

# City of Columbia

701 East Broadway, Columbia, Missouri 65201



**Agenda Item Number:** B 256-14

**Department Source:** Public Health & Human Services

**To:** City Council

**From:** City Manager & Staff

**Council Meeting Date:** August 4, 2014

**Re:** Missouri Department of Health and Senior Services

Teen Outreach Program (TOP) Contract #AOC13380069 Amendment #03

## Documents Included With This Agenda Item

Council memo, Resolution/Ordinance, Teen Outreach Program (TOP) Contract #AOC13380069 Amendment #03

**Supporting documentation includes:** None

## Executive Summary

An ordinance authorizing the City Manager to sign Amendment #03 to Contract #AOC13380069 in the amount of \$51,826 for the Teen Outreach Program (TOP). This amount is available for the period of October 1, 2014 through September 30, 2015.

## Discussion

This contract allows the Department of Public Health and Human Services to provide risk reduction education to at-risk teens in the community through the Teen Outreach Program (TOP). TOP is an after-school program designed to engage teens in guided discussions and community service. TOP has three main components; community service learning, peer experiences, and an adult resource network. These components are proven to impact youth and produce positive outcomes including decreased course-failure rate, school dropout rate, and teen pregnancy rate.

## Fiscal Impact

Short-Term Impact: None

Long-Term Impact: None

## Vision, Strategic & Comprehensive Plan Impact

Vision Impact: Health, Social Services and Affordable Housing

Strategic Plan Impact: Health, Safety and Wellbeing

Comprehensive Plan Impact: Not Applicable

## Suggested Council Action

Should the Council agree with staff recommendations, an affirmative vote is in order.

# City of Columbia

701 East Broadway, Columbia, Missouri 65201



## Legislative History

The Teen Outreach Program (TOP) Contract is renewed annually and has been in place since 2005.

*Stephane Browning*

Department Approved

*Nedra White*

City Manager Approved

Introduced by \_\_\_\_\_

First Reading \_\_\_\_\_

Second Reading \_\_\_\_\_

Ordinance No. \_\_\_\_\_

Council Bill No. B 256-14

### **AN ORDINANCE**

authorizing Amendment No. 3 to the program services contract with the Missouri Department of Health and Senior Services for the Teen Outreach Program (TOP); and fixing the time when this ordinance shall become effective.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF COLUMBIA, MISSOURI, AS FOLLOWS:

SECTION 1. The City Manager is hereby authorized to execute Amendment No. 3 to the program services contract with the Missouri Department of Health and Senior Services for the Teen Outreach Program (TOP) for the period of October 1, 2014 through September 30, 2015. The form and content of the program services contract shall be substantially in the same form as set forth in "Exhibit A" attached hereto.

SECTION 2. This ordinance shall be in full force and effect from and after its passage.

PASSED this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

ATTEST:

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Mayor and Presiding Officer

APPROVED AS TO FORM:

\_\_\_\_\_  
City Counselor

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

**PROGRAM SERVICES CONTRACT**

This contract is entered into by and between the State of Missouri, Department of Health and Senior Services (Department/state agency) and the below named entity/individual (Contractor). The contract consists of the contract signature page, the scope of work; any attachments referenced and incorporated herein; the terms and conditions; and any written amendments made in accordance with the provisions contained herein. This contract expresses the complete agreement of the parties. By signing below, the Contractor and Department agree to all the terms and conditions set forth in this contract.

To the extent that this contract involves the use, in whole or in part, federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A as attached hereto and incorporated by reference as if fully set forth herein.

<b>Tracking #</b> 38516	<b>Contract Title:</b> TEEN OUTREACH PROGRAM (TOP)	
<b>Contract Start:</b> 10/1/2012	<b>Contract End:</b> 9/30/2015	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> AOC13380069		<b>Amend #:</b> 03

**PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED**

NAME OF ENTITY/INDIVIDUAL (Contractor) COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT	
DOING BUSINESS AS (DBA) NAME	
MAILING ADDRESS 1005 WEST WORLEY P O BOX 6015	
CITY, STATE, and ZIP CODE COLUMBIA MO 65205-6015	
REMIT TO (PAYMENT) ADDRESS (if different from above)	
CITY, STATE, and ZIP CODE	
CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
TAXPAYER ID NUMBER (TIN) 436000810	DUNS NUMBER 071989024
CONTRACTOR'S AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE	DATE

AMENDMENT #003 TO Contract #AOC13380069

**CONTRACT TITLE:** Teen Outreach Program (TOP)

**CONTRACT PERIOD:** October 1, 2014 through September 30, 2015

1. The Department of Health and Senior Services hereby exercises its option to renew the above referenced contract; therefore Section 1.1 is hereby deleted in its entirety and replaced with revised Section 1.1 as follows:
  - 1.1 The contract shall not exceed \$51,826 for the period of October 1, 2014 through September 30, 2015.
2. Delete Attachment C and Exhibit 5 in their entirety and replace with revised Attachment C and Exhibit 5, attached hereto and incorporated by reference as if fully set forth herein.

All other terms, conditions, and provisions of the contract, shall remain the same and apply hereto.

**BUDGET / PRICE ANALYSIS**

The offeror should complete the following table in sufficient detail for information regarding the services proposed

<b>Budget Categories:</b>	<b>Justification:</b>	<b>Funding Requested:</b>
<b>Personnel Costs</b> (hourly wage, salaries, and fringe benefits)	<i>To support program coordination, management, and implementation with youth; and planning, training, and evaluation time for TOP staff, including Health Department staff member who will act as TOP coordinator for 5 TOP clubs and facilitator for 3 TOP clubs and a part-time Health Department employee to facilitate 2 TOP clubs.</i>	
	<b>Total Personnel Costs</b>	25,887
<b>Travel Expenses</b> (mileage, transportation, lodging, meals)	<i>Travel-related expenses (mileage, lodging, meals) for TOP Coordinator and Facilitators to attend required TOP training/meetings and to support TOP club activities.</i>	
	<b>Total Travel Costs</b>	1,500
<b>Education Program Costs</b> (curriculum materials, registration/ training fees, background checks, supplies, etc)	<i>For program implementation, evaluation, training, supplies (including TOP curriculum), and recognition for 4 TOP clubs.</i>	
	<b>Total Education Program Costs</b>	7,100
<b>Other Subcontractor Costs</b> (Facilitators to implement programs, etc.)	<i>3 CHALIS staff (trained TOP facilitators). Each staff will co-facilitate one club. One staff (Erin Freise) will facilitate 2.</i>	13,500
<b>Subtotal of all Budget Categories Above/Direct Costs</b>		47,987
<b>Administrative Costs</b>	<i>(Not to exceed 8% of the direct contract costs <u>billed</u>.)</i>	3,839
<b>Guaranteed not-to-exceed total annual price</b>		<b>51,826</b>

**EXHIBIT 5**  
**PROGRAM SUMMARY**

A Program Summary for the evidence-based teen pregnancy prevention program offered should be submitted using this form. Check the box of the appropriate evidence-based teen pregnancy prevention program. The offeror should list each time the entire multi-session evidence-based teen pregnancy prevention program is proposed to be conducted during the first contract period. For each entire multi-session evidence-based teen pregnancy prevention program, identify the facilitator, county/community, address/location, target population, and the proposed number of adolescents to be served.

<b>Proposed Dates/ Timeframe</b>	<b>Facilitator</b>	<b>County/ Community Where Program is Implemented</b>	<b>Address/Location</b>	<b>Target Population (age, grade, race/ethnicity, designate specific age range, e.g. 12-14, 15-17, etc.)</b>	<b>Proposed Number of Adolescents Served</b>
September 2014 – May 2015	Health Educator Erin Freise	Columbia-Boone	Rock Bridge High School	14-17	15
September 2014 – May 2015	Erin Vincent Temporary Staff	Columbia-Boone	Hickman High School	14-17	15
September 2014 – May 2015	Temporary Staff Americorps	Columbia-Boone	Battle High School	14-17	15
September 2014 – May 2015	Health Educator Erin Freise	Columbia-Boone	Jefferson Middle School	10-14	15
September 2014 – May 2015	Health Educator Americorps	Columbia-Boone	Oakland Middle School or Gentry Middle School	10-14	15
<b>Totals</b>					<b>75</b>



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICE  
**CONTRACT FUNDING SOURCE(S)**

The Contract Funding Source(s) is supplemental information the Department is required to provide the Contractor when issuing a contract or amendment that will be funded by federal sources. The document identifies the total amount of funding and the federal funding source(s) expected to be used over the life of this contract. For the specific amount for a contract period, refer to the contract and/or applicable amendments. If the funding information is not available at the time the contract is issued or the information below changes, the Contractor will be notified in writing by the Department. Please retain this information with your official contract files for future reference.

<b>Tracking #</b> 38516	<b>State:</b> 0% \$0.00	<b>Federal:</b> 100% \$139,102.68
<b>Contract Title:</b> TEEN OUTREACH PROGRAM (TOP)		
<b>Contract Start:</b> 10/1/2012	<b>Contract End:</b> 9/30/2015	<b>Amend#:</b> 03
<b>Contract #:</b> AOC13380069		
<b>Vendor Name:</b> COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT		

**Federal Award Year:** 2013 **DHSS #:** 13MCH  
**Federal Agency:** DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION  
**CFDA:** 93.994 **CFDA Name:** MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES  
**Federal Award Name:** MATERNAL AND CHILD HEALTH SERVICES  
**Federal Award:** 1 B04MC25353-01  
**Research and Development:** N **Subject to A-133 Requirements:** Y

**Federal Award Year:** 2014 **DHSS #:** 14MCH  
**Federal Agency:** DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION  
**CFDA:** 93.994 **CFDA Name:** MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES  
**Federal Award Name:** MATERNAL AND CHILD HEALTH SERVICES  
**Federal Award:** 1 B04MC26677-01  
**Research and Development:** N **Subject to A-133 Requirements:** Y

**Federal Award Year:** 2015 **DHSS #:** HRSA-15-001  
**Federal Agency:** DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION  
**CFDA:** 93.994 **CFDA Name:** MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES  
**Federal Award Name:** MATERNAL AND CHILD HEALTH SERVICES  
**Federal Award:** \*  
**Research and Development:** N **Subject to A-133 Requirements:** Y

\* The Department will provide this information when it becomes available.