

# City of Columbia

701 East Broadway, Columbia, Missouri 65201



**Agenda Item Number:** B 396-14

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

**To:** City Council

**From:** City Manager & Staff

**Council Meeting Date:** December 15, 2014

**Re:** Boone County Children's Services Board

Agreement for Purchase of Services; appropriating funds

## Documents Included With This Agenda Item

Council memo, Resolution/Ordinance, Agreement for Purchase of Services

**Supporting documentation includes:** None

## Executive Summary

An ordinance authorizing the City Manager to sign the Agreement for Purchase of Services between the City of Columbia and the Boone County Children's Services Board; appropriating funds. The agreement is effective through June 30, 2016. The total allowable compensation under this agreement shall not exceed \$71,286.

## Discussion

The Boone County Children Services Grant provides funding to expand TOP (Teen Outreach Program) into the county. 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.

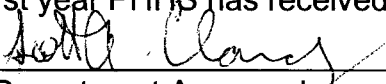
# City of Columbia

701 East Broadway, Columbia, Missouri 65201



## Legislative History

This is the first year Boone County Children Services funding has been available and therefore the first year PHHS has received the funding.

  
\_\_\_\_\_  
Department Approved

  
\_\_\_\_\_  
City Manager Approved

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

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

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

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

Council Bill No. B 396-14

### **AN ORDINANCE**

authorizing an agreement with Boone County, Missouri for the use of Children's Services Funds (CSF) for the expansion of Teen Outreach Program (TOP) services; appropriating funds; 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 an agreement with Boone County, Missouri for the use of Children's Services Funds (CSF) for the expansion of Teen Outreach Program (TOP) services. The form and content of the agreement shall be substantially in the same form as set forth in "Exhibit A" attached hereto.

SECTION 2. The sum of \$71,286.00 is hereby appropriated from Account No. 110-3030-463.10-00 GBCCSB in the following amounts to the following accounts:

\$25,359.96	Temporary Positions	Account No. 110-3030-531.01-05 GBCCSB
\$1,940.04	Social Security	Account No. 110-3030-531.02-10 GBCCSB
\$4,500.00	Food	Account No. 110-3030-531.13-92 GBCCSB
\$1,650.00	Miscellaneous Supplies	Account No. 110-3030-531.13-95 GBCCSB
\$3,000.00	Registration & Tuition	Account No. 110-3030-531.20-40 GBCCSB
\$1,518.00	Monthly Car Allowance	Account No. 110-3030-531.48-40 GBCCSB
\$33,318.00	Misc. Contractual Services	Account No. 110-3030-531.49-90 GBCCSB

SECTION 3. This ordinance shall be in full force and effect from and after its passage.

PASSED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

ATTEST:

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

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

APPROVED AS TO FORM:

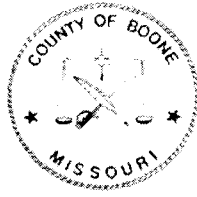
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City Counselor

CERTIFICATION: I certify there are sufficient funds available in Account No. 110-3030-463.10-00 GBCCSB to cover the above appropriation.

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Director of Finance



## AGREEMENT FOR PURCHASE OF SERVICES Teen Outreach Program

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**THIS AGREEMENT** dated the \_\_\_\_\_ day of \_\_\_\_\_, 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and the **City of Columbia, Missouri, on behalf of its Columbia/Boone County Department of Public Health and Human Services**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**PHHS**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the PHHS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to PHHS thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

### FUNDING ALLOCATION FOR SERVICES RENDERED BY PHHS

PHHS is expected to the greatest extent possible to maximize funding from all other sources. PHHS shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. PHHS shall only request reimbursement for services not reimbursable by any other source. PHHS shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. PHHS will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. PHHS agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #27-10JUN14 (Purchase of Services) and PHHS's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the PHHS's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the PHHS and the PHHS agrees to furnish **Teen Outreach Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the PHHS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$71,286** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and **extend through 6/30/2016** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of PHHS be renewed for an additional **two (2) one-year periods**. PHHS agrees and understands that the BCCSB may require supplemental information to be submitted by PHHS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit cost for **Teen Outreach Program meetings, Service Learning Projects, Parent Outreach Activities, and 1:1 meetings** is the mutually agreed upon rate of **\$13.39/hour**. All billing shall be invoiced to BCCSB monthly by the 10<sup>th</sup> of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the PHHS, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

## REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by PHHS to monitor service delivery and program expenditures. PHHS agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. [For contracts expiring June 30, 2016: PHHS agrees to submit to the BCCSB a mid-year service report by July 30, 2016 for the period January 1, 2016 to June 30, 2016.] Variations on this date may be requested by PHHS and, if so stipulated, are noted on this contract document. Payments may be withheld from PHHS if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. PHHS agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** PHHS also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of PHHS's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from PHHS, if reports designated here are not made available upon request.

9. **Monitoring.** PHHS agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect PHHS's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, PHHS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event PHHS requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from PHHS must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

## OTHER TERMS OF THIS CONTRACT

11. ***Violation of Client Rights.*** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with PHHS's policies and procedures and in accordance with any local/state/federal regulations. PHHS agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. PHHS must comply with Missouri law regarding confidentiality of client records.

12. ***Discrimination.*** PHHS will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. ***CSF to be used for Services Provided.*** PHHS agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to PHHS's provision of such services.

14. ***Accreditation/Licensure/Certifications.*** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. ***Conflict of Interest.*** PHHS agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and PHHS, and this shall include any transaction in which PHHS is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. ***Subcontracts.*** PHHS may enter into subcontracts for components of the contracted service as PHHS deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the PHHS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. ***Employment of Unauthorized Aliens Prohibited.*** PHHS agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. PHHS shall require each subcontractor to affirmatively state in its Agreement with the PHHS that the subcontractor shall not knowingly employ, hire for employment or continue to



employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide PHHS a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** PHHS agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against PHHS or any individual acting on the PHHS's behalf, including subcontractors, which seek to enjoin or prohibit PHHS from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If PHHS ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if PHHS no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, PHHS will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event PHHS, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to PHHS as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated, with or without cause, by either party upon 30 days written notice to the other party. In addition, BCCSB may terminate this agreement upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the PHHS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, PHHS shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse PHHS for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event will such costs exceed the total funds presently allocated to this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, PHHS agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Columbia/Boone County Department of Public Health and Human Services, (meaning anyone, including but not limited to consultants having a contract with the PHHS or subcontractor for part of the services), or anyone directly or indirectly employed by PHHS, or of anyone for whose acts PHHS may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** PHHS shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. PHHS will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. PHHS will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. PHHS agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and PHHS. The BCCSB does not recognize any of the PHHS's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** PHHS shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the PHHS shall be mailed or delivered to:

Columbia/Boone County Department of Public Health and Human Services  
Michelle Riefe, MPH, CHES  
1005 W. Worley  
Columbia, MO 65203

**[SIGNATURES ON THE FOLLOWING PAGE]**

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

**CITY OF COLUMBIA, MISSOURI**

By: \_\_\_\_\_  
Mike Matthes, City Manager

ATTEST:

APPROVED AS TO FORM:

By: \_\_\_\_\_  
Sheela Amin, City Clerk

By: \_\_\_\_\_  
Nancy Thompson, City Counselor

**BOONE COUNTY, MISSOURI**

By: \_\_\_\_\_  
Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:

ATTEST:

By: \_\_\_\_\_  
CJ Dykehouse, County Counselor

By: \_\_\_\_\_  
Wendy S. Noren, County Clerk

**BOONE COUNTY CHILDREN'S SERVICES BOARD**

By: \_\_\_\_\_  
Les Wagner, Board Chair

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.)

2161 / 71106 / \$71,286

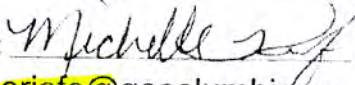
Signature

Date  
An Affirmative Action/Equal Opportunity Employer

Appropriation Account

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**  
**PROPOSAL: 27-10JUN14 - Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: Columbia/Boone County Public Health and Human Services  
Address: 1005 W Worley St. Columbia, MO 65203  
Telephone: 573-874-6331 Fax: 573-874-7756  
City 43-6000810  
Federal Tax ID (or Social Security #): \_\_\_\_\_  
Print Name: Michelle Riefe Title: Health Promotion Supervisor  
Signature:  Date: 10/13/2014  
E-mail: meriefe@gocolumbiamo.com

**Columbia/Boone County Department of Public Health and Human Services**  
**(Teen Outreach Program - TOPS)**

- a. Please clarify who is responsible for accomplishing the outcomes?
- b. How will those responsible accomplish these tasks?

See attached.

## **Columbia/Boone County Department of Public Health and Human Services**

### **(Teen Outreach Program –TOP)**

#### **Request for additional information**

- a. Please clarify who is responsible for accomplishing the outcomes?* PHHS

(Columbia/Boone County Public Health and Human Services) holds the TOP (Teen Outreach Program) contract with the state; PHHS ultimately is responsible for the implementation and evaluation of the program. PHHS works with CHA/YC2 (Columbia Housing Authority and the Youth Community Coalition) through an MOU. The schools have been cooperative partners.

- b. How will those responsible accomplish these tasks?* These tasks will be accomplished by hiring additional staff at both PHHS and CHA/YC2 and having the staff implement the TOP program. Specific information regarding how each outcome is implemented is outlined below.

#### **Outcomes.**

1. **Increase academic achievement of Teen Outreach Program Students.** This outcome defines academic achievement as school day attendance, academic grades, course failure, and school dropout. The outcome is measured with school attendance/grade data and the TOP Assessment. Data are compared pre and post the completion of the TOP program.
  - a. How will those responsible accomplish these tasks?* This program has been shown to increase academic achievement. PHHS, CHA/YC2, and the schools will work together to implement this program with fidelity, meaning each student will receive 25 hours of classroom time and 20 hours of community service learning.

The facilitators of the program also work with the students involved on academic goal setting and positive ways to communicate with teachers.

2. **Reduce participation in risky behaviors such as teen pregnancy and substance**

**abuse.** This outcome defines risky behaviors as teen pregnancy and substance abuse.

Teen pregnancy is measured through the TOP Assessment. Substance abuse is measure using the Developmental Asset Profile. Both pregnancy and substance use rates are compared pre and post TOP.

- a. *How will those responsible accomplish these tasks?* The PHHS and CHA/YC2 facilitators cover the topics of pregnancy and substance abuse. They also practice decision-making skills and goal-setting which related well to both pregnancy and substance abuse.

3. **Increase positive self-identity and decision making skills.** Positive self-identity is defined as personal power, self-esteem, sense of purpose, and positive view of personal future. Decision making skills are defined as knowing how to plan ahead and make choices. Decision making skills and positive self-identity are both measured with the Developmental Asset Profile pre and post TOP.

- a. *How will those responsible accomplish these tasks?* The PHHS and CHA/YC2 facilitators cover the topics of decision-making and positive self-identity. The youth get to learn about these topics and discuss how they impact their daily lives.

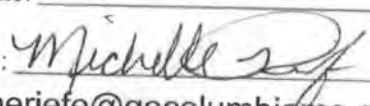
**4. Increase family support and engagement in youth development.** Family support and engagement is defined as actively helping the young person succeed. This is measured using the Parental Engagement in Child's Development and Learning and the Developmental Asset Profile pre and post the completion of TOP.

- a. *How will those responsible accomplish these tasks?* PHHS and CHA/YC2 facilitators will hold family sessions where the students share with their parents/guardians what they have learned in TOP. These sessions will provide opportunities for parents to learn and to actively engage in their child's activity.



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Address: 1005 W Worley St. Columbia, MO 65203  
Telephone: 573-874-6331 Fax: 573-874-7756  
Federal Tax ID (or Social Security #): City 43-6000810  
Print Name: Michelle Riefe Title: Health Promotion Supervisor  
Signature:  Date: 10/13/2014  
E-mail: meriefe@gocolumbiamo.com

**Columbia/Boone County Department of Public Health and Human Services**  
**(Teen Outreach Program – TOPS)**

- a. Please clarify who is responsible for accomplishing the outcomes?
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See attached.

**Columbia/Boone County Department of Public Health and Human Services**

**(Teen Outreach Program –TOP)**

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**4. Increase family support and engagement in youth development.** Family support and engagement is defined as actively helping the young person succeed. This is measured using the Parental Engagement in Child's Development and Learning and the Developmental Asset Profile pre and post the completion of TOP.

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# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 7, 2014

Michelle Riefe, Community Health Promotion Supervisor  
Columbia/Boone County Department of Public Health and Human Services  
E-mail: [meriefe@gocolumbiamo.com](mailto:meriefe@gocolumbiamo.com)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children's Services Fund

Dear Ms. Riefe:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

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Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Columbia/Boone County Department of Public Health and Human Services  
(Teen Outreach Program – TOPS)**

- a. Please clarify who is responsible for accomplishing the outcomes?
- b. How will those responsible accomplish these tasks?



## COUNTY OF BOONE - MISSOURI

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**REQUEST FOR PROPOSAL (RFP) #: 27-10JUN14**

**Purchase of Service Contracts**

**Boone County Children's Services Fund**

**2014 Application**

**BOONE COUNTY CHILDREN'S SERVICES FUND**

**2014 APPLICATION NARRATIVE FOR FUNDING**

**PURCHASE OF SERVICES PROGRAMS**

**Agency Name: Columbia/Boone County Department of Public Health and Human Services**

**Agency Address: P.O. Box 6015, Columbia, MO 65205**

**Agency Phone Number: (573) 874-7488**

**Primary Agency Contact (include title): Michelle Riefe, Community Health Promotion Supervisor**

**Email Address: meriefe@gocolumbiamo.com**

**Contact Phone Number: (573) 874-6331**

**Amount Requested: 47,524**

**Federal Tax ID (or Social Security #): City 43-6000810**

**Signature:** *Michelle Riefe* **Date:** 07/06/2014

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## **I. AGENCY AND SERVICE INFORMATION**

### **a) Background Information:**

#### **i . ii Mission Statement and Board of Directors attached.**

**iii. Agency Services.** The Columbia/Boone County Department of Public Health and Human Services (PHHS) provides a wide variety public health and human services for residents of and visitors to Boone County Missouri. Public health services are intended to prevent epidemics and the spread of disease, protect against environmental hazards, promote healthy behaviors, and prevent injury and illness. These services include, but are not limited to: Missouri vital records, nutrition education, restaurant inspections, immunizations, immigration and refugee services, and the investigation of animal complaints. The department also provides and purchases human services to assure the quality and availability of human services in the community. Direct social services provided by PHHS include: home visitation, pregnancy counseling, prenatal case management, medication assistance, and utility assistance. In addition, PHHS monitors the health and well-being of the population and assists in the development of policies and plans which support our department's vision of optimal health, safety and well-being for all. The operations of PHHS are housed in a facility that is jointly owned by the City of Columbia and Boone County. Please see the attached brochure for a full list of services.

PHHS partners with the Columbia Housing Authority (CHA), the Youth Community Coalition (YC2), and Columbia Public Schools to bring the Teen Outreach Program (TOP) to youth in Columbia. TOP is an evidence-based program developed by Wyman, a non-profit organization based in St. Louis, Missouri. TOP has main components: community service learning, peer experiences, and an adult resource network. These three components work together improve the



social, academic, and psychological well-being of youth. Currently the program serves Columbia students, at Rock Bridge, Battle, and Hickman High School, and Jefferson Middle School.

**iv. Agency and program brochures attached**

**b) Target Population:**

**i. Target Population.** PHHS is dedicated to serving all residents of Boone County. Currently TOP serves students, grades 7 through 12, however the curriculum can be used for students in grades 4 through 12. The program uses school guidance counselors to identify a diverse group of students who would receive the greatest benefit from this program. Students who participate are often identified because of poor academic performance and behavioral problems. The program provides extra support for the students who need it most. Additional funding would allow PHHS to expand the program into county schools with the goal of at least 30% of all funding allocated to the county. TOP is an ideal way for PHHS to go into county areas to bring services to those who need them.

**ii. Statutorily eligible service area.** Prevention programs which promote healthy lifestyles among children and youth and strengthen families

**iii. Is there a segment of the population your agency is unable to serve?**

For the past three years, TOP in Columbia has been implemented in the schools, which makes it very difficult to involve youth who have already dropped out of school. However, since this is a prevention program with one of the prevention goals being to prevent school dropout, implementing the program in a schools is still the ideal setting.

**iv. Impediments.** One impediment to implementing TOP after school in Columbia has been transportation. Some schools provide an activity bus for students, which take students home following afterschool activities. In the schools without activity buses, we have had

problems with students discontinuing the program because they were not able to get a ride home afterwards. To address this issue we have tried several tactics which have been fairly successful. In one club we targeted juniors and seniors. We found that even if a participant didn't have a car, they were much more likely to find a ride from a friend. In another club we held the TOP group during the lunch hour, which improved attendance and allowed students to take their normal bus home.

**c) Service Need:**

**i. Unmet need.** Youth throughout Boone County need afterschool programming which is evidence-based and promotes healthy youth development. Currently there are limited opportunities for youth in areas such as Harrisburg, Centralia, Sturgeon, Hallsville, and Ashland to become involved in afterschool programming. This programming is essential for students develop social skills, improve their academic performance, make healthy choices, and establish relationships with caring adults. TOP also gives youth the opportunity to volunteer which positively impacts a student's academic and psychological well-being.

**ii. Data regarding unmet need.** Nearly 1/3 of Boone County residents live outside the City of Columbia limit<sup>1</sup>. However, there is a lack of services that are provided in those areas. The average household incomes for Centralia, Hartsburg, Hallsville, and Sturgeon are lower than the average household incomes for Columbia and Boone County<sup>2</sup>. Low income youth are more likely to suffer from mental health problems, such as personality disorders and depression.

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<sup>1</sup> U.S. Census Bureau. (n.d.). Retrieved July 6, 2014, from State and County Quick Facts: <http://quickfacts.census.gov/qfd/states/29/29019.html>

<sup>2</sup> American Community Survey. (2012). Retrieved September 19, 2013, from [www.factfinder2.census.gov](http://www.factfinder2.census.gov)

Moreover, in comparison to all adolescents, those raised in poverty engage in higher rates of risky health-related behaviors, including smoking and early initiation of sexual activity<sup>3</sup>.

School dropout was identified by Boone County residents as one of the top three greatest impacts on youth health during a community health assessment conducted in 2013<sup>4</sup>. Although Columbia maintains the largest high school dropout rate, areas like Harrisburg have seen an alarming increase in school dropout and a decrease in 4-year graduation rates in the past three years. The 4-year graduation rate has dropped from 91% to 86% with the largest drop seen in students receiving free and reduced lunch which dropped from 95% to 75% in the past three years according to the Missouri Department of Elementary and Secondary Education school report cards<sup>5</sup>. School dropout is associated poor mental health<sup>6</sup>. In addition high school dropouts are more likely to be involved in crime, live in poverty, and have poorer health outcomes<sup>7</sup>.

Focus group findings indicate that there is a lack of afterschool activities for Boone County youth who live outside of Columbia stating, “there is a lack of recreational and after school programs outside of organized athletic teams”<sup>8</sup>. Through after-school activities, students develop social skills, improve their academic performance, and establish relationships with caring adults<sup>9</sup>. After-school programs have shown to be especially beneficial for low income students reducing the likelihood of antisocial behavior and behavioral problems. Students in after-school programs

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<sup>3</sup> Child Trend. (2013). *High school dropout rates*. Available at <http://childtrends.org/?indicators=high-school-dropout-rates>

<sup>4</sup> PHHS. (2014) Community Health Assessment.

<sup>5</sup> Missouri Department of Elementary & Secondary Education. School Report Cards. Retrieved April 3, 2014 from <http://meds.desc.mo.gov/guided inquiry/School%20Report%20Card/School%20Report%20Card.aspx>.

<sup>6</sup> Liem, J. H., Dillon, C. O. N., & Gore, S. (2001). Mental health consequences associated with dropping out of high school. Paper presented at the 109th Annual Conference of the American Psychological Association. 2001, ERIC Document Reproduction Service No.ED457502.

<sup>7</sup> Lochner, L., and Moretti, E. (2004). The effect of education on crime: Evidence from prison inmates, arrests, and self reports. *The American Economic Review*, 94(1), 155-189.

<sup>8</sup> PHHS. (2014) Community Health Assessment

<sup>9</sup> Sharon K. Junge, Sue Manglallan, & Juliana Raskauskas. (2003). “Building Life Skills through Afterschool Participation in Experiential and Cooperative Learning,” *Child Study Journal*, 174.

are also more likely to be engaged in school, less likely to skip school, and more likely to attend college. Furthermore, they are less likely to engage in risky behaviors such as drinking alcohol<sup>10</sup>.

TOP also contains an important community service aspect. Teens who volunteer are less likely to become pregnant or to use drugs. Furthermore, volunteerism positively impacts a student's academic, psychological, and occupational well-being<sup>11</sup>.

**iii. Purpose.** The purpose of TOP is to promote positive youth development.

**iv. Goals.** The goals of TOP are (1) to provide youth with a supportive facilitator and a safe environment (2) to develop positive assets to improve behavior and school performance (3) and to increase family support and engagement in youth development

**v. Outcomes.**

1. *Increase academic achievement of Teen Outreach Program Students* - This outcome defines academic achievement as school day attendance, academic grades, course failure, and school dropout. The outcome is measured with school attendance/grade data and the TOP Assessment.

Data are compared pre and post the completion of the TOP program.

2. *Reduce participation in risky behaviors such as teen pregnancy and substance abuse* – This outcome defines risky behaviors as teen pregnancy and substance abuse. Teen pregnancy is measured through the TOP Assessment. Substance abuse is measure using the Developmental Asset Profile. Both pregnancy and substance use rates are compared pre and post TOP.

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<sup>10</sup> National Research Council and Institute of Medicine. (2003). "Effects of Child Care." Working Families and Growing Kids: Caring for Children and Adolescents. Committee on Family and Work Policies. Eugene Smolensky and Jennifer A. Gootman, eds. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press: Chapter 5. Available at: <http://www.nap.edu/books/0309087031/html/>. - See more at: <http://www.childtrends.org/?indicators=after-school-activities#sthash.sZKkJkyb.dpuf>

<sup>11</sup> Oesterle, S., Kirkpatrick, M., & Mortimer, J. (2004). Volunteerism during the transition to adulthood: A life course perspective. *Social Forces*, 48(3), 1123. - See more at: <http://www.childtrends.org/?indicators=volunteering#sthash.RlTqiH0.dpuf>

3. *Increase positive self-identity and decision making skills* – Positive self-identity is defined as personal power, self-esteem, sense of purpose, and positive view of personal future. Decision making skills are defined as knowing how to plan ahead and make choices. Decision making skills and positive self-identity are both measured with the Developmental Asset Profile pre and post TOP.

4. *Increase family support and engagement in youth development* – Family support and engagement is defined as actively helping the young person succeed. This is measured using the Parental Engagement in Child’s Development and Learning and the Developmental Asset Profile pre and post the completion of TOP.

**vi. Other providers.** PHHS/ YC2 are the sole providers of TOP in Boone County.

**vii. Referrals.** At the beginning of the school year, school counselors and teachers refer students to TOP who are struggling behaviorally, socially, or academically. During the school year, when a TOP facilitator identifies a student who needs additional services or support, the facilitator works with the school counselor who makes the appropriate referrals.

**viii. Please provide a copy any Memorandums of Understanding - Attached**

## **2. EVALUATION**

**a) Performance Information:** See Attachment A Performance Measure Worksheet

**b) Outcomes:** The following outcomes have been selected based on the documented results of the Teen Outreach Program. Also, these outcomes have been selected to provide a comprehensive framework to addressing primary prevention and mental health issues in youth.

-Increase academic achievement of Teen Outreach Program Students

-Reduce participation in risky behaviors such as teen pregnancy and substance abuse

-Increase positive self-identity and decision making skills

-Increase family support and engagement in youth development

**c) Indicators:**

**i. Identify and describe the indicators which measure your service outcomes.**

The following indicators have been selected to measure progress toward the project outcomes.

These indicators are easily measurable and provide a reliable measure of progress.

*-Rate of course failure-* This indicator tracks the percentage of Teen Outreach Program students who have failed a course in the given school year.

*-Academic Grades and GPA-* This indicator tracks the movement of student grades from semester to semester. This helps track intermediate academic success and helps identify students who may need additional support.

*-Daily School Day Attendance-* This indicator tracks student's attendance at school and helps measure positive school attachment.

*-Decrease Suspension Rates-* This indicator will be used to measure the impact of risky behavior on school involvement and how the program is able to reduce suspensions over time through better emotional management and problem solving skills.

*- Perception of Physical and Emotional Safety-* This indicator measures the student's perception of physical and emotional safety and how the involvement in the program helps to ensure that students have access to environments that promote their physical, social, mental, emotional, well-being.

*- Perception of Having a Caring and Supportive Facilitator-* This indicator shows the number of students who have a positive and supportive relationship with the Teen Outreach Program Facilitators.

- *Presence of Developmental Assets*- This indicator shows the number of developmental assets that a child possesses and how they change over time. This indicator is based off the research from the Search Institute and their 40 Developmental Asset Framework. Their research has shown that the more assets a child possesses, the more likely they are to make healthy choices and avoid risky behaviors like substance abuse. They are also more likely to report higher levels so social, emotional, and mental health.

- *Parental Engagement in Child's Development and Learning*- This measure how involved a parent is in their child's development and learning and helps show any changes over time.

**ii. Identify your agency's performance target of these indicators.**

-*Rate of course failure*- There will be a 20% decrease in the percent of students enrolled in TOP who report failing a course compared to the previous school year.

-*Academic Grades and GPA*- 75% of students enrolled will increase or maintain a passing GPA.

-*Daily School Day Attendance*- Students enrolled in TOP will report a 10% decrease in cutting class when compared to the previous school year.

-*Decrease Suspension Rates*- Students enrolled in TOP will report a 10% decrease in the number of suspensions when compared to the previous school year.

- *Perception of Physical and Emotional Safety*- 100% of students will report feeling physically and emotionally safe in TOP.

- *Perception of Having a Caring and Supportive Facilitator*- 100% of students will report having a caring and supportive facilitator.

- *Presence of Developmental Assets*- 100% of students enrolled in TOP will increase their number of developmental assets.

- *Parental Engagement in Child's Development and Learning*- 100% of parents who attend TOP family nights will report an increase in their involvement in their child's development.

**d) Measurement:**

**i. Responsible for outcome.** These outcomes will be realized through the collaborative efforts of the YC2, PHHS, and the partnering school districts.

**ii. Data Collection.** These data will be collected on a regular basis and used to improve program quality, track progress towards outcomes, and tailor interventions to achieve the best results for individual students and parents.

1. Developmental Asset Profile- This is a survey which measures young peoples' internal strengths and external supports and their growth in these key areas over time. It will be conducted on a pre/post basis.
2. Academic Grades and School Day Attendance- Individual data will be collected on each student. The grades will be conducted at the conclusion of each semester/trimester. The grades will be compared to show improvement over time.
3. Teen Outreach Program Assessment- This will test for the presence of risk factors and the prevalence of behavior such as course failure, suspension, and teen pregnancy. It will be conducted on a pre/post basis.
4. Teen Outreach Program Parent Assessment- This assessment will be given to parents to measure their engagement in their child's development and their perceived change in the child's behavior as a result of TOP. This assessment will be conducted on a pre/post basis.

**iii. Outcome Timeline.** Progress towards each of these outcomes will be on an annual basis. However, research on the Teen Outreach Program suggests that the key to sustained impact is the continued involvement in the Teen Outreach Program in consecutive



years. Therefore, for the purposes of this project the outcomes will be based on a minimum of two years involvement in the Teen Outreach Program. However, based on previous years of implementation, positive gains for each of the outcome are achievable over one year of Teen Outreach Program involvement.

**iv. Evaluation Tools.** The proposed assessments were selected for their alignment with the project outcomes and the strong research basis and the reliability of the assessment instruments. A broad variety of assessments were chosen to give a more comprehensive picture of the youth's development and the more quickly identify progress towards outcomes and any additional supports necessary. For examples of the proposed assessments, please see the attached documents.

**e) Input**

**i. Clinical Expertise:** PHHS and YC2 work to foster collaboration around youth development outcomes. This includes high quality prevention programs that target the abuse of alcohol, marijuana, tobacco, and prescription medicine. PHHS and YC2 staff is trained in youth development strategies and certified to implement programs like the Teen Outreach Program.

**ii. Service Activity:**

**1. Describe the intervention.** Teen Outreach Program is an evidence-based program that includes 25 hours of guided discussion led by the TOP curriculum, 20 of service learning, and 1:1 sessions where students work individually with TOP facilitators. The curriculum covers several topics including community, values, development, relationships, sexuality, communication, goal setting, and decision making. During the service learning the youth practice their newly developed skills while making connections with people in their community through service. Finally the 1:1 sessions give students the opportunity to seek assistance from the facilitators and the facilitator the opportunity to gain a deeper understanding

of the students need's to provide assistance and referrals if needed. In the past, this time has been used to discuss family issues, academic problems, and define goals.

A TOP group is comprised of 10-25 youth led by two trained facilitators. Facilitators lead groups through the curriculum and community service, provide transportation when needed, and provide a physically and emotionally safe setting. They help youth navigate through school, interpersonal conflicts, and decision making. Facilitators are trained by Wyman or one of its replication partners. The Missouri Department of Health and Senior Services Adolescent Health Program is the replication partner for the Columbia TOP and has agreed to serve as the replication partner for expanding the TOP throughout Boone County. Replication partners monitor clubs, train facilitators, and assure the program is implemented with fidelity.

To further enhance the TOP program Family Nights will be held quarterly. Family nights will be opportunities for the youth to share what they are learning in TOP with their parents and to engage in activities to practice these skills as a family.

**2. Relevant Research.** The 2001 study outcomes confirmed program effectiveness and indicated that TOP® demonstrated 52% lower risk of school suspension, 60% lower risk of course failure (significantly higher levels of success for students with a history of school suspension and significantly higher levels of success for females and racial/ethnic minorities), 53% lower risk of pregnancy (Significantly higher levels of success for teen parents: 1/5 the repeat pregnancy risk relative to parenting teens in comparison group).<sup>12</sup>

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<sup>12</sup> Allen, J.P., Philliber, S. (2001). Who Benefits Most From A Broadly Targeted Prevention Program? Differential Efficacy Across Populations in the Teen Outreach Program. *Journal of Community Psychology*, 29, (6): 637-655.

In addition TOP is currently listed as a recommended program by the following:

- Substance Abuse and Mental Health Services Administration's National Registration of Evidence based Programs and Practices (SAMHSA's NREPP)
- Office of Juvenile Justice & Delinquency Prevention (OJJDP): Model Programs Guide
- The Center for the Study and Prevention of Violence: Blueprints for Healthy Youth Development
- Harvard Family Research Project. Out of School Time Evaluation Database
- The Rand Corporation's Promising Practices Network
- FindYouthInfo.gov: The Interagency Working Group on Youth Programs
- HORIZON International: Horizons Solution Site (Yale University and the United Nations)
- Child Trends: Guide to Effective Programs for Children and Youth
- Ohio State University – Center for Learning Excellence Database of Evidence-based Practice
- CrimeSolutions.gov
- National Collaboration for Youth
- National Dropout Prevention Center

**f) Output:**

**i. Service to be provided.**

Activity		Total Units
Weekly Teen Outreach Program Meetings	25 hours of curriculum 75 students	1,875 units
Service Learning Projects	20 hours of service 75 students	1,500 units
Parent Outreach Activities	4 hours 25 parents	100 units
1:1 (Individual meetings with students)	1 hour 75 students	75 units
	Total Units of Service	3,550
	Cost per unit	\$13.39

**ii. Unit measurement.** 1 unit = 1 hour of services delivered to youth or parents.

**iii. Unit cost = \$13.39**

**iv. Amount requested =\$ 47,524**

v. **Number of individuals served = 100** {75(5 clubs x 15 students)+25 parents}

vi. **Average units of services per individual = 35.5 units/individual**

### **3. BUDGET**

**a) Budget Worksheets Attached**

**b) Budget Narrative**

**Attachments B** PHHS has a wide variety of revenue streams. Direct support revenue includes non-governmental grants from organizations such as Missouri Foundation for Health and the Lichtenstein Foundation. Also, although PHHS does not solicit funds directly, the department does receive a small number of donations for immunizations. The County of Boone utilizes general revenue funding to contract annually with the PHHS for public health and human services. The City of Columbia provides annual general revenue funding for public health and human services. Current federal revenues are from FDA funding for food safety. PHHS has numerous contracts with the State of Missouri including core public health services, WIC, Health Families America, and Teen Outreach Program. Revenues from program service fees include fees for services such as inspections, immunizations, and vital records. Other revenue items generally include miscellaneous contractual revenues. Agency expenses for program services and management and general include personnel and non-personnel expenses. PHHS has no fundraising expenses.

**Attachment C** In 2012, PHHS was awarded a \$35,392 grant from Missouri Department of Health and Senior Services Adolescent Health Program to implement the TOP program. The TOP program has been extremely successful in Columbia and as a result MO DHHS has increase funding for TOP in Columbia each year, allowing the program to continue to expand. For FY14, the proposed year, MO DHHS is granting \$51,826 to PHHS. With the requested amount of \$

47,524 total revenue for the TOP program will be \$99,350 ( $51,826 + 47,524 = 99,350$ ). Meaning 52.13% of the total funding would come from MO DHHS and 47.87% of the total funding would come from Boone County Children's Service Fund. The additional funding would nearly double the funding (percent change = 91.69%).

Program expenses in 2012 with \$35,392, and have increased each year as we have added additional TOP clubs. To serve a total of 10 top clubs in FY14 program expenses would total 99,350. Personnel expenses include 1 coordinator to oversee all TOP clubs and 2 facilitators per TOP club. The average personnel cost per club is approximately \$7,280. Non-personal expenses include purchasing TOP curricula (approximately \$500 each), mileage cost, materials for the lessons, training expenses, incentives for youth participants, and costs associated with service projects such as van rentals to drive the youth to service events.

Number of direct program staff – Proposed direct program staff for FY14 is 2.5 FTE. Each club requires .25 FTE x 10 clubs proposed = 2.5 FTE. Direct program staff is 2 facilitators per TOP club at approximately 5 hours per week each.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS – Attached.**

## ATTACHMENT A

### Program Performance Measures Information Worksheet

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement
<b>Recruitment</b> <ul style="list-style-type: none"> <li>Recruit schools</li> <li>Use counselors to recruit students within the schools</li> </ul>	-Number of students enrolled	-Increase academic achievement of Teen Outreach Program Students	-Rate of course failure	- TOP Assessment
<b>orientation</b> <ul style="list-style-type: none"> <li>Program overview, rules, and expectations</li> <li>Pretest</li> </ul>	-25 hours of health education	-Reduce participation in risky behaviors such as teen pregnancy and substance abuse	-Academic Grades and GPA	-Parent Assessment
<b>Health education</b> <ul style="list-style-type: none"> <li>Guided by TOP curriculum which is grounded in youth development, healthy behaviors, healthy relationships, and service learning</li> <li>Conduct team-building and leadership activities</li> </ul>	-20 hours of community service learning	-Increase positive self-identity and decision making skills	-Daily School Day Attendance	-Academic Grades/School Day Attendance
<b>Community service learning</b> <ul style="list-style-type: none"> <li>Youth-led decision making with adult support and assistance</li> <li>Activities highlight youth strengths and fulfill a community need</li> </ul>		-Increase family support and engagement in youth development	-Decrease Suspension Rates	-Developmental Asset Profile
<b>Other activities</b> <ul style="list-style-type: none"> <li>Referrals to health and social services</li> <li>Current issues and guest lectures</li> <li>Post-test</li> <li>Meet with students 1:1 to discuss TOP and school</li> <li>Parent nights to educate parents on TOP curriculum</li> </ul>			- Perception of Physical and Emotional Safety	
			- Perception of Having a Caring and Supportive Facilitator	
			- Presence of Developmental Assets	
			- Parental Engagement in Child's Development and Learning	

## ATTACHMENT B

### AGENCY FINANCIAL INFORMATION

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. DIRECT SUPPORT					
A. Heart of Missouri United Way	0	0	0	0%	
B. Other United Ways	0	0	0	0%	
C. Capital Campaigns	0	0	0	0%	
D. Grants (non-governmental)	240,997	60,000	65,000	.88%	8.33%
E. Fund Raising & Other Direct Support	5,525	100	100	0%	0.00%
TOTAL DIRECT SUPPORT (sub-totals)	246,522	60,100	65,100	.0088	
2. GOVERNMENT CONTRACTS/SUPPORT:					
A. Boone County - Social Service Funding	0	0	0	0%	
B. Boone County - Other	1,248,740	1,232,900	1,157,116	15.69%	-6.15%
C. Other Counties	0	0	0	0%	
D. City of Columbia - Social Service Funding	0	0	0	0%	
E. City of Columbia - Other	2,564,329	3,198,120	3,911,022	53.02%	22.29%
F. Other Cities	0	0	0	0%	
G. Federal (Medicaid, Title III, etc.)	91,415	89,900	77,000	1.04%	-14.35%
H. State (Purchase of Services, Grants, etc.)	1,248,854	1,282,391	1,357,685	18.40%	5.87%
I. Other (Schools, Courts, etc.)	0	0	0	0%	
TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)	5,153,338	5,803,311	6,502,823	\$1	
3. Program Service Fees	828,850	789,270	782,520	10.61%	-.86%
4. Investment Income (realized & unrealized)	0	0	0	0%	
5. Other Revenue Items	23,338	25,950	26,435	.36%	1.87%
<b>TOTAL AGENCY REVENUE</b>	<b>6,252,048</b>	<b>6,678,631</b>	<b>7,376,878</b>		<b>10.45%</b>
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	5,689,364	6,077,554	6,712,959	91%	10.45%
Expenses for Management and General	562,684	601,077	663,919	9%	10.45%
Expenses for Fundraising	0	0	0	0%	
<b>TOTAL AGENCY EXPENSES</b>	<b>6,252,048</b>	<b>6,678,631</b>	<b>7,376,878</b>		<b>10.45%</b>
% of Management and Fundraising Expenses	9%	9%	9%		
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Net Assets, End of Year	0	0	0	0%	
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Cash, End of Year	0	0	0	0%	

## ATTACHMENT C

### PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:** Teen Outreach Program

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. DIRECT SUPPORT					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
2. GOVERNMENT CONTRACTS/SUPPORT:					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)	35,392	43,954	51,826	52.13%	91.69%
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$35,392</b>	<b>\$43,954</b>	<b>\$51,826</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	26,070	32,098.15	72,887	73.31%	85.05%
2. Non-Personnel	9,322	11,855.85	26,463	26.69%	1.13%
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$35,392</b>	<b>\$43,954</b>	<b>\$99,350</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>	.625	1	2.5



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## ATTACHMENT D

### **2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Stephanie Browning, Director

Printed Name - Agency Executive Director/President/CEO

6-30-14

Date

Stephanie Browning

Signature - Agency Executive Director/President/CEO

6-30-14

Date

Mike Matthes, City Manager

Printed Name - Agency Board Chair

          
Date

Mike Matthes

Signature - Agency Board Chair

6-20-14

Date

## **ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

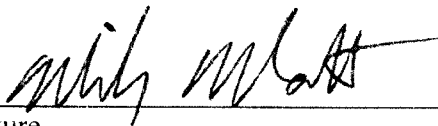
- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Mike Matthes, City Manager

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



6-20-14

**ATTACHMENT F**

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

County of Boone )  
 )ss  
State of MO )

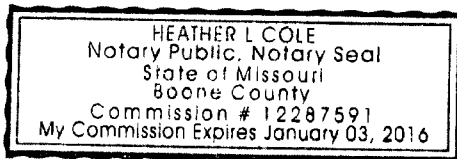
My name is Mike Matthes. I am an authorized agent of City of  
Columbia, Missouri (Bidder). This business is enrolled and participates in a federal  
work authorization program for all employees working in connection with services provided to  
the County. This business does not knowingly employ any 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.

Mike Matthes 6-20-14  
Affiant Date

Mike Matthes  
Printed Name

Subscribed and sworn to before me this 20<sup>th</sup> day of June, 2014.



Heather L. Cole  
Notary Public

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

Company ID Number: 171557

**INFORMATION REQUIRED  
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: City of Columbia, Missouri

Company Facility Address: 600 E. Broadway  
Columbia, MO 65201

Company Alternate Address: P.O. Box 6015  
Columbia, MO 65205

County or Parish: BOONE

Employer Identification Number: 436000810

North American Industry  
Classification Systems Code: 921

Parent Company: City of Columbia, Missouri

Number of Employees: 1,000 to  
2,499      Number of Sites Verified for: 15

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI      15 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: Deborah R Dijak      Fax Number: (573) 874 - 7736  
Telephone Number: (573) 874 - 7560  
E-mail Address: drd@gocolumbiamo.com

Company ID Number: 171557

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 Dijak**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

*12/16/2008*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security – Verification Division**

**USCIS Verification Division**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

*12/16/2008*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Columbia/Boone County Department of Public Health and Human Services**  
**Vision and Mission**

**Vision:**

Optimal health, well-being and safety for all.

**Mission:**

Promote and protect the health, safety and well-being of the community through leadership and service.

**Columbia/Boone County Department of Public Health and Human Services**  
*Board of Directors\**  
July 2014

**Columbia City Council**

Bob McDavid - Mayor  
Ginny Chadwick – Ward 1  
Michael Trapp – Ward 2  
Karl Skala – Ward 3  
Ian Thomas – Ward 4  
Laura Nauser – Ward 5  
Barbara Hoppe– Ward 6

**Boone County Commission**

Daniel K. Atwill, Presiding Commissioner  
Karen Miller, Commissioner – District 1  
Janet Thompson, Commissioner – District 2

\* The Columbia/Boone County Department of Public Health and Human Services (PHHS) is a department of the City of Columbia with which the County of Boone contracts annually to extend public health and human services to all residents of Boone County. Therefore, the board of directors for both the City and County are provided.



## What is public health?

Public health works to improve the health, safety and well-being of the community. The goal of public health is to prevent diseases and injuries before they occur and make it easier for everyone to live a healthier lifestyle.

## ABOUT US

Our department has provided you with public health services for more than 50 years.

**We prevent the spread of disease.** We provide flu shots, STD testing, and we are ready to respond to any disease outbreak.

**We protect against environmental hazards.** We make sure daycares, lodging facilities and restaurants are all clean and safe environments.

**We promote health behaviors.** Our staff can provide you with the health information you need to make healthy decisions about exercise, eating right, quitting smoking and safe sex.

**We prevent injuries and illness.** We work to keep animals and people safe and healthy. We protect people from loose or wild animals, and we protect animals from being lost, stolen or hurt.

**We help you get the health services you need.**

Our social services staff can help you find the services needed to live a healthy life. Our WIC program provides nutrition support for local women, infants and children.



*We are located at the northwest corner of Worley and West Boulevard.*



**Public Health**

*Prevent. Promote. Protect.*

Columbia/Boone County  
Public Health & Human Services

1005 West Worley  
Columbia, MO 65203

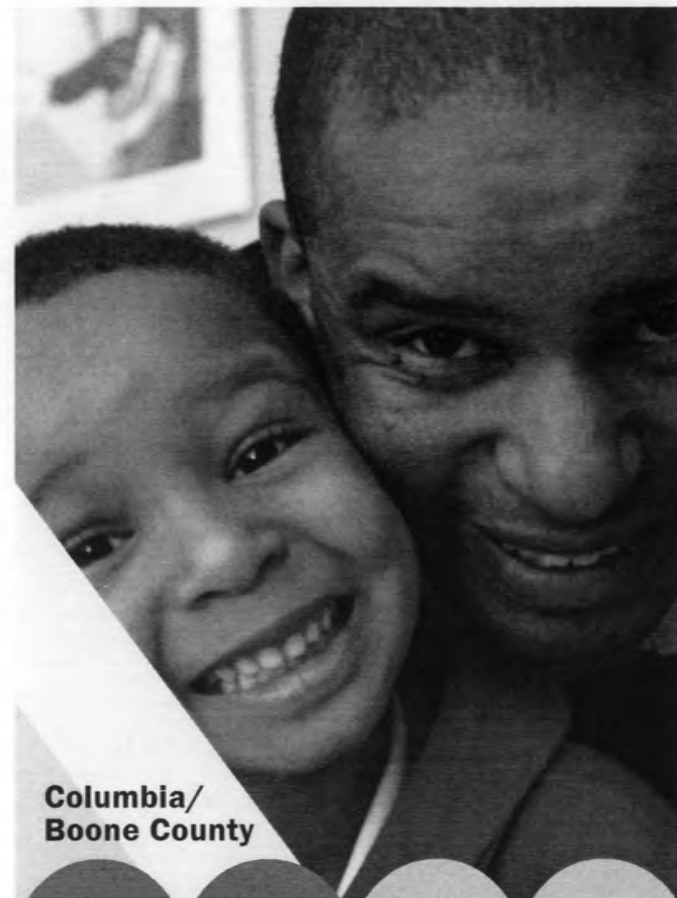
573-874-7355

[www.facebook.com/CoMoHealthDept](http://www.facebook.com/CoMoHealthDept)

Twitter @CoMo\_HealthDept

[www.gocolumbiamo.com/Health](http://www.gocolumbiamo.com/Health)

Updated April 2014



**Columbia/  
Boone County**

**Public**

**Health**

**Human**

**Services**



**Public Health**

*Prevent. Promote. Protect.*

Columbia/Boone County  
Public Health & Human Services



**Optimal health, safety and well-being for**

**A L L**

#### **Social Services 573-817-6430**

- Medicine costs
- Eye glasses
- Dental pain care
- Utilities
- Pregnancy support
- Medical supplies
- Insurance questions

#### **Animal Control 573-449-1888**

- Find and return missing animals
- Enforce city and county animal ordinances
- Provide Rabies education
- Distribute free spay/neuter vouchers
- Investigate animal complaints

#### **Clinic Services 573-874-7356**

- Gynecological/breast exams and pap tests
- Birth control and emergency contraception
- STD/STI testing and treatment
- Immigration and refugee services
- HIV testing
- TB treatment
- Dental exams
- Smoking cessation
- Lead testing
- Blood pressure/glucose checks
- TB testing (Mon, Tues, Wed and Fri)
- Immunizations and shots
- Pregnancy testing
- STD/STI testing (Tues, 5-7pm)
- HIV testing (Mon, 9am-noon and Tues, 1-4pm)

#### **Environmental Public Health 573-874-7346**

- Restaurant inspections and food handler education
- County nuisance ordinance enforcement
- Administration of county wastewater Permit Program
- Daycare inspections
- Lodging inspections
- Pool inspections
- Recreational water testing
- Water test kits
- Mosquito larvicide
- Radon test kits

#### **WIC 573-874-7384**

- Nutrition education and counseling
- Breastfeeding support Vouchers for healthy food

#### **Vital Records 573-874-6396**

- Provides Missouri birth and death certificates.

## NATIONAL RECOGNITION

WYMAN'S TEEN OUTREACH PROGRAM®  
HAS BEEN RECOGNIZED BY:

- Substance Abuse and Mental Health Services Administration - National Registration of Evidence-based Programs and Practices (SAMHSA's NREPP)
- Office of Juvenile Justice & Delinquency Prevention (OJJDP) - Model Programs Guide
- The Rand Corporation - Promising Practices Network
- The Brookings Institution - Cost-Effective Investments in Children
- National Academy of Science's Institute of Medicine - Community Programs that Work
- Mathematica Policy Research, Inc.
- National Dropout Prevention Center
- U.S. Department of Health and Human Services Office of Adolescent Health - Evidence-based Program Models
- Harvard Family Research Project - Out of School Time Evaluation Database



"If you want to have fun and learn, TOP® is where you need to be. You have fun and prepare for the real world at the same time." ~ Demarco D. (former TOP® teen)

# WYMAN'S TOP® WORKS

Wyman's TOP® provides communities, organizations and schools with a tested framework for creating or enhancing local youth development efforts. TOP® is unique. It is one of only a few programs proven effective in both increasing school success and preventing teen pregnancy.

### EVIDENCE-BASED OUTCOMES:<sup>1</sup>

- 52% lower risk of school suspension
- 60% lower risk of course failure
- 53% lower risk of pregnancy

### OBSERVED OUTCOMES:

- 60% lower risk of school dropout<sup>2</sup>

<sup>1</sup> Philliber Research, 2001. "Who Benefits Most From A Broadly Targeted Prevention Program"

<sup>2</sup> Joe Allen, "Escaping the Endless Adolescent" 2009.

Wyman's TOP® is flexible enough to be used in various settings that serve adolescents. Wyman's TOP® can be implemented:

- In-school (core subjects or electives)
- After-school
- In community (out-of-school enrichment programs)

[www.wymancenter.org](http://www.wymancenter.org)

## THREE ESSENTIAL GOALS

Healthy Behaviors  
Life Skills  
Sense of Purpose

Wyman's TOP® curriculum is packed in four age/stage appropriate levels, and includes:

- Values Clarification
- Relationships
- Communication/Assertiveness
- Influence
- Goal-Setting
- Decision-Making
- Human Development and Sexuality (comprehensive or abstinence-only)
- Community Service Learning

### INVESTING IN OUR FUTURE

The Brookings Institution recommended a \$7.7 billion investment in Wyman's TOP®. It could be a component in the federal deficit reduction plan.

Every \$1 spent on TOP® returns \$1.29 to the community!\*

\*Brookings Institution: "Cost Effective Investments in Children" 2007



# ABOUT WYMAN

**W**YMAN is a nonprofit organization based in St. Louis, Missouri. With over 110 years of experience in youth development, Wyman knows what works in helping young people reach meaningful and positive outcomes. Our vision is to foster communities where every teen is supported and encouraged to thrive in life, work and learning.

Wyman's National Network is a growing network of organizations and agencies across the country certified to replicate Wyman's Teen Outreach Program® with fidelity, to ensure positive outcomes for teens. Learn more about our initiatives at [www.wymancenter.org](http://www.wymancenter.org).



Real Teens. Real Life. Real Results.

National Headquarters:  
600 Kiwanis Drive  
St. Louis, MO 63025

Phone: 636.549.1238  
[www.wymancenter.org](http://www.wymancenter.org)

# WYMAN TEEN OUTREACH PROGRAM®

Wyman's Teen Outreach Program® (TOP®) is an **evidence-based** best practice program. Used by schools, communities and youth practitioners, TOP® empowers teens to lead successful lives and build strong communities. This **cost-effective** approach is grounded in contemporary research and specifically designed for young people in 6th to 12th grade. TOP® is **nationally recognized** as a program that delivers real results.







Stephanie Browning, Director  
Columbia/Boone County Health Department

Ms. Browning,

Columbia Housing Authority's Low Income Services (CHALIS) and the Youth Community Coalition (YC2) commit to working with Columbia/Boone County Department of Public Health and Human Services (PHHS) through September 30, 2015 in the planning, implementation, and evaluation of six TOP clubs in Boone County schools. Each TOP club will have at least 10 but no more than 25 adolescents.

CHALIS/YC2 agrees to co-facilitate a minimum of 25 hours of TOP guided discussion for each of the six TOP Clubs, and conduct a minimum of 20 hours of service learning for each school. In addition CHALIS/YC2 will ensure all necessary paperwork is completed including participants' permission to participate forms, sequencing forms, attendance logs, TOP pre and post surveys, Parent surveys, and DAP surveys and submit the paperwork to PHHS by the required dates. CHALIS/YC2 will assist PHHS in providing transportation to service learning events and in hosting family nights.

CHALIS/YC2 has agreed to receive \$17,500 from PHHS during the FY14 fiscal year for TOP personnel. Monthly personnel costs, along with additional expenses for TOP program implementation, will be billed to PHHS monthly. Additional expenses for supplies and material shall not exceed 3,000.

CHALIS/YC2 agrees to continuing discussions on the roles and responsibilities in the TOP program.

Sincerely,

Ryan Worley  
Coordinator  
Youth Community Coalition



Club Name \_\_\_\_\_

Today's Date (month/day/year) \_\_\_\_\_

**TEEN OUTREACH PROGRAM - PRE SURVEY**

Participant ID \_\_\_\_\_

1. Gender: ☐ Male ☐ Female ☐ Transgender ☐ I prefer not to answer

2. What grade are you in school this year?

☐ 6th grade ☐ 7th grade ☐ 8th grade ☐ 9th grade ☐ 10th grade ☐ 11th grade ☐ 12th grade

3. What is your race or ethnicity?

☐ Black or African-American ☐ Asian or Pacific Islander ☐ Native American / Alaskan Native  
☐ White, non-Hispanic ☐ Multi-ethnic ☐ I prefer not to answer  
☐ Hispanic / Latino ☐ Other: \_\_\_\_\_

4. During most of the time you were growing up, with whom did you live?

☐ Mother and father ☐ Father only ☐ Guardian  
☐ Mother and stepfather ☐ Mother only ☐ Other: \_\_\_\_\_  
☐ Father and stepmother

5. What is the highest grade that each of your parents completed? (Give your best guess if you are not sure.)

<b>Mother:</b>	<input type="checkbox"/> Less than high school	<b>Father:</b>	<input type="checkbox"/> Less than high school
	<input type="checkbox"/> High school graduate		<input type="checkbox"/> High school graduate
	<input type="checkbox"/> Some college		<input type="checkbox"/> Some college
	<input type="checkbox"/> College graduate or higher		<input type="checkbox"/> College graduate or higher
	<input type="checkbox"/> I don't know		<input type="checkbox"/> I don't know

6. Here are some things young people do...

Please select either Yes or No. If the answer to a question is yes, please answer how many.

Example: if you were suspended from school twice last year, select Yes and type 2 for "How many times?"

During the last school year, did you...

	Yes	No	If yes, how many times?
a. Fail any courses for the whole year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Get any failing grades on your report card?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Get suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Cut classes without permission?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Have you ever...

	Yes	No	If yes, how many times?
e. Been pregnant or caused a pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Had a baby or fathered a baby?	<input type="checkbox"/>	<input type="checkbox"/>	_____



## TEEN OUTREACH PROGRAM - PRE SURVEY

7. Please tell us how you feel about each of the following...How much do you agree with these statements as they apply to you personally?

	NO!, Not At All!	No, not too much	Yes, somewhat	YES! Very Much!
a. I can work out my problems if I try hard enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It's easy for me to stick to my plans and accomplish my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can usually handle whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I like to see other people happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Most people can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is some good in everybody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Thank you for participating in TOP and for completing this survey.*



Club Name \_\_\_\_\_

Today's Date (month/day/year) \_\_\_\_\_

## TEEN OUTREACH PROGRAM® POST SURVEY

Participant ID \_\_\_\_\_

### 1. Will you be in school next year?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes, I will be in the same grade I was in this year   | <input type="checkbox"/> No, I am graduating high school but not continuing in school         |
| <input type="checkbox"/> Yes, I will be in the next grade compared to the grade I was in this year (ex. moving from 9th to 10th grade) | <input type="checkbox"/> No, I am not graduating high school and will not be in school at all |
| <input type="checkbox"/> Yes, I am graduating high school and going on to college or vocational school                                 |   |

### 2. Here are some things young people do...

Please select either **Yes** or **No**. If the answer to a question is yes, please answer how many.

Example: if you were suspended from school twice last year, select **Yes** and type **2** for "How many times?".

During this school year, did you or will you...

	Yes	No	If yes, how many times?
a. Fail any courses for the whole year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Get any failing grades on your report card?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Get suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Cut classes without permission?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Get pregnant or cause a pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Have a baby or father a baby?	<input type="checkbox"/>	<input type="checkbox"/>	_____

### 3. Please tell us how you feel about each of the following...How much do you agree with these statements as they apply to you personally?

	NO!, Not At All!	No, not too much	Yes, somewhat	YES! Very Much!
a. I can work out my problems if I try hard enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It's easy for me to stick to my plans and accomplish my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can usually handle whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I like to see other people happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Most people can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is some good in everybody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## TEEN OUTREACH PROGRAM® POST SURVEY

3. Please respond to the following questions about how you feel about Teen Outreach.

	NO! Not At All!	No, not too much	Yes, somewhat	YES! Very Much!
a. When I am at TOP®, I can say what I think and talk about my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel safe (physically) during TOP® sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. TOP® facilitators care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. TOP® facilitators understand me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. TOP® facilitators support and accept me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel like I belong at TOP®; it's a positive group of teens for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I enjoyed the Community Service part of TOP®.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I learned how to deal with challenges during my Community Service projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I helped plan my Community Service projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The Community Service projects helped me make a positive difference in the lives of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I learned new skills during my Community Service projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Thank you for participating in TOP® and for completing this survey.*

# DEVELOPMENTAL ASSETS PROFILE

(DAP) Sample Page

Self-Report for Ages 11-18

NAME / ID: \_\_\_\_\_ TODAY'S DATE: Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Yr: \_\_\_\_\_

SEX: ☐ Male ☐ Female AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTH DATE: Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Yr: \_\_\_\_\_

RACE/ETHNICITY (Check all that apply): ☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Hispanic or Latino/Latina ☐ Native Hawaiian or Other Pacific Islander  
☐ White ☐ Other (please specify): \_\_\_\_\_

**INSTRUCTIONS:** Below is a list of positive things that you might have in *yourself, your family, friends, neighborhood, school, and community*. For each item that describes you **now or within the past 3 months**, check if the item is true:

**Not At All or Rarely      Somewhat or Sometimes      Very or Often      Extremely or Almost Always**

If you do not want to answer an item, leave it blank. But please try to answer all items as best you can.

Not At All  
or  
Rarely

Somewhat  
or  
Sometimes

Very  
or  
Often

Extremely  
or  
Almost Always

I ...

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Stand up for what I believe in.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Feel in control of my life and future.            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Feel good about myself.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Avoid things that are dangerous or unhealthy.     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Enjoy reading or being read to.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Build friendships with other people.              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Care about school.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Do my homework.                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Stay away from tobacco, alcohol, and other drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Enjoy learning.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Express my feelings in proper ways.              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Feel good about my future.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Seek advice from my parents.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Deal with frustration in positive ways.          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Overcome challenges in positive ways.            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Think it is important to help other people.      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Feel safe and secure at home.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Plan ahead and make good choices.                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Resist bad influences.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Resolve conflicts without anyone getting hurt.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Feel valued and appreciated by others.           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Take responsibility for what I do.               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Tell the truth even when it is not easy.         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Accept people who are different from me.         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Feel safe at school.                             |

**PLEASE TURN OVER AND COMPLETE THE BACK.**

## Teen Outreach Program Parent Survey

*Please read each statement carefully and indicate your level of agreement in the columns on the right. Please place an "X" inside the box that most clearly reflects your response. If you have no experience with the subject of the statement, mark "No Opinion".*

		Level of Agreement				
		Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1.	I feel that I have a clear understanding of the TOP goals and objectives.					
2.	TOP is a safe place for my child to work, learn and have fun.					
3.	The hours of TOP meet my needs.					
4.	The facilitators maintain open communication with me. They provide me with adequate information about my child and program activities.					
5.	TOP rules and policies have been clearly communicated to me.					
6.	TOP facilitators have provided helpful information about, and referrals to, services when my family has needed them.					
7.	I feel connected to my child's development through TOP.					
8.	My child has access to quality materials and curriculum related resources in the TOP.					
9.	The facilitator recognizes my child's academic needs.					
10.	My child's facilitator leader provides extra help when needed.					
11.	The facilitator helps my child improve his/her academic grades.					
12.	TOP facilitators instruct in ways that allow my child to relate what he/she is studying to his/her life.					
13.	TOP has helped my child develop decision making skills.					
14.	My child has learned to think in an organized manner in the TOP.					
15.	There is adequate supervision provided in the TOP.					
16.	TOP has helped my child do better in school.					

17.	The TOP facilitator works with my child's classroom teacher to help my child learn.					
18.	I am satisfied with the instruction and activities provided to my child by the TOP.					
19.	It is important to my child's program leader that my child do well in school.					
20.	My child usually enjoys the time he/she spends in the Program.					
21.	My child can be successful in the TOP and eventually in school.					
22.	I would recommend the TOP to other parents for their children.					
23.	I encourage my child to complete his/her homework, even he/she is having trouble with assignments.					

*Please add any comments you have in response to the following questions:*

**What three (3) things do you like about the Teen Outreach Program?**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

**What three (3) changes would you like to see in the Program?**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

*For each item, please check the description that applies to you.*

<b><i>I have lived in this community for:</i></b>		
<input type="checkbox"/> less than one year	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 11 years or more
<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 6-10 years	

***My child has been in the Program for:***

☐ less than one year      ☐ 1 year      ☐ 2 years      ☐ 3 years or more

***Do you own your home?***

☐ Yes      ☐ No

***My family income range is:***

☐ \$ 5,000 - \$ 9,999      ☐ \$15,000 - \$19,999      ☐ \$30,000 - \$39,999  
☐ \$10,000 - \$14,999      ☐ \$20,000 - \$29,999      ☐ \$40,000 - more

***Ethnicity:***

☐ African-American

☐ Asian/Pacific Islander

☐ Caucasian

☐ Latino/Hispanic

☐ Other (please state) \_\_\_\_\_

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.

45. Attachment C Program Budget Worksheet

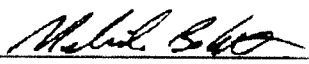
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.

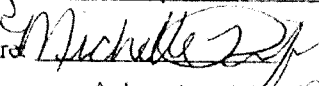
- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: See above.

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 - Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application receipt of which is hereby acknowledged:

Company Name: Columbia/Boone PHHS  
Address: 1005 W Worley St  
Phone Number: 573 874 6331 Fax Number: 874 77560  
E-mail: meriefe@apcolumbiamo.com  
Authorized Representative Signature:  Date: 8/21/14  
Authorized Representative Printed Name: Michelle Riefe

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

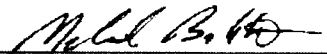
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Columbia/Boone RTHS  
Address: 1005 N Worley St  
Phone Number: 573 874 6331 Fax Number: 874-7756  
E-mail: mariefe@gocolumbiarva.com  
Authorized Representative Signature: Michelle Rife Date: 5/21/14  
Authorized Representative Printed Name: Michelle Rife

OFFEROR has examined copy of Addendum #3 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Columbia/Boone PHHS

Address: 1005 W. Worley St

Phone Number: 573-874-6331 Fax Number: 874-7756

E-mail: meriefe@gpcolumbiamo.com

Authorized Representative Signature: Michelle Riefe Date: 8/21/14

Authorized Representative Printed Name: Michelle Riefe



with a full financial statement audit which is a minimum eligibility requirement to receive funding.

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

Response: **No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a-i)
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

Response: **These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

Response: **There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

Response: **Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By:

Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – **Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name:

Columbia/Boone PTHS

Address:

1005 W Worley St.

Phone Number:

513-874-6331

Fax Number:

874-7756

E-mail:

merkf@go.columbianno.com

Authorized Representative Signature:

Michelle Riecke

Date:

8/21/14

Authorized Representative Printed Name:

Michelle Riecke

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

By:

Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 - *Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application* receipt of which is hereby acknowledged:

Company Name: Columbia/Boone PHHS

Address: 1005 W Worley St

Phone Number: 513-874-6331 Fax Number: 874-7756

E-mail: meriefe@gocolumbiainmo.com

Authorized Representative Signature: Michelle Riefe Date: 8/21/14

Authorized Representative Printed Name: Michelle Riefe

OFFEROR has examined copy of Addendum #6 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Columbia/Boone PHHS  
Address: 1005 W. Worley St  
Phone Number: 513 874 6331 Fax Number: ~~874-7756~~ 874-7756  
E-mail: mxrife@cpcolumbiaphhs.com  
Authorized Representative Signature: Michelle Rife Date: 8/21/14  
Authorized Representative Printed Name: Michelle Rife



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children's Services – 2014 Application**

**ADDENDUM #6 - Issued**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

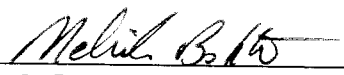
1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children's Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, "funding decisions for children, youth and families are made in a fair and equitable way," and "to provide meaningful services to children, youth and families." Support services may be provided to all Boone County eligible children, youth and families.**

2. Can "sample" mou's with partnering agencies be included in the proposal rather than actual signed MOU's? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization's legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children's Services – 2014 Application**

**ADDENDUM #5 - Issued 6/24/14**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP's. "Include copies of any evaluation tools you will be using". Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

Response: **Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

Response: **The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

Response: **The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

Response: **The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #5 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children's Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a "prevention" program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider "prevention" to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, "Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal." If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth "residents" of the County for the duration of their treatment; or, is residency based on their parents'/guardians' address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines "Place of residence" as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

**Response: References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

**Response: Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

**Response: The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

**Response: A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

**Response: A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

**Response: Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

**Response: If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- Copy of Mission Statement (1a-i)
  - List of Board of Directors (1a-ii)
  - Brochures (1a-iv)
  - Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

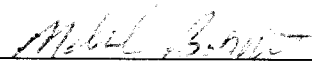
14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children's Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the "Examples of Types of Funding Classifications Envisioned" section of the BCCSB's Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below.  
Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

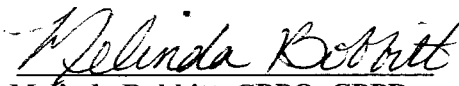

9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing** 

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

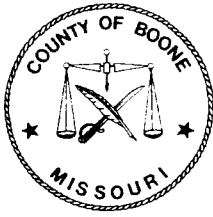
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children's Services – 2014 Application**

**ADDENDUM #2 - Issued 5/28/14**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children's Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency's annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

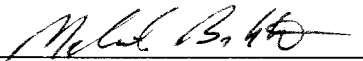
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children's Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mrbobbitt@boonecountymmo.org](mailto:mrbobbitt@boonecountymmo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

Response: **Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children's Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB's Funding Policy. The BCCSB's Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family's cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled "Maximization of Funding," in the BCCSB's Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**



40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

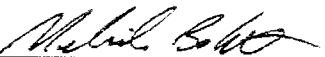
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

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## REQUEST FOR PROPOSAL (RFP) #: 27-10JUN14

### Purchase of Service Contracts

### Boone County Children's Services Fund

### 2014 Application

### BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

### RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 9, 2014
Written Questions Due By	<del>Boone County Purchasing</del>	May 21, 2014 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 23, 2014. 10:00 a.m. Central Time
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 10, 2014 9:15 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 10, 2014 9:30 a.m. Central Time

### CONTACT INFORMATION:

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390

Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## **I. Overview**

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## **II. Funding Goals**

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for purchase of service programs. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to provide services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute, additional indirect costs will not be allowed.

### **V. Application**

Submit a separate application for each proposed service your agency is requesting funding.

The Application Narrative cannot exceed 15 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 10, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 10, 2014 and before 11:30 a.m. June 10 in Microsoft Word or PDF format to: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 10, 2014.

## **VI. Contracting Agency Requirements**

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than

\$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.



**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 10, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.shoemoboo.com](http://www.shoemoboo.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 10, 2014 at 9:15 a.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's

attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymissouri.org](mailto:mbobbitt@boonecountymissouri.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 10:00 a.m. central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Purchase of Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i.** Attach a copy of your agency's Mission Statement.
- ii.** Attach a list of your agency's Board of Directors.
- iii.** Provide a summary of your agency's services within Boone County.
- iv.** Provide agency and program brochures related to these services, if available.

**b. Target Population:**

- i.** Describe your agency's target population(s).
- ii.** State the statutorily eligible service area(s) (see page 2) your target population falls within.
- iii.** Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.
- iv.** Describe any impediments your agency has in serving your target population.

**c. Service Need:**

- i. Provide a detailed description of the unmet need in Boone County for your agency's services.
- ii. Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.shelbymeboone.com/comminput/section/information.asp](http://www.shelbymeboone.com/comminput/section/information.asp).
- iii. State the purpose of your proposed service.
- iv. State the goals of your proposed service.
- v. Describe the anticipated outcomes of your proposed service.
- vi. Identify other providers of this proposed service in Boone County.
- vii. What agencies do you receive referrals from and to what agencies do you make referrals?
- viii. Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.

**2. EVALUATION**

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe your service outcomes (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure your service outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcomes.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

1. Discuss the capacity of your agency to deliver the proposed service.

**ii. Service Activity:**

1. Describe the interventions and/or activities that will be used to address the unmet need in Boone County.
2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.
3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided
- ii. Unit measurement
- iii. Unit cost
- iv. Amount requested
- v. Number of individuals to be served
- vi. Average units of services per individual

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B)
- ii. Program Budget Worksheet (see Attachment C)

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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## ATTACHMENT B

### AGENCY FINANCIAL INFORMATION

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
TOTAL DIRECT SUPPORT (sub-totals)					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
<b>AGENCY EXPENSES</b>					
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
<b>NET ASSETS</b>					
Net Assets, End of Year					
<b>CASH FLOWS</b>					
Cash, End of Year					

## ATTACHMENT C

### PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. DIRECT SUPPORT					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
2. GOVERNMENT CONTRACTS/SUPPORT:					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

## **ATTACHMENT D**

### **2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

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Printed Name - Agency Executive Director/President/CEO

---

Date

---

Signature - Agency Executive Director/President/CEO

---

Date

---

Printed Name - Agency Board Chair

---

Date

---

Signature - Agency Board Chair

---

Date

## **ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Name and Title of Authorized Representative

---

Signature

---

Date

## ATTACHMENT F

# WORK AUTHORIZATION CERTIFICATION

**PURSUANT TO 285.530 RSMo**

**(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of \_\_\_\_\_ )  
 )ss  
 State of \_\_\_\_\_ )

My name is \_\_\_\_\_. I am an authorized agent of \_\_\_\_\_  
\_\_\_\_\_ (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.

Affiant

Date \_\_\_\_\_

Printed Name

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public

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