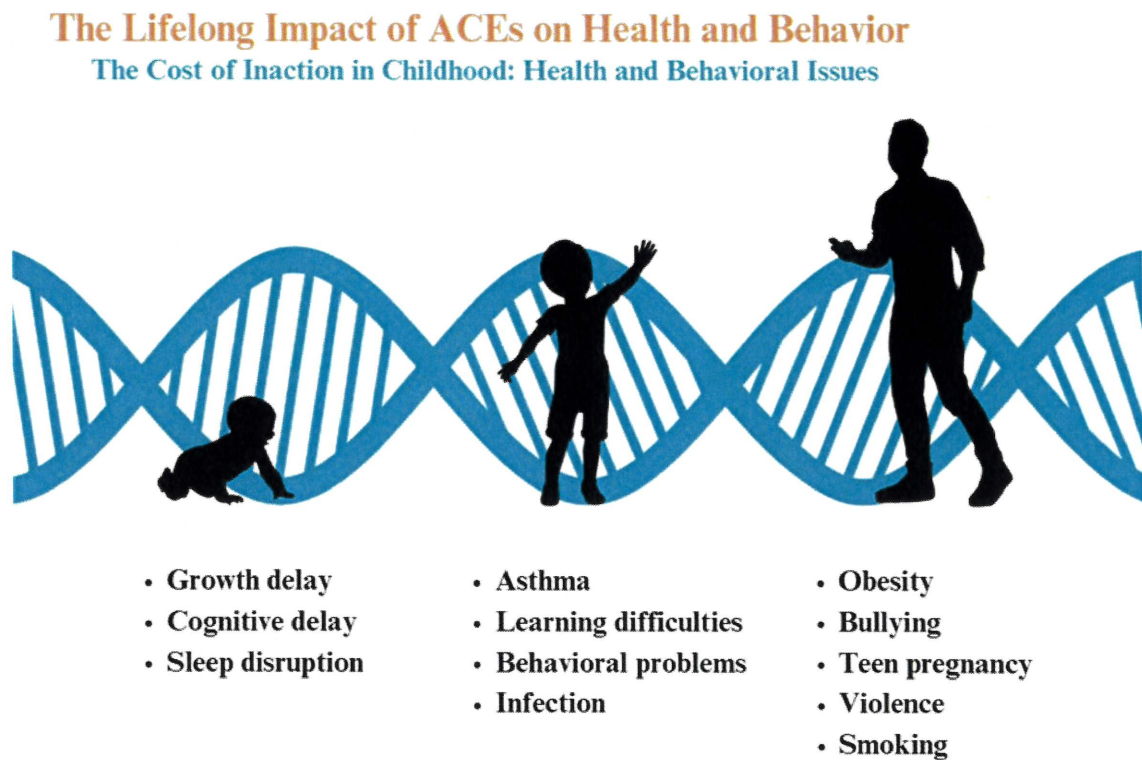


Source: Adopted from Ellis (2017)

- 5.2 An estimated 64 percent (64%) of adults in the United States reported experiencing at least one ACE before the age of 18 and 17.3 percent (17.3%) of adults reported experiencing four (4) or more types of ACEs.⁹ In Missouri, 40 percent (40%) of children under the age of 18 have experienced at least one (1) ACE, and over 23 percent (23%) of this population have experienced at least two (2) ACEs, which is higher than the national average of 21.6 percent (21.6%).¹⁰
- 5.3 Children who face stress from ACEs may have difficulties in school and building healthy relationships. This is because these experiences can change the way their brains work,

affecting their attention, impulsivity, and how they respond to stress. If not addressed, ACEs can have a cumulative effect. Having experienced more ACEs often lead to more serious problems with physical and mental health in adulthood. The impacts of ACEs can lower a person's overall quality of life and affect their ability to function as an adult. (Figure 2).⁸

Figure 2.



Source: Adopted from Ellis (2017)

- 5.4 SU in the home can significantly increase the risk of ACEs by creating an unstable and unsafe environment. When parents or caregivers engage in SU, their ability to provide consistent support and protection to their children is often impaired. This can lead to a higher likelihood of children being exposed to trauma and adverse experiences, which can negatively impact their emotional and psychological well-being.¹¹
- 5.5 Experiencing at least one ACE increases the risk of involvement in crime, SU, and health-risk behaviors along with greater susceptibility to disease and mental health issues.¹¹
- 5.6 In 2022, approximately 943,000 Missouri residents had a SUD, including 54,000 youth ages 12-17 (11.2%) and 889,000 adults 18 and older (18.9%). This estimate is an increase from 2020 when 778,000 Missouri residents (32,000 adolescents and 746,000 adults) had a SUD.¹² This rise in SU is particularly concerning as it is closely linked to the prevalence of ACEs. Addressing risk factors caused by SUD can reduce the likelihood of

ACEs occurring. This not only benefits individuals who are using substances but also promotes healthier family environments.¹³

- 5.7 Working to prevent ACEs while also promoting PCEs has the potential to reduce leading causes of death, mental health challenges, and health risk behaviors such as SU, and verified reports of child abuse and neglect, with the potential to increase worker productivity and educational attainment and save billions of dollars each year.¹⁴ By addressing the conditions that give rise to ACEs and simultaneously addressing the needs of children and parents, communities can take a multigenerational approach to prevent ACEs. The SU prevention field can play a vital role in helping to address the risk factors, prevent the harms associated with ACEs, and provide support for building protective factors against these harmful experiences.^{13, 14}
- 5.8 The DHSS continues to uphold its mission of promoting health and safety through prevention, collaboration, education, innovation, and response. Research shows that both the prevention of ACEs and the mitigation of their impact are achievable.¹³ Implementing targeted prevention strategies for SUD can significantly reduce risks associated with ACEs, leading to improved academic achievement and diminished rates of depression, suicidal behavior, arrests, incarceration, SU, and chronic health conditions.¹⁰ To effectively combat ACEs and their detrimental effects, it is essential to create and sustain safe, stable, and nurturing environments for Missouri children and families. This includes promoting healthy relationships and providing necessary resources to prevent SU issues, thus helping families and communities foster resilience and achieve their full health potential.

6. Project Description

Populations of Focus

- 6.1 Grantees should focus their project on populations at the greatest risk for experiencing ACEs and disproportionately impacted by SU, including, but not limited to, racial/ethnic minorities, people with lower socioeconomic status, people with disabilities, non-English-speaking populations, rural communities and other geographically underserved areas, and people with limited health literacy. Applicants should use data to identify the focus population(s) and communities their project serves.

Project Strategies

- 6.2 Grantees shall propose a project based on at least one (1) of the following two strategies proven to reduce and prevent ACEs and their associated harms for vulnerable families impacted by SU. The proposed project should promote PCEs that foster safe, stable, and nurturing relationships and environments in Missouri. Grantees shall implement at least one activity within their selected strategy and are encouraged to implement multiple activities for a comprehensive approach.
1. **Strengthen Socioeconomic Support for Families.** Enhancing family stability and well-being is crucial for addressing SUD and preventing ACEs. Access to basic needs

such as housing, food, and health care supports overall family health and creates a nurturing environment for children. By strengthening stability within households, vulnerable families can focus on preventative practices and interventions related to SU, thus fostering resilience in future generations. This proactive approach can break the cycle of addiction and adversity, promoting healthier lifestyles and reducing the risk of SU-related harms within the community and families.

i. Allowable activities:

- 1) Improving access to resources **by linking** individuals with a SUD and their families to stabilizing resources, such as affordable housing, childcare support, job and educational training, financial assistance, nutritional assistance, and benefit enrollment support.
- 2) Improving economic stability for individuals with a SUD and their families **through education and coaching**, such as providing financial counseling, financial literacy training, job training, and educational programs.
- 3) Meeting emergent needs through **wrap-around services**. Grantees may use up to twenty-five percent (25%) of funds for wrap-around services, including but not limited to housing assistance, educational assistance, childcare services, transportation services, etc.
 - a. Wrap-around services must connect to the activity (e.g. financial counseling may receive rental assistance).
- 4) Increasing **family-friendly policies** aimed at reducing ACEs, such as family-friendly workplaces, recovery-friendly workplaces, affordable housing, financial assistance, food stability and workforce development.
- 5) Grantees may propose other evidence-based activities not listed herein that align with the NGO goals and provided strategies.

2. **Ensure a Strong Start for Children.** Providing children who have been impacted by SU with access to quality supportive environments and relationships plays a crucial role in their lifelong well-being and development. A strong start helps children develop resilience and positive health behaviors, reducing disparities in health, education, and social opportunities. Empowering children and caregivers with essential life skills fosters healthy relationships that enhance cognitive and socioemotional development. Positive connections with caring adults, whether they are teachers, coaches, family members, or community volunteers, provide critical guidance and mentorship, increasing school engagement, and establishing beneficial networks.

i. Allowable activities:

- 1) Increasing youth access to safe and supportive relationships, such as through **mentoring and peer support programming**.
- 2) Increasing youth belonging by providing access to **safe and supportive pro-social activities**, such as after-school programs, positive community activities, and neighborhood improvement projects.
- 3) Enhancing youth cognitive socioemotional development through **skill-building programs**, such as healthy relationships, emotional regulation, problem-solving, and communication skills.
- 4) Reducing the impact of ACEs by **providing youth who have been impacted by the harms of SU with services**, such as victim-centered services, support groups, and classes.
- 5) Creating a supportive and safe family environment through **family skills-building activities**, such as family engagement in school settings, parent skill-building and education, and family support activities in SUD recovery and/or treatment programs.
- 6) Improving **ACE screening** in vulnerable families, such as using standardized screening tools across educational and health care settings, early intervention programming, and monitoring and surveillance. *(not a standalone activity)*.
- 7) Grantees may propose other evidence-based activities not listed herein that align with the NGO goals and provided strategies.

Performance Metrics

- 6.3 Grantees are required to report on performance metrics identified in collaboration with and approved by the DHSS. See Section 9.2 for further instructions.

7. Deliverables

Implementation Requirements

- 7.1 The Grantee shall develop and implement a project focused on reducing and preventing ACEs and their associated harms for vulnerable families using at least one (1) of the strategies provided in Section 6.2. The Grantee shall use a data-driven, evidence-based approach for selecting strategies and activities and planning the overall project.
- 7.2 The Grantee shall implement the project and work plan as approved in the submitted application hereinafter referred to as the approved application. The DHSS must give written, prior authorization for any changes made to the work plan.

- 7.3 The Grantee may develop a project name that aligns with its goals, objectives, and strategies. The DHSS shall provide written, final approval of the project name.
- 7.4 The Grantee shall utilize existing tools and resources where available to implement the project, including standardized ACEs and PCEs screening tools and data collection tools.
- 7.5 The Grantee shall engage key stakeholders to increase support for the project and ensure the project enhances and does not duplicate existing programs.
- 7.6 The Grantee shall conduct community outreach activities to enhance project awareness, reach, and engagement. This may include media outreach efforts. The Grantee shall receive the DHSS's written, prior approval for all outreach materials and resources. The Grantee may request assistance from the DHSS for material development.

Planning and Evaluation Requirements

- 7.7 The Grantee shall work with the DHSS to develop and refine project performance metrics. The DHSS shall review and approve the final metrics.
- 7.8 The Grantee shall develop and implement an evaluation framework for monitoring and evaluating the project's effectiveness, including data collection tools and procedures, and for making project improvements throughout implementation.
- 7.9 The Grantee shall report progress on project activities to the DHSS as requested. See Section 9 Reporting and Record Keeping for additional information.
- 7.10 The Grantee shall leverage existing community, state, or federal needs assessments and strategic plans. These may include local health improvement plans, coalition program planning, federal agency ACEs and SUD prevention plans.
- 7.11 The Grantee shall engage individuals with lived SUD experience to inform the planning and implementation of grant activities.

Program Sustainability Requirements

- 7.12 The Grantee shall develop and submit to the DHSS a sustainability plan that includes alternative funding stream(s) to sustain the program after the funding ends by the end of grant period two (2).

Staffing Requirements

- 7.13 The Grantee shall include the following team members/personnel to administer and perform the grant requirements:
 - 1. The Grantee shall designate a Program Coordinator to serve as the liaison and primary contact between the Grantee and the DHSS. The Grantee shall provide the DHSS with the name, address, email address, and telephone number of the program

coordinator no later than five (5) state business days after the grant award is fully executed.

- i. The Project Coordinator shall manage the project's planning, implementation, monitoring, and reporting and collaborate with the DHSS.
 - ii. The Project Coordinator shall have a minimum of three (3) years of experience with:
 - 1) Working with individuals and families disproportionately impacted by ACEs and/or individuals and families disproportionately impacted by SUD;
 - 2) Managing the planning, implementation, and monitoring of contracts or grants;
 - 3) Engaging partners, communities, and/or populations in strategies to reduce and prevent ACEs and/or SU; and
 - 4) Experience in evaluation, data collection and analysis, education, marketing, policy, and systems and environmental implementation and/or strategic planning applicable to the proposed project.
2. The Grantee shall employ the necessary personnel to carry out grant activities and administrative requirements.

8. Eligibility and Experience

- 8.1 The Applicant must meet the following minimum experience requirements at the time of application submission and for the duration of the grant agreement period:
1. The Applicant shall have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number (EIN), Missouri Tax ID, or 501c3 status.
 2. The Applicant shall have a physical presence in Missouri.
 3. The Applicant shall be registered as a vendor in the MissouriBUYS, powered by MOVERS e-procurement systems (<https://missouribuyss.mo.gov/>).
 4. The Applicant shall have a minimum of three (3) years of experience working with individuals with SUD and/or experienced ACEs and/or individuals and families disproportionately impacted by SUD and/or ACEs.
 5. The Applicant shall have a minimum of three (3) years of experience collaborating with community partners to implement strategies to prevent and reduce SUD and/or ACEs and/or increase access to services for individuals with SUD and/or ACEs and/or individuals and families disproportionately impacted by SUD and/or ACEs.

6. The Applicant shall have a minimum of three (3) years of experience in budget management and administration, with the capacity to establish financial procedures and track, monitor, and report expenditures.
7. The Applicant shall have or be working towards a commercial nicotine-free grounds policy prohibiting the use of all tobacco products, including e-cigarettes, in any indoor facilities and anywhere on grounds in outdoor spaces under the Applicant's control.
 - i. If the Applicant has no policy, the Applicant must indicate they plan to work towards adopting a policy during the grant agreement period and submit the policy at the end of grant year two.
 - ii. An example policy toolkit, Dimensions: Nicotine-Free Policy Toolkit, can be found at <https://www.bhwellness.org/resources/toolkits/Tobacco-Free%20Policy%20Toolkit-web%20v.2.pdf>.
 - iii. Supplements for priority populations can be found at <https://www.bhwellness.org/> under the resources, toolkit tab.

9. Reporting and Record Keeping

9.1 Meetings

The Grantee shall meet at least monthly, and as needed or requested, with the DHSS to report on implementation progress and grant deliverables. The DHSS will coordinate the monthly meetings, which may be conducted in person, by phone, or virtually at a time that is agreeable to both parties.

9.2 Reports

1. The Grantee shall submit monthly program and quarterly fiscal progress reports using the DHSS-provided templates.
 - a. **Program reports** shall provide activity updates and work plan progress; challenges experienced, including those encountered serving the populations of focus and efforts to overcome them; and strategies taken or planned to address the challenges. Monthly progress reports for activities conducted for the prior month are due on the 15th of the month. The reports shall also include the following performance metrics:
 - i. List of project service(s) and/or support(s) provided through grant funding (e.g., financial counseling, peer support, linkage to SUD treatment and recovery services, ACEs monitoring and surveillance, etc.).
 - ii. Aggregate project participant demographic information, if applicable:
 - 1) Age;

- 2) Sex;
 - 3) Race;
 - 4) County of residence;
 - 5) Parent/caregiver/household member primary drug of use (e.g., opioid, stimulants, heroin, methamphetamine, alcohol, marijuana, other);
 - 6) Housing status;
 - 7) Employment status;
 - 8) History of ACEs; and
 - 9) Veteran status.
- iii. Number of unique participants/families reached by grant activities.
- 1) Number of times services were provided;
 - 2) Number of participants who completed the program;
 - 3) Number of participants who continued service enrollment; and
 - 4) Reasons for service discontinuation.
- iv. Participant-reported:
- 1) Satisfaction with services;
 - 2) Barriers and facilitators to accessing services;
 - 3) Perception of environment as non-judgmental, welcoming, and accepting; and
 - 4) Perceived impact of the service on their recovery and/or wellbeing.
- v. Pre- and post-program evaluation of resilience and health outcomes.
- vi. Number and list of partnerships developed or leveraged to enhance project awareness and/or activities.
- vii. Number and type of outreach effort(s) conducted, including number and types of materials and resources developed and distributed.
- viii. Other performance metrics based on the project scope as identified in collaboration with and at the request of the DHSS.

- b. **Fiscal reports** shall include supporting documentation for all expenses incurred. Quarterly fiscal reports for expenses incurred for the prior quarter are due on the fifteenth (15) of the month following the quarter.
 - i. These reports shall include a budget balance sheet, payroll, accounting records, invoices, and receipts for the previous quarter.
 - ii. Funds must be expended by June 30, and all required supporting documentation received by July 30.

9.3 Annual Performance Report

- 1. The Grantee shall submit an annual performance report to the DHSS by July 30 following the end of the grant year. The report shall include:
 - a. Summary of progress to date on implementing the work plan and grant deliverables;
 - b. Successes describing progress on completing activities, as well as any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year; and
 - c. Challenges that affected the Grantee's ability to achieve annual and program period outcomes, gather data, and complete work plan activities and any additional challenges; strategies implemented to overcome the challenges; and lessons learned in the past year.

9.4 Final Program Report

- 1. The Grantee shall submit a final report to the DHSS by July 30 after the final grant agreement period. The report shall include:
 - a. Performance measures, including outcomes and reach numbers;
 - b. Evaluation results for the three-year project period;
 - c. Impact/results, including a description of the effects or results of the work completed over the program period, including submission of success stories; and
 - d. Summary of successes, challenges, lessons learned, and recommendations on ways to improve the project.

9.5 Annual Work Plan and Budget

- 1. The Grantee shall submit a narrative budget and updated work plan for the following year by April 1 of each grant year.

9.6 Delinquent Reports

1. The DHSS may place Grantees with missing reports on a performance plan, which may make them ineligible for participation in future funding cycles.
2. The DHSS may withhold the following year's funds until all delinquent reports are submitted.

10. Use of Grant Funds

10.1 Allowable and Unallowable Costs

1. **Allowable Costs.** Necessary and reasonable costs in the budget categories below are allowed:
 - a. Personnel and Fringe – compensation may include a portion of salaries, wages, and benefits of personnel for time worked related to the project, including, but not limited to, the program coordinator position and other budgeted positions for time worked related to the work plan.
 - b. Supplies – funds expended for supplies, including equipment, shall not exceed five percent (5%) of the total program budget. The Grantee shall have the DHSS's written, prior approval to purchase any item over \$5,000.
 - c. Travel – travel expenses for personnel conducting activities directly related to the grant agreement deliverables. The Grantee shall specifically identify and justify travel expenses in the NGO response budget (Attachment C which is attached hereto and is incorporated by reference as if fully set forth herein). Grantees must have the DHSS's written, prior approval for all travel budgeted throughout the program period. Travel expenses must be consistent with the state of Missouri guidelines at: <https://acct.oa.mo.gov/travel-portal> and funding basis (actual cost, per diem, and mileage).
 - d. Other Miscellaneous – costs for postage, printing, participant incentives, marketing/outreach campaigns or materials, wrap-around services, etc. The Grantee shall itemize and justify all items listed under the other cost category.
 - i. Food costs shall meet the following requirements:
 - 1) Not exceed \$5,000.00 for the budget year;
 - 2) Be reasonable for the purpose and justified for the grant deliverables and directly support program activities such as meals or snacks for participants during program sessions or events; and
 - 3) Include nutritious options that contribute to the health and well-being of participants.

- ii. Wrap-around services – Grantees may use up to twenty-five percent (25%) of funds for wrap-around services, including but not limited to housing assistance, educational assistance, childcare services, transportation services, etc.
- e. SubGrantees – Grantees may use up to twenty-five percent (25%) of funds for subgrants or external consultants necessary to implement grant deliverables and work plan activities.

10.2 **Indirect costs.** Indirect costs are those associated with the management and oversight of any organization's activities and are a result of all activities of the Grantee. Grantees may use up to fifteen percent (15%) of funds for indirect costs. Indirect costs may include:

- a. Utilities;
- b. Rent;
- c. Administrative salaries;
- d. Financial staff salaries; and
- e. Building maintenance.

10.3 **Unallowable costs.** The following costs shall not be included in the budget (Attachment C) or be paid with grant funds:

- a. Capital improvements not directly related to providing services necessary to meet grant deliverables.
- b. Supplanting existing funds from other sources for the same purpose, including from local, state, or federal resources.
- c. Foreign travel.
- d. Costs incurred prior to the grant award.
- e. Purchasing naloxone or fentanyl test strips without written, prior approval from the DHSS.
- f. Purchasing alcohol, cannabis, and/or tobacco products.
- g. Lobbyists, political contributions.
- h. Direct clinical services, such as SUD treatment services, preventive care, vaccinations, and early childhood visitation.

10.4 **Violation of prohibited activities.** If a Grantee uses funds provided for any prohibited activities, the DHSS may choose to put the Grantee on a corrective action plan, recover

funds previously paid, and/or terminate the grant agreement for that funding period. Additionally, Grantees may not be considered for future grant awards.

11. Distribution of Grant Funds

1. **Payments.** The DHSS shall disburse funds via electronic funds transfer (EFT). Grantees must complete their vendor registration with their ACH-EFT payment information at <https://MissouriBUYS.mo.gov> to receive any payment from the DHSS. The Grantee must be registered in Missouri BUYS and submit an invoice for the full annual amount to:

Missouri Department of Health and Senior Services
Bureau of Community Health and Wellness
P.O. Box 570
Jefferson City, MO 65102-0570
Or email: SUDgrantprogram@health.mo.gov

2. **Disbursement.** The DHSS will disburse the total annual award amount upon grant agreement execution and receipt of the contract required invoice.
3. **Retraction or Reduction of Payments.** The DHSS is not bound by any award estimates in the NGO. After making a finding that a grantee has failed to perform or failed to conform to grant agreement conditions or regulation requirements, the DHSS may retract the grant amount of the awarded Grantee. If funds have been disbursed, the Grantee shall issue reimbursement to the DHSS within thirty (30) calendar days of notification of the retraction or reduction.
4. **Unexpended Balance.** Grantees shall return any unexpended balance of the award to the DHSS at the end of each grant agreement period unless the awardee and the DHSS sign an amended grant agreement. The Grantee shall request a grant extension sixty (60) days before the end of the contract period.

12. Award Period

1. The original grant agreement period shall be as specified on the cover page and the subsequent Notice of Award of the NGO.

13. Renewal Options

1. The parties may renew the agreement for two (2) additional one-year periods if mutually agreed upon by both parties through a written agreement signed by both parties.

14. Evaluation and Selection

1. The DHSS shall select Grantees using the following process:
 - a. The DHSS will review submitted applications to determine if they are complete according to the application instructions and were submitted by the NGO's stated deadline
 - b. The DHSS will exclude from the selection process any application that is missing information, does not meet the NGO requirements, or is received after the deadline.
 - c. The DHSS will evaluate eligible applications using the following criteria:
 - i. The Applicant's organizational, budget management and administration, programmatic, collaboration experience, and capacity to implement the proposed program.
 - ii. The Applicant's understanding of and ability to communicate and meet the needs of the specified population of focus within an identified region/area.
 - iii. The Applicant's proposed activities corresponding to the program goal(s), and objective(s); use of evidence-based services and interventions; specific, measurable improvement on the specified population; and timeline.
 - iv. The Applicant's current and/or planned partnerships and collaborations with stakeholders that may contribute to the proposed program.
 - v. An initial evaluation plan for the proposed program.
 - vi. The extent to which the Applicant's proposed budget is clear and justified.
 - d. Grant Agreements will be awarded on a competitive basis with the lowest cost and best application receiving an award.
 - e. The DHSS will prioritize Applicants that reside in or serve communities or populations with the highest rates of drug-related overdose and rank high (6 and above) on the County Health Rankings (Appendix 1, which is attached hereto and is incorporated by reference as if fully set forth herein) for funding.

2. Evaluation Scoring

This table identifies the maximum point totals available for each evaluation element.		
Evaluation Category	Evaluation Element	Maximum Points
COST PROPOSAL		60 points
PROGRAM PROPOSAL		140 points

Organizational Experience and Past Performance	30 points
Team Qualifications	20 points
Proposal Abstract	10 points
Population of Focus and Statement of Need	25 points
Implementation Approach	35 points
Work Plan	20 points
TOTAL	200 points

15. Application and Submission Information

15.1 Submission Instructions

1. The Applicant shall only submit their application electronically via the online platform as provided and designated by the DHSS. Steps for ensuring successful navigation and submission of the online application:
 - a. Go to the SUD Grant Program webpage
<https://health.mo.gov/living/wellness/substance-use/funding-opportunities.php>.
 - b. Complete the application in its entirety, including any required attachments (Project Narrative, Work Plan, Budget and Budget Narrative, Signed Grant Agreement Language).
 - c. Questions and issues relating to the NGO must be directed to the buyer. Questions should be emailed to Nathan.Ridenhour@health.mo.gov or call (573) 751-6026.
2. The DHSS will not contact Applicants in the case of incomplete applications.
3. The Applicant is solely responsible for ensuring that they complete the entire online application by the deadline. Confirmation of receiving the application is not an indication of a complete application or eligibility.

15.2 Submission Deadline

1. Applications are due no later than September 15, 2025. The Applicant should keep timestamped proof of their submission.

15.3 Application Format and Components

1. Applicants must submit the following information on the electronic application to be considered for an award under the MO SUD Grant Program:
 - a. Project Narrative (ATTACHMENT A)

- i. The Applicant shall respond to the required information and questions included in the online application.
 - b. Work Plan (ATTACHMENT B)
 - i. The Applicant shall submit a work plan including specific activities, timelines, and responsible parties to meet the NGO goals, Grant Agreement deliverables, and performance measures.
 - c. Cost Proposal: Budget, Budget Narrative, and Budget Summary (ATTACHMENT C)
 - i. The Applicant shall submit a line-item budget and budget narrative, including the justification and calculations for each line item for allowable costs for the first year and a high-level summary of subsequent years.
 - d. Signed Grant Agreement Language (Cover Page, Exhibit 1 and 2)
 - i. The Applicant shall submit the signed Grant Agreement language with their application, including the Cover Page (43), Exhibit 1 (pages 64-67), and Exhibit 2 (pages 68-70).
2. **Grantee must complete all required application sections. The DHSS will not review or consider any materials that are not requested in this NGO. DHSS reserves the right to reject any application that includes additional materials.**



Substance Use Disorder (SUD) Grant Program Fiscal Year 2026 Application Checklist

This document is intended to serve as a grant application checklist for the Substance Use Disorder (SUD) Grant Program fiscal year 2026 (July 1, 2025 to June 30). It outlines key components and documents necessary to facilitate a successful application process.

Checklist	
Pre-Application Submission	
<input type="checkbox"/>	Go to the SUD Grant Program website at https://health.mo.gov/living/wellness/substance-use/ and click “ Fiscal Year 2026 Funding Opportunities. ”
<input type="checkbox"/>	Review the Notice of Grant Opportunity in its entirety .
<input type="checkbox"/>	Click on the application link to the right of the Notice of Grant Opportunity link. This will take you to Smartsheet, where you can fill out the application.
Application Documents	
<i>The Applicant should ensure all application questions are answered and the following documents are uploaded in Smartsheet for a complete proposal:</i>	
<input type="checkbox"/>	Project Narrative (Attachment A)
<input type="checkbox"/>	Organizational Chart (Attachment A, Sub-Attachment)
<input type="checkbox"/>	Nicotine-Free Policy (Attachment A, Sub-Attachment)
<input type="checkbox"/>	Conflict of Interest Statement (Attachment A, Sub-Attachment)
<input type="checkbox"/>	Applicable MOU/MOA and/or Letters of Support (Attachment A, Sub-Attachment) <i>*Optional</i>
<input type="checkbox"/>	Work Plan (Attachment B)
<input type="checkbox"/>	Cost Proposal - Budget, Budget Narrative, Budget Summary (Attachment C)
<input type="checkbox"/>	Signed Grant Agreement Language (Cover page, Exhibits 1 and 2)
Post-Application Submission	
<input type="checkbox"/>	Ensure receipt of submission . If “Send me a copy of my responses” was selected, Smartsheet will send a confirmation email. For further confirmation that the application was received, email Nathan.Ridenhour@health.mo.gov .

Attachment A: *Sample Project Narrative*

Preventing Adverse Childhood Experiences (ACEs) for Families Impacted by Substance Use

This document is **NOT** the application form. The Department is providing this information to help Applicants prepare for completing the online application process. Access the online application at <https://health.mo.gov/living/wellness/substance-use/funding-opportunities.php>.

Please email Nathan.Ridenhour@health.mo.gov using the subject line: Preventing ACEs for Families Impacted by Substance Use Application for any questions about the NGO.

Instructions:

1. Please complete all fields in the application. If you experience problems with the application or need the application in a different format, please email Nathan.Ridenhour@health.mo.gov.
2. Please be aware that the application will not save your entries if you exit the link. Therefore, it's recommended to have all your attachments ready to upload for submission. For the best experience, you should complete this application on a computer.
3. Applicants will be able to upload attachments (e.g., organization chart, tobacco-free campus policy, etc.) in the application portal.

Certification of the Applicant Information

An individual who is authorized to submit the application on behalf of the Applicant must submit the application.

Name and Contact Information of Individual Submitting Application

1. First name
 2. Last name
 3. Phone number
 4. Email address
 5. Title
- ☐ *I certify that the information contained in this application is true and accurate to the best of my knowledge and that I have the authority to submit this application on behalf of the Applicant.*

General Applicant Information

Demographical Information

1. Applicant name
2. Agency address
3. Contact email address
4. Contact phone number
5. State or federal recognition (e.g., Federal Employer Identification Number (EIN), or Missouri Tax ID, or 501c3 status):

Has your organization/agency done business with the State of Missouri in the last 12 months?

☐ Yes

☐ No

Business Compliance

For the Applicant to submit their application, the Applicant must be in MissouriBUYS in a “pending” or “approved” registration status. The Applicant must have “approved” registration status in MissouriBUYS to execute the grant agreement. MissouriBUYS is the State of Missouri’s web-based statewide eProcurement system located at <https://www.missouribuys.mo.gov>. Find detailed instructions for registration at: <https://missouribuys.mo.gov/media/pdf/applicant-registration-instructions>.

Commercial Nicotine-Free Organizational Commitment

The Applicant must acknowledge and commit to the following:

- ☐ Our organization/agency has, or is working towards, a commercial nicotine-free grounds policy (excluding traditional tobacco gardens or use for ceremonial purposes).
- ☐ Our current policy has been uploaded.
- ☐ Our organization/agency will not accept funding from tobacco companies or their subsidiaries or parent companies during the grant agreement period.

Conflicts of Interest

The DHSS shall take steps to prevent individual and organizational conflicts of interest, both in reference to Applicants and reviewers per [RSMo §§ 105.450-105.467](#).

Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work proposed in this NGO. The list must provide the name of the entity, the relationship, and a description of the conflict. Submit the list in the application form as directed.

Organizational conflicts of interest occur when:

- A Grantee or Applicant is unable or potentially unable to render impartial assistance or advice to the DHSS due to competing duties or loyalties.
- A Grantee's or Applicant's objectivity in carrying out grant activities is or might be otherwise impaired due to competing duties or loyalties.

In cases where a conflict of interest is suspected, disclosed, or discovered, the DHSS will notify Applicant(s) or Grantee(s), and may pursue actions including the disqualification from eligibility for the grant award, termination of the grant agreement, or other suitable actions to handle the conflict of interest.

1. If applicable, upload documentation of any possible conflicts of interest.

- ☐ Our organization/agency does not have any conflicts of interest.
- ☐ Our organization/agency has at least one conflict of interest and will provide the required information.

Organizational Experience and Past Performance (30 points)

Applicants should explain why they are well-suited to administer this program and demonstrate their understanding of the purpose of the funding and the challenges associated with the priority area to be funded.

**NOTE: Large organizations should write this description for the unit directly responsible for the administration of the program. This description of the sponsoring agency should:*

1. Describe the history of the organization, major programming, and how the proposed program aligns with the organization's missions and values. The history should include:
 - a. Founding date;
 - b. Leadership team experience;
 - c. Number of years in operation;
 - d. A description of the organization's administrative structure within which the program will function, including an organizational chart; and
 - e. A description of the current service area and physical locations and how they will benefit the proposed program.
2. Describe the organization's experience in serving individuals and families with SUD and/or having experienced ACEs and/or individuals disproportionately impacted by SUD and ACEs. The experience should include:
 - a. Target population served;
 - b. Services provided; and

- c. Number of years services provided.
3. Describe the organization's experience in collaborating and/or working with local, regional or statewide organizations and community partners in strategies to prevent and reduce SU and/or increase access to services for individuals with SUD and/or having experienced ACEs and/or individuals disproportionately impacted by SUD and ACEs. The response should identify your organization's specific role, the role of partners, and if the partners will be engaged in this program. If applicable, please attach Memorandums of Understanding (MOU), Memorandums of Agreement (MOA), and letters of support as appropriate. The organization's experience may include:
 - a. Coalition involvement;
 - b. Implementing data-driven projects, evidence-based education and prevention strategies, support services, or trauma-informed approaches; and
 - c. Health care provider engagement.
 4. Describe the organization's experience in managing and administering budgets, contracts, and grants.

Team Qualifications (20 points)

1. Describe the proposed Program Coordinator's role in the program, including a high-level summary of responsibilities and level of effort (stated as a percentage of full-time employment, such as 1.0 (full-time) or 0.5 (half-time) and not number of hours.
2. Describe the proposed Program Coordinator's experience with the following:
 - a. Working with individuals and families with SUD and/or having experienced ACEs, and/or individuals disproportionately impacted by SUD and/or ACEs.
 - b. Managing the planning, implementation, and monitoring of grant awards or contracts.
 - c. Engaging partners, communities, and/or populations in strategies to prevent and reduce SUD and/or ACEs and/or increase access to services for individuals with SUD and/or ACEs and/or individuals and families disproportionately impacted by SUD and/or ACEs.
 - d. Other experience as applicable to the position and responsibilities based on the proposed strategies and activities.
3. Describe the proposed additional support staff's role in the program, including a high-level summary of responsibilities and level of effort (stated as a percentage of full-time employment, such as 1.0 (full-time) or 0.5 (half-time) and not number of hours).

Proposal Abstract (10 points)

The Applicant should include a Proposal Abstract (no more than 500 words) summarizing the proposed program, including its purpose, population(s) to be served (demographics and clinical characteristics), the number to be served annually, and for the entire project, the service area, primary activities, and expected outcomes.

Population of Focus and Statement of Need (25 points)

1. Describe your population(s) of focus and the geographic catchment area served. Provide a demographic profile of the population of focus to include the following: age, sex, race, county of residence, drug use history (e.g., heroin, methamphetamine, alcohol, marijuana, other), and Veteran status.
2. Describe the extent of the problem in the catchment area, including service gaps and disparities experienced by underserved and historically under-resourced children and vulnerable families at risk of or have experienced ACEs, with a priority focus on those affected by SUD or SU (e.g., socioeconomic status, access to education, health care resources, social support systems, etc.). Document the extent of the need, including prevalence rates or incidence data for the population(s) of focus. Identify the source of the data.
3. Identify gaps in screening, assessment, and the provision of evidence-based interventions for individuals with ACEs among families impacted by SUDs and SU. Specifically, discuss gaps in the timely identification of someone who has experienced ACEs, referrals to accessible and holistic care that includes support services, and sustained follow-up for the population of focus.
4. Using APPENDIX 1: Missouri County Health Rankings Table, identify the county health ranking score corresponding to the highest-ranked county where proposed program activities will occur (e.g., St. Louis City corresponds to a ranking of 8). Provide the county name and ranking score.

Implementation Approach and Work Plan (35 points)

Instructions: The Applicant should describe how the proposed service addresses the issues presented in the statement of need, addresses the NGO goals, objectives, and performance measures, and meets the requirements identified in Section 7 (which are identified in parentheses), by addressing the following questions.

General Requirements

1. Describe the scope of the project and how it aligns with the purpose of this grant opportunity, including the strategies and initiatives the project will seek to accomplish. Provide a data-driven, evidence-based rationale for identifying the population to be served, strategies, activities, and project planning. (7.1, 7.2)

2. Develop a name for the project that captures the NGO's goal, if applicable. Explain your rationale for selecting the name. (7.3)
3. Describe existing tools and resources the organization will use to implement the project. (7.4)
4. Describe how the organization plans to collaborate with local agencies and organizations to enhance prevention efforts in the population of focus while avoiding duplication of existing efforts. Additionally, describe your strategy for engaging key stakeholders to build support for the project. (7.5)
5. Describe the approach for conducting community outreach efforts to enhance awareness, reach, and engagement of the project. Additionally, describe the materials and resources to be used or developed and distributed among community members and how the information will be accessible and relevant to the diverse needs of participants, along with plans for collaborating with the DHSS for approval. (7.6)

Planning and Evaluation Requirements

1. Describe the project-specific performance metrics to be reported for the project. The Grantee shall collaborate with the DHSS before final review and approval from the DHSS on project-specific metrics. (7.7)
2. Describe the framework for monitoring and evaluating the program's effectiveness, including specific data collection tools and procedures the program will use for making project improvements. (7.8)
3. Explain how transparent communication with the DHSS regarding project activities and progress will be facilitated and what methods will be used to ensure timely and accurate reporting. (7.9)
4. Describe how the organization will leverage existing community, state, or federal strategic plans addressing ACEs and SUD prevention to inform project activities. (7.10)
5. Describe how the project will engage individuals with SUD lived experience in the planning and implementation of grant activities and how their voices will be heard. (7.11)

Work Plan (20 points)

Instructions: The Applicant should provide a work plan (see the Sample Work Plan: ATTACHMENT B) that includes specific activities, deadlines, and responsible parties to meet the grant goals, deliverables, and performance measures.

1. **Program activities:** Specify program activities, steps, and/or processes to achieve the following program goals and the deliverables in Section 7.
 - a. Reduce and prevent ACEs and their associated harms among vulnerable families.

Follow the "SMART" approach to outline the activities:

- *Specific* - Activities should include the “who” and the “what”. They should be concrete, detailed, and well-defined so you know where the work is going and what to expect as it progresses.
- *Measurable* – Activities should quantify the amount of change expected.
- *Achievable* – Activities should be attainable or accomplished within the proposed time frame.
- *Realistic* – Activities must consider constraints such as resources, personnel, cost, and timeframe.
- *Time-bound* – Activities should provide a timeframe indicating when the activity will be measured or when the activity will be met.

Attachment B: Sample Work Plan

Preventing Adverse Childhood Experiences (ACEs) for Families Impacted by Substance Use

This document is **NOT** the work plan form. The DHSS is providing this information to help Applicants prepare for completing the online application process. Access the online application <https://health.mo.gov/living/wellness/substance-use/funding-opportunities.php>.

Please email Nathan.Ridenhour@health.mo.gov using the subject line: Preventing ACEs for Families Impacted by Substance Use Application for any questions about the NGO.

Year 1 (Date of Award – June 30, 2026)

Work Plan						
Strategy 1. Strengthening Economic Support for Families						
General Requirements						
Activity	Implementation Activities (<i>key activities, steps, and/or processes to achieve the program goals and deliverables</i>).	Responsible Person/Parties	Key Partners	Performance Metrics	Start Date	End Date
Planning and Evaluation Requirements						
Activity	Implementation Activities (<i>the specific program activities, steps, and/or processes to achieve the program goal and deliverables</i>).	Responsible Person/Parties	Key Partners	Performance Metrics	Start Date	End Date
Strategy 2. Ensure a Strong Start for Children						
General Requirements						
Activity	Implementation Activities (<i>the</i>	Responsible Person/Parties	Key Partners	Performance Metrics	Start Date	End Date

	<i>specific program activities, steps, and/or processes to achieve the program goal and deliverables).</i>					
Planning and Evaluation Requirements						
Activity	Implementation Activities <i>(the specific program activities, steps, and/or processes to achieve the program goal and deliverables).</i>	Responsible Person/Parties	Key Partners	Performance Metrics	Start Date	End Date

Attachment C: Sample Cost Proposal

Preventing Adverse Childhood Experiences (ACEs) for Families Impacted by Substance Use

This document is **NOT** the budget form. The DHSS is providing this information to help Applicants prepare for completing the online application process. Access the online application <https://health.mo.gov/living/wellness/substance-use/funding-opportunities.php>.

Please email Nathan.Ridenhour@health.mo.gov using the subject line: Preventing ACEs for Families Impacted by Substance Use Application for any questions about the NGO.

Instructions: The Applicant shall provide a summary program budget covering the three-year commitment performance period by year and a detailed budget for each grant year. The detailed budget shall include a brief description of each budget item and how the amounts were calculated. Applicants should refer to the NGO to ensure proposed budgets meet all requirements.

Budget Summary

Category	Year 1	Year 2	Year 3
Personnel Services			
Fringe Benefits			
Supplies			
Travel			
Other Miscellaneous Expenses			
SubGrantees			
Indirect			
Modified Total Direct Costs (MTDC)			
Exclusions			
TOTAL			

- Personnel and Fringe** – compensation may include a portion of salaries, wages, and benefits of personnel, including, but not limited to, the program coordinator position and other budgeted position's time worked related to the work plan.
- Supplies** – funds expended for supplies, including equipment, shall not exceed five percent (5%) of the total project budget. Includes general office supplies needed to conduct daily business or trainings. The Grantee shall have the DHSS's written, prior approval to purchase any item over \$5,000.
- Travel** – travel expenses for personnel conducting activities directly related to the Grant Agreement deliverables. The applicant shall specifically identify and justify travel expenses

in the NGO response budget (ATTACHMENT C). Travel expenses must be consistent with the state of [Missouri guidelines](#) and funding basis (actual cost, per diem, mileage).

- d. **Other Miscellaneous** – costs for postage, printing, participant incentives, marketing/outreach campaigns or materials, wrap-around services, food, etc. The Grantee shall itemize and justify all items listed under the other cost category.
- e. **SubGrantees** (Fees to External Consultants) – Grantees may use up to twenty-five percent (25%) of funds for SubGrantees or consultants necessary to implement grant deliverables and work plan activities.
- f. **Indirect costs** – these may include costs associated with managing and overseeing an organization’s activities, such as utilities, rent, administrative salaries, financial staff salaries, and building maintenance. The Grantee shall not bill the DHSS for indirect costs that exceed fifteen percent (15%) of the grant award.
- g. **Modified Total Direct Costs (MTDC) Exclusions** – these may include costs for equipment, rental costs, participant support costs, and SubGrantee awards over \$50,000. MTDC costs are excluded from the indirect calculation.

Budget Template
Preventing Adverse
Childhood Experiences for
Families Impacted by
Substance Use
Applicant Name

Personnel Services- Position Title/Classification		FTE	Annual Salary	Total	\$ -
1				\$ -	
2				\$ -	
3				\$ -	
4				\$ -	
5				\$ -	
6				\$ -	
7				\$ -	
8				\$ -	
9				\$ -	
10				\$ -	
Personnel Services- Budget Justification Narrative <i>Include roles and responsibilities and identify how it relates to the program objectives.</i>					
Fringe Benefits- Position Title/Classification		Fringe Rate	Salary	Total	\$ -
1				\$ -	
2				\$ -	
3				\$ -	
4				\$ -	
5				\$ -	
6				\$ -	
7				\$ -	
8				\$ -	
9				\$ -	
10				\$ -	

Fringe Benefits- Budget Narrative					
Supplies- Description/Classification		Quantity	Unit Price	Total	\$ -
1				\$ -	
2				\$ -	
3				\$ -	
4				\$ -	
5				\$ -	
6				\$ -	
7				\$ -	
8				\$ -	
9				\$ -	
10				\$ -	
Supplies- Budget Narrative <i>Include costs for equipment and supplies, how they were calculated, and how they relate to program objectives.</i>					
Travel Expenses- List Expenses		Quantity	Unit Price	Total	\$ -
1				\$ -	
2				\$ -	
3				\$ -	
4				\$ -	
5				\$ -	
6				\$ -	
7				\$ -	
8				\$ -	
9				\$ -	
10				\$ -	

Travel Expenses- Budget Narrative <i>Include expenses associated with travel directly related to grant activities, including parking, meals, lodging, registration fees, etc.</i>					
Other Miscellaneous Expenses- List Expenses		Quantity	Unit Price	Total	\$ -
1				\$ -	
2				\$ -	
3				\$ -	
4				\$ -	
5				\$ -	
6				\$ -	
7				\$ -	
8				\$ -	
9				\$ -	
10				\$ -	
Other Miscellaneous Expenses- Budget Narrative <i>Include costs for postage, printing, training materials, marketing/outreach campaigns or materials, food, wrap-around services, etc. Wrap-around services must be specifically identified.</i>					
SubGrantees		Quantity	Unit Price	Total	\$ -
1				\$ -	
2				\$ -	
3				\$ -	
4				\$ -	
5				\$ -	
SubGrantees- Budget Narrative <i>Include costs for SubGrantees, how they were calculated, and how they relate to program objectives</i>					
Modified Total Direct Costs (MTDC) Exclusions		Quantity	Unit Price	Total	\$ -
1				\$ -	
2				\$ -	

3				\$ -	
4				\$ -	
5				\$ -	
Modified Total Direct Costs (MTDC) Exclusions- Budget Narrative <i>(equipment, rental costs, participant support costs and any SubGrantee awards over \$50,000)</i>					
Total Direct Costs					\$ -
Indirect Costs (15%)					\$ -
Grant Total					\$ -

APPENDIX: 1

Missouri County Health Rankings Table 2025

Health Outcomes tell us how long people live on average within a community and how much physical and mental health people experience in a community while they are alive. Counties are ranked from 1 to 10, with 10 being the least healthy and 1 being the healthiest.¹²

10	9	8	7	6	5	4	3	2	1
Least Healthy County					Healthiest County				
County	Ranking	County	Ranking	County	Ranking	County	Ranking	County	Ranking
Adair	5	Greene	5	Ozark	7				
Andrew	2	Grundy	5	Pemiscot	10				
Atchison	4	Harrison	4	Perry	3				
Audrain	6	Henry	5	Pettis	5				
Barry	5	Hickory	6	Phelps	5				
Barton	5	Holt	5	Pike	5				
Bates	4	Howard	4	Platte	2				
Benton	6	Howell	6	Polk	5				
Bollinger	6	Iron	8	Pulaski	4				
Boone	3	Jackson	5	Putnam	4				
Buchanan	6	Jasper	5	Ralls	5				
Butler	8	Jefferson	4	Randolph	5				
Caldwell	5	Johnson	3	Ray	5				
Callaway	4	Knox	4	Reynolds	6				
Camden	4	Laclede	6	Ripley	9				
Cape Girardeau	4	Lafayette	4	Saline	5				
Carroll	4	Lawrence	5	Schuyler	5				
Carter	7	Lewis	5	Scotland	4				
Cass	3	Lincoln	4	Scott	7				
Cedar	5	Linn	4	Shannon	7				
Chariton	4	Livingston	4	Shelby	4				
Christian	3	Macon	4	St. Charles	2				
Clark	4	Madison	6	St. Clair	4				
Clay	3	Maries	4	St. Francois	6				
Clinton	4	Marion	5	St. Louis City	8				
Cole	3	McDonald	7	St. Louis County	4				
Cooper	3	Mercer	3	Ste. Genevieve	4				
Crawford	8	Miller	5	Stoddard	6				
Dade	6	Mississippi	8	Stone	5				
Dallas	6	Moniteau	4	Sullivan	6				
Daviess	4	Monroe	5	Taney	6				
DeKalb	4	Montgomery	5	Texas	6				
Dent	7	Morgan	5	Vernon	5				
Douglas	5	New Madrid	8	Warren	4				
Dunklin	9	Newton	5	Washington	8				
Franklin	4	Nodaway	2	Wayne	8				
Gasconade	6	Oregon	7	Webster	4				
Gentry	3	Osage	2	Worth	5				
Greene	5			Wright	6				

APPENDIX: 2

Grant Agreement Language

The following Grant Agreement and exhibits must be completed, signed, dated, and submitted with the application. Please note that the grant agreement will be fully executed upon award notification and signature by the DHSS.



**STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES (DEPARTMENT)
GRANT AGREEMENT**

TITLE: Preventing Adverse Childhood Experiences (ACEs) for Families Impacted by Substance Use

AGREEMENT PERIOD: Date of Award through June 30, 2026


PROCUREMENT STAFF: Nathan Ridenhour

PHONE NO.: (573) 751-6026

E-MAIL: Nathan.Ridenhour@health.mo.gov

The Grantee identified in the spaces below hereby declares understanding, agreement and certification to compliance to provide the items and/or services, at the prices quoted, in accordance with the specifications and requirements contained herein and the State of Missouri – Terms and Conditions (Revised 07/07/23). The Grantee further agrees that upon receipt of an authorized purchase order from the Department or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between such Grantee and the State of Missouri.

SIGNATURE REQUIRED

VENDOR NAME City of Columbia		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
DOING BUSINESS AS (DBA) NAME		
MAILING ADDRESS 1005 West Worley		
CITY, STATE, ZIP CODE Columbia, MO 65205		
CONTACT PERSON De'Carlton Seewood, City Manager		EMAIL ADDRESS
PHONE NUMBER		FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt		
AUTHORIZED SIGNATURE 		DATE

1. GENERAL

- 1.1 The Grant Agreement amount shall not exceed the authorized amount as stated on the Notice of Award for the period of Date of Award through June 30, 2026.
- 1.2 The signature of the Grantee's authorized representative on the Grant Agreement signature page indicates compliance with the Certifications and Special Provisions contained in Attachment A, which is attached hereto and is incorporated by reference as if fully set forth herein.
- 1.3 The signature of the Grantee's authorized representative on the Grant Agreement signature page indicates compliance with the Subrecipient Special Conditions contained in Attachment B, which is attached hereto and is incorporated by reference as if fully set forth herein.
- 1.4 The Grantee must be in compliance with the laws regarding conducting business in the State of Missouri. The Grantee shall provide documentation of compliance upon request by the Department. The compliance to conduct business in the state shall include, but not necessarily be limited to:
 - 1.4.1 Registration of business name (if applicable) with the Secretary of State at <https://www.sos.mo.gov/business/startBusiness.asp>;
 - 1.4.2 Certificate of authority to transact business/certificate of good standing (if applicable);
 - 1.4.3 Taxes (e.g., city/county/state/federal);
 - 1.4.4 State and local certifications (e.g., professions/occupations/activities);
 - 1.4.5 Licenses and permits (e.g., city/county license, sales permits); and
 - 1.4.6 Insurance (e.g., worker's compensation/unemployment compensation)
- 1.5 Unless otherwise stated in this Grant Agreement, the Grantee shall use the below information for any correspondence regarding this Grant Agreement:

Program Name: Missouri Substance Use Disorder Grant Program
Program Contact: Anna Meyer
Address: 930 Wildwood, Jefferson City, MO 65102-0570
Phone: (314) 340-7047
Email: SUDgrantprogram@health.mo.gov

2. PURPOSE

- 2.1 The Missouri Substance Use Disorder Grant Program (MO SUD Grant Program) is a state-authorized program established under Missouri Constitution Article XIV Section 2.6 (2). The grant program is funded through the Missouri Veterans, Health, and Community Reinvestment Fund from revenue on taxes and fees collected from retail sales of non-medical marijuana sold at licensed retailers within the State of Missouri. The objective of this program is to improve health outcomes and prevent and reduce the prevalence of substance use disorders and/or drug-related harms, including overdose.
- 2.2 By supporting programs and services to increase access to evidence-based, low-barrier drug addiction treatment, overdose prevention education, and job placement, housing, and counseling for those with substance use disorders, this program aligns with the following Department State Health Improvement Plan strategic priorities:
 - a. Whole Person Health Access;
 - b. Fostering Healthy Behaviors; and
 - c. Infant and Maternal Health.
- 2.3 SUD Grant Program Funds support evidence-based strategies to increase recovery, prevention, and treatment programs and services targeting Missouri's populations with the highest rates of drug-related overdose, poor health outcomes, and contributing health factors. The MO SUD Grant Program offers multiple funding opportunities, each with specific objectives to achieve this goal.
- 2.3.1 The objective of the Preventing Adverse Childhood Experiences (ACEs) for Families Impacted by Substance Use opportunity is to implement, support, and expand strategies that reduce and prevent adverse childhood experiences (ACEs) and their associated harms among families impacted by substance use disorders (SUDs) and substance use. Projects should be tailored to meet the needs of vulnerable and at-risk families by utilizing data-driven, evidence-based education and prevention methods, support services, and/or trauma-informed approaches to address SUDs and their impact.

3. DELIVERABLES AND OUTCOMES

- 3.1 The Grantee of the Preventing Adverse Childhood Experiences (ACEs) for Families Impacted by Substance Use shall implement the program and work plan according to all Notice of Grant Opportunity (NGO) requirements as approved in the submitted application, which is hereinafter referred to as the approved application.

4. REPORTS

- 4.1 The Grantee shall adhere to all reporting requirements listed in the NGO.

5. BUDGET AND ALLOWABLE COSTS

- 5.1 The Department will advance pay the Grantee for an amount not to exceed the category totals listed in the approved budget.
 - 5.1.1 Other than the payments and reimbursements specified above, no other payments or reimbursements shall be made to the Grantee.
- 5.2 The Department reserves the right to reallocate or reduce Grant Agreement funds at any time during the Grant Agreement period due to underutilization of Grant Agreement funds by the grantee or changes in the availability of program funds. The Department will provide the Grantee with a thirty (30) days prior written notification of any reallocation.
- 5.3 Without exceeding the category restrictions stated within the NGO, if the Grantee identifies specific needs within the Scope of Work, the Grantee may rebudget up to 10% of the total budget between object class categories of the budget without obtaining prior written approval from the Department.
 - 5.3.1 Such rebudgeting by the Grantee shall not cause an increase in the indirect cost category.
 - 5.3.2 The Grantee and the Department must agree to a written Grant Agreement amendment for an increase to the indirect cost category or any other rebudgeting.
- 5.4 Indirect costs
 - 5.4.1 Indirect costs are those associated with the management and oversight of any organization's activities and are a result of all activities of the Grantee. Indirect costs may include such things as utilities, rent, administrative salaries, financial staff salaries, and building maintenance.
 - 5.4.2 The Grantee shall not bill the Department for indirect costs that exceed 15% of the modified total direct costs as defined in 2 CFR § 200.1.
 - a. Modified Total Direct Costs (MTDC) – may include costs for equipment, rental costs, participant support costs, and SubGrantee awards over \$50,000. MTDC costs are excluded from the indirect calculation.
 - 5.4.3 It is the Grantee's responsibility to correctly apply the indirect rate to the applicable direct costs claimed on each invoice.
- 5.5 The Grantee shall maintain records for salary and wages charged under the Grant Agreement that accurately reflect the work performed.

- 5.6 The Grantee shall invoice and be reimbursed for actual and reasonable travel expenses at the travel reimbursement rates set by the Grantee's written travel policy.
- 5.6.1 The Grantee shall ensure travel expenses incurred under this Grant Agreement are consistent with those travel expenses followed by the Grantee in like circumstances in its other operations.
- 5.6.2 The Grantee may use Missouri's Contiguous US Per Diem Rates (CONUS) rates as a guide to determine reasonableness.
- 5.6.3 The CONUS per diem rates can be found by clicking on the link for "Per Diem Rates" at the following Internet address: <https://acct.oa.mo.gov/travel-portal>.
- 5.7 The Grantee shall follow competitive procurement practices.

6. INVOICING AND PAYMENT

- 6.1 Electronic Funds Transfer (EFT): The State of Missouri will submit contract payments to the Contractor at the remittance address listed in the Contractor's MissouriBUYS (WebProcure/Proactis) Vendor registration. However, the Contractor understands and agrees the state reserves the right to make contract payments to the Contractor through electronic funds transfer (EFT). Therefore, prior to any payments becoming due under the contract, the Contractor must verify and update, if applicable, their Vendor registration with their current remittance address and ACH-EFT payment information at <https://MissouriBUYS.mo.gov>.
- 6.2 The Grantee shall invoice the Department on the Grantee's original descriptive business invoice form. The Grantee shall use uniquely identifiable invoice numbers to distinguish an invoice from a previously submitted invoice.
- 6.2.1 The Grantee shall include the following certification statement on any invoice submitted to the Department:
 - a. "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."
- 6.3 The Grantee shall submit an itemized invoice by ten (10) business days after the notice of award. This itemized invoice shall reflect the budget summary that is a part of the NGO and shall be on company letterhead.
- 6.3.1 The Department will pay the Grantee upon receipt of invoice.

- 6.4 The Grantee shall submit to the Department itemized invoices and report(s) for actual expenses occurred. The Grantee shall submit these itemized invoices and report(s) quarterly. All invoices and report(s) are due to the Department by June 30th of the grant period. The Department shall either approve or disapprove of the invoices. The Grantee shall return any unexpended balance of the award to the Department at the end of the grant agreement unless the Grantee and the Department sign an amended grant agreement.
- 6.5 The Grantee shall email invoices to: SUDgrantprogram@health.mo.gov
- 6.6 If the Department denies a request by the Grantee for payment or reimbursement, the Department will provide the Grantee with written notice of the reason(s) for denial.
- 6.7 The Grantee agrees that any audit exception noted by governmental auditors shall not be paid by the Department and shall be the sole responsibility of the Grantee. However, the Grantee may contest any such exception by legal action and the Department will pay the Grantee all amounts which the Grantee may ultimately be held entitled to receive as a result of any such legal action.
- 6.8 If the Grantee fails to perform required work or services, fails to submit reports when due, or is indebted to the United States government, the Department may withhold payment, reject invoices under this Grant Agreement, or require the Grantee to reimburse the Department monies paid in advance.
- 6.9 If the Grantee underutilizes funds received from the Department, the Grantee shall provide the Department with a check payable as instructed by the Department.
- 6.9.1 For payment by check, the Grantee shall issue a check made payable to “DHSS-DA-Fee Receipts” and mail the check to:
- Missouri Department of Health and Senior Services
Division of Administration, Fee Receipts
P.O. Box 570
920 Wildwood Drive
Jefferson City, Missouri 65102-0570
- 6.10 If the Department used a federal grant to pay the Grantee, the Catalog of Federal Domestic Assistance (CFDA) number assigned to the grant and the dollar amount paid from the grant is available on the State of Missouri Vendor Services Portal under the Vendor Payment section at <https://www.vendorservices.mo.gov/vendorservices/Portal/Default.aspx>. The CFDA name is available at <https://sam.gov/content/assistance-listings>.
- 6.11 The Department will in all cases be utilized as “payor of last resort” which means that payment under the Grant Agreement may be available only after the Grantee has demonstrated that all other payment sources, including but not limited to insurance

coverage and government assistance programs, have been exhausted. Documentation of such shall be maintained in client files to be available for Grant Agreement monitoring purposes.

7. AMENDMENTS

- 7.1 Any changes to this Grant Agreement shall be made only through execution of a written amendment signed and approved by an authorized signatory of each party.

8. RENEWALS

- 8.1 The parties may renew the Grant Agreement for two (2) additional one-year periods if mutually agreed to by both parties. Such renewal shall be accomplished in writing and must be signed by both parties.

9. MONITORING

- 9.1 The Department reserves the right to monitor the Grantee during the Grant Agreement period to ensure financial and contractual compliance.
- 9.2 If the Department deems a Grantee to be high-risk, the Department may impose special conditions or restrictions on the Grantee, including but not limited to the following: withholding authority to proceed to the next phase of the project until the Department receives evidence of acceptable performance within a given Grant Agreement period; requiring additional, more detailed financial reports or other documentation; additional project monitoring; requiring the Grantee to obtain technical or management assistance; or establishing additional prior approvals from the Department. The Department may impose special conditions or restrictions at the time of the Grant Agreement award or at any time after the Grant Agreement award. The Department will provide written notification to the Grantee prior to the effective date of the high-risk status.

10. DOCUMENT RETENTION

- 10.1 The Grantee shall retain all books, records, and other documents relevant to this Grant Agreement for a period of five (5) years after the final Annual Performance Report or the completion of an audit, whichever is later, or as otherwise designated by the federal funding agency and stated in the contract.
- 10.2 The Grantee shall allow authorized representatives of the Department, State, and Federal Government to inspect these records upon request.
- 10.3 If the Grantee is subject to any litigation, claim, negotiation, audit, or other action involving the records before the expiration of the five (5) year period, the Grantee shall retain the records six (6) months after completion of the action and resolution of all issues which arise from it, or until the end of the regular five (5) year period, whichever is later.

10.4 If the Department is subject to any litigation, claim, negotiation, audit, or other action involving the records, the Department will notify the Grantee in writing to extend the Grantee's retention period. The Grantee shall extend the retention period per the Department's request.

10.5 The Department may recover any payment it has made to the Grantee if the Grantee fails to retain adequate documentation.

11. CONFIDENTIALITY

11.1 The Grantee shall safeguard Protected Personally Identifiable Information (PII) as defined in 2 CFR § 200.1.*† The Grantee agrees it will assume liability for all disclosures of Protected PII and breaches by the Grantee and/or the Grantee's Subcontractors and employees.

11.2 The Grantee shall maintain strict confidentiality of all patient and client information or records supplied to it by the Department, the patient/client, or that the Grantee creates as a result of Grant Agreement activities. Unless disclosure is required by law, the Grantee shall not disclose the contents of such records to anyone other than the Department, the patient/client, or the patient's/client's parent or legal guardian. The Grantee agrees it will assume liability for all disclosures of confidential information and breaches by the Grantee, the Grantee's employees, the Grantee's Subcontractors, and the Grantee's Subgrantee's employees. The Grantee agrees to comply with all applicable confidentiality and information security laws, including but not limited to sections 192.067 and 192.667, RSMo.
** To the extent not prohibited by law and without waiving sovereign immunity,*

12. LIABILITY

12.1 The Grantee shall understand and agree that the Department cannot save and hold harmless and/or indemnify the Grantee or employees against any liability incurred or arising as a result of any activity of the Grantee, any activity of the Grantee's employees, or the Grantee's Subgrantees related to the Grantee's performance under the contract.

12.2 The relationship of the Grantee to the Department shall be that of an independent Grantee. The Grantee shall have no authority to represent itself as an agent of the Department. Nothing in this Grant Agreement is intended to, nor shall be construed in any manner as creating or establishing an agency relationship or the relationship of employer/employee between the parties. Therefore,* the Grantee shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers compensation, employee insurance, minimum wage requirements, overtime, or any other applicable employee related obligation or expense, and shall assume all costs, attorney fees, losses, judgments, and legal or equitable imposed remedies associated with the matters outlined in this paragraph in regards to the Grantee's Subcontractors, employees and agents. The Grantee shall have no authority to bind the Department for any obligation or expense not specifically stated in this contract. This provision is not
** to the extent not prohibited by law and without waiving sovereign immunity,*

intended to waive any claim of sovereign immunity to which a public entity would otherwise be entitled to under Missouri law.

- 12.3 *To the extent not prohibited by law,* The Grantee shall be responsible for all claims, actions, liability, and loss (including court costs and attorney's fees) for any and all injury or damage (including death) occurring as a result of the Grantee's performance or the performance of any Subcontractor, involving any equipment used or service provided, under the terms and conditions of this Grant Agreement or any subcontract/subgrant, or any condition created thereby, or based upon any violation of any state or federal statute, ordinance, building code, or regulation by the Grantee. However, the Grantee shall not be responsible for any injury or damage occurring as a result of any negligent act or omission committed by the Department, including its officers, employees, and assigns. This provision is not intended to waive any claim of sovereign immunity to which a public entity would otherwise be entitled to under Missouri law.

13. PUBLICATIONS, COPYRIGHTS, AND RIGHTS IN DATA AND REPORTS

- 13.1 If the Grantee issues any press releases mentioning Grant Agreement activities, the Grantee shall reference in the release both the Grant Agreement number and the Department. If the Grantee creates any publications, including audiovisual items, produced with Grant Agreement funds, the Grantee shall give credit to both the Grant Agreement and the Department in the publication. The Grantee shall obtain prior written approval from the Department prior to the release of such press releases or publications.
- 13.2 In accordance with the "Steven's Amendment" in the Department of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act, the Grantee shall not issue any statements, press releases, request for proposals, bid solicitations, or other documents describing projects or programs funded in whole or in part with Federal money unless it clearly states the following:
- 13.2.1 The percentage of the total costs of the program or project which will be financed with Federal money; and
- 13.2.2 The percentage of the total costs of the program or project which will be financed by nongovernmental sources.
- 13.3 If the Grantee develops any copyrighted material as a result of this Grant Agreement, the Department shall have a royalty-free, nonexclusive, and irrevocable right to publish or use, and to authorize others to use, the work for Department purposes or the purposes of the State of Missouri.

14. AUTHORIZED PERSONNEL

- 14.1 The Grantee shall be responsible for assuring that all personnel are appropriately qualified and licensed or certified, as required by state, federal, or local law, statute, or

regulation, respective to the services to be provided through this contract; and documentation of such licensure or certification shall be made available upon request.

- 14.2 The Grantee shall only utilize personnel authorized to work in the United States in accordance with applicable federal and state laws. This includes but is not limited to the Immigration Reform and Control Act of 1986 as codified at 8 U.S.C. § 1324a, the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA), and Section 274A of the Immigration and Nationality Act. If the Grantee is found to be in violation of these requirements or the applicable state, federal, and local laws and regulations, and if the Department has reasonable cause to believe that the Grantee has knowingly employed individuals who are not eligible to work in the United States, the Department shall have the right to cancel the Grant Agreement immediately without penalty or recourse and suspend or debar the Grantee from doing business with the state. The Department may also withhold up to twenty-five percent of the total amount due to the Grantee. The Grantee agrees to fully cooperate with any audit or investigation from federal, state, or local law enforcement agencies.
- 14.3 Affidavit of Work Authorization and Documentation: Pursuant to section 285.530, RSMo, if the Grantee meets the section 285.525, RSMo definition of a “business entity” (<http://revisor.mo.gov/main/OneSection.aspx?section=285.530&bid=15000&hl>) the Grantee must affirm the Grantee’s enrollment and participation in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services requested herein. The Grantee should complete applicable portions of Exhibit 1, Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization as attached hereto and incorporated by reference as if fully set forth herein. The applicable portions of Exhibit 1 must be submitted prior to an award of a Grant Agreement.
- 14.4 If the Grantee meets the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, the Grantee shall maintain enrollment and participation in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the contracted services included herein. If the Grantee’s business status changes during the life of the Grant Agreement to become a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, then the Grantee shall, prior to the performance of any services as a business entity under the contract:
- 14.4.1 Enroll and participate in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; and
- 14.4.2 Provide to the Department the documentation required in the exhibit titled, Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization

affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program; and

- 14.4.3 Submit to the Department a completed, notarized Affidavit of Work Authorization provided in the exhibit titled, Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization.
- 14.5 In accordance with subsection 2 of section 285.530, RSMo, the Grantee should renew their Affidavit of Work Authorization annually. A valid Affidavit of Work Authorization is necessary to award any new contracts.

15. ANTI-DISCRIMINATION AGAINST ISRAEL ACT GRANTEE REQUIREMENTS

- 15.1 If the Grantee meets the definition of a company as defined in section 34.600, RSMo, and has ten or more employees, the Grantee shall not engage in a boycott of goods or services from the State of Israel; from companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or from persons or entities doing business in the State of Israel as defined in section 34.600, RSMo.
- 15.2 If the Grantee meets the definition of a company as defined in section 34.600, RSMo, and the company's employees increases to ten or more during the life of the contract, then the Grantee shall submit to the Department a completed Box C of the exhibit titled, Anti-Discrimination Against Israel Act Certification, and shall comply with the requirements of Box C.
- 15.3 If during the life of the contract, the Grantee's business status changes to become a company as defined in section 34.600, RSMo, and the company has ten or more employees, then the Grantee shall comply with, complete, and submit to the Department a completed Box C of the exhibit titled, Anti-Discrimination Against Israel Act Certification.
- 15.4 Regardless of company status or number of employees, the Grantee is requested to complete and submit the applicable portion of Exhibit 2 - Anti-Discrimination Against Israel Act Certification as attached hereto and incorporated by reference as if fully set forth herein. Pursuant to section 34.600, RSMo, if the Grantee meets the section 34.600, RSMo, definition of a "company" (<https://revisor.mo.gov/main/OneSection.aspx?section=34.600>) and the Grantee has ten or more employees, the Grantee must certify in writing that the Grantee is not currently engaged in a boycott of goods or services from the State of Israel as defined in section 34.600, RSMo, and shall not engage in a boycott of goods or services from the State of Israel, for the duration of the contract. The applicable portion of the exhibit must be submitted prior to an award of a contract.

16. TERMINATION

- 16.1 The Department, in its sole discretion, may terminate the obligations of each party under this contract, in whole or in part, effective immediately upon providing written notification to the Grantee if:
 - 16.1.1 State and/or federal funds are not appropriated, continued, or available at a sufficient level to fund this contract;
 - 16.1.2 A change in federal or state law relevant to this Grant Agreement occurs;
 - 16.1.3 A material change of the parties to the Grant Agreement occurs; or
 - 16.1.4 By request of the Grantee.
- 16.2 Each party under this Grant Agreement may terminate the contract, in whole or in part, at any time, for its convenience without penalty or recourse by providing the following written notice:
 - 16.2.1 The Department will provide written notice to the Grantee at least thirty (30) calendar days prior to the effective date of such termination.
 - 16.2.2 The Grantee shall provide written notice to the Department at least sixty (60) calendar days prior to the effective date of such termination.
- 16.3 In the event of termination, the Department may exercise the rights set forth in 2 CFR § 200.315(b) to reproduce, publish, or otherwise use copyrighted material prepared, furnished, or completed by the Grantee pursuant to the terms of the contract, and may authorize others to do the same. The Department may also exercise the rights set forth in 2 CFR § 200.315(d) to obtain, reproduce, or otherwise use the data prepared, furnished, or produced by the Grantee pursuant to the terms of the contract, and may authorize others to do the same. The Grantee shall be entitled to receive compensation for services and/or supplies performed in accordance with the Grant Agreement prior to the effective date of the termination and for all non-cancelable obligations incurred pursuant to the Grant Agreement prior to the effective date of the termination.

17. SUBCONTRACTING

- 17.1 Any subaward and/or subGrant Agreement shall include appropriate provisions and contractual obligations to ensure the successful fulfillment of all contractual obligations agreed to by the Grantee and the Department in this Grant Agreement, including the civil rights requirements set forth in 19 CSR 10-2.010 (5) (A)-(L), if applicable, and provided that the Department approves the arrangement prior to finalization.* The Grantee shall ensure that the Department is indemnified, saved and held harmless from and against any and all claims of damage, loss, and cost (including attorney fees) of any kind related to a subaward and/or subGrant Agreement in those matters described herein. The Grantee shall expressly understand and agree that the responsibility for all legal and financial obligations related to the execution of a subaward and/or subGrant

** To the extent not prohibited by law and without waiving sovereign immunity,*

Agreement rests solely with the Grantee; and the Grantee shall ensure and maintain documentation that any and all subawardees and/or Subcontractors comply with all requirements of this contract. The Grantee agrees and understands that utilization of a subawardee and/or Subcontractor to provide any of the equipment or services in this Grant Agreement shall in no way relieve the Grantee of the responsibility for providing the equipment or services as described and set forth herein.

- 17.2 Pursuant to subsection 1 of section 285.530, RSMo, no Grantee, subawardee, and/or Subcontractor shall knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. In accordance with sections 285.525 to 285.550, RSMo, a general Grantee, subawardee, and/or Subcontractor of any tier shall not be liable when such Grantee, subawardee, and/or Subcontractor contracts with its direct subawardee and/or Subcontractor who violates subsection 1 of section 285.530, RSMo, if the Grant Agreement binding the Grantee and the subawardee and/or Subcontractor affirmatively states that:
 - 17.2.1 The direct subawardee and/or Subcontractor is not knowingly in violation of subsection 1 of section 285.530, RSMo, and shall not henceforth be in such violation; and
 - 17.2.2 The Grantee, subawardee, and/or Subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subawardee's and/or Subcontractor's employees are lawfully present in the United States
- 17.3 The Grantee shall be responsible for ensuring that any subawardee(s) and/or Subcontractor(s) are appropriately qualified and licensed or certified, as required by state, federal, or local law, statute, or regulation respective to the services to be provided through this contract. The Grantee shall make documentation of such licensure or certification available to the Department upon request.
- 17.4 The Grantee shall notify all subawardee(s) and/or Subcontractor(s) of applicable Office of Management and Budget (OMB) administrative requirements, cost principles, other applicable federal rules and regulations, and funding source information as included herein.

CERTIFICATIONS AND SPECIAL PROVISIONS**1. GENERAL**

- 1.1 The Grantee shall comply with the following Certifications and special provisions.

2. GRANTEE'S CERTIFICATION REGARDING SUSPENSION AND DEBARMENT

- 2.1 The Grantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any Federal department or agency pursuant to 2 CFR Part 180.
- 2.2 The Grantee shall include these certification requirements regarding debarment, suspension, ineligibility, and voluntary exclusion in all lower tier covered transactions.
- 2.3 If the Grantee enters into a covered transaction with another person at the next lower tier, the Grantee must verify that the person with whom it intends to do business is not excluded or disqualified by:
- 2.3.1 Checking the System of Award Management (SAM) <https://www.sam.gov>; or
- 2.3.2 Collecting a certification from that person; or
- 2.3.3 Adding a clause or condition to the covered transaction with that person.

3. GRANTEE'S CERTIFICATION REGARDING LOBBYING

- 3.1 The Grantee certifies that no Federal appropriated funds have been paid or will be paid, by or on behalf of the Grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 4.2 The Grantee certifies that no funds under this Grant Agreement shall be used to pay for any activity to support or defeat the enactment of legislation before the Congress, or any State or local legislature or legislative body. The Grantee shall not use any funds under this contract to pay for any activity to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government.

CERTIFICATIONS AND SPECIAL PROVISIONS

- 3.3 The Grantee certifies that no funds under this Grant Agreement shall be used to pay the salary or expenses of the Grantee, or an agent acting for the Grantee who engages in any activity designed to influence the enactment of legislation or appropriations proposed or pending before the Congress, or any State, local legislature or legislative body, or any regulation, administrative action, or Executive Order issued by the executive branch of any State or local government.
- 3.4 The above prohibitions include any activity to advocate or promote any proposed, pending or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
- 3.5 If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with any Federal contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- 3.6 The Grantee shall require that the language of this section be included in the award documents for all subawards at all levels (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
- 3.7 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

CERTIFICATIONS AND SPECIAL PROVISIONS

4. GRANTEE'S CERTIFICATION REGARDING A DRUG FREE WORKPLACE

- 4.1 The Grantee certifies it shall provide a drug free workplace in accordance with the Drug Free Workplace Act of 1988, 41 U.S.C. Chapter 81, and all applicable regulations. The Grantee is required to report any conviction of employees providing services under this contract under a criminal drug statute for violations occurring on the Grantee's premises or off the Grantee's premises while conducting official business. The Grantee shall report any conviction to the Department within five (5) working days after the conviction. Submit reports to:

Missouri Department of Health and Senior Services
Division of Administration, Grants Accounting Unit
P.O. Box 570
920 Wildwood Drive
Jefferson City, Missouri 65102-0570

5. GRANTEE'S CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

- 5.1 The Pro-Children Act of 1994, (Public Law 103-227, 20 U.S.C. §§ 6081-6084), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The Pro-Children Act also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The Pro-Children Act does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the Pro-Children Act may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.
- 5.2 The Grantee certifies that it will comply with the requirements of the Pro-Children Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Pro-Children Act.
- 5.3 The Grantee agrees that it will require that the language of this certification be included in any subcontract or subaward that contains provisions for children's services and that all subrecipients shall certify accordingly. Failure to comply with the provisions of the Pro-Children Act law may result in the imposition of a civil monetary penalty of up to \$1,000 per day.

CERTIFICATIONS AND SPECIAL PROVISIONS

6. GRANTEE'S CERTIFICATION REGARDING NON-DISCRIMINATION

- 6.1 The Grantee shall comply with all federal and state statutes, regulations and executive orders relating to nondiscrimination and equal employment opportunity to the extent applicable to the contract. These include but are not limited to:
 - 6.1.1 Title VI of the Civil Rights Act of 1964 (P.L. 88-352, 42 U.S.C. § 2000d *et seq.*) which prohibits discrimination on the basis of race, color, or national origin (this includes individuals with limited English proficiency) in programs and activities receiving federal financial assistance and Title VII of the Act which prohibits discrimination on the basis of race, color, national origin, sex, or religion in all employment activities;
 - 6.1.2 Equal Pay Act of 1963 (P.L. 88 -38, as amended, 29 U.S.C. § 206 (d));
 - 6.1.3 Title IX of the Education Amendments of 1972, as amended (20 U.S.C §§ 1681-1683 and 1685-1686) which prohibits discrimination on the basis of sex;
 - 6.1.4 Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and the Americans with Disabilities Act of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12101 *et seq.*) as implemented by all applicable regulations;
 - 6.1.5 The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107) which prohibits discrimination on the basis of age;
 - 6.1.6 Missouri State Regulation, 19 CSR 10-2.010, Civil Rights Compliance Requirements; and
 - 6.1.7 The requirements of any other nondiscrimination federal and state statutes, regulations and executive orders which may apply to the services provided via the contract.
- 6.2 In connection with the furnishing of equipment, supplies, and/or services under the contract, the Grantee and all Subcontractors shall agree not to discriminate against recipients of services or employees or applicants for employment on the basis of race, color, religion, national origin, sex, age, disability, or veteran status unless otherwise provided by law. If the Grantee or Subcontractor employs at least 50 persons, the Grantee shall have and maintain an affirmative action program that shall include:
 - 6.2.1 A written policy statement committing the organization to affirmative action and assigning management responsibilities and procedures for evaluation and dissemination;
 - 6.2.2 The identification of a person designated to handle affirmative action;

CERTIFICATIONS AND SPECIAL PROVISIONS

- 6.2.3 The establishment of non-discriminatory selection standards, objective measures to analyze recruitment, an upward mobility system, a wage and salary structure, and standards applicable to layoff, recall, discharge, demotion, and discipline;
- 6.2.4 The exclusion of discrimination from all collective bargaining agreements; and
- 6.2.5 Performance of an internal audit of the reporting system to monitor execution and to provide for future planning.
- 6.3 If discrimination by a Grantee is found to exist, the Division of Purchasing shall take appropriate enforcement action which may include, but not necessarily be limited to, cancellation of the contract, suspension, or debarment by the Division of Purchasing until corrective action by the Grantee is made and ensured, and referral to the Attorney General's Office, whichever enforcement action may be deemed most appropriate.

7. GRANTEE'S CERTIFICATION REGARDING EMPLOYEE WHISTLEBLOWER PROTECTIONS

- 7.1 The Grantee shall comply with the provisions of 41 U.S.C. 4712 that states an employee of a Grantee, subcontractor, or Subcontractor may not be discharged, demoted or otherwise discriminated against as a reprisal for "whistleblowing". In addition, whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.
- 7.2 The Grantee's employees are encouraged to report fraud, waste, and abuse. The Grantee shall inform their employees in writing they are subject to federal whistleblower rights and remedies. This notification must be in the predominant native language of the workforce.
- 7.3 The Grantee shall include this requirement in any agreement made with a SubGrantee or Subcontractor.

8. CLEAN AIR ACT AND WATER POLLUTION CONTROL ACT

- 8.1 The Grantee shall comply with all applicable standards, orders, or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 *et seq.*) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 *et seq.*).

SUBRECIPIENT SPECIAL CONDITIONS

1. The Grantee shall abide by the following special conditions.
 - 1.1 The Grantee shall comply with all applicable implementing regulations, and all other laws, regulations, and policies authorizing or governing the use of any federal funds paid to the Grantee through this contract. The Grantee shall ensure compliance with U.S. statutory and public policy requirements, including but not limited to, those protecting public welfare, the environment, and prohibiting discrimination. See the Federal Agency's Notice of Grant Award at <https://health.mo.gov/information/contractorresources/> for the terms and conditions of the federal award(s) governing this contract. Refer to the Contract Funding Source(s) report enclosed with the contract for a listing of the applicable federal award numbers.
 - 1.2 In performing its responsibilities under this Grant Agreement, the Grantee shall fully comply with the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards, 2 CFR Part 200, as applicable, including any subsequent amendments.
 - 1.3 If a Single Audit is required, the Grantee must submit the Single Audit Report according to 2 CFR § 200.512. The Grantee shall return to the Department any funds disallowed in an audit of this contract.
 - 1.4 The Grantee shall comply with the public policy requirements as specified in the United States' Department of Health and Human Services (HHS) Grants Policy Statement which is incorporated herein as if fully set forth. <https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html>.
 - 1.5 The Grantee shall be responsible for any disallowances, questioned costs, or other items, including interest, not allowed under the federal award or this contract. The Grantee shall return to the Department any funds disallowed within ninety days of notification by the Department to return such funds.
 - 1.6 The Grantee shall notify the Department in writing within 30 days after a change occurs in its primary personnel involved in managing this contract.

SUBRECIPIENT SPECIAL CONDITIONS

- 1.7 The Grantee shall promptly notify the Department in writing when there is credible evidence of a violation of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting federal monies under this Grant Agreement. Failure to make required disclosures may result in the Department taking action as described in 2 CFR § 200.339 Remedies for Noncompliance.
- 1.8 The Grantee shall comply with Trafficking Victims Protection Act of 2000 (22 U.S.C. Chapter 78), as amended. This law applies to any private entity. A private entity includes any entity other than a State, local government, Indian tribe, or foreign public entity, as defined in 2 CFR § 175.25. The Grantee's and Subcontractors' employees may not:
 - 1.8.1 Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - 1.8.2 Procure a commercial sex act during the period of time that the award is in effect; or
 - 1.8.3 Use forced labor in the performance of the award or subawards under the award.
 - 1.8.4 The Grantee must include the requirements of this paragraph in any subaward made to a private entity.
- 1.9 The Grantee shall comply with 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations, as applicable.
- 1.10 A Grantee that is a state agency or agency of a political subdivision of a state and its contractors or Subcontractors must comply with Section 6002 of the Solid Waste Disposal Act (42 U.S.C. § 6962), as amended by the Resource Conservation and Recovery Act (P.L. 94-580). The requirements of Section 6002 relate solely to procuring items designated in the guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247.
- 1.11 The Grantee shall provide its Unique Entity Identifier (UEI) number to the Department. If the Grantee is an exempt individual as per 2 CFR § 25.110(b), the Grantee shall notify the Department of its exemption. Pursuant to 2 CFR Part 25, no entity may receive a subaward unless the entity has provided its UEI number. The Department shall withhold the award of this contract until the Grantee submits the UEI number to the Department and the Department has verified the UEI number.

SUBRECIPIENT SPECIAL CONDITIONS**1.12 Equipment**

- 1.12.1 Title to equipment purchased by the Grantee for the purposes of fulfilling Grant Agreement services vests in the Grantee upon acquisition, subject to the conditions that apply as set forth in 2 CFR § 200.313. The Grantee must obtain prior written approval from the Department prior to purchasing equipment with a cost greater than \$5,000. The repair and maintenance of purchased equipment will be the responsibility of the Grantee. Upon satisfactory completion of the contract, if the current fair market value (FMV) of the equipment purchased by the Grantee is less than \$10,000, the Grantee has no further obligation to the Department. The Grantee may sell or retain items it purchased with a current FMV greater than \$10,000, but the Grantee may be required to reimburse the Department for costs up to the current value of the equipment.
- 1.12.2 Equipment purchased by the Department and placed in the custody of the Grantee shall remain the property of the Department. The Grantee must ensure these items are safeguarded and maintained appropriately, and return such equipment to the Department at the end of the program.

EXHIBIT 1
BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The Grantee must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- BOX A:** To be completed by a non-business entity as defined below.
- BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <http://www.uscis.gov/e-verify>.
- BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term “**business entity**” shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term “**business entity**” shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term “**business entity**” shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, as stated above, because: (check the applicable business status that applies below)

- ☐ I am a self-employed individual with no employees; **OR**
- ☐ The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a Grant Agreement for the services requested herein under Preventing Adverse Childhood Experiences For Families Impacted By Substance Use (Grant Agreement Name) and if the business status changes during the life of the Grant Agreement to become a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Department of Health and Senior Services with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT 1, continued

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that _____ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530.

Authorized Business Entity
Representative's Name (Please Print)

Authorized Business Entity
Representative's Signature

Business Entity Name

Date

E-Mail Address

As a business entity, the Grantee must perform/provide each of the following. The Grantee should check each to verify completion/submission of all of the following:

- ☐ Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND
- ☐ Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the Grantee's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the Grantee's name and the MOU signature page completed and signed, at minimum, by the Grantee and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the Grantee's name and company ID, then no additional pages of the MOU must be submitted; AND
- ☐ Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT 1, continued

AFFIDAVIT OF WORK AUTHORIZATION:

The Grantee who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Rebecca Roesslet (Name of Business Entity Authorized Representative) as Dir. of Boone Co. PHHS (Position/Title) first being duly sworn on my oath, affirm City of Columbia - Boone Co. Dept. of PHHS (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that City of Columbia - Boone Co. Dept. of PHHS (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

<u>Roesslet</u> Authorized Representative's Signature	<u>Rebecca Roesslet</u> Printed Name
<u>Director of Columbia - Boone PHHS</u> Title	<u>9-5-25</u> Date
<u>Rebecca.Roesslet@cmo.gov</u> E-Mail Address	<u>171557</u> E-Verify Company ID Number

Subscribed and sworn to before me this 5th of September 2025. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of Boone, State of
(NAME OF COUNTY)
Missouri, and my commission expires on April 30, 2029.
(NAME OF STATE) (DATE)

Dana M. Shepherd 9.5.2025
Signature of Notary Date

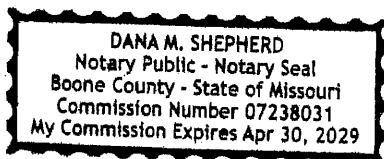


EXHIBIT 1, continued

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that City of Columbia PHHS (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the Grantee's name and the MOU signature page completed and signed by the Grantee and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University* to Which Previous E-Verify Documentation Submitted: MO Dept. of Health and Senior Services

(*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: 7/15/2016

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted:

(if known)

Rebecca Roesslet
Authorized Business Entity Representative's
Name (Please Print)

R Roesslet
Authorized Business Entity
Representative's Signature

171557
E-Verify MOU Company ID Number

Rebecca.Roesslet@comp.gov
E-Mail Address

The City of Columbia on Behalf of the
Columbia - Boone Co. Dept. of PHHS
Business Entity Name

9-5-25
Date

FOR STATE USE ONLY

Documentation Verification Completed By:

Buyer

Date

EXHIBIT 2
ANTI-DISCRIMINATION AGAINST ISRAEL ACT CERTIFICATION

Statutory Requirement: Section 34.600, RSMo, precludes entering into a contract with a company to acquire products and/or services “unless the contract includes a written certification that the company is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel.”

Exceptions: The statute provides two exceptions for this certification: 1) “contracts with a total potential value of less than one hundred thousand dollars” or 2) “contractors with fewer than ten employees.” Therefore the following certification is required prior to any contract award.

Section 34.600, RSMo, defines the following terms:

Boycott Israel and Boycott of the State of Israel: engaging in refusals to deal, terminating business activities, or other actions to discriminate against, inflict economic harm, or otherwise limit commercial relations specifically with the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel, that are all intended to support a boycott of the State of Israel. A company’s statement that it is participating in boycotts of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel, or that it has taken the boycott action at the request, in compliance with, or in furtherance of calls for a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel shall be considered to be conclusive evidence that a company is participating in a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel; provided, however that a company that has made no such statement may still be considered to be participating in a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel if other factors warrant such a conclusion.

Company: any for-profit or not-for-profit organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company, or other entity or business association, including all wholly-owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of those entities or business associations.

Public Entity: the state of Missouri or any political subdivision thereof, including all boards, commissions, agencies, institutions, authorities, and bodies politic and corporate of the state created by or in accordance with state law or regulations.

Certification - The vendor must therefore certify their current status by completing either Box A, Box B, Box C, or Box D on the next page of this Exhibit.

- BOX A:** To be completed by any vendor that does not meet the definition of “company” above, hereinafter referred to as “Non-Company.”
- BOX B:** To be completed by a vendor that meets the definition of “Company” but has less than ten employees.
- BOX C:** To be completed by a vendor that meets the definition of “Company” and has ten or more employees.
- BOX D:** To be completed by a vendor that meets the definition of a “Public Entity”.

EXHIBIT 2, continued
ANTI-DISCRIMINATION AGAINST ISRAEL ACT CERTIFICATION

BOX A – NON-COMPANY ENTITY

I certify that _____ (Entity Name) currently **DOES NOT MEET** the definition of a company as defined in section 34.600, RSMo, but that if awarded a contract and the entity's business status changes during the life of the Grant Agreement to become a "company" as defined in section 34.600, RSMo, and the entity has ten or more employees, then, prior to the delivery of any services and/or supplies as a company, the entity agrees to comply with, complete, and return Box C to the Division of Purchasing at that time.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Entity Name

Date

BOX B – COMPANY ENTITY WITH LESS THAN TEN EMPLOYEES

I certify that _____ (Company Name) **MEETS** the definition of a company as defined in section 34.600, RSMo, and currently has less than ten employees but that if awarded a contract and if the company increases the number of employees to ten or more during the life of the Grant Agreement, then said company shall comply with, complete, and return Box C to the Division of Purchasing at that time.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name

Date

BOX C – COMPANY ENTITY WITH TEN OR MORE EMPLOYEES

I certify that _____ (Company Name) **MEETS** the definition of a company as defined in section 34.600, RSMo, has ten or more employees, and is not currently engaged in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel as defined in section 34.600, RSMo. I further certify that if the company is awarded a Grant Agreement for the services and/or supplies requested herein said company shall not engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel as defined in section 34.600, RSMo, for the duration of the Grant Agreement.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name

Date

EXHIBIT 2, continued
ANTI-DISCRIMINATION AGAINST ISRAEL ACT CERTIFICATION

BOX D - PUBLIC ENTITY

I certify that City of Columbia - Boone Co. Dept of PHS (Entity Name) is a public entity as defined in section 34.600, RSMo, and is not currently engaged in and shall not, for the duration of the Grant Agreement, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel.

Rebecca Roessket
Authorized Representative's Name (Please Print)

R Roessket
Authorized Representative's Signature

City of Columbia, Missouri
Company Name

9-5-25
Date

DEPARTMENT OF HEALTH AND SENIOR SERVICES TERMS AND CONDITIONS

This Grant Agreement expresses the complete agreement of the parties and performance shall be governed solely by the specifications and requirements contained herein. Any change must be accomplished by a formal signed amendment prior to the effective date of such change.

1. APPLICABLE LAWS AND REGULATIONS

- a. The Grant Agreement shall be construed according to the laws of the State of Missouri (state). The Grantee shall comply with all local, state, and federal laws and regulations related to the performance of the contract to the extent that the same may be applicable.
- b. To the extent that a provision of the Grant Agreement is contrary to the Constitution or laws of the State of Missouri or of the United States, the provisions shall be void and unenforceable. However, the balance of the Grant Agreement shall remain in force between the parties unless terminated by consent of both the Grantee and the state.
- c. The Grantee must be registered and maintain good standing with the Secretary of State of the State of Missouri and other regulatory agencies, as may be required by law or regulations.
- d. The Grantee must timely file and pay all Missouri sales, withholding, corporate, and any other required Missouri tax returns and taxes, including interest and additions to tax.
- e. The exclusive venue for any legal proceeding relating to or arising out of the Grant Agreement shall be in the Circuit Court of Cole County, Missouri.
- f. The Grantee shall only employ personnel authorized to work in the United States in accordance with applicable federal and state laws and Executive Order 07-13 for work performed in the United States.

2. INVOICING AND PAYMENT

- a. The State of Missouri does not pay state or federal taxes unless otherwise required under law or regulation. Prices shall include all packing, handling and shipping charges FOB destination, freight prepaid and allowed unless otherwise specified herein.
- b. The statewide financial management system has been designed to capture certain receipt and payment information. For each purchase order received, an invoice must be submitted that references the purchase order number and must be itemized in accordance with items listed on the purchase order. Failure to comply with this requirement may delay processing of invoices for payment.
- c. The Grantee shall not transfer any interest in the Grant Agreement, whether by assignment or otherwise, without the prior written consent of the state.
- d. Payment for all equipment, supplies, and/or services required herein shall be made in arrears unless otherwise indicated in the specific contract terms.
- e. The State of Missouri assumes no obligation for equipment, supplies, and/or services shipped or provided in excess of the quantity ordered. Any unauthorized quantity is subject to the state's rejection and shall be returned at the Grantee's expense.
- f. All invoices for equipment, supplies, and/or services purchased by the State of Missouri shall be subject to late payment charges as provided in section 34.055, RSMo.
- g. The State of Missouri reserves the right to purchase goods and services using the state purchasing card.

3. DELIVERY

Time is of the essence. Deliveries of equipment, supplies, and/or services must be made no later than the time stated in the contract or within a reasonable period of time, if a specific time is not stated.

4. INSPECTION AND ACCEPTANCE

- a. No equipment, supplies, and/or services received by an agency of the state pursuant to a contract shall be deemed accepted until the agency has had reasonable opportunity to inspect said equipment, supplies, and/or services.
- b. All equipment, supplies, and/or services which do not comply with the specifications and/or requirements or which are otherwise unacceptable or defective may be rejected. In addition, all equipment, supplies, and/or services which are discovered to be defective or which do not conform to any warranty of the Grantee upon inspection (or at any later time if the defects contained were not reasonably ascertainable upon the initial inspection) may be rejected.
- c. The State of Missouri reserves the right to return any such rejected shipment at the Grantee's expense for full credit or replacement and to specify a reasonable date by which replacements must be received.
- d. The State of Missouri's right to reject any unacceptable equipment, supplies, and/or services shall not exclude any other legal, equitable or contractual remedies the state may have.

5. CONFLICT OF INTEREST

Elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.452 and 105.454, RSMo, regarding conflict of interest.

6. WARRANTY

The Grantee expressly warrants that all equipment, supplies, and/or services provided shall: (1) conform to each and every specification, drawing, sample, or other description which was furnished to or adopted by the state, (2) be fit and sufficient for the purpose intended, (3) be merchantable, (4) be of good materials and workmanship, and (5) be free from defect. Such warranty shall survive delivery and shall not be deemed waived either by reason of the state's acceptance of or payment for said equipment, supplies, and/or services.

7. REMEDIES AND RIGHTS

- a. No provision in the Grant Agreement shall be construed, expressly or implied, as a waiver by the State of Missouri of any existing or future right and/or remedy available by law in the event of any claim by the State of Missouri of the Grantee's default or breach of contract.

- b. The Grantee agrees and understands that the Grant Agreement shall constitute an assignment by the Grantee to the State of Missouri of all rights, title, and interest in and to all causes of action that the Grantee may have under the antitrust laws of the United States or the State of Missouri for which causes of action have accrued or will accrue as the result of or in relation to the particular equipment, supplies, and/or services purchased or procured by the Grantee in the fulfillment of the contract with the State of Missouri.

8. CANCELLATION OF CONTRACT

- a. In the event of material breach of the contractual obligations by the Grantee, the state may cancel the Grant Agreement. At its sole discretion, the state may give the Grantee an opportunity to cure the breach or to explain how the breach will be cured. The actual cure must be completed within no more than 10 working days from notification, or at a minimum the Grantee must provide the state within 10 working days from notification a written plan detailing how the Grantee intends to cure the breach that receives Department written approval.
- b. If the Grantee fails to cure the breach or if circumstances demand immediate action, the state will issue a notice of cancellation terminating the Grant Agreement immediately. If it is determined that the state improperly cancelled the Grant Agreement, such cancellation shall be deemed a termination for convenience in accordance with the Grant Agreement.
- c. If the state cancels the Grant Agreement for breach, the state reserves the right to obtain the equipment, supplies, and/or services to be provided pursuant to the Grant Agreement from other sources and upon such terms and in such manner as the state deems appropriate and charge the Grantee for any additional costs incurred thereby.
- d. The Grantee understands and agrees that funds required to fund the Grant Agreement must be appropriated by the General Assembly of the State of Missouri for each fiscal year included within the Grant Agreement period. The Grant Agreement shall not be binding upon the state for any period in which funds have not been appropriated, and the state shall not be liable for any costs associated with termination caused by lack of appropriations.

9. BANKRUPTCY OR INSOLVENCY

Upon filing for any bankruptcy or insolvency proceeding by or against the Grantee, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the Grantee must notify the state immediately. Upon learning of any such actions, the state reserves the right, at its sole discretion, to either cancel the Grant Agreement or affirm the Grant Agreement and hold the Grantee responsible for damages.

10. INVENTIONS, PATENTS AND COPYRIGHTS

The Grantee shall defend, protect, and hold harmless the State of Missouri, its officers, agents, and employees against all suits of law or in equity resulting from patent and copyright infringement concerning the Grantee's performance or products produced under the terms of the Grant Agreement.

11. NON-DISCRIMINATION AND AFFIRMATIVE ACTION

In connection with the furnishing of equipment, supplies, and/or services under the Grant Agreement, the Grantee and all Subcontractors shall agree not to discriminate against recipients of services or employees or applicants for employment on the basis of race, color, religion, national origin, sex, age, disability, or veteran status unless otherwise provided by law. If the Grantee or Subcontractor employs at least 50 persons, they shall have and maintain an affirmative action program which shall include:

- a. A written policy statement committing the organization to affirmative action and assigning management responsibilities and procedures for evaluation and dissemination;
- b. The identification of a person designated to handle affirmative action;
- c. The establishment of non-discriminatory selection standards, objective measures to analyze recruitment, an upward mobility system, a wage and salary structure, and standards applicable to layoff, recall, discharge, demotion, and discipline;
- d. The exclusion of discrimination from all collective bargaining agreements; and
- e. Performance of an internal audit of the reporting system to monitor execution and to provide for future planning.

If discrimination by a Grantee is found to exist, the state shall take appropriate enforcement action which may include, but not necessarily be limited to, cancellation of the Grant Agreement, suspension, or debarment by the state until corrective action by the Grantee is made and ensured, and referral to the Attorney General's Office, whichever enforcement action may be deemed most appropriate.

12. AMERICANS WITH DISABILITIES ACT

In connection with the furnishing of equipment, supplies, and/or services under the contract, the Grantee and all Subcontractors shall comply with all applicable requirements and provisions of the Americans with Disabilities Act (ADA).

13. FILING AND PAYMENT OF TAXES

The commissioner of administration and other agencies to which the state purchasing law applies shall not contract for goods or services with a vendor if the vendor or an affiliate of the vendor makes sales at retail of tangible personal property or for the purpose of storage, use, or consumption in this state but fails to collect and properly pay the tax as provided in chapter 144, RSMo. For the purposes of this section, "affiliate of the vendor" shall mean any person or entity that is controlled by or is under common control with the vendor, whether through stock ownership or otherwise.

14. COMMUNICATIONS AND NOTICES

Any notice to the Grantee shall be deemed sufficient when deposited in the United States mail postage prepaid, transmitted by facsimile, transmitted by e-mail or hand-carried and presented to an authorized employee of the Grantee.

APPENDIX: 3

Resources

Several sources offer information that may help Applicants in preparing their response.

Missouri Department of Health and Senior Services Resources

- [Data, Surveillance Systems and Statistical Reports](#). Missouri Department of Health and Senior Services.
 - [Drug Overdose Dashboard – Fatal Overdoses Dashboard](#).
- [Trauma and ACEs – Missouri Model for Trauma-Informed Schools and Understanding ACES](#). Missouri Department of Health and Senior Services.
- [Healthy Families](#). Missouri Department of Health and Senior Services.
- [Missouri Public Health Information Management System \(MOPHIMS\)](#). Missouri Department of Health and Senior Services.

Please note the Department is not affiliated with the non-Department resources; however, the Applicant is encouraged to visit the following websites:

Data and Evaluation Resources

- [County Health Rankings and Roadmaps. Missouri and County-level Data – 2024](#). University of Wisconsin Population Health Institute, School of Medicine and Public Health.
- [Missouri Department of Mental Health – Data Analytics](#).
 - [County Data Map](#)
 - [2023 Status Report on Missouri’s Substance Use and Mental Health](#)
- [Social Determinants of Health](#). Healthy People 2030.
- [Community Health Assessment Toolkit](#). AHA Community Health Improvement.

ACEs Prevention Resources

- [Children’s Health](#). State of Missouri.
- [Preventing Adverse Childhood Experiences](#). Centers for Disease Control and Prevention.
 - [Adverse Childhood Experiences Prevention Strategy](#).
 - [Adverse Childhood Experiences Prevention: Resource for Action](#).
- [Child and Adolescent Development](#). Healthy People 2030.
- [Adverse Childhood Experiences and the Role of Substance Misuse Prevention](#). Substance Abuse and Mental Health Services Administration.
 - [Effective Strategies to Prevent and Address Adverse Childhood Experiences](#).
- [Adverse Childhood Experiences: Primary Prevention](#). Association of State and Territorial Health Officials.
 - [Preventing Adverse Childhood Experiences Framework](#).
 - [State/Territorial Policy Considerations for Preventing Adverse Childhood Experiences](#).
- [Foundational Practices for Health Equity](#). Health Resources and Services Administration.

- [Community Information Exchange: Leveraging Collaborative Infrastructure to Assess and Address ACEs](#). ACEs Aware.
 - [ACEs Screening Tools](#).
- [How Childhood Trauma Affects Health Across a Lifetime](#). Ted Talk – Nadine Burke Harris.
- [What Drives Us: Adverse Childhood Experiences](#). The Burke Foundation.

Engagement and Outreach Resources

- [Engaging Stakeholders Toolkit](#). Missouri Foundation for Health.
- [Rural Community Health Toolkit](#). Rural Health Information Hub.
- [Community Tool Box](#). Center for Community Health and Development at the University of Kansas.
- [Coalition Building Toolkit](#). Partners in Prevention.

APPENDIX: 4

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3. Centers for Disease Control and Prevention (2019). *Adverse Childhood Experiences (ACEs) Prevention Resource for Action: A Compilation of the Best Available Evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/aces-prevention-resource_508.pdf
4. Sege, R., Swedo, E. A., Burstein, D., Aslam, M. V., Jones, J., Bethell, C., & Niolon, P. H. (2024). Prevalence of positive childhood experiences among adults — Behavioral Risk Factor Surveillance System, four states, 2015–2021. *MMWR Morbidity and Mortality Weekly Report*, 73(17), 399–404. <https://doi.org/10.15585/mmwr.mm7317a3>
5. Healthy People 2030, Department of Health and Human Services. (2020). *Social Determinants of Health*. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>
6. National Institute of Mental Health. *Substance use and co-occurring mental disorders*. [https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20\(SUD\)%20is,drugs%2C%20alcohol%2C%20or%20medications](https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20(SUD)%20is,drugs%2C%20alcohol%2C%20or%20medications)
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15. University of Wisconsin Health Institute, School of Medicine and Public Health. (024). *County Health Rankings and Roadmaps – Missouri*. <https://www.countyhealthrankings.org/health-data/missouri?year=2024>.

Section 1. Organizational Experience and Past Performance

Organizational History

Columbia / Boone County Public Health & Human Services (PHHS) is a city and county agency organized under Section 192 of the Revised Missouri Statutes. In 1974, the City of Columbia and the Boone County Commission determined it was in the best interest of both entities to coordinate the availability of public health services for both city and county residents. The fundamental mission of PHHS has remained the same for 50 years and counting: to protect health, prevent disease, and promote the health of residents. The department achieves this through leadership, partnership and service by coordinating with federal, state and local organizations.

PHHS serves more than 180,000 residents in both the city of Columbia and surrounding communities within Boone County. PHHS is a nationally accredited public health department and provides public health services to prevent the spread of disease, protect against environmental risks, promote healthy habits, prevent animal-related injuries and illness, and improve the quality and reach of health services while continually monitoring community health.

After 25 years of service to the community, PHHS Director Stephanie Browning retired in October 2024. Under her leadership, PHHS renewed its focus on population health, increased staff by 70% and increased services to the community. Rebecca Roesslet was promoted from assistant director to director in 2024. Roesslet has worked at PHHS since 2003 in a variety of roles from social services specialist to planning unit supervisor. Her education includes a bachelor's degree in psychology and a master's degree in public health. She also holds a Project Management Professional certification. Michelle Shikles was promoted from public health planning manager to assistant director. Shikles has a master's degree in public health and has worked at PHHS since 2011 in a variety of roles starting her career in health education.

The proposed Health Program Coordinator will join PHHS's Health Promotion unit of Health Program Coordinators addressing various needs in the community. This unit is led by Planning and Promotion Manager, Sarah Varvaro, MPH. Varvaro has worked at PHHS for 10 years in a

variety of health education and outreach roles. She now works as the Planning and Promotion Manager. While the coordinator will conduct contract monitoring and program evaluation at PHHS, program planning and implementation will be carried out in collaboration with the City's Office of Violence Prevention, located in Columbia's City Hall. Both PHHS and City Hall are centrally located and well-known to community members, allowing program staff to effectively serve both city residents and rural communities throughout Boone County.

Population Served

PHHS has extensive experience serving individuals and families with SUD and/or having experienced ACEs. The Health Promotion unit has provided evidence-based health promotion and education designed to positively influence community behavior for over 15 years. Health Program Coordinators facilitate and implement programming focused on mental health, physical health, nutrition, adolescent health, substance use and overdose prevention, and chronic disease self-management and prevention. The overdose education and response team, established in 2021, dramatically increased the number of naloxone doses distributed to Boone County from 3,410 doses in 2023 to 5,878 doses in 2024. Twelve SAVE-A-LIFE educational events on overdose and naloxone were held for Boone County residents. This work has contributed to the decrease in overdose deaths for Boone County and for the entire state of Missouri. Other Health Promotion staff work directly with high school students by providing an evidence-based after-school program that promotes pro-social activities, skill building, and volunteer opportunities.

The HIV prevention team has provided comprehensive harm reduction education and resources for over 15 years. This outreach is conducted across a 37-county region in Missouri to promote testing and treatment for bloodborne illnesses such as HIV and Hepatitis C. This is conducted in group education settings and during one-on-one testing appointments.

Home visitors within the PHHS Social Services division help families during and after pregnancy to work through concerns and what families can do to ensure their child can develop successfully. Families served have complex circumstances and often involve substance use and generational trauma. During 2024, Prevent Child Abuse America (PCA America) reaccredited

PHHS as a home visiting service provider to pregnant individuals and families with young children using the Healthy Families America (HFA) model.

Social Service Specialists provide a number of social services to high-need community members including utility assistance, medication assistance, pregnancy testing and support. PHHS directly serves individuals and families disproportionately affected by SUD and ACEs across multiple programs and services. These experiences establish PHHS as a trusted source in providing continued prevention programs for the community.

Collaboration Experience

In 2021, Columbia's police chief started the Boone County Overdose Response Coalition (BCORC) to eliminate overdose deaths in Boone County. Coalition meetings are run by PHHS staff members and include a long list of community partners focused on reducing substance use and increasing access to care for individuals suffering from SUD and ACEs. These partners include the Reentry Opportunity Center, Powerhouse Community Development Ministries, Columbia Public Schools, the Columbia Police Department, Compass Health Network, and more. PHHS staff regularly implement the mission of BCORC by hosting open-to-the-public overdose education and naloxone distribution events as well as community engagement activities, distributing over 5,000 doses of naloxone in the last year. BCORC will be a key collaborator in this project to help promote the programs, recruit participants, and obtain lived experience to inform implementation.

PHHS has a long history of evidence-based practice, including programs focused on adolescent populations. Health Program Coordinators have implemented adolescent curricula for over 10 years. This includes the Teen Outreach Program and Teen Connection Project in Columbia Public Schools, engaging teens in evidence-based activities designed to improve connection amongst peers, coping strategies, and resilience skills.

PHHS maintains strong relationships and coalition engagement with healthcare providers. This includes subcontracts with the University of Missouri Health Care, outreach partnerships with Boone Health, and volunteer partnerships with the University of Missouri Medical School.

Outside of the major healthcare providers, PHHS also works with multiple smaller clinics and organizations, including Spectrum Healthcare, Compass Health Network, Burrell Behavioral Health, and Behavioral Health Group. All of these groups maintain a presence with BCORC, as well.

The subcontract with the University of Missouri Health Care system is a unique collaborative partnership beginning in 2023. This program maintains community paramedics who respond to opioid overdoses in the field. These paramedics work beyond stabilization of the scene and patient, allowing them to connect victims and their families with resources and community organizations, reducing the risk of future overdose. This is one of the many collaborative positions that PHHS holds with healthcare providers.

PHHS has obtained letters of support from The Office of Violence Prevention and the Grassroots Initiative (Boone County Children's Services Fund). Through these partnerships and coalition involvement, PHHS has demonstrated the ability to convene diverse partners, implement data-driven and trauma-informed strategies, and strengthen access to prevention and treatment services. Many of these partners will play active roles in supporting implementation, referral pathways, and outreach. This ensures the program is integrated into the broader community response to SUD and ACEs while avoiding duplication of efforts.

Administration Experience

PHHS has 29 active contracts and grants with various funders including federal, state, and county departments as well as private foundations, to provide public health and human services. PHHS operates under protocols that ensure contract reports are reviewed and approved by supervisors and deliverables are monitored during regular contract meetings.

Additionally, PHHS administers social service funds on behalf of the city through a formal RFP process with 15 community providers funded in 2024.

PHHS, and the City of Columbia as a whole, operates under a financial management system. Contract managers record their expenses, administrative support staff reconcile and track

payments, supervisors approve final invoices and payments, and the City Finance Department provides financial oversight over all payable and receivable accounts. This comprehensive system ensures all contract and grant budgets are accounted for and managed.

Section 2. Team Qualifications

Program Coordinator Role and Experience

One full-time Health Program Coordinator (1.0 FTE) will be hired to manage, implement, monitor, and evaluate the program, serving as the primary contact between PHHS and DHSS. The individual will be selected based on demonstrated experience working with individuals and families affected by substance use disorders (SUDs), Adverse Childhood Experiences (ACEs), or related risk factors. Prior experience in planning, implementing, and monitoring grant-funded programs or contracts will be prioritized as well. PHHS will additionally seek an applicant with a strong history of community engagement and collaboration.

Responsibilities of the Health Program Coordinator include assessing, developing, implementing, and evaluating health education, behavioral risk reduction, and health promotion programs and initiatives to impact individual and community behavior, policies, and environments.

Upon hire, they will join a team of Health Program Coordinators who work closely with community partners, providing valuable connections to help integrate them into the community and existing partnerships. They will also work closely with the Office of Violence Prevention staff, who have established relationships with community members and referral organizations.

Columbia is a highly engaged community with many partners committed to collaboration. With these connections and a strong internal support system, PHHS is confident the coordinator will be well-positioned to quickly acclimate, lead this project effectively, and achieve the proposed outcomes.

Support Staff Role

The Public Health Planning and Promotion Manager (0.25 FTE) will provide managerial oversight and support to the Health Program Coordinator and the program overall.

Responsibilities will include participating in the hiring process, leading orientation to the department and program, and ensuring the Coordinator is effectively integrated into PHHS systems and community partnerships.

The Manager will also facilitate introductions to key partners, including The Grassroots Initiative, Boone County Overdose Response Coalition, and the Office of Violence Prevention, to support early collaboration and alignment of efforts. Ongoing responsibilities will include supervision, guidance on program implementation, and ensuring that program activities remain consistent with departmental goals, contract requirements, and community needs.

Section 3. Proposal Abstract

PHHS proposes a county-wide initiative to prevent Adverse Childhood Experiences (ACEs) among families impacted by substance use disorders. Programming aims to equip both parents and youth with the skills, knowledge and support required to prevent and navigate adverse experiences.

This project will consist of two evidence-based programs: School of Hard Talks, prioritizing parent relationships with their children, and the SPARK program - Speaking to the Potential, Ability & Resilience Inside Every Kid - serving youth and focusing on well-being, resilience and emotional regulation. By implementing these complementary programs under a single initiative, PHHS will generate valuable data on parental and youth outcomes, strengthen family and individual resilience, and serve as a model for other counties seeking to reduce and prevent ACEs among families with substance use involvement.

The service area is Boone County, Missouri, including the City of Columbia and surrounding rural areas. The target population includes families residing in Boone County, MO with

adolescents ages 12-18, with a focus on parents and caregivers affected by SUDs or living in households where substance use is present.

Program staff will conduct four 4-week sessions of School of Hard Talks classes during the first fiscal year, serving 20 total participants or five per session. Three 16-week sessions of the SPARK curriculum will be conducted in the first fiscal year, serving an average of 10 adolescents per club for 30 total. With demonstrated program effectiveness, program staff expect to implement more sessions of both curricula and have more total participants in subsequent fiscal years of the grant, with a goal of 250 participants served by year three. Ultimately, program impact will extend with positive outcomes spreading to participants' families, schools and social networks.

Primary activities:

- Implementation of School of Hard Talks programming
- Implementation of SPARK programming
- Establishment of ACE screening tools
- Public awareness campaigns to increase knowledge of ACEs and available supportive resources

Adolescents engaging with the SPARK curriculum will have growth in their self-efficacy, problem-solving skills, and ability to relate and connect with their peers. Parents completing the School of Hard Talks curriculum will be equipped with motivational interviewing skills to improve communication within their families and in the community. Expected program outcomes include decreased prevalence of ACEs associated with SUD, increased availability of social and educational resources for parents, increased engagement of stakeholders in addressing the burden of ACEs that result from SUDs, increased public awareness of ACEs, increased implementation of early intervention strategies to reduce the likelihood of ACEs and increased monitoring of ACEs over time.

Section 4. Population of Focus and Statement of Need

Population Demographics

Boone County, Missouri, is the geographic catchment area for this program. Centrally located along Interstate 70 between Kansas City and St. Louis, Boone County has experienced steady population growth over the past two decades. The county's population increased from 135,434 in 2000 to an estimated 183,310 in 2020, representing a 26% increase compared to a 9% increase statewide. This growth has increased demand for community resources and comprehensive prevention and treatment services..

According to the 2017-2021 American Community Survey 5-year Estimates, twenty-five percent of the Boone County population is under age 18. Nearly 14% of the population is between the ages of 20 and 24, compared to 6.5% in Missouri and 6.6% in the United States. Boone County has a lower median age compared to Missouri and the United States, further demonstrating the higher volume of youth and teen populations compared to other areas.

In fiscal year 2022, 1,484 Boone County residents were admitted to a Division of Behavioral Health substance use treatment program. The top five drugs of concern include methamphetamine (436), alcohol (411), marijuana (173), heroin (162) and prescription opioids (128). In Missouri, the average age of first use across six types of drugs/tobacco is 12 years old. Boone County has a civilian veteran population age 18 and over of 5.9%.

In collaboration with county partners, PHHS conducts a Community Health Assessment every five years to continually evaluate the health and needs of Boone County residents. This assessment is the source of the demographic information and serves as a key tool in identifying gaps and prevention opportunities for those most in need.

Description of Need

Adverse childhood experiences have long-term negative health consequences for our youth. These include increasing risks of sexually transmitted diseases, injury, involvement in sex

trafficking, and further perpetuation of violence. This further perpetuation of violence has been a focus of Boone County in recent years.

Local data reflects the growing urgency of this issue. According to the 13th Judicial Circuit Family Court Services, juvenile referrals in Boone County have risen dramatically since 2021. A referral is defined as a written report or statement that alleges that a juvenile has come under the jurisdiction of the Juvenile Court. These come, most commonly, from the Columbia Police Department. 2021 saw 1,099 juveniles receive referrals. This number increased to 1,505 in 2022 and held steady at 1,467 in 2023. These numbers represent an almost 50% increase in referrals to the juvenile court since 2021.

To respond to these challenges, the City of Columbia established the Office of Violence Prevention. The Office has identified a variety of service gaps, including a lack of upstream intervention to prevent ACEs and violence as well as a lack of resources for struggling parents. Furthermore, there is a lack of ACE screening and reporting, leaving little actionable information on prevalence rates in Boone County.

Rising juvenile referrals, community concern about youth violence, and identified gaps in family and prevention services underscore the urgent need for a county-wide, evidence-based approach to ACE prevention. The existing data on youth violence paired with the City's commitment and infrastructure for violence prevention positions PHHS to implement this program effectively.

Service Gaps

The Office of Violence Prevention has received reports from families about a lack of clear resources and support following incidents involving their children. Parents express uncertainty about how to reconnect with their child afterward, what steps to take, or how to access appropriate services. This reflects both an educational gap— parents are unfamiliar with what ACEs are and how they affect child development—and a service navigation gap, where families struggle to identify or access appropriate supports in a timely manner.

Additionally, existing systems tend to emphasize intervention after incidents occur rather than prevention. While the Office of Violence Prevention and partner organizations provide valuable crisis and intervention support, there is limited infrastructure for early identification of ACE risk factors, routine screening, and the delivery of family-centered, preventative education. Families often lack consistent referrals to services that address both the child's needs and the caregiver's capacity to provide support.

Sustained follow-up is another gap, as many families receive only short-term or incident-based responses without ongoing support or monitoring. This can leave children and caregivers vulnerable to repeated adverse experiences without long-term strategies to build resilience. A lack of ACE screening within the community further exacerbates these existing issues.

The proposed program, led by the Health Program Coordinator, will help fill these gaps by:

- Establishing ACE screening procedures for community partners to assist with program recruitment.
- Expanding prevention-focused programming that addresses ACEs before they escalate into crises.
- Providing parents with education on ACEs, child development, and trauma-informed parenting strategies.
- Strengthening referral pathways to ensure families are connected with accessible, comprehensive services.
- Supporting sustained engagement and follow-up through collaboration with community partners.

This approach will address root causes, close gaps in prevention and care, and help families build resilience over time.

County Health Ranking

Program activities will occur in Boone County which has a ranking score of 3. While Boone County may rank higher than other counties, the need and opportunity for positive change are significant.

Section 5. Implementation Approach

General Requirements

PHHS proposes a county-wide initiative to prevent ACEs among families impacted by substance use disorders. The program aligns with the purpose of this grant opportunity by addressing the root causes of ACEs, strengthening family resilience, and improving parent-child and peer relationships through evidence-based interventions.

The program will implement two complementary, evidence-based programs:

- 1. The School of Hard Talks: Lessons from Motivational Interviewing for Everyday Families:** This program was developed by Dr. Emily Kline and the “Motivational Interviewing for Loved Ones” (MILO) Lab at Beth Israel Deaconess Medical Center and Boston Medical Center in collaboration with the Massachusetts Department of Mental Health (DMH). This curriculum equips parents and caregivers with communication skills rooted in motivational interviewing. It prioritizes strengthening family relationships, reducing conflict, and improving parental confidence in navigating challenges related to ACEs and SUD.
- 2. SPARK (Speaking to the Potential, Ability & Resilience Inside Every Kid):** This 16-week curriculum supports adolescents in developing emotional regulation, self efficacy, resilience, and health peer relationships. SPARK curriculum includes strategies for reflecting on the lived experience of students and adjusting instruction as appropriate. Opportunities are provided for students to research, create, and apply new ideas and solutions to world issues of personal interest. By fostering protective factors in youth, SPARK helps reduce the likelihood of ACEs and builds long-term coping strategies for those at risk. SPARK is being implemented in St. Louis County at the Special School District of St. Louis County.

Additional program strategies include:

- Administering ACE screening before programming
- Collaborating with community partners to establish ACE screening procedures
- Partnering with The Grassroots Initiative and the City’s Office of Violence Prevention to identify participants, align services, and avoid duplication of efforts
- Launching public awareness campaigns to increase understanding of ACEs, reduce stigma, and encourage family engagement with resources.

Families impacted by SUDs face heightened risks for ACEs, yet many parents report limited knowledge of ACEs and a lack of tools to support their children after adverse events. Studies demonstrate that “secondhand harms” from substance use—such as emotional exhaustion, family conflict, and stigma—place significant burdens on family members (Greenfield et al., 2025). Evidence indicates that family support interventions and resilience-building programs are effective in mitigating these harms.

Local data further supports the need for early prevention. In Columbia, while overall crime rates have declined, the number of juvenile arrests has increased (Missouri State Highway Patrol, 2024). This trend reflects community concerns about youth well-being and highlights the importance of interventions that address root causes, including ACEs and SUD.

By implementing School of Hard Talks and SPARK, PHHS will fill a critical gap in Boone County’s prevention landscape—bringing together parents, youth, and community partners to reduce the likelihood of ACEs, strengthen resilience, and improve long-term health outcomes for families most at risk.

Greenfield, T. K., Li, L., Karriker-Jaffe, K. J., Munroe, C., Patterson, D., Rosen, E., Zhu, Y., & Kerr, W. C. (2025). Family burden among US adults experiencing secondhand harms from alcohol, cannabis or other drugs. *International Journal of Alcohol and Drug Research*.
<https://doi.org/10.7895/ijadr.579>

Missouri State Highway Patrol. (2024). *2024 Annual Report*.

<https://www.mshp.dps.missouri.gov/MSHPWeb/Publications/OtherPublications/documents/2024AnnualReport.pdf>

Name of the project: THRIVE Boone County

Acronym:

Teach: Provide knowledge and skills to prevent ACEs and manage SUDs.

Help: Offer immediate support and resources to families and youth.

Restore: Focus on healing trauma and rebuilding healthy relationships.

Integrate: Connect services across health, education, and social systems for holistic care.

Value: Recognize and honor the experiences and strengths of each individual and family.

Empower: Equip families and youth with tools to take control of their well-being and future

The project name is simple, community-focused, and positive. It emphasizes the outcome of the program: youth and families not just surviving ACEs and SUD challenges, but thriving in Boone County.

PHHS will leverage existing tools and resources to support the successful implementation of this program. PHHS Health Promotion staff have prior experience facilitating the School of Hard Talks curriculum. This will provide the new Coordinator with best practices for implementation. PHHS also maintains a partnership with program creator, Dr. Emily Kline, who can provide support as needed. The City's Office of Violence Prevention brings established community partnerships, referral networks, and expertise in trauma-informed practices. Their connections with schools, law enforcement, and community-based organizations will be critical during program startup and ongoing implementation. PHHS has a network of partnerships and collaborations across sectors that can help with future implementation efforts as needed.

Together, these existing tools, resources, and relationships ensure that PHHS is well-positioned to implement the project efficiently, effectively, and with strong community support.

PHHS will collaborate with existing local agencies and organizations to maximize impact and avoid duplication of services. A key partner is The Grassroots Initiative, a collaboration led by the Boone County Children's Services Fund and comprised of organizations including PEACE & HOPE Center for Youth, Destiny of Hope, Grade A Plus, and The Center Project. These partners bring deep community connections and expertise in supporting youth and families. By collaborating with The Grassroots Initiative, PHHS will ensure efforts are complementary and will leverage existing community strengths.

In addition, PHHS will collaborate with the City's Office of Violence Prevention, which works to build trust, coordinate prevention strategies, and address the root causes of violence through collaboration with law enforcement, government agencies, and community-based organizations. This alignment ensures that ACE prevention is integrated into broader violence prevention strategies at the city and county levels.

To build support, PHHS will engage key stakeholders including healthcare providers, behavioral health organizations, and parent groups through regular meetings, feedback sessions, and shared planning processes. Stakeholder engagement will also include parents and youth directly, ensuring that lived experiences guide program design and implementation.

Through these partnerships and engagement strategies, PHHS will strengthen prevention efforts, broaden community reach, and ensure that services are coordinated, effective, and responsive to the needs of Boone County families.

PHHS will collaborate with the Office of Violence Prevention to conduct communication outreach, including press releases, social media posts, and announcements at relevant community stakeholder meetings and coalitions to promote the project. Promotional materials for the two curricula have been developed and will be distributed as part of the communication strategy. These include informational flyers and handouts that provide details about the programs. A parental resource library with further resources for parents with children in the SPARK program will be freely available. Finally, a previously developed family resource guide outlining

community organizations and resources will be disseminated to stakeholders with a family member suffering from substance use disorder.

PHHS will conduct a digital community awareness campaign focused on increasing awareness of ACEs, reducing stigma, and encouraging engagement with available resources. This campaign will be conducted in partnership with an advertising agency.

Planning and Evaluation Requirements

PHHS will track performance metrics in alignment with Department requirements, with final approval to be determined collaboratively.

Planned performance metrics include:

1. Program Services and Supports
 - Number and type of services provided throughout the project, including parent-child communication workshops (School of Hard Talks), youth resilience sessions (SPARK), and supportive referrals.
2. Participant Demographics - Aggregate data will be collected using demographic surveys distributed during SPARK and School of Hard Talks programming.
 - Data will include: Age, Sex, Race, County of residence, Parent/caregiver member primary drug of use (if applicable), Housing and employment status, History of ACEs, Veteran status
3. Participation and Engagement
 - Number of unique participants and families reached
 - Number of service encounters provided
 - Number of participants completing the program
4. Participant Feedback - Gathered utilizing participant satisfaction surveys distributed during SPARK and School of Hard Talks programming.

- Satisfaction with program services
- Barriers and facilitators to accessing services
- Perceptions of program environment (welcoming, non-judgmental, culturally responsive)

5. Resilience and Health Outcome Evaluation

- Pre- and post-program evaluations using validated tools to measure:
 - Resilience and coping strategies
 - Emotional regulation and peer/parent connection
 - Communication, decision making, and problem-solving skills
 - Protective factors against ACEs

6. Community and Systems-Level Metrics

- Number and type of partnerships developed or strengthened to support implementation
- Number and type of outreach activities conducted (including events, presentations, and distribution of educational materials)

7. Continuous Quality Improvement - Reported in monthly progress reports and evaluated in quarterly PHHS's Performance Management and Quality Improvement (PM/QI) Plan

- Program challenges and barriers encountered and strategies used to overcome them
- Implementation adjustments made in response to data and participant feedback

8. Fiscal Accountability

- Quarterly reports, including budget balance sheets, payroll, invoices, receipts, and documentation of all grant-related expenses.

PHHS will monitor and evaluate program effectiveness by utilizing program-specific data collection tools along with PHHS's Performance Management and Quality Improvement (PM/QI) Plan. The following performance measures will be collected through the School of Hard Talks program:

1. Conflict Behavior Survey (Pre- and Post-):

Parents and caregivers will complete a questionnaire on their child's conflict behaviors, including items on arguments, defensiveness, impatience, and compromise. Pre-training results establish a baseline, and post-training results measure changes in conflict resolution and communication within the parent-child relationship.

2. Perceived Stress Scale (Pre- and Post-):

A validated 10-question scale assessing how often parents and caregivers feel frustrated, upset, or confident will be administered before and after training. These results measure changes in parental stress levels and perceived ability to manage conflict.

3. Participant Satisfaction and Outcomes Survey (3-Month Follow-Up):

Participants will complete an anonymous survey three months after training to assess long-term impact. Questions address facilitator effectiveness, convenience of training time and location, whether participants felt understood, and whether they have observed improvements in family relationships, communication, and daily life.

Together, these provide quantitative and qualitative data to evaluate program effectiveness, participant satisfaction, and long-term outcomes for families.

Participants in the SPARK curriculum will complete pre- and post-surveys measuring communication, decision making, and problem-solving skills, difficulties in emotional regulation, and resilience.

Data across the program will be collected at baseline, post-training, and at follow-up to capture both short-term and sustained outcomes. Results will be analyzed to assess effectiveness across

family communication, stress reduction, youth resilience, and participant satisfaction. Findings will be reviewed quarterly as part of PHHS's PM/QI process, which includes setting measurable goals, tracking progress, identifying performance gaps, and implementing targeted improvement strategies. Feedback from community partners, including The Grassroots Initiative and the Office of Violence Prevention, will supplement quantitative data and provide context for refining program activities.

Evaluation findings will directly inform program adjustments, such as modifying training content, delivery methods, or participant supports to improve accessibility and effectiveness. Data will also be shared with the Department for review and collaborative decision-making on project-specific metrics, ensuring alignment with statewide objectives.

Through this framework, PHHS will ensure the program is evaluated, continuously improved, and responsive to the needs of Boone County families.

PHHS will prioritize transparent and consistent communication with the Department throughout the contract period. Staff will remain responsive to requests, share updates proactively, and collaborate with the Department to refine program components as needed. PHHS has extensive experience managing contracts with the Department and is well-versed in meeting monitoring and reporting requirements.

To ensure timely and accurate reporting, PHHS follows protocols in which reports and deliverables are reviewed by supervisors and discussed in regular contract meetings. These processes provide oversight, accuracy, and accountability, ensuring all reports reflect work performed during the reporting period and are submitted on time.

PHHS will leverage several existing strategic plans to inform project activities and move progress forward. PHHS conducts a Community Health Improvement Plan (CHIP) every five years that corresponds with the priority areas identified in the Community Health Assessment. "Health Behaviors" was identified as a community health priority and an action team of partners was convened to establish objectives and actions. The action team is focusing on youth substance

use and plans to start a new youth substance use coalition in October 2025. The plan is for the coalition to conduct a gap analysis of the resources and programs that are missing, and then work to fill these gaps in Boone County.

PHHS is in the process of creating the 2025-2029 Strategic Plan and has a dedicated action team working on collaboration and partnerships. The Health Program Coordinator will participate in this action team to inform project activities and collaborate with other programs. In addition, this project is in alignment with the City of Columbia's Strategic Plan to provide equitable community-centered public health and safety services.

Engaging individuals with lived experience of SUD and their families in the planning and implementation is key to overall project success. The Coordinator will collaborate with partners who directly serve those with lived experience to obtain feedback. Opportunities will be created for participants to share their perspectives, including anonymous surveys with open-ended prompts to encourage honest input on what is working well and what needs improvement.

Feedback will be reviewed quarterly and used to guide quality improvement, ensuring the program remains responsive to participant needs. This process will help ensure that the voices of those with lived experience are consistently heard, valued, and integrated into program decisions.



Preventing Adverse Childhood Experiences (ACEs) for Families Impacted by Substance Use Program Fiscal Year 2026 Notice of Grant Opportunity

Organization:

Date:

Activity	Implementation Activities: List key activities, steps, and/or processes to achieve the program goals and deliverables.	Responsible Person/Parties	Key Partners	Performance Metrics	Start Date	End Date
Strategy 1. Strengthening Economix Supports for Families						
General Requirements						
	Assess community needs and gaps in support related to parents and youth affected by SU or SUDs	Health Program Coordinator, Public Health Planning and Promotion Manager	Office of Violence Prevention, Grassroots Initiative, Boone County Overdose Response Coalition	# and list of partners engaged; community feedback acquired through key partners summarized in a report	Nov 2025	Dec 2025
	Conduct outreach to inform families of available resources.	Health Program Coordinator	Office of Violence Prevention	# and list of outreach materials developed, # of outreach materials developed, list of locations outreach materials were distributed to	Nov 2025	Dec 2025
	Recruit participants for School of Hard Talks sessions	Health Program Coordinator	Substance Use Care Providers involved in Boone County Overdose Response Coalition	# of participants recruited	Dec 2025	Jan 2026
	Implement first round of School of Hard Talks sessions with parents/caregivers and make adjustments as needed	Health Program Coordinator	Parent/caregiver participants; community partners for recruitment	# of sessions delivered; # of parents enrolled; pre/post surveys completed	Jan 2026	Mar 2026
	Offer resources for family economic stability referrals, etc.	Health Program Coordinator	Office of Violence Prevention, Grassroots Initiative, Boone County Overdose Response Coalition	# of supportive referrals provided, # and list of referral providers	Jan 2026	Mar 2026
	Continue providing evidence-based School of Hard Talks programming for parents and caregivers on a quarterly basis.	Health Program Coordinator	Parent/caregiver participants; community partners for recruitment	# of sessions delivered; # of unique participants and families reached; pre/post surveys completed; satisfaction surveys completed; aggregate participant demographic data completed; number of participants completing the program	Mar 2026	Jun 2026
Planning and Evaluation Requirements						
	Track participation in programming (attendance, drop off rate, etc)	Health Program Coordinator	Parent/caregiver participants	# of participants in attendance at each meeting	Jan 2026	Jun 2026
	Conduct monthly review meetings to monitor program implementation and address barriers	Health Program Coordinator, and Public Health Planning and Promotion Manager	Office of Violence Prevention	Monitoring findings and barriers recorded in monthly progress report	Jan 2026	Jun 2026
	Conduct pre and post tests to evaluate program efficacy	Health Program Coordinator	Parent/caregiver participants	Pre and post data from the Conflict Behavior Survey (communication and conflict resolution changes) and Perceived Stress Scale Survey (changes in parental stress level and ability to manage conflict)	Jan 2026	Jun 2026
Strategy 2. Ensure a Strong Start for Children						
General Requirements						
	Conduct outreach to inform youth and families the of SPARK	Health Program Coordinator	Office of Violence Prevention	# and list of outreach materials	Nov 2025	Dec 2025
	Implement regular ACE screening among community partners	Health Program Coordinator	Youth-serving organizations	# of adolescents screened for ACEs	Nov 2025	Mar 2026
	Recruit adolescents with ACEs in collaboration with	Health Program Coordinator	Grassroots Initiative, Juvenile Justice	# of partners engaged in recruitment	Dec 2025	Jan 2025
	Attend in-person SPARK training	Health Program Coordinator and Public	N/A	Training attended	Feb 2026	Feb 2026
	Pilot SPARK program with youth participants and make	Health Program Coordinator	Youth participants; community	# of youth enrolled; # of sessions	Mar 2026	Apr 2026
	Facilitate parent engagement with schools to support children's	Health Program Coordinator	Office of Violence Prevention and their	# of parent/caregivers engaged; # of	Apr 2026	Mar 2026
	Provide evidence-based SPARK programming for youth	Health Program Coordinator	Youth participants; community organizations for recruitment	# of sessions delivered; # of unique participants reached; pre/post surveys completed; satisfaction surveys completed; aggregate participant demographic data completed; number of participants completing the program	Mar 2026	Jun 2026
Planning and Evaluation Requirements						
	Conduct pre and post evaluations of youth program participants	Health Program Coordinator	Youth participants	Pre and post data on participant	Jan 2026	Jun 2026
	Conduct process evaluation of recruitment processes	Health Program Coordinator	Office of Violence Prevention,	# and list of participant recruitment	Jan 2026	Jun 2026



Substance Use Disorder Grant Program NGO Cost Proposal (Budget with Narrative Form) 2026 (Year 1)

Notice of Grant Opportunity				
Organization Name		Columbia/Boone County Public Health & Human Services		
		Year 1	Year 2	Year 3
Personnel		\$94,161.50	\$94,161.50	\$94,161.50
Fringe		\$34,848.04	\$34,848.04	\$34,848.04
Supplies		\$2,500.00	\$3,500.00	\$3,500.00
Travel		\$4,800.00	\$1,750.00	\$1,750.00
Other		\$20,795.00	\$12,260.00	\$12,260.00
SubGrantees		\$0.00	\$0.00	\$0.00
Indirect		\$23,565.68	\$21,977.93	\$21,977.93
MTDC Exclusions			\$0.00	\$0.00
TOTAL		\$180,670.22	\$168,497.47	\$168,497.47
Personnel Services- Position Title/Classification	FTE	Annual Salary	Total	\$94,161.50
Health Program Coordinator	1.00	\$70,824.00	\$70,824.00	
Planning Manager	0.25	\$93,350.00	\$23,337.50	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
Personnel Services- Budget Justification Narrative <i>Include roles and responsibilities, and identify how it relates to the program objectives.</i>	Health Program Coordinator: 1.0 FTE at 34.05/hour = 70,824; Planning Manager: 0.25 FTE at \$44.88/hour = \$23,337.50. Health Program Coordinator will serve as the Project Coordinator role for this project. They will oversee the contract deliverables, contract budget, and will work closely with DHSS staff to meet contract requirements. They will also identify, implement and evaluate evidence-based public health programming to meet the needs of Boone County families at risk of or experiencing ACEs and SUD. The Planning Manager will provide oversight to the Project Coordinator, reviewing and approving all purchases and reporting as they relate to this project.			
Fringe Benefits- Position Title/Classification	Fringe Rate	Salary	Total	\$34,848.04
Health Program Coordinator	0.38	\$70,824.00	\$26,913.12	
Planning Manager	0.34	\$23,338.00	\$7,934.92	
			\$0.00	

			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
Fringe Benefits- Budget Narrative	Health Program Coordinator: 70,824 x .38 = 26,913.12; Planning Manager: \$23,338 x .34 = \$7,934.92. Fringe benefits for the health program coordinator include deferred compensation (2.00%), social security (7.65%), LAGERS contributions (13.80%), disability insurance (0.36%), health insurance (14.07%), and life insurance (0.12%). Fringe benefits for the Public Health Planning and Promotion Manager include deferred compensation (2.00%), social security (7.65%), LAGERS contributions (13.80%), disability insurance (0.31%), life insurance (10.21%), and life insurance (0.03%).			
Description/Classification	Quantity	Unit Price	Total	\$2,500.00
implementation	1	\$ 1,500.00	\$1,500.00	
Gift card incentive for adult participants	20	\$ 20.00	\$400.00	
T-shirt incentive for youth participants	30	\$ 20.00	\$600.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
Supplies- Budget Narrative <i>Include costs for equipment and supplies, how they were calculated, and how they relate to program objectives .</i>	Office supplies including pens, markers, big sticky notes, notebooks, printer paper, color construction paper, scissors, staplers. Incentives for program participation including gift cards for School of Hard Talks participants and t-shirts for SPARK participants. Gift cards will be \$20 each. T-shirt price is set by the SPARK program.			
Expenses	Quantity	Unit Price	Total	\$4,800.00
travel	2,000	\$0.70	\$1,400.00	
people	8	\$200.00	\$1,600.00	
Flight to and from Tampa, FL	2	\$600.00	\$1,200.00	
Total meals and incidentals	2	\$300.00	\$600.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	

			\$0.00	
Travel Expenses- Budget Narrative <i>Include expenses associated with travel directly related to grant activities, including parking, meals, lodging, registration fees, etc.</i>	Mileage reimbursement for FTE health program coordinator to reach schools, programming implementation, other community sites in Boone County, and in-state travel as needed. Training travel for health program coordinator and Public Health Planning and Promotion Manager (trained for backup as needed) to attend the SPARK facilitator training in Tampa, Florida in February 2026. Estimated four night hotel stay, meals and incidentals cost, and airfare included.			
List Expenses	Quantity	Unit Price	Total	\$20,795.00
SPARK all-inclusive facilitator license	1	\$6,375.00	\$6,375.00	
SPARK facilitator kit (additional)	1	\$500.00	\$500.00	
School of Hard Talks program materials	7	\$20.00	\$140.00	
programming meetings with	112	\$15.00	\$1,680.00	
Marketing campaign	1	\$10,000.00	\$10,000.00	
Printing for flyers and campaign	5000	\$0.10	\$500.00	
participants	4	\$100.00	\$400.00	
meetings with youth	48	\$25.00	\$1,200.00	
			\$0.00	
			\$0.00	
Other Miscellaneous Expenses- Budget Narrative <i>Include costs for postage, printing, training materials, marketing/outreach campaigns or materials, food, wrap-around services, etc, as applicable to the grant. Wrap-around services must be specifically identified.</i>	SPARK all-inclusive facilitator license: includes a 3 year license to implement SPARK Program, facilitator training cost, facilitator kit and curriculum, technical assistance from SPARK curriculum staff, plus optional "train the trainer" add-on for additional depth of knowledge in program staff. Price includes all curriculum downloads. School of Hard Talks training is for one individual to become a certified facilitator. This estimate includes material costs, including books for partipants and facilitators at \$20/each. The marketing campaign will focus on messaging to increase understanding of ACEs, reduce stigma, and encourage family engagement with resources. Printing costs for flyers and campaign = \$500. Childcare will be offered to parent/caregiver participants. Four School of Hard Talks sessions will be held in this fiscal year, with 2 childcare providers at each two-hour session at \$25/hour. Meals will be provided to parent/caregivers participating in School of Hard Talks programming (7 participants x \$15 per plate x 16 meetings). Snacks will be provided for SPARK program participants at 16 meetings for 3 SPARK groups at \$25 for snacks per meeting = \$1,200.			
SubGrantees	Quantity	Unit Price	Total	\$0.00
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	

SubGrantees- Budget Narrative <i>Include costs for SubGrantees, how they were calculated, and how they relate to program objectives. Any amount over 50k per subgrant award will not apply to the indirect calculation.</i>				
(MTDC) Exclusions	Quantity	Unit Price	Total	\$0.00
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
Modified Total Direct Costs				
Total Direct Costs				\$157,104.54
Indirect Costs			15%	\$23,565.68
Direct Cost Exclusions				\$0.00
Grant Total				\$180,670.22