

Commission Order # _____

AGREEMENT FOR PURCHASE OF SERVICES
Contract Amendment Number Two
Live Well Boone County

THIS AGREEMENT dated the _____ day of _____, 20____, Purchase Agreement **36-13SEP18** for the Community Health/Medical Fund dated January 24, 2019 made by and between Boone County, Missouri and City of Columbia, for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows:

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

SERVICE DESCRIPTION	UNIT MEASUREMENT	UNIT RATE	# OF UNITS	TOTAL AMOUNT REQUESTED
Health Education (LWBF)	1 session/person	\$45.46	947	\$43,050.62
Physical Health Assessment	1 assessment	\$10.81	300	\$3,243.00
Public Awareness/Education	15 minutes	\$14.36	2,680	\$38,484.80
Consultation	15 minutes	\$29.41	150	\$4,411.50
Best Practices Training	1 individual	\$59.40	150	\$8,910.00
Total Renewal Amount	\$98,099.92			

- 3) The City of Columbia agrees to update and adhere to the information entered into the Agreement Form. Requests of any additional changes during the contract year will be made to the Boone County Community Services Department prior to implementation of requested changes.
- 4) Except as specifically amended hereunder, all other terms, conditions and provisions of the original agreement shall remain in full force and effect.

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

City of Columbia

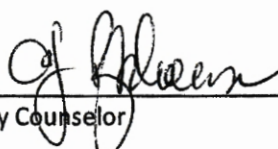
Boone County, Missouri

By: _____
 Signature

By: Boone County Commission

By: _____
 Printed Name
 APPROVED AS TO FORM:

 Daniel K. Atwill, Presiding Commissioner
 ATTEST:



 County Counselor

 County Clerk

Approved as to form:

 City Counselor

AUDITOR CERTIFICATION:

In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Signature	Date	<u>2132 / 71106 / \$98,099.92</u> Appropriation Account
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An Affirmative Action/Equal Opportunity Employer

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
State of MO) ss
)

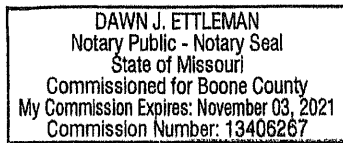
My name is John Glascock. I am an authorized agent of City of Columbia (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

John Glascock 10/26/2021
Affiant Date

John Glascock
Printed Name

Subscribed and sworn to before me this 26th day of October, 2021.



Dawn J. Ettleman
Notary Public

Attach to this form the E-Verify Memorandum of Understanding that you completed when enrolling.

Company ID Number: 171557

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

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

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

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

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

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

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

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

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

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

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

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

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

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

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

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

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
 - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
 - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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

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

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

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

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

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

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

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

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

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

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

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ARTICLE III

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

A. REFERRAL TO THE SSA

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

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

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

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

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

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

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

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

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

ARTICLE IV

SERVICE PROVISIONS

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

ARTICLE V

PARTIES

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

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

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

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

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

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

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

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

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

Employer City of Columbia, Missouri

Deborah R Dijak

Name (Please type or print)

Title

Electronically Signed

12/16/2008

Signature

Date

Department of Homeland Security – Verification Division

Company ID Number: 171557

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

12/16/2008

Signature

Date

Agreement Form - V3.2 (Year 2)

Columbia/Boone County Department of Public Health...

Quick View Information

Quick View Information

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

Organization Name

Columbia/Boone County Department of Public Health and Human Services

Program Name

Live Well Boone County

Date Completed

10/08/2021

Funder

Boone County

Funding Type

Community Health/Medical Fund - RFP #36-13SEP18

Funding Cycle

RFP #36-13SEP18

Record Lock

1

Agreement Information Form Instructions

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

Information should be based on the contract/agreement period.

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

*** Indicates Required Field**

Program Budget Instructions

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

Program Budget

PROGRAM REVENUE

AGREEMENT BUDGET (A)

1. DIRECT SUPPORT

A. Heart of Missouri United Way	(A) 1A.
	\$0.00
B. Other United Ways	(A) 1B.
	\$0.00
C. Capital Campaigns	(A) 1C.
	\$0.00
D. Grants (non-governmental)	(A) 1D.
	\$0.00
E. Fund Raising & Other Direct Support	(A) 1E.
	\$0.00

2. GOVERNMENT CONTRACTS/SUPPORT

A. Boone County - Children's Services Funding	(A) 2A.
	\$0.00
B. Boone County - Community Health Funding	(A) 2B.
	\$98,099.92
C. Boone County - Other Funding	(A) 2C.
	\$0.00
D. Funding from Other Counties	(A) 2D.
	\$0.00
E. City of Columbia - Social Service Funding	(A) 2E.
	\$0.00
F. City of Columbia - CDGB/Home Funding	(A) 2F.
	\$0.00
G. City of Columbia - CHDO Funding	(A) 2G.
	\$0.00
H. City of Columbia - Other Funding	(A) 2H.
	\$0.00
I. Funding from Other Cities	(A) 2I.
	\$0.00
J. Federal (Medicaid, Title III, etc.)	(A) 2J.
	\$0.00
K. State (Purchase of Services, Grants, etc.)	(A) 2K.
	\$0.00
L. Other (Schools, Courts, etc.)	(A) 2L.
	\$0.00
3. Program Service Fees	(A) 3.
	\$0.00
4. Investment Income (realized & unrealized)	(A) 4.
	\$0.00
5. Other Revenue Items	(A) 5.
	\$0.00
TOTAL PROGRAM REVENUE	(A) Total Revenue
	98099.92

PROGRAM EXPENSES

1. Personnel	(A) 1.
	\$89,240.49

2. Non-Personnel

(A) 2.

\$8,884.81

TOTAL PROGRAM EXPENSES

(A) Total Expenses

98125.3

Residence

RESIDENCE

AGREEMENT RESIDENCE (A)

City of Columbia

(A) City of Columbia

306

Boone County (includes City of Columbia residents)

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

0

Cooper County

(A) Cooper County

0

Howard County

(A) Howard County

0

Other Counties

(A) Other Counties

0

RESIDENCE TOTAL

(A) Residence Total:

0

Race

RACE

AGREEMENT RACE (A)

White (alone)

(A) White (alone)

16

Black or African American (alone)

(A) Black or African American (alone)

290

Multiple Races

(A) Multiple Races

0

Asian (alone)

(A) Asian (alone)

0

Native American Indian or Alaskan Native (alone)

(A) Native American Indian or Alaskan Native (alone)

0

Native Hawaiian or other Pacific Islander (alone)

(A) Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

(A) Some Other Race

0

RACE TOTAL

(A) Race Total

306

Ethnicity

ETHNICITY

AGREEMENT ETHNICITY (A)

Hispanic or Latino (of all race)

(A) Hispanic or Latino (of any race)
10

Not Hispanic or Latino

(A) Not Hispanic or Latino
296

ETHNICITY TOTAL

(A) Ethnicity Total
306

Gender

GENDER

AGREEMENT GENDER (A)

Female

(A) Female
250

Male

(A) Male
56

Other Gender

(A) Other Gender
0

GENDER TOTAL

(A) Gender Total
306

Income

INCOME

AGREEMENT INCOME (A)

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

(A) At or below 200% of FPL
200

Over 200% of FPL

(A) Over 200% of FPL
106

INCOME TOTAL

(A) Income Total
306

Age (City-Social Services/County-Health/HMUW)

AGE

AGREEMENT AGE (A):

Under 5 years	(A) Under 5 years 0
5-19 years	(A) 5-19 years 0
20-59 years	(A) 20-59 years 206
60 years and over	(A) 60 years and over 100
AGE TOTAL	(A) Age Total 306

Consumer Demographics Narrative (optional)

Provide any additional information on consumer demographics; e.g. out of county participants, adults over 20 receiving services.

Individuals Trained

Individuals to be Trained

(A) Individuals to be Trained
20

Description of Individuals to be Trained:

We provide training on various health topics to lifestyle coaches. There are lifestyle coaches in each church. We train them so they can provide health education to their church community.

Development/Start Up Service Funding

AGREEMENT DEVELOPMENTAL/START UP FUNDING (A)

Amount Requested	(A) Amount Requested \$0.00
Description of Funds	(A) Description of Funds

Program Service #1 - Description

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

Is this service contracted by this funding source (#1)?
Yes

Provide a detailed description on the delivery of the proposed service (#1).
The programs are implemented in the churches by the Health Ministry Lifestyle Coaches and PHHS Staff. LWBF participants come from all congregations to attend programs at different churches. We collaborate with different Lifestyle Coaches that are certified in various programs. PHHS Staff will make sure that all necessary equipment, handouts, snacks, meals, supplies, resources are provided and available on site for successful delivery of program. The consumers are members of various Live Well by Faith churches. Health assessments are done. This serves as an incentive for program participation.

Additional Funding Sources #1 **Select all funding sources that apply (#1):**
Boone County Community Health Fund

Program Service #1 - Outputs

Program Service #1 - Outputs:	#1 Agreement (A)
Unit Measure #1	(A) Unit Measure #1 1 session/person
Unit Rate #1	(A) Unit Rate #1 \$45.46
Total # of Units Provided #1	(A) Units #1 947
Total # of Unduplicated Individuals Served #1	(A) Unduplicated Individuals #1 120

Instructions:

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

Funding Amount #1	(A) Agreement Amount #1 \$43,050.62
Funded # of Units #1	(A) Agreement Units #1 947

Program Service #1 - Performance Measures (Agreement)

(A) Program Service 1 Outcomes:	(A) Program Service 1 Indicators:	(A) Program Service 1 Method of Measurements:
(A) Outcome 1-1 Successfully able to manage physical and oral health conditions	(A) Indicator 1-1 1.) 10% of participants will improve their blood pressure to be in the normal range at post-test compared to their baseline score. 2.) 10% of participants will achieve weight loss from the program onset to program post-test period	(A) Method of Measurement 1-1 Blood Pressure (normal range defined by Joint National Committee) as measured at first encounter compared to last encounter within the 2019 calendar year. BMI (for healthy weight as defined by CDC guidelines) and pounds, as measured at first encounter compared to last encounter within the 2019 calendar year.
(A) Additional Outcome 1-2 Successfully able to manage mental and behavioral health conditions	(A) Additional Indicator 1-2 1.) 50% of participants feel satisfied or very satisfied with life. 2.) 50% of participants report feel tense, anxious or depressed often or very often.	(A) Additional Method 1-2 Live Well by Faith participant survey (Pre- and post- survey)
(A) Additional Outcome 1-3 Develop/maintain a healthy lifestyle	(A) Additional Indicator 1-3 10% of participants will increase activity to at least 30 minutes per day at post-test compared to their baseline response.	(A) Additional Method 1-3 Live Well by Faith participant survey (Pre- and post- survey)
(A) Additional Outcome	(A) Additional Indicator 1-4	(A) Additional Method 1-4

1-4

Develop/maintain a healthy lifestyle

50% of participants will increase their fruit and vegetable consumption by 1 servings at post-test compared to their baseline response.

Live Well by Faith participant survey (Pre- and post- survey)

(A) Additional Outcome 1-5

(A) Additional Indicator 1-5

(A) Additional Method 1-5

Program Service #2 - Description

Service #2 Name **(A) Service #2**
Physical Health Assessment

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

Provide a detailed description on the delivery of the proposed service (#2).
Blood Pressures are monitored as a part of the self monitoring blood pressure program. They are given information and counseling about hypertension and provided with information on ways lower blood pressure. They are given referrals to physicians for high blood pressure and urgent care or ER if reading is 180 or higher. The program is run with the help of medical school students.

Additional Funding Sources #2 **Select all funding sources that apply (#2):**
Boone County Community Health Fund

Program Service #2 - Outputs

Program Service 2 Outputs:	#2 Agreement (A)
Unit Measure #2	(A) Unit Measure #2 1 assessment
Unit Rate #2	(A) Unit Rate #2 \$10.81
Total # of Units #2	(A) Units #2 300
Total # of Unduplicated Individuals Served #2	(A) Unduplicated Individuals #2 120

Instructions:

Agreement amount with City of Columbia, Boone County, or Heart of Missouri United Way for Service #2:

Funding Amount #2	(A) Agreement Amount #2 \$3,243.00
Funded # of Units #2	(A) Agreement Units #2 300

Program Service #2 - Performance Measures (Agreement)

(A) Program Service 2 Outcomes: (A) Program Service 2 Indicators: (A) Program Service 2 Method of Measurement

(A) Outcome 2-1

Individuals receive appropriate/relevant services based upon recommendations from completed assessments.

(A) Indicator 2-1

- 1.) 100% of participants receive information on their blood pressure following their physical health assessment
- 2.) 100% of participants are referred to seek medical attention if they have a critical blood pressure reading.
- 3.) 10% of participants will improve their blood pressure to be in the normal range at post-test compared to their baseline score.

(A) Method of Measurement 2-1

Live Well by Faith participant survey (pre-/post- survey)

Live Well by Faith follow-up form completed for every physical health assessment

Blood Pressure (normal range defined by Joint National Committee)

(A) Additional Outcome 2-2

Develop/maintain a healthy lifestyle

(A) Additional Indicator 2-2

10% of participants will achieve weight loss from the program onset to program post-test period

(A) Additional Method 2-2

BMI (for healthy weight as defined by CDC guidelines) and pounds

(A.) Additional Outcome 2-3

(A) Additional Indicator 2-3

(A) Additional Method 2-3

(A) Additional Outcome 2-4

(A) Additional Indicator 2-4

(A) Additional Method 2-4

(A) Additional Outcome 2-5

(A) Additional Indicator 2-5

(A) Additional Method 2-5

Program Service #3 - Description

Service #3 Name **(A) Service #3**
Public Awareness/Education

Is this service contracted by this funding source (#3)? **Provide a detailed description on the delivery of the proposed service (#3).**
Yes A health educator presents to the congregation, typically during Sunday service. The health educator raises awareness about health issues impacting their community and encourages individuals to attend programming.

Additional Funding Sources #3 **Select all funding sources that apply (#3):**
Boone County Community Health Fund

Program Service #3 - Outputs

Program Service 3 Outputs:	#3 Agreement (A)
Unit Measure #3	(A) Unit Measure #3 15 minutes
Unit Rate #3	(A) Unit Rate #3 \$14.36
Total # of Units #3	(A) Units #3 2680
Total # of Unduplicated Individuals Served #3	(A) Unduplicated Individuals #3 600

Instructions:

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

Funding Amount #3 **(A) Agreement Amount #3**
\$38,484.80

Units #3

(A) Agreement Units #3
2680

Program Service #3 - Performance Measures (Agreement)

(A) Program Service 3 Outcomes:

(A) Program Service 3 Indicators:

(A) Program Service 3 Method of Measurement:

(A) Outcome 3-1

Develop/maintain a healthy lifestyle

(A) Indicator 3-1

35% of church attendees will report eating 5 servings of fruits and/or vegetables on an average day.

(A) Method of Measurement 3-1

Church survey (annual)

(A) Additional Outcome 3-2

Develop/maintain a healthy lifestyle

(A) Additional Indicator 3-2

60% of church attendees will report getting at least 30 minutes of moderate or vigorous physical activity in addition to their normal routine on most days.

(A) Additional Method 3-2

Church survey (annual)

(A) Additional Outcome 3-3

Successfully able to manage mental and behavioral health conditions

(A) Additional Indicator 3-3

1.) 50% of participants feel satisfied or very satisfied with life.
2.) 50% of participants report feel tense, anxious or depressed often or very often.

(A) Additional Method 3-3

Participant survey (requesting to add this to a new survey that would be given after each presentation)

(A) Additional Outcome 3-4

(A) Additional Indicator 3-4

(A) Additional Method 3-4

(A) Additional Outcome 3-5

(A) Additional Indicator 3-5

(A) Additional Method 3-5

Program Service #4 - Description

Service #4 Name

(A) Service #4

Consultation

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

Yes

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

A health educator will meet with church leaders and identify opportunities for environmental and policy changes within each church. Then together they will work to implement these changes to create healthier environments within the church. These changes could be creating a church garden, adding a fitness area, social distancing members for services or creating a "no-fry" policy which includes eliminating all fried foods from church-sponsored events.

Additional Funding Sources #4

Select all funding sources that apply (#4):

Boone County Community Health Fund

Program Service #4 - Outputs

Program Service 4 Outputs:

#4 Agreement (A)

Unit Measure #4

(A) Unit Measure #4

15 minutes

Unit Rate #4

(A) Unit Rate #4

\$29.41

Total # of Units #4

(A) Units #4

150

Total # of Unduplicated Individuals Served #4

(A) Unduplicated Individuals #4
20

Instructions:

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

Funding Amount #4

(A) Agreement Amount #4
\$4,411.50

Units #4

(A) Agreement Units #4
150

Program Service #4 - Performance Measures (Agreement)

(A) Program Service 4 Outcomes:

(A) Program Service 4 Indicators:

(A) Program Service 4 Method of Measurements:

(A) Outcome 4-1

Develop/maintain a healthy lifestyle

(A) Indicator 4-1

80% of church attendees will report being able to be physically active at their church.

(A) Method of Measurement 4-1

Church survey (annual)

(A) Additional Outcome 4-2

Increase access to healthy food

(A) Additional Indicator 4-2

80% of church attendees will report that they can eat healthy when food is provided at their church.

(A) Additional Method 4-2

Church survey (annual)

(A) Additional Outcome 4-3

Improve community issue through policy or environmental change

(A) Additional Indicator 4-3

2 environmental changes will be implemented at Live Well by Faith churches.

(A) Additional Method 4-3

Database of environmental change and policies updated as new environmental changes are made.

(A) Additional Outcome 4-4

Improve community issue through policy or environmental change

(A) Additional Indicator 4-4

3 policy changes will be implemented at Live Well by Faith churches

(A) Additional Method 4-4

Database of environmental change and policies updated as new policy changes are made.

(A) Additional Outcome 4-5

(A) Additional Indicator 4-5

(A) Additional Method 4-5

Program Service #5 - Description

Service Name #5

(A) Service #5

Best Practices Training

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

Yes

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

Coaches are trained how to implement evidenced-based programs. Typically coaches are used to assist a health educator implement a program. Coaches are trained on a variety of other best practices including how to

- access and refer church members to community resources
- operate digital blood pressure cuffs and to follow protocols for taking blood pressures
- support their churches in determining environmental changes and policy changes for their congregations.
- recruit Lifestyle Coaches, Recruiting Pastors/Churches

Additional Funding Sources #5

Select all funding sources that apply (#5):

Boone County Community Health Fund

Program Service #5 - Outputs

Program Service 5 Outputs:	#5 Agreement (A)
Unit Measure #5	(A) Unit Measure #5 1 individual
Unit Rate #5	(A) Unit Rate #5 \$59.40
Total # of Units Provided #5	(A) Units #5 150
Total # of Unduplicated Individuals Served #5	(A) Unduplicated Individuals #5 20
<i>Instructions:</i>	
Agreement amount with City of Columbia, Boone County, or Heart of Missouri United Way for Service #5:	
Funding Amount #5	(A) Agreement Amount #5 \$8,910.00
Units #5	(A) Agreement Units #5 150

Program Service #5 - Performance Measures (Agreement)

(A) Program Service 5 Outcomes:	(A) Program Service 5 Indicators:	(A) Program Service 5 Method of Measurements:
(A) Outcome 5-1 Increase capacity to utilize best practices	(A) Indicator 5-1 1.) 85% of lifestyle coaches will report learning new information at lifestyle coach training. 2.) 85% of lifestyle coaches report that they are able to help their congregations be healthy. 3.) 75% of Lifestyle Coaches attended at least 5 lifestyle coach trainings per year.	(A) Method of Measurement 5-1 Lifestyle Coach Training Evaluation Survey Lifestyle Coach Training Evaluation Survey Lifestyle Coach Training Attendance Logs
(A) Additional Outcome 5-2	(A) Additional Indicator 5-2	(A) Additional Method 5-2
(A) Additional Outcome 5-3	(A) Additional Indicator 5-3	(A) Additional Method 5-3
(A) Additional Outcome 5-4	(A) Additional Indicator 5-4	(A) Additional Method 5-4
(A) Additional Outcome 5-5	(A) Additional Indicator 5-5	(A) Additional Method 5-5

Total Funding Amount - Services 1-10

Total Funding Request for Services 1-10
98099.92

Links for Agreement Form (V3)

Linked 'Interim Report -V3.2' Records

Link Instructions

Linked 'Year End Report -V3.2' Records

Link Instructions



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2021

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

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

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

INSURED City Of Columbia CITYOFC-01
 P.O. Box 6015
 Columbia MO 65205-6015

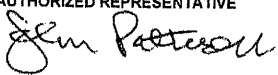
COVERAGES **CERTIFICATE NUMBER:** 600869478 **REVISION NUMBER:**

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

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

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

CERTIFICATE HOLDER **CANCELLATION**

City of Columbia P.O. Box 6015 Columbia MO 65205-6015	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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STATES SELF-INSURERS RISK RETENTION GROUP, INC.
222 South Ninth St Suite 2700
Minneapolis, MN 55402-3332
(612) 766-3000

CERTIFICATE OF INSURANCE

Insured: City of Columbia, MO PO Box 6015 Columbia MO 65205	This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policy(ies) below. This certificate of insurance does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder.
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IMPORTANT: If the certificate holder is an Additional Insured, the policy(ies) must be endorsed. If Subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Coverages:


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

Type of Insurance:	Policy Number	Effective Date	Expiration Date	Limits	
				Occurrence	Aggregate
Public Entity Excess Liability including Error or Omission Liability Coverage.	3000030-5	10/1/2021	10/1/2022	\$3,000,000	\$10,000,000

Retroactive Date: Occurrence Form Policy

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

Certificate Holder:	CANCELLATION: Should the above described policy be cancelled before the expiration date thereof, notice will be delivered according to policy provisions.
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Self-Insured Retention: \$750,000	Authorized Representative: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: right;"> 10/29/2021 Date </div> </div>
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STATES SELF-INSURERS RISK RETENTION GROUP, INC.
222 South Ninth St Suite 2700
Minneapolis, MN 55402-3332
(612) 766-3000

CERTIFICATE OF INSURANCE

Insured: City of Columbia, MO PO Box 6015 Columbia MO 65205	This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policy(ies) below. This certificate of insurance does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder.
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IMPORTANT: If the certificate holder is an Additional Insured, the policy(ies) must be endorsed. If Subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

Type of Insurance:	Policy Number	Effective Date	Expiration Date	Limits	
				Occurrence	Aggregate
Public Entity Excess Liability including Error or Omission Liability Coverage.	3000030-5	10/1/2021	10/1/2022	\$3,000,000	\$10,000,000
Retroactive Date:	Occurrence Form Policy				

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

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