City of Columbia

701 East Broadway, Columbia, Missouri 65201

Agenda Item Number: B 382-15
Department Source: Public Health & Human Services
To: City Council
From: City Manager & Staff
Council Meeting Date: 12/21/2015
Re: Pilot Program - Live Well Boone County

Documents Included With This Agenda Item

Council memo, Resolution/Ordinance, Exhibit to Ordinance
Supporting documentation includes: None

Executive Summary

An ordinance authorizing the City Manager to sign the Agreement for Pilot Program - Live Well Boone County between the City of Columbia and Boone County; appropriating funds; amending the FY16 budget and the Public Health and Human Services department's authorized budgeted position count. Total allowable compensation under this agreement shall not exceed $333,691.12 for a two-year period ending December 31, 2017.

Discussion

The Boone County Commission has approved a Request for Funding proposal submitted by Public Health and Human Services for the Live Well Boone County Pilot Program. Funding for this program comes from the Community Health Fund which was created as part of the amendment to the lease agreement between Boone County Hospital, Barnes Jewish Christian, and the County of Boone.

Live Well Boone County is a comprehensive initiative, focused on improving the health and wellness of Boone County residents. The pilot program will focus on three key areas:

- Live Well by Faith, a wellness initiative in partnership with local churches;
- Social Services expansion to improve access to care; and,
- Behavioral Health awareness campaign focused on suicide and youth substance abuse.

Funding for the two-year pilot program is $333,691.12 and includes two full-time equivalent positions: a Health Educator and a Social Services Specialist. During the two-year period, the department will work to identify units of service for the three focus areas with the goal of obtaining continued funding under a Purchase of Service agreement from Boone County. The new positions will be advertised as "dependent upon funding availability."

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The pilot program supports the Community Health Improvement Plan and the Social Equity priority within the City's Strategic Plan.

Fiscal Impact

Short-Term Impact: This funding was not anticipated in the FY2016 budget. All funding comes from the Boone County Community Health Fund. No general revenue funds will be used for this pilot program.

Long-Term Impact: None

Vision, Strategic & Comprehensive Plan Impact

Vision Impact: Health, Social Services and Affordable Housing
Strategic Plan Impact: Not Applicable
Comprehensive Plan Impact: Not Applicable

Suggested Council Action

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

Legislative History

This is the first year for this agreement.

Department Approved

City Manager Approved

Introduced by _____

First Reading _____ Second Reading _____

Ordinance No. _____ Council Bill No. B 382-15

AN ORDINANCE

authorizing an agreement with Boone County, Missouri for the Live Well Boone County pilot program; amending the FY 2016 Annual Budget by adding positions in the Public Health and Human Services Department; 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 Live Well Boone County pilot program. 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 FY 2016 Annual Budget adopted by Ordinance No. 022570 is amended by adding the following positions to the Public Health and Human Services Department authorized personnel:

Public Health and Human Services Department – Community Health Promotion Division				
1.00 FTE	7303	Health Educator	Grade C5	Exempt
Public Health and Human Services – Human Services Division				
1.00 FTE	7301	Social Services Clinic Specialist	Grade C4	Non-Exempt

SECTION 3. The sum of $164,931.12 is hereby appropriated from Account No. 110-3030-463.10-00 GLWBC, the sum of $101,360.00 is hereby appropriated from Account No. 110-4440-463.10-00 GLWBC and the sum of $67,400.00 is hereby appropriated from Account No. 110-3010-463.02-00 GLWBC in the amounts and to the accounts as follows:

$79,926.00	Permanent Positions	Account No. 110-3030.531.01-01 GLWBC
$1,598.00	Deferred Comp	Account No. 110-3030.531.01-35 GLWBC
$6,112.00	Social Security	Account No. 110-3030.531.02-10 GLWBC
$12,066.00	LAGERS	Account No. 110-3030.531.02-20 GLWBC
$248.00	Disability Insurance	Account No. 110-3030.531.02-30 GLWBC
$13,628.00	Health Insurance	Account No. 110-3030.531.02-34 GLWBC
$120.00	Life Insurance	Account No. 110-3030.531.02-36 GLWBC
$100.00	Office Supplies	Account No. 110-3030.531.12-10 GLWBC
$400.00	Printing	Account No. 110-3030.531.12-20 GLWBC

$500.00	Food	Account No. 110-3030.531.13-92 GLWBC
$500.00	Miscellaneous Supplies	Account No. 110-3030.531.13-95 GLWBC
$500.00	Monthly Car Allowance	Account No. 110-3030.531.48-40 GLWBC
$49,233.12	Misc. Contractual Services	Account No. 110-3030.531.49-90 GLWBC
$71,044.00	Permanent Positions	Account No. 110-4440-542.01-01 GLWBC
$1,420.00	Deferred Comp	Account No. 110-4440-542.01-35 GLWBC
$5,434.00	Social Security	Account No. 110-4440-542.02-10 GLWBC
$11,936.00	LAGERS	Account No. 110-4440-542.02-20 GLWBC
$220.00	Disability Insurance	Account No. 110-4440-542.02-30 GLWBC
$11,186.00	Health Insurance	Account No. 110-4440-542.02-34 GLWBC
$120.00	Life Insurance	Account No. 110-4440-542.02-36 GLWBC
$67,400.00	Publishing & Advertising	Account No. 110-3010-531.43-10 GLWBC

SECTION 4. This ordinance shall be in full force and effect from and after its passage.

PASSED this _____ day of _____, 2016.

ATTEST:

_____ _____

City Clerk Mayor and Presiding Officer

APPROVED AS TO FORM:

_____

City Counselor

CERTIFICATION: I certify there are sufficient funds available in the following accounts to cover the above appropriations:

Account No. 110-3030-463.10-00 GLWBC
Account No. 110-4440-463.10-00 GLWBC
Account No. 110-3010-463.02-00 GLWBC

_____

Director of Finance

Commission Order # _____

Exhibit A

AGREEMENT FOR PILOT PROGRAM

Live Well Boone County

THIS AGREEMENT dated the _____ day of _____, 2015 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, hereinafter called "County", and **City of Columbia, Missouri, on behalf of its Department of Public Health and Human Services,** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as PHHS.

WHEREAS, as part of an amendment to the lease agreement dated December 27, 2006, between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives $500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

WHEREAS, the County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental, and social well-being to cultivate a safe and healthy community.

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

WHEREAS, the County 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 County information as to its efforts to obtain such other sources of funding. If another funding source is identified, PHHS will seek and utilize those funds first and shall only request reimbursement for services from which it has not received reimbursement from any other source. PHHS shall not invoice the County for units of service invoiced to another funding source. PHHS shall provide documentation and assurance to the County that requests for reimbursement from the

Community Health Fund (CHF) is not a duplication of reimbursement from any other source of funding.

1. ***Contract Documents.*** This agreement shall consist of the Request for Proposal #26-15JUN15 (Pilot Program) and PHHS's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, 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 Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

2. ***Purchase.*** The County agrees to purchase from the PHHS and the PHHS agrees to furnish:

Service Description	Unit Measurement	Proposed # of Units	Number of Individuals to be Served
Health Promotion Intervention – Environmental Change	One health promoting environmental change	10	1000
Health Promotion Intervention – Education Program or Activity	One program or activity	10	100
Service Coordination	15 minutes	12480	1560
Behavioral Health Awareness Campaign	One campaign	1	23439

for Boone County residents, 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. The total allowable compensation under this agreement shall not exceed **$333,691.12** unless compensation for specific identified additional services is authorized and approved by County in writing in advance of rendition of such services for which additional compensation is requested.

3. ***Contract Duration.*** This agreement shall commence on the date of contract execution and extend through December 31, 2017 subject to the provisions for termination specified below.

4. ***Billing and Payment.*** For the Pilot Program Contract, payments will be made in five (5) installments, 20% of the contracted amount, within 30 days of the execution of the contract, 20% of the contracted amount within 30 days of the completion and approval of the 2016 mid-year report, 20% of the contracted amount within 30 days of the completion and approval of

the 2016 year-end report, 20% of the contracted amount within 30 days of the completion and approval of the 2017 mid-year report, and 20% of the contracted amount within 30 days of the completion and approval of the 2017 year-end report. An accounting of prior funding received from the CHF shall be required before receiving subsequent contractual installment payments. Installment payments may be adjusted based on the accounting of funds provided to the County. An invoice shall be submitted to the County prior to each installment payment. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the PHHS, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

6. ***Reporting.*** The County shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by PHHS to monitor service delivery and program expenditures. PHHS agrees to submit to the County an Interim Report by July 29, 2016 for the period beginning with the date of contract execution to June 30, 2016 and a Year End Final Report by January 31, 2016, for the period of the date of contract execution to December 31, 2016, an Interim Report by July 31, 2017 for the period of January 1, 2017 to June 30, 2017 and a Final Report for the entire term of the contract. 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 and approved. Reporting requirements will include but are not limited to information regarding organization's outcomes and indicators, client demographic information, and other information and data deemed appropriate by the County. PHHS agrees to submit its reports through the Apricot by CTK® funding management system or another format if requested.

7. ***Audits.*** PHHS also agrees to make available to the County 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 County requires that the management report of any audit as it relates to County program activities be made available to County as part of the required audit. Payment may be withheld from PHHS, if reports

designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

8. ***Monitoring.*** PHHS agrees to permit the County, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the County 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, to the extent it will not unreasonably interrupt the services provided by PHHS to the public, PHHS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the County 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 Community Health Funds and all other matters set forth in the contract.

9. ***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 County Commission for approval.

OTHER TERMS OF THIS CONTRACT

10. ***Violation of Client Rights.*** Any alleged case of a violation of a client's rights in a program funded through the Community Health Fund 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 County 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 County of any substantiated allegations. PHHS must comply with Missouri law regarding confidentiality of client records.

11. ***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 will applicable provisions of federal and state laws, County or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

12. ***Community Health Fund to be used for Services Provided.*** PHHS agrees that the Community Health Funds shall be used exclusively for the services provided to address community health needs and for administrative costs directly related to PHHS's provision of such services.

13. ***Accreditation/Licensure/Certifications***. All organizations must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

14. ***Conflict of Interest.*** PHHS states that it is not aware of any conflict of interest under Missouri law which would interfere with the ability of any employee or official to discharge their obligations under this agreement and if it becomes aware of any such conflict of interest it will notify County. The employees of PHHS and the City are subject to Section 19-41 of the City Code as it relates to conflicts of interest and City will enforce such requirements.

15. ***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 County 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.

16. ***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.

17. ***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.

18. ***Board Ownership.*** If PHHS ceases to be funded by the County or ceases to provide programs and services to address community health needs pursuant to this contract, all capital equipment, materials, and buildings purchased with Community Health Funds shall be returned to Boone County unless so otherwise approved by a majority vote of the County. In addition, if PHHS no longer uses capital equipment, materials, or buildings purchased with Community Health Funds for its original intent, PHHS will need County approval to re-direct the use of such.

19. ***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 County, such failure or refusal shall constitute a default hereunder, and the County 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 County.

20. ***Termination.*** County may terminate this agreement at will by giving at least 30 days prior written notice to the PHHS. This agreement may be terminated by the County upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

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

b. County may terminate this agreement if key personnel providing services are changed such that in the opinion of the County 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 County, or

c. County may terminate this agreement 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.

21. ***Indemnification.*** To the extent permitted under Missouri law, PHHS agrees to hold harmless, defend and indemnify 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 PHHS, (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. Nothing contained herein shall be deemed a waiver of any sovereign, governmental or official immunities of either PHHS or County.

22. ***Publicity by the Organization.*** PHHS shall notify the County of contact with the media regarding Community Health Fund funded programs or profiles of participants in Community Health Fund funded programs. PHHS will acknowledge the County as a funding source whenever publicizing Community Health Fund funded programs. PHHS will collaborate with the County to inform the community about the ways its tax dollars are being invested in services and supports. PHHS agrees to acknowledge the Community Health Fund as a funding

source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

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

24. ***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.

25. ***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.

26. ***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.

27. ***Notice.*** Any written notice or communication to the County shall be mailed or delivered to:

Boone County
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:

City of Columbia
Department of Public Health and Human Services
Stephanie Browning, Director
1005 W. Worley St.
Columbia, MO 65203

[SIGNATURES ON FOLLOWING PAGE]

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

City of Columbia, Missouri

By: _____
Mike Mathes, City Manager

ATTEST:

_____
Sheela Amin, City Clerk

APPROVED AS TO FORM:

_____
Nancy Thompson, City Counselor

Boone County, Missouri
By: Boone County Commission

_____
Daniel K. Atwill, Presiding Commissioner

ATTEST:

_____
Wendy S. Noren, County Clerk

APPROVED AS TO FORM:

_____
County Counselor

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

_____ (2130/71106/$333,691.12)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):
Columbia/Boone County Department of Public Health and Human Services

DBA:

Federal EIN Number:
436000810

Organization Type:
Governmental

Organization Contact Information

Address
1005 W. Worley St.

City
Columbia

State
Missouri

County

Zip
65203

Organization Phone Number:
573-874-7345

Website:
www.gocolumbiamo.com

Head of Organization
Stephanie Browning

Head of Organization Phone:
573-874-7345

Address
P.O. Box 6015

City
Columbia

State
Missouri

County

Zip
65205

Organization Fax Number:
573-874-7756

Email:
health@gocolumbiamo.com

Head of Organization Title (e.g. Director, President, CEO)
Director

Head of Organization Email:
skbrowni@gocolumbiamo.com

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Address

City

Local Organization Fax:

Address

City

State	**State**
County	**County**
Zip	**Zip**
Local Contact Name:	**Local Contact Title:**
Local Contact Email:	**Local Contact Phone:**

General Information

Organization Mission Statement (Purpose):

Provide your organization's mission statement. (600 character limit)

Mission:To promote and protect the health, safety, and well-being of the community through leadership, partnership, and service.

Vision: Optimal health, safety, and well-being for all.

Organization History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Columbia-Boone County Public Health and Human Services (PHHS) is a department within the City of Columbia. We are a comprehensive health department serving all of Boone County. The City of Columbia's current government was established by a home rule charter adopted by voters on November 11, 1974, which established a Council-manager government that invested power in the City Council. The City of Columbia and Boone County health departments merged in 1974. Services include communicable disease prevention, chronic disease prevention, maternal/child health, and social services, to name a few.

Brief Statement of Organization's Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

The Columbia/Boone County Department of Public Health and Human Services provides essential services that support optimal health, safety, and well-being for all city and county residents. The department is committed to achieving the goals outlined in the 2013 Columbia/Boone County Community Health Assessment and the 2014 Columbia/Boone County Community Health Improvement Plan and becoming a Nationally Accredited Local Public Health Department by 2017

Articles of Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

Provide a copy of the organization's Articles of Incorporation.

Organizational Chart (must be for the entire organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1433521300_30406_PHHSOrganizationalChartFY2015.pdf/

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

PHHS serves residents of and visitors to Boone County, Missouri.

Population Served:

Briefly describe the population(s) served by your organization. (600 character limit)

PHHS is dedicated to serving all residents and visitors of Boone County, Missouri. Target populations differ based upon the service provided. For example, Missouri vital records, animal control, communicable disease prevention, immunizations, and environmental health services are available to all residents of and visitors to Boone County. Prenatal case management, social services, and the WIC nutrition program are available to low-income residents of Boone County.

Governing Board

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member	Link Info

Name	Board Position:	Current Board Term (Beginni...	Address:	Employer:	Active	Date
Daniel Atwill	Presiding Commissioner				✓	Added on 06/05/2015
Janet Thompson	District II Commissioner				✓	Added on 06/05/2015
Karen Miller	District I Commissioner				✓	Added on 06/05/2015
Betsy Peters	Ward 6 Council Member				✓	Added on 06/05/2015
Laura Nauser	Ward 5 Council Member				✓	Added on 06/05/2015
Ian Thomas	Ward 4 Council Member				✓	Added on 06/05/2015
Karl Skala	Ward 3 Council Member				✓	Added on 06/05/2015
Michael Trapp	Ward 2 Council Member				✓	Added on 06/05/2015
Clyde Ruffin	Ward 1 Council Member				✓	Added on 06/05/2015
Bob McDavid	Mayor				✓	Added on 06/05/2015

Total Active Links:10, Total Deactivated Links:0, Current Active Links:10, Current Deactivated Links:0

Advisory Board (if applicable)

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Advisory Board Member				Link Info	
Name	Board Position:	Current Board Term (Beginni...	Address	Active	Date
Elizabeth Hussey	Board of Health Member			✓	Added on 06/05/2015
Harry Feirman	Board of Health Member			✓	Added on 06/05/2015
Jean Sax	Board of Health Member			✓	Added on 06/05/2015
Denise Stillson	Board of Health Member			✓	Added on 06/05/2015
Sally Lyon	Board of Health Member			✓	Added on 06/05/2015
Colin Malaker	Board of Health Member			✓	Added on 06/05/2015
Cynthia Boley	Board of Health Member			✓	Added on 06/05/2015
David Sohl	Board of Health Member			✓	Added on 06/05/2015
Lynelle Phillips	Board of Health Member			✓	Added on 06/05/2015
Michael Szewczyk	Board of Health Member			✓	Added on 06/05/2015

Mahree Skala Board of Health Member Added on 06/05/2015

Total Active Links:11, Total Deactivated Links:0, Current Active Links:11, Current Deactivated Links:0

Financial Information

Organization Fiscal Year:

FY 2015

IRS Tax Exempt Status Determination Letter:
If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1433521771_29953_CityTaxidletter.pdf/

Financial Statement:
Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1434033459_29954_CAFR2014CityofColumbia%2CMO.pdf/

IRS 990 or 990 EZ:
Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

Financial Policies and Procedures: Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The City of Columbia Finance Department provides the support necessary to allow the City to conduct business in an efficient and effective manner. The Finance Department is responsible for ensuring the City adheres to all federal, state, and local requirements that relate to accounting, budgeting, purchasing, business license, and other related activity. Please note: the City does not file a 990. As a municipal corporation, it is not regulated by the Secretary of State and does not have an Article of Incorporation. The most recent city financial audit is available upon request.

General Liability Insurance:

Upload current proof of general liability insurance.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.) FTE = number of direct program service hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

If more than one employee is employed in the same position and the level of compensation is not identical, please list each of those

employees separately.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Link Info Active	Date
Nurse Practioner	Licensed N.P.	1.00	$65,769.60	$0.00	✓	Added on 06/05/2015
Nurse Practioner	Licensed N.P.	1.00	$69,688.32	$0.00	✓	Added on 06/05/2015
Community Health Manager	BSN	1.00	$83,809.44	$0.00	✓	Added on 06/05/2015
Assistant Director of Public Health & Human Services	B.A. or B.S.	1.00	$88,293.92	$0.00	✓	Added on 06/05/2015
Director of Public Health and Human Services	B.A. or B.S.	1.00	$132,909.92	$0.00	✓	Added on 06/05/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Licensure (If applicable):

Licensure: **Provide the name of the licensing body, the name of the licensure, period of current licensure (including expiration date), and a brief description of the licensure..**

Licensure 1:

Licensure 2:

Licensure 3:

Accreditation (If applicable):

Accreditation:
Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

PHHS is actively pursuing accreditation through the Public Health Accreditation Board, the only national public health agency accrediting body. PHHS is compiling documentation to demonstrate conformance with 97 accreditation measures demonstrating excellence in performance of the ten essential public health services, along with appropriate fiscal and administrative management, and assuring appropriate governance of the agency. PHHS will submit the documentation for accreditation in August, 2015. A site visit will occur and an accreditation decision will be rendered in 2016.

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services

including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

County Children's Services, County Community Health, City Social Services, City CDBG/HOME, HMUW

Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Link Info Active	Link Info Date
Columbia/Boone County Department of Public Health and Human Services	Community Health/Medical Fund - Pilot	Boone County	RFP #26-15JUN15	Live Well Boone County		Added on 05/20/2015

(2 hidden)

Total Active Links:1. Total Deactivated Links:0. Current Active Links:1. Current Deactivated Links:0

System Fields

Record ID

12684

Modification Date

06/14/2015 11:45 am CDT

Modified By

Columbia-Boone Count ORG

Linked 'New Proposal' Records

County Children's Services, County Community Health, City Social Services, City CDBG/HOME, HMUW

Proposal Request Information

Organization Name (will auto-populate)
Columbia/Boone County Department of Public Health and Human Services

Fund Source
Community Health/Medical Fund - Pilot

Funder
Boone County

Funding Cycle
RFP #26-15JUN15

Name of Program or Project
Live Well Boone County

Amount of Request
$333,691.12

Amount Awarded
$333,691.22

Program Information

Program Website (will default to Organization website)
www.gocolumbiamo.com

Address
1005 W. Worley St.

City
Columbia

State
Missouri

County

Zip
65203

Program Administrator Name
Rebecca Roesslet

Phone Number
573-817-6403

Address
P.O. Box 6015

City
Columbia

State
Missouri

County

Zip
65205

Program Administrator Title
Senior Planner

Email
raroessl@gocolumbiamo.com

Required Attachments - Children's Services Fund and Community Health

Attachment A 2015 Agency Assurance Sheet
/document/download/filename/1434056919_30421_PPHSAttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
/document/download/filename/1434056919_30420_PHHSAttachmentB.pdf/

Attachment C Work Authorization Certification
/document/download/filename/1434056919_30419_PHHSAttachmentC.pdf/

Addendums
/document/download/filename/1434118552_30418_PHHSAddendums.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile			Link Info	
Organization Name (the offi...	**Organization Mailing Address:**	**Head of Organization**	**Active**	**Date**
Columbia/Boone County Department of Public Health and Human Services	P O. Box 6015	Stephanie Browning		Added on 05/20/2015

Total Active Links:1, Total Deactivated Links:0. Current Active Links:1. Current Deactivated Links:0

Federal EIN Number (will auto-populate)
436000810

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Program Budget

Program Budget Instructions

For each item for which figures are entered, please complete the corresponding narrative field. *Indicates Required Field.

Program Budget

PROGRAM REVENUE	PROPOSED YEAR	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	**1A** $0.00	**1A %** 0
B. Other United Ways (300 character limit)	**1B** $0.00	**1B %** 0
C. Capital Campaigns (300 character limit)	**1C** $0.00	**1C %** 0
D. Grants (non-governmental) (300 character limit)	**1D** $0.00	**1D %** 0
E. Fund Raising & Other Direct Support (300 character limit)	**1E** $0.00	**1E %** 0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	**2A** $0.00	**2A %** 0
B. Boone County - Community Health Funding (300 character limit) Funding requested for: Social Services Specialist, Health Educator, Media campaign, Live Well by Faith recruitment dinner, materials for participatory churches including exercise equipment	**2B** $333,691.12	**2B %** 50
C. Boone County- Other Funding (300 character limit) Boone County General Revenue Live Well Boone County staff time (existing staff)	**2C** $87,701.46	**2C %** 13
D. Funding from Other Counties (300 character limit)	**2D** $0.00	**2D %** 0
E. City of Columbia - Social Service Funding (300 character limit)	**2E** $0.00	**2E %** 0
F. City of Columbia - CDGB/Home Funding (300 character limit)	**2F** $0.00	**2F %** 0
G. City of Columbia - CHDO Funding (300 character limit)	**2G** $0.00	**2G %** 0
H. City of Columbia - Other Funding (300 character limit) City of Columbia General Revenue Live Well Boone County staff time (existing staff)	**2H** $178,060.55	**2H %** 27
I. Funding from Other Cities (300 character limit)	**2I** $0.00	**2I %** 0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	**2J** $0.00	**2J %** 0
K. State (Purchase of Service, Grants, etc.) (300 character limit) Missouri Dept of Health and Senior Services, Healthy Eating Active Living Grant (HEAL) includes: urban agriculture study, community garden, bus station, Live Well Restaraunts, MOve Smart, Stock	**2K** $70,000.00	**2K %** 10

Healthy Shop Healthy

L. Other (Schools, Courts, etc.) (300 character limit)	**2L**	**2L %**
	$0.00	0
3. Program Service Fees (300 character limit)	**3.**	**3 %**
	$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	**4.**	**4 %**
	$0.00	0
5. Other Revenue Items (300 character limit)	**5.**	**5 %**
	$0.00	0
TOTAL PROGRAM REVENUE	**TOTAL REVENUE**	
	669453.13	

PROGRAM EXPENSES

1. Personnel	**1.**	**1. %**
	$481,053.13	73
2. Non-Personnel	**2.**	**2. %**
	$178,400.00	27
TOTAL PROGRAM EXPENSES	**TOTAL EXPENSES**	
	659453.13	

System Fields

Record ID
15523

Modification Date
06/15/2015 11:15 am CDT

Modified By

Linked 'Program Overview' Records

Link Instructions

Program Overview				Link Info	
Record Lock	**a. Will program consumers b...**	**b. Will the program utilize...**	**Total Number of Unduplicate...**	**Active**	**Date**
	No		25999		Added on 06/13/2015

Total Active Links:1, Total Deactivated Links:0. Current Active Links:1, Current Deactivated Links:0

Linked 'Final POS Report' Records

Linked 'Final Pilot Report' Records

Program Overview

Program Overview Instructions

The purpose of this section is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Each narrative response should be clear and succinct.

Respond as if the reviewers have no prior knowledge of the program and service(s).

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant, information and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this section. For detailed information regarding the APA Style, please visit the APA Style web site: http://www.apastyle.org/

PLEASE NOTE: In order to complete the Program Service Levels sub-section, you must first complete and link to Program Budget Section.

Information provided in the Program Overview Section should correspond with the information provided in the:

Program Budget

Program Service (POS Only)

Consumer Demographics

Program Performance Measures

*** Indicates Required Field**

Statement of Issue Being Addressed

Instructions: **Include information pertaining to the overall, community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.) The issue(s) should be tied to the organization's major goal(s), as stated in the Organization Information form, as well as the program goal(s), as stated in the Program Goal(s) sub-section below.**

a. Describe and document the issue(s) to be addressed by the proposed program. (1500 character limit)

The World Health Organization has identified diet and physical activity as a public health priority. Unhealthy diets and physical inactivity are major risk factors for diseases such as cancer, diabetes, and cardiovascular disease (World Health Organization, 2015).The Live Well by Faith program will address diet and physical activity in a church based setting.

The 2012 National Health Interview Survey, produced by the Centers for Disease Control and Prevention, reported 45.5 million Americans (14.7% of the population) were without health insurance coverage (Centers for Disease Control and Prevention, 2013). This same report noted that 6.2% of the population failed to obtain needed medical care due to cost at some time in the past 12 months. The Social Services expansion program will address access to health care needs in the community.

Risky behaviors, such as excessive alcohol consumption, misuse of prescription drugs, and use of illegal drugs can have a negative impact on health. In 2012, an estimated 23.9 million Americans aged 12 or older, 9.2% of the population, had used an illicit drug (most commonly marijuana) or abused a psychotherapeutic medication in the past month (National Institute on Drug Abuse, 2014). The Behavioral Health Public Awareness campaign will address substance use and suicide prevention.

b. Describe and document the population affected by the issue(s) to be addressed by the proposed program including demographics and characteristics. (1500 character limit)

In Boone County, the death rate for heart disease in African Americans is almost twice the rate for whites. The death rate diabetes in African Americans is over three times higher than the white demographic (Columbia/Boone County Community Health Assessment, 2013). One hundred percent of the 1,000 anticipated participants in Live Well by Faith are African American adults.

In Boone County, 7.9% of the population could not get needed medical care in the past 12 months (Missouri Department of Health and Senior Services,n.d.) and 24.8% of adults are without a regular doctor (Community Commons, n.d.). Of the 1,560 anticipated consumers of the Social Services expansion program, 100% will be adults with income at or below 200% of the Federal Poverty Level.

The 2012 Boone County Issues Analysis: Mental Health identified a 133% increase in suicides between 2008 and 2009. Additionally, the report stated that one quarter of all Boone County hospitalizations with mental health diagnosis are attributed to alcohol and substance abuse, along with a rise in alcohol-related arrests and convictions (Schumacher, 2012). The Behavioral Health Awareness campaign will address substance use and suicide prevention with youth and influencial adults. The projection audience is 11,720 youth and 11,720 adults.

c. Describe how the City of Columbia or Boone County community is affected by the issue(s) to be addressed by the proposed program. (1500 character limit)

In the 2013 Boone County Community Health Survey, respondents were asked to choose the top five health conditions or behaviors (in adults and in

youth) that have the greatest impact on overall community health. Obesity, drug abuse, mental health issues, alcohol abuse, and poor eating habits/choices were the top five responses in adults. Drug abuse, obesity, and mental health issues were the first, fourth, and fifth issues for youth respectively. Focus groups were held as part of the 2013 Columbia/Boone County Community Health Assessment. Focus groups identified youth drug use, excessive alcohol consumption, lack of physical activity, and poor nutrition as areas of concern. Additional community input for the 2014 Columbia/Boone County Community Health Improvement Plan was gathered by interviewing stakeholders and hosting a community forum. Input included the need to decrease health disparities and mental health stigma, collaborate with churches in the community, create healthy environments, and educate the public on the importance of mental health. This proposal addresses needs identified by our community.

Program Consumers

a. Describe the consumers which will be served by the proposed program including characteristics and demographics. (1500 character limit)

The consumers served by Live Well by Faith will be partnering churches and their congregation members. The goal is to engage with 10 traditionally African American churches in Boone County.

The consumers for the social services expansion program will be Boone County adults needing to establish care with a medical provider.

The consumers for the Behavioral Health Awareness Campaign are Boone County youth, ages 12-18, and adults who are influential in the lives of youth, such as teachers, parents, and coaches.

b. Why will these consumers be served? (1500 character limit)

Live Well by Faith program is a church-based health promotion (CBHP) intervention. CBHP interventions have been shown to be effective, particularly in African American churches. CBHP are an effective way to reduce health disparities (Eng, Hatch, Callan, 1985). The 2013 Columbia/Boone County Community Health Assessment found that African Americans in Boone County had significantly poorer health outcomes than Whites. The disparities were particularly great in incidence of diabetes and hypertension (Rainey, 2013).

The social services expansion program will address a need identified in the 2013 Columbia/Boone County Community Health Assessment, increasing access to and utilization of comprehensive health care. This program would provide a centralized location in Boone County for individuals and families in need of accessing health care and/or health insurance to receive assistance from a social services specialist.

The Behavioral Health Awareness Campaign is targeted at youth and influential adults in response to community input and available data indicating an increase in youth substance use and suicide.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

PHHS has identified two partner churches for Live Well by Faith. Residents of Boone County in need of health care access and utilization currently contact PHHS for assistance with other social service needs. The social marketing campaign will be delivered on multiple public platforms. PHHS does not anticipate any impediments or challenges in serving these consumers.

Program Goal

Instructions: **The program goal(s) should correspond to the organization's major goal(s) (as stated in the Organization Information section), the issue(s) the proposed program is intended to address (as stated in the Statement of the Issue Being Addressed sub-section above), and the consumers of the proposed program (as indicated in the Program Consumers sub-section above).**

State the goal(s) of the proposed program. (300 character limit)

Program goals include empower all residents to eat a healthful diet and be physically active, improve our community's ability to access and utilize comprehensive health services, and prevent suicide, underage drinking, misuse of prescription drugs, and use of illegal drugs.

Program Description

Instructions: **The information provided in this section should include information for each program service indicated in the Program Service section.**

a. Provide a detailed description of the proposed program. (3000 character limit)

Live Well Boone County is a comprehensive initiative, focused on improving the health and wellness of Boone County residents. This proposal includes the activities of Live Well Boone County that promote physical, mental, and social well-being and cultivate a safe and healthy community. Live Well Boone County was developed by PHHS in partnership with community members and the local public health system in response to the data collected for the 2013 Columbia/Boone County Community Health Assessment and the goals, strategies, and activities outlined in the 2014 Columbia/Boone County Community Health Improvement Plan. Live Well Boone County has five primary focus areas: Safe and Healthy Neighborhoods, Healthy Lifestyles, Access to Health Care, Disparities, and Behavioral Health. The funding requested in this proposal implements several activities of the Action Teams. Live Well by Faith will provide a health educator who will partner with local churches to identify or assemble health ministries or committees and identify key leadership. The health educator will then work with the committee or leader to conduct an assessment which will focus on the church's health needs and include an environmental and policy scan. The health educator will guide the committee/leader through identification of the priorities and creation of an action plan with programs, environmental and policy changes to address these priorities. Finally, the committee/leader and health educator will implement the plan and evaluate its success. Funding will provide the health educator salary, a program recruitment dinner, program delivery costs and exercise equipment. The Social Services expansion program will provide a centralized location in Boone County where residents can connect with a professional social services specialist. The social services specialist will assist residents in need of education related to insurance benefits and utilization, as well as application for State benefits if eligible. The social services specialist will assist the consumer with the barriers to health care utilization, such as scheduling a medical visit or arranging Non-Emergency Medicaid Transportation (NEMT). The social services specialist will provide follow-up with consumers, to verify their success in establishing medical care and offer additional assistance if needed. Funding will provide the social

services specialist salary. The Behavioral Health Awareness Campaign is a comprehensive prevention campaign for suicide and youth substance use. An existing campaign, such as "Reach Out" or "Above the Influence" will be used for these purposes. The intended audiences are youth, ages 12-18 and adults who are influential in the lives of youth. After identify a campaign, PHHS will contract with media planning and placement agency, such as Bucket Media. The agency will negotiate and purchase advertising space and report analytics to PHHS for evaluation purposes. Funding will cover the media costs.

b. For each location in which the proposed program service(s) will be provided, indicate the street address and the days/hours of operation (e.g. Monday – Friday, 8 a.m. – 5 p.m.). If the proposed program service(s) are to be delivered off-site, describe the environment in which they will be provided (e.g. in homes, street outreach, etc.) (600 character limit)

Live Well by Faith will will take place in traditionally African American churches and will be provided at days/times that are responsive to the needs of the churches. The Social Services expansion program will be provided at PHHS location, 1005 W. Worley, Columbia, MO, during normal business hours (8 am-5 pm). Depending upon program capacity and community needs, this program could co-exist with the Family Access Center for Excellence, of which PHHS is a partner agency. The Behavioral Health Public Awareness campaign will disseminate information during peak times for the intended audiences.

c. Describe the eligibility criteria (e.g. income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Live Well by Faith will partner with traditionally African American churches in Boone County. The Social Services expansion program will serve Boone County residents with income at or below 200% of the Federal Poverty Level. The Behavioral Health Awareness Campaign will have target audiences and disseminate messaging to Boone County residents and visitors.

d. Describe any external requirements of the proposed program such as licensing, minimum standards, etc. (600 character limit)

None

e. Is the proposed program currently accredited by one or more recognized accrediting body?

No

If yes, please provide the name of the accreditation agency, dates for the most recent accreditation, and briefly describe the accreditation process.

Name of the Accreditation:

Current accreditation period:

Description: (600 character limit)

f. Are there best practices for the proposed program service(s)?

Yes

If Yes - Indicate the best practices and whether or not they will be utilized in the proposed program. (600 character limit)

The Centers for Disease Control and Prevention identifies best practices for health promotion activities (CDC, 2015). Church-based health promotion interventions apply these best practices to a church setting.

g. Is there evidence to support the efficacy of the proposed program and/or program service(s)?

Yes

If Yes - Identify cite, and describe the evidence. (1500 character limit)

Live Well by Faith is a faith-based or church-based health promotion (CBHP) intervention. CBHP interventions have been shown to be effective, particularly in African American churches. "For African Americans, health interventions that incorporate spiritual and cultural contextualization have been effective. Evidence indicates that CBHP programs have produced significant impacts on a variety of health behaviors" (Campbell, et al. 2007). CBHP also are an effective way to reduce health disparities (Eng, Hatch, Callan, 1985). Historically, Black churches have been at the center of the spiritual, social, and political life their members. In addition, many Black churches expand beyond the traditional functions of worship and spiritual growth to impact the social, economic, and political welfare of their members and surrounding community (Lasater, et. al., 1997).

Research on the effects of case managment on unmet needs, utilization of medial care, and medication usage in HIV infected persons suggests that case management is associated with fewer unmet need and higher use of medications (Katz, et al., 2001).

Research has suggested that there is strong evidence to support health communications campaigns that use multiple channels, one of which must be mass media, combined with the distribution of free or reduced-price health related products (Community Prevention Services Task Force Members, 2015).

If No - Provide rationale for utilizing the proposed program services(s). (1500 character limit)

h. Describe any unique or innovative aspects of the proposed program that will enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

Live Well by Faith takes a place-based approach to delivering programs and services. The Social Services expansion program utilizes existing PHHS programs as an opportunity to gain access to the target consumer population. The Behavioral Health Awareness Campaign utilizes an innovative approach, movie theater ad placement, as one platform for the campaign.

i. Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the program. (1500 character limit)

Live Well by Faith will establish partnerships between African American Churches and PHHS. PHHS and the churches will work together to determine the needs of the church and address them. PHHS is committed to providing health education, nursing, and social services to the church as determined by the church. Two churches have given their support for the program, and the others will be recruited during a recruitment dinner event. Live Well by Faith will coordinate with the Health Disparities and Healthy Lifestyles Action Teams. These Action Teams will provide technical assistance and monitor the success of the program. The Social Services expansion program will collaborate with the Federally Qualified Health Center to assist consumers with establishing medical care, as well as collaborating with Missouri Department of Social Services to assist consumers in application for state benefits, including health insurance. Social Services expansion program will coordinate with, and receive technical assistance from, the Access to Health Care Action Team. The Behavioral Health Public Awareness campaign will collaborate with the Family Access Center for Excellence, or other appropriate

mental health agency, to provide the public a referral source when needing help for themselves or others. The Behavioral Health Public Awareness campaign will coordinate with, and receive technical assistance from, the Behavioral Health Action Team.

If MOUs or contracts/agreements related to the proposed program are in place, please upload these documents (1) PDF Format:

/document/download/filename/1434054325_29425_LetterofsupportSecondMissionaryBaptist.pdf/

If MOUs or contracts/agreements related to the proposed program are in place, please upload these documents (2) PDF Format:

/document/download/filename/1434114881_29426_FACE_BCLWC_at.pdf/

If MOUs or contracts/agreements related to the proposed program are in place, please upload these documents (3) PDF Format:

/document/download/filename/1434124382_29427_RussellChapelCME.pdf/

Program Personnel Instructions

Provide titles, minimum qualifications, and salary ranges for all positions for which salaries will be charged, in whole or in part, to the proposed program. FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.) To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Program Personnel

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTEs	SALARY RANGE FROM: (wages, social security and Medicare)	SALARY RANGE TO:
P1	**MQ1**	**FTE1**	**SR1 FROM**	**SR1 TO**
Health Educator	Bachelor's degree in Health Education, Health Promotion, Public Health, or related field; Master's preferred	1.00	39295.00	
P2	**MQ2**	**FTE2**	**SR2 FROM**	**SR2 TO**
Social Services Specialist	Bachelor's degree in Social Work, Psychology, Counseling, Nursing, Education, Human Development, or related human service field	1.00	34929.00	
P3	**MQ3**	**FTE3**	**SR3 FROM**	**SR3 TO**
		0.00	0.00	
P4	**MQ4**	**FTE4**	**SR4 FROM**	**SR4 TO**
		0.00	0.00	
P5	**MQ5**	**FTE5**	**SR5 FROM**	**SR5 TO**
		0.00	0.00	
P6	**MQ6**	**FTE6**	**SR6 FROM**	**SR6 TO**
		0.00	0.00	
P7	**MQ7**	**FTE7**	**SR7 FROM**	**SR7 TO**
		0.00	0.00	
P8	**MQ8**	**FTE8**	**SR8 FROM**	**SR8 TO**
		0.00	0.00	
P9	**MQ9**	**FTE9**	**SR9 FROM**	**SR9 TO**
		0.00	0.00	
P10	**MQ10**	**FTE10**	**SR10 FROM**	**SR10 TO**
		0.00	0.00	

Program Personnel Narrative

Provide a rationale for the minimum qualifications and salary range for each position indicated above. (600 character limit)

The Health Educator and Social Services Specialist positions are existing positions within the City. Minimum qualifications and salary range are determined by City Human Resources Department, taking into consideration current market analysis, education, and skills necessary to fill the role.

Program Service Fee

a. Will program consumers be charged a fee for the proposed program service(s)?

No

If No - Provide a rationale for why no fees will be charged for the program service(s). (600 character limit)

As a city/county public health department, we prioritize the provision of essential services which support optimal health, safety, and well-being for all city and county residents. Our City and County governments provide financial support to our department, thereby allowing us to assist members of the public with little to no associated fees for some programing and services. At this time, all Live Well Boone County services are provided at no cost to consumers.

If Yes - Provide a description of and rationale for the program service fee. (600 character limit)

Program Service Levels

Click Add to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

Link to Program Budget

Program Budget				Link Info	
TOTAL REVENUE	2.	TOTAL EXPENSES	Record Lock	Active	Date
669453.13	$178,400.00	659453.13			Added on 06/13/2015

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Total Number of Unduplicated Individuals to be served by the Proposed Program

25999

Average Cost per Individual

25.36

Program Service Need

a. Are other organizations/businesses in the City of Columbia or Boone County currently providing the proposed program service(s)?

No

Indicate the organizations/businesses currently providing the proposed program service(s). (600 character limit)

b. State the reason why the proposed program is needed in the City of Columbia or Boone County. (1500 character limit)

The three proposed services address needs in Columbia and/or Boone County, as identified by our community in the 2013 Columbia/Boone Community Health Assessment, as well as Boone Hospital's Community Health Needs Assessment. Both sources listed: access to health care, mental health needs and associated stigmas, substance use, the need for establishing a medical home, health disparities in African Americans, obesity, poor nutrition, and physical inactivity as areas of concern in our community. The services proposed in this application will address these needs in our community.

Funding Request Justification

a. Provide a justification for the requested level of funding from the City of Columbia or Boone County. (600 character limit)

Over the course of this two year pilot, existing PHHS staff will provide hours of service equal to $265,762. Live Well Boone County has been able to leverage other funding, as evidenced by the HEAL grant. The County funding will allow the work of Live Well Boone County to continue to expand. Funds will be used for staff assisting the partner churches with healthy program implementation, host a recruitment dinner for Live Well by Faith, and provide a media/public awareness campaign targeting suicide prevention and substance use.

b. Describe how funding from the City of Columbia or Boone County for the proposed program will expand program service capacity, fill a gap in or loss of funding from other funding sources, and/or enable the organization to access funding from other funding sources. (600 character limit)

Funding from Boone County for the proposed program will expand capacity at PHHS, allowing for the implementation of new pilot programs and services. Funds will be used for hiring a Health Educator and a Social Services Specialist. While these positions currently exist at PHHS, current staff are committed to delivering existing programs and services. The addition of programs, such as Live Well by Faith and the Social Services expansion program, will require the addition of staff.

Implementation and Sustainability Plan

a. Discuss the plan for the implementation of the proposed program including how the requested funds will be used for the program in the implementation process. (1500 character limit)

Implementation for Live Well by Faith includes health education programming, environmental and policy changes. The funds will be used to support these planned changes. The purpose of this work is to create environments that promote health. Desired changes and programs will be determined by each church and will include the supplies, materials, and equipment needed to support the adoption of health behaviors. Funding will also be used to prepare health and wellness committee members/leaders and the health educator to lead training programs like Chronic Disease Self-Management for their church family. Implementation costs may include food for healthy eating classes, tools for gardening programs, blood pressure cuffs for screenings, etc. Implementation of the Social Services expansion program will include the recruitment, hiring, and training of a social services specialist. Funding will be used to cover the cost of this position. The Behavioral Health Awareness campaign will be implemented by identifying an established public awareness campaign for our intended audiences. This will be accomplished with technical assistance from the Behavioral Health Action Team. After the campaign is chosen, PHHS will contract with a media planning and placement agency for the distribution of the campaign. Funding will be used to cover the cost of the campaign distribution. A sample budget for the media planning and placement is available upon request.

b. Outline the timeline for key steps in the proposed program implementation process. (1500 character limit)

Live Well by Faith Timeline. The first three months- host recruitment dinner with churches and hire health educator. Three - six months-assemble committee and build capacity within churches, coordinate the creation of wellness committee or key leaders within churches or between churches, conduct an assessment (survey and focus groups to identify needs, evaluate current programs, environment, and policies and their impact within the church setting). Nine months- analyze data and determine priorities. 12 months- create plan, including program, environment, and policy changes. 12-24 months implementation and evaluation. Social Services expansion program timeline- within the first three months hire social services specialist, training of new staff in month four, begin program implementation in month five. Evaluate program at month 24. Behavioral Health Awareness campaign timeline- identify established campaign for intended audiences and community partner for campaign referral information within four months. Establish contract with media planning and placement agency by month 6. Disseminate media campaign in months 6-24. Evaluate program at month 24. Establish a fixed unit measurement and rate for each service by the conclusion of the pilot project period.

What is your sustainability plan for the proposed program? (1500 character limit)

Live Well by Faith creates sustainable change by focusing on training church members to implement health programs, and on environmental and policy changes in support of health. The purpose of Live Well by Faith is to create strong, sustainable health ministries in the pilot churches and supply them with the tools and skills needed to continue to thrive after the two-year program is complete. The Live Well by Faith pilot project will allow PHHS to test a model for future church partnerships that can be replicated in other churches throughout Boone County. Successes demonstrated by the Social Services expansion program and the Behavioral Health Awareness Campaign will be used as a basis for future applications for support to external funding sources.

Reference List

Instructions: **All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site:** http://www.apastyle.org/

Reference List: (5000 character limit)

References

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Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records

Linked 'Interim POS Report' Records

Link Instructions (2)

Linked 'Final Pilot Report' Records

Consumer Demographics

Consumer Demographics Instructions

Instructions:

The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program services. All counts are for Unduplicated Individuals. The totals for all sub-sections should be identical.

Information provided in the Consumer Demographic Information Section should correlate with the information provided in the:

- **Program Overview Section**
- **Program Budget Section**
- **Program Service Section (POS Only)**
- **Program Performance Measures Section**

***Indicates a required field.**

Residence

Boone County (includes City of Columbia residents)
25999

City of Columbia
17419

Other Counties
0

Residence Total
25999

Record Lock
1

Race/Ethnicity

NON-HISPANIC

White (alone)
20749

Black or African American (alone)
3250

Native American Indian or Alaskan Native (alone)
0

Asian (alone)
0

Native Hawaiian or other Pacific Islander (alone)
0

Multiple Races
1000

Some Other Race
1000

Subtotal - Non-Hispanic
25999

HISPANIC

Of all races
0

Race/Ethnicity Total
25999

Gender

Female
13518

Male
12481

Other Gender
0

Gender Total
25999

Income

At or below 200% of Federal Poverty Level
10725

Over 200% of Federal Poverty Level
15274

Income Total
25999

Age (City-Social Services/County-Health Fund RFP)

Under 5 years
0

5-18 years
11720

19-59 years
14080

60 years and over
199

Age Total (1)
25999

System Fields

Record	Modification Date	Modified By	Creation Date	Created By

Linked 'Interim POS Report' Records

Link Instructions

Linked 'Final POS Report' Records

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Pilot Program Performance Measures

Pilot Program Performance Measures Instructions

The purpose of this section is to provide performance measurement information for each proposed program service. In the fields provided, indicate each proposed program service along with the corresponding number of units of service to be provided, the unit of service measure, and the number of unduplicated individuals to be served. For each proposed program service, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Click here **to access helpful information about performance measures.**

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Consumer Demographics Section

Program Service 1

Program Service (1) (500 character limit)

.lkj

Program Service 1 - Outputs

Units (1)	Unit Measure (1) (500 character limit)	Unduplicated Individuals (1)
6786	vjgjhg	678

Program Service 1 - Outcomes

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
687687	687687	6876
Additional Outcome (1-2)	**Additional Indicator (1-2)**	**Additional Method (1-2)**
6		
Additional Outcome (1-3)	**Additional Indicator (1-3)**	**Additional Method (1-3)**
Additional Outcome (1-4)	**Additional Indicator (1-4)**	**Additional Method (1-4)**
Additional Outcome (1-5)	**Additional Indicator (1-5)**	**Additional Method (1-5)**

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit)

6876

Describe and document any external factors or variables which may affect the proposed outcome(s) (1) (600 character limit)

8766

Provide a rationale for the measurement level(s) for each indicator (1) (600 character limit)

6

Provide a rationale for each method of measurement (1) (600 character limit)

6

Program Service 2

Program Service (2) (500 character limit)

Program Service 2 - Outputs

Units (2)	Unit Measure (2) (500 character limit)	Unduplicated Individuals (2)
0		0

Program Service 2 - Outcomes

Outcome (2-1)	**Indicator (2-1)**	**Method of Measurement (2-1)**
Additional Outcome (2-2)	**Additional Indicator (2-2**	**Additional Method (2-2)**
Additional Outcome (2-3)	**Additional Indicator (2-3)**	**Additional Method (2-3)**
Additional Outcome (2-4)	**Additional Indicator (2-4)**	**Additional Method (2-4)**
Additional Outcome (2-5)	**Additional Indicator (2-5)**	**Additional Method (2-5)**

Program Service 2 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (2) (600 character limit)

Describe and document any external factors or variables which may affect the proposed outcome(s) (2) (600 character limit)

Provide a rationale for the measurement level(s) for each indicator (2) (600 character limit)

Provide a rationale for each method of measurement (2) (600 character limit)

Program Service 3

Program Service (3) (500 character limit)

Program Service 3 - Outputs

Units (3)	Unit Measure (3) (500 character limit)	Unduplicated Individuals (3)
0		0

Program Service 3 - Outcomes

Outcome (3-1)	**Indicator (3-1)**	**Method of Measurement (3-1)**
Additional Outcome (3-1)	**Additional Indicator (3-2)**	**Additional Method (3-2)**
Additional Outcome (3-3)	**Additional Indicator (3-3)**	**Additional Method (3-3)**
Additional Outcome (3-4)	**Additional Indicator (3-4)**	**Additional Method (3-4)**
Additional Outcome (3-5)	**Additional Indicator (3-5)**	**Additional Method (3-5)**

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (3) (600 character limit)

Describe and document any external factors or variables which may affect the proposed outcome(s) (3) (600 character limit)

Provide a rationale for the measurement level(s) for each indicator (3) (600 character limit)

Provide a rationale for each method of measurement (3) (600 character limit)

Program Service 4

Program Service (4) (500 character limit)

Program Service 4 - Outputs

Units (4)	Unit Measure (4) (500 character limit)	Unduplicated Individuals (4)
0		0

Program Service 4 - Outcomes

Outcome (4-1)	**Indicator (4-1)**	**Method of Measurement (4-1)**
Additional Outcome (4-2)	**Additional Indicator (4-2)**	**Additional Method (4-2)**
Additional Outcome (4-3)	**Additional Indicator (4-3)**	**Additional Method (4-3)**
Additional Outcome (4-4)	**Additional Indicator (4-4)**	**Additional Method (4-4)**
Additional Outcome (4-5)	**Additional Indicator (4-5)**	**Additional Method (4-5)**

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (4) (600 character limit)

Describe and document any external factors or variables which may affect the proposed outcome(s) (4) (600 character limit)

Provide a rationale for the measurement level(s) for each indicator (4) (600 character limit)

Provide a rationale for each method of measurement (4) (600 character limit)

Program Service 5

Program Service (5) (500 character limit)

Program Service 5 - Outputs

Unit (5)	Unit Measure (5) (500 character limit)	Unduplicated Individuals (5)
0		0

Program Service 5 - Outcomes

Outcome (5-1)	**Indicator (5-1)**	**Method of Measurement (5-1)**
Additional Outcome (5-2)	**Additional Indicator (5-2)**	**Additional Method (5-2)**
Additional Outcome (5-3)	**Additional Indicator (5-3)**	**Additional Method (5-3)**
Additional Outcome (5-4)	**Additional Indicator (5-4)**	**Additional Method (5-4)**
Additional Outcome (5-5)	**Additional Indicator (5-5)**	**Additional Method (5-5)**

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (5) (600 character limit)

Describe and document any external factors or variables which may affect the proposed outcome(s) (5) (600 character limit)

Provide a rationale for the measurement level(s) for each indicator (5) (600 character limit)

Provide a rationale for each method of measurement (5) (600 character limit)

System Fields

Record ID	Modification Date	Modified By	Creation Date	Created By

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

Pilot Program Performance Measures

Pilot Program Performance Measures Instructions

The purpose of this section is to provide performance measurement information for each proposed program service. In the fields provided, indicate each proposed program service along with the corresponding number of units of service to be provided, the unit of service measure, and the number of unduplicated individuals to be served. For each proposed program service, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Click here **to access helpful information about performance measures.**

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

Program Overview Section

Program Budget Section

Consumer Demographics Section

Program Service 1

Program Service (1) (500 character limit)

Live Well by Faith church-based health promotion (CBHP) intervention

Program Service 1 - Outputs

Units (1)	Unit Measure (1) (500 character limit)	Unduplicated Individuals (1)
10	one health promoting environmental change, example: exercise equipment and materials	1000

Program Service 1 - Outcomes

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Increase the proportion of health education program participants whose blood pressure is within normal range by 10%	Number of participants with BP in normal range will be 10% higher than baseline number of participants in normal range at program onset	blood pressure (normal range defined by Joint National Committee)
Additional Outcome (1-2)	**Additional Indicator (1-2)**	**Additional Method (1-2)**
Increase the proportion of health education program participants who experience weight loss or reach a healthy weight by 10%	Number of participants with weight loss or at healthy weight will be 10% higher than number of participants at normal weight on program onset	BMI (for healthy weight as defined by CDC guidelines) and pounds
Additional Outcome (1-3)	**Additional Indicator (1-3)**	**Additional Method (1-3)**
Additional Outcome (1-4)	**Additional Indicator (1-4)**	**Additional Method (1-4)**
Additional Outcome (1-5)	**Additional Indicator (1-5)**	**Additional Method (1-5)**

Program Service 1 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit)

The goal of the Live Well by Faith program is to decrease the prevalence of hypertension and diabetes in a church setting.The program will work toward decreasing hypertension by increasing the proportion of health education program participants whose blood pressure is within normal range.The program will address diabetes by increasing the proportion of health education program participants who experience weight loss or reach a healthy weight. Research studies have found that moderate weight loss and exercise can prevent or delay type 2 diabetes among adults at high risk of diabetes (CDC 2014).

Describe and document any external factors or variables which may affect the proposed outcome(s) (1) (600 character limit)

There are many behaviors which impact blood pressure and weight loss, including diet, weight, physical activity, smoking, medication adherence, and alcohol use. The health education programs aimed at reducing high blood pressure and weight are designed to create individual behavior change. Behavior change can be very complex and is significantly impacted by one's environment. The environment can support or hinder one's ability to participate in health promoting behaviors such as physical activity and a healthy diet.

Provide a rationale for the measurement level(s) for each indicator (1) (600 character limit)

Measurements are recorded at the individual level because group-level data would be very difficult to obtain and less reliable.

Provide a rationale for each method of measurement (1) (600 character limit)

Blood pressure, measured in mmHg, is the standard unit of measure. For weight loss, body mass index (BMI) measurement will be used to determine if weight loss is needed. If BMI falls above normal range, as defined by the CDC guidelines, the participant's weight will be recorded. Throughout the program, the participant's weight will be recorded at set intervals. Weight loss is achieved if the pattern of the participant's recorded weights shows a negative trend.

Program Service 2

Program Service (2) (500 character limit)

service coordination

Program Service 2 - Outputs

Units (2)	Unit Measure (2) (500 character limit)	Unduplicated Individuals (2)
12480	15 minutes	1560

Program Service 2 - Outcomes

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Increase the number of Boone County adults with a regular doctor/medical provider	50% of the adults served will establish care with a primary care provider	reports from internal social services database
Additional Outcome (2-2)	**Additional Indicator (2-2**	**Additional Method (2-2)**
Additional Outcome (2-3)	**Additional Indicator (2-3)**	**Additional Method (2-3)**
Additional Outcome (2-4)	**Additional Indicator (2-4)**	**Additional Method (2-4)**
Additional Outcome (2-5)	**Additional Indicator (2-5)**	**Additional Method (2-5)**

Program Service 2 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (2) (600 character limit)

Increasing the number of Boone County adults with a regular doctor/medical provider is directly attributable to the goal of improving our community's ability to access and utilize comprehensive health services.

Describe and document any external factors or variables which may affect the proposed outcome(s) (2) (600 character limit)

The most significant variable affecting Boone County residents' ability to access routine medical care at this time is the State of Missouri's decision not to expand Medicaid under the Affordable Care Act (ACA). This leaves a significant number of adults in Boone County in the coverage gap between Missouri's medicaid eligibility level and the level at which the ACA subsidies are unavailable.

Provide a rationale for the measurement level(s) for each indicator (2) (600 character limit)

Our experience as a long time health and human services provider in Boone County is that low to moderate income persons without a medical home have many barriers to establishing care with a regular primary care provider. These include a lack of financial resources, lack of health insurance, lack of transportation, and low levels of health literacy. Therefore, we estimate that 50% of program participants will establish care with a primary care provider.

Provide a rationale for each method of measurement (2) (600 character limit)

Individual outcomes will be generated from the department's internal social services database.

Program Service 3

Program Service (3) (500 character limit)

Behavioral Health Awareness campaign on suicide prevention and substance use

Program Service 3 - Outputs

Units (3)	Unit Measure (3) (500 character limit)	Unduplicated Individuals (3)
1	8 wks of TV, 16 wks of: movie theatre, Pandora,online video, online display, Facebook, radio,Twitter	23439

Program Service 3 - Outcomes

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Increase the number of messages Boone County teens and their parents/influential adults are receiving messages about behavioral health	75% of target audience will hear messaging.	Views/reach as collected by media planning and placement agency for things such as television, radio, movie theater exposure. PHHS will collect data pertaining to social media reach.
Additional Outcome (3-1)	**Additional Indicator (3-2)**	**Additional Method (3-2)**
Increase the number of phone calls to crisis helpline and/or FACE during the campaign period	Number of phone calls during the campaign period will increase by 30%	How the crisis hotline measures call volume (Total number of phone calls during campaign period)
Additional Outcome (3-3)	**Additional Indicator (3-3)**	**Additional Method (3-3)**
Additional Outcome (3-4)	**Additional Indicator (3-4)**	**Additional Method (3-4)**
Additional Outcome (3-5)	**Additional Indicator (3-5)**	**Additional Method (3-5)**

Program Service 3 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (3) (600 character limit)

The media campaign is directly linked to the goal to reduce risky behaviors and the stigma associated with seeking treatment for behavioral health by implementing messaging tied directly to substance abuse reduction among teens. Similar messaging will also be targeted toward the parents and influential adults of the aforementioned teens. The program will also address the stigma portion of the goal by encouraging those struggling with behavioral health issues such a depression and/or suicide to seek help by calling the provided helpline phone number.

Describe and document any external factors or variables which may affect the proposed outcome(s) (3) (600 character limit)

PHHS will contract with a media planning and placement agency to provide the creative design, negotiate and purchase advertising space, and report campaign analytics back to PHHS for program evaluation. Depending on our approved budget, we would limit the amount of work the outsourced agency would provide to the project. Additionally, outcomes can be impacted by an individuals barrier to accessing behavioral health services. Barriers such as insurance, provider availability, and transportation.

Provide a rationale for the measurement level(s) for each indicator (3) (600 character limit)

The media planning and placement agency will provide detailed data to PHHS related to add placement and the demographics of audiences who received the messaging. The number of phone calls to the partner crisis support agency can indicate that the messaging is reaching the intended audience. A decline in the self-reported mentally unhealthy days and a decrease in suicide rate can indicate a correlation between the indicators and the campaign.

Provide a rationale for each method of measurement (3) (600 character limit)

The method of measurement regarding the number of phone calls made to the number listed in the campaign advertisements directly correlates to actions being taken as a result of encountering the campaign in its various formats. The method of measurement regarding the estimated number of people receiving message about behavioral health, specifically suicide prevention and substance use/abuse is relevant to the overall impact of the campaign.

Program Service 4

Program Service (4) (500 character limit)

Live Well by Faith church-based health promotion (CBHP) intervention

Program Service 4 - Outputs

Units (4)	Unit Measure (4) (500 character limit)	Unduplicated Individuals (4)
10	health education programs or activities	100

Program Service 4 - Outcomes

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Increase the proportion of health education program participants whose blood pressure is within normal range	Number of participants with BP in normal range will be 10% higher than baseline number of participants in normal range at program onset	blood pressure (normal range defined by Joint National Committee)
Additional Outcome (4-2)	**Additional Indicator (4-2)**	**Additional Method (4-2)**
Increase the proportion of health education program participants who experience weight loss or reach a healthy weight	Number of participants with weight loss or at healthy weight will be 10% higher than number of participants at normal weight on program onset	BMI (for healthy weight as defined by CDC guidelines) and pounds
Additional Outcome (4-3)	**Additional Indicator (4-3)**	**Additional Method (4-3)**
Additional Outcome (4-4)	**Additional Indicator (4-4)**	**Additional Method (4-4)**
Additional Outcome (4-5)	**Additional Indicator (4-5)**	**Additional Method (4-5)**

Program Service 4 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (4) (600 character limit)

The program will work toward decreasing hypertension by increasing the proportion of health education program participants whose blood pressure is within normal range.The program will address diabetes by increasing the proportion of health education program participants who experience weight loss or reach a healthy weight.

Describe and document any external factors or variables which may affect the proposed outcome(s) (4) (600 character limit)

There are many behaviors which impact blood pressure and weight loss, including diet, weight, physical activity, smoking, medication adherence, and alcohol use. The health education programs aimed at reducing high blood pressure and weight are designed to create individual behavior change. Behavior change can be very complex and is significantly impacted by one's environment. The environment can support or hinder one's ability to participate in health promoting behaviors such as physical activity and a healthy diet.

Provide a rationale for the measurement level(s) for each indicator (4) (600 character limit)

Measurement are recorded at the individual level because group-level data would be very difficult to obtain and less reliable.

Provide a rationale for each method of measurement (4) (600 character limit)

Blood pressure, measured in mmHg, is the standard unit of measure. For weight loss, body mass index (BMI) measurement will be used to determine if weight loss is needed. If BMI falls above normal range, as defined by the CDC guidelines, the participant's weight will be recorded. Throughout the program, the participant's weight will be recorded at set intervals. Weight loss is achieved if the pattern of the participant's recorded weights shows a negative trend.

Program Service 5

Program Service (5) (500 character limit)

Program Service 5 - Outputs

Unit (5)	Unit Measure (5) (500 character limit)	Unduplicated Individuals (5)
0		0

Program Service 5 - Outcomes

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	**Additional Indicator (5-2)**	**Additional Method (5-2)**
Additional Outcome (5-3)	**Additional Indicator (5-3)**	**Additional Method (5-3)**

Additional Outcome (5-4)	**Additional Indicator (5-4)**	**Additional Method (5-4)**
Additional Outcome (5-5)	**Additional Indicator (5-5)**	**Additional Method (5-5)**

Program Service 5 - Narrative

Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (5) (600 character limit)

Describe and document any external factors or variables which may affect the proposed outcome(s) (5) (600 character limit)

Provide a rationale for the measurement level(s) for each indicator (5) (600 character limit)

Provide a rationale for each method of measurement (5) (600 character limit)

System Fields

Record	Modification Date	Modified By	Creation Date	Created By

Linked 'Interim Pilot Report' Records (1)

Linked 'Final Pilot Report' Records

ATTACHMENT A

2015 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 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:

- Certificate of Corporate Good Standing
- Agency Strategic Plan
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

Stephanie Browning, Director — 6-11-15

Printed Name - Agency Executive Director/President/CEO — Date

Stephanie K Browning — 6-11-15

Signature - Agency Executive Director/President/CEO — Date

Mike Matthes, City Manager

Printed Name - Agency Bo ard Chair — Date

Mike Matthes — 6-11-15

Signature - Agency Board Chair — Date

ATTACHMENT B

(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

6-11-15
Date

ATTACHMENT C

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.

HEATHER L COLE
Notary Public, Notary Seal
State of Missouri
Boone County
Commission # 12287591
My Commission Expires January 03, 2016

6-11-15
Affiant Date

Mike Matthes
Printed Name

Subscribed and sworn to before me this 11 day of June, 2015.

Heather L. Cole
Notary Public

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

BOONE COUNTY, MISSOURI

Request for Proposal #: *26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund*

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in 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 *Response Form.* Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications 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 deadline for further questions regarding this RFP is 5:00 p.m. central time, June 3, 2015.

II. Sign-In Sheets from the pre-proposal conference on May 18 are attached for informational purpose.

III. Clarification: Delete 2.1.2.6, an Organizational Budget is no longer required.

IV. Clarification: Add to paragraph 3.5, bullet point six – Child abuse and neglect screenings on employees and volunteers are only required if the target population of the program includes children and youth.

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

a. Please define the differences between a Purchase of Service Contract and a Pilot Program Contract.

Response: The Pilot Program application is intended for new programs which do not yet have a defined unit rate or measurement for program services. Pilot programs will not be funded for longer than two years under a pilot program contract. It is expected that as pilot programs are implemented, unit rates and measurements will also be established for program services.

b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

Response: Indirect expenses will be considered up to a maximum of 15% of salary expense only. Salary expenses do not include benefits. For example, if a program has a budget of $50,000.00 and $15,000.00 of the budget is personnel costs ($10,000.00 salary expense plus $5,000.00 benefit cost) than $1,500.00 will be considered for indirect expenses ($10,000 salary expense x 15%). Indirect expenses are defined in section 3.6 of RFP #26-15JUN15.

c. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

d. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

By: Melinda Bobbitt

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# ***26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund***, receipt of which is hereby acknowledged:

Company Name: Columbia/Boone Co Dept of Public Health + Human Services

Address: 1005 W. Worley St
Columbia MO 65203

Phone Number: 874-7343 Fax Number: 874-7756

E-mail: skbrowni@gocolumbiamo.com

Authorized Representative Signature: Stephanie Browning Date: 6/12/15

Authorized Representative Printed Name: Stephanie Browning

PRE-PROPOSAL CONFERENCE – INFORMATION SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS FOR BOONE COUNTY CHILDREN'S SERVICES FUND, 2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family & Children's Services	815-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Bruning	Cd/Boone Public Health Human Services	814-7343
6.	[illegible]	PubBone PHHS	814 [illegible] 531
7.	Meg Barthell	Marylou Johnston Community Learning	449 5600
8.	Kim Harvey	Hinchingham County Learning	815 3959
9.	[illegible]	[illegible]	[illegible]
10.	[illegible]	Presbyterian Children's Home	314-821-72[illegible]
11.	Christine Gonzales	Lutheran Family & Children's Services	314-754-6231
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS FOR BOONE COUNTY CHILDREN'S SERVICES FUND, 2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Putnam Community Health	573-480-4781
3.	Consuela Johnson	Fun City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia/Boone PHHS	573-874-7224
5.	Andrea Weaver	Columbia/Boone PHHS	573-874-7632
6.	Wendy Ell	Univ. of MO- Dept. of Psychiatry	573 [illegible]
7.	[illegible]	[illegible] Dept of Psychiatry	573 [illegible] 230-[illegible]
8.	[illegible]	The Salvation Army	573 442-3271 x222
9.	Shelly Lock	Child Care Aware of MO	573 445 5431
10.	[illegible]	PCCC	573 874 1690
11.	Nicole Elliott	Central Missouri Foster Care & Adoption Assoc	573 [illegible]
12.	Dan Reilly	MU Wellness Project	573 884-7539
13.			
14.			
15.			

PRE-PROPOSAL CONFERENCE – INFORMATION SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS FOR BOONE COUNTY CHILDREN'S SERVICES FUND, 2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Mellehan	Crowe Horwath	314-718-3321
3.	Adam Douglas	Edwards-Cant Family Agency	573 356 7372
4.	Kathy Becka	Missouri Kids Town	573-642-5545
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEMME	PREFERRED FAMILY HC	573 680 1705
7.			
8.	Nicole Thomas	Great Circle	573-442-8331
9.	Jack Jensen	First Chance for Children	913-777-1815
10.	Carolyn Mickey	Becker Girls Child	573-234-8334
11.	KEVIN DELLINGER	EPWORTH	314 918-3519
12.			
13.			
14.			
15.			

PRE-PROPOSAL CONFERENCE – INFORMATION SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS FOR BOONE COUNTY CHILDREN'S SERVICES FUND, 2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jones	Youth Empowerment	(573) 697-5215
3.			
4.			
5.	Becky Markt	CHAD	573 443 2556
6.	Cathy D Richards	Boone Co Public Admin	573 886 2120
7.	Claire Blaine	Rainbow House	573 474 6600
8.	Janie Bakutes	Rainbow House	573 474 6600
9.	Seth Chaney	Columbia/Boone Co. Pub. Hlth. Dept.	573-441 5560
10.	Rebecca Rexroat	CJL/Boone Co Juvenile Office	573 874 4747
11.	Carole Sowers	MU Extension	573-268-4429
12.			
13.			
14.			
15.			

BOONE COUNTY, MISSOURI

Request for Proposal #: *26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund*

ADDENDUM #2 - Issued May 28, 2015

This addendum is issued in accordance with the RFP Response Page in 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 *Response Form.* Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications 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. A technical assistance meeting for Apricot by CTK is scheduled for 1:00 p.m. on June 8, 2015 in the Commission Chambers of the Boone County Government Center, 801 E. Walnut, Columbia, Missouri. Organizations may ask questions regarding the use of Apricot by CTK to apply for open RFP's.

II. The County received the following question and is providing a response:

a. If you have a program that covers one or more of service areas of need, do they need to be in separate proposals or can you have more than one service need covered by one program? We are looking at a program that spans several services and provides for a continuum of care.

Response: A program may entail multiple services.

By: Melinda Bobbitt

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# ***26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund***, receipt of which is hereby acknowledged:

Company Name: Columbia/Boone Co Dept of Public Health & Human Services

Address: 1005 W. Worley St, Columbia MO 65203

Phone Number: 874-7343 Fax Number: 874-7756

E-mail: skbrownie@gocolumbiamo.com

Authorized Representative Signature: Stephanie Browning Date: 6/12/15

Authorized Representative Printed Name: Stephanie Browning

BOONE COUNTY, MISSOURI

Request for Proposal #: *26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund*

ADDENDUM #3 - Issued June 11, 2015

This addendum is issued in accordance with the RFP Response Page in 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 *Response Form.* Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications 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. Clarification regarding Budget completion:

If an agency is proposing funds for two years, then complete the budget for two years (even though the budget says "proposed year").

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

OFFEROR has examined **Addendum #3** to Request for Proposal# ***26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund***, receipt of which is hereby acknowledged:

Company Name: Columbia/Boone Co Dept of Public Health & Human Services

Address: 1005 W. Worley St. Columbia MO 65203

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E-mail: skbrownl@gocolumbiamo.com

Authorized Representative Signature: Stephanie Browning Date: 6/12/15

Authorized Representative Printed Name: Stephanie Browning

BOONE COUNTY, MISSOURI

Request for Proposal #: *26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund*

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

OFFEROR has examined **Addendum #3** to Request for Proposal# ***26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund***, 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 #: *26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund*

ADDENDUM #2 - Issued May 28, 2015

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Response: A program may entail multiple services.

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Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____
E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

BOONE COUNTY, MISSOURI

Request for Proposal #: *26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund*

ADDENDUM #1 - Issued May 21, 2015

This addendum is issued in accordance with the RFP Response Page in 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 *Response Form.* Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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b. Help me understand the indirect expenses explanation in section 3.6 of PFP #:26-15UN15. In a program with a 100,000 budget, does that mean 15,000 could go for salary? There could be additional indirect expenses (items listed in the 3.6 and that is where benefits fall?

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c. How do you print the Apricot form so you can view the whole proposal at once.

Response: Each section of the proposal needs to be printed off separately. Instructions for printing are contained within the User Guide for Apricot which may be found at: http://www.showmeboone.com/communityservices/common/pdf/Apricot_User_Guide.pdf

d. If two or more organizations are collaborating on a program, should each organization submit a proposal?

Response: No, only one proposal per program should be submitted.

By: _____

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# ***26-15JUN15 – Purchase of Service and Pilot Program Contracts for the Community Health Fund***, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

PRE-PROPOSAL CONFERENCE – INFORMATION SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS FOR BOONE COUNTY CHILDREN'S SERVICES FUND, 2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Heather Wall	Lutheran Family & Children's Services	815-9955
3.	Mable J. Grimes	Nora Stewart	449-5981
4.	Michael Trapp	Phoenix Health Programs	777-3000
5.	Stephanie Browning	Cd/Boone Public Health & Human Services	874-7343
6.	Michelle Sikkes	Col Boone PHHS	874-6331
7.	Meg Bartlett	Mary Lou Johnston Community Learning	449-5600
8.	Kim Harvey	Harrisburg Early Learning Center	875-5959
9.	Dave Hall, Jr	City/County PHHS	874-7489
10.	Robert Brezley	Presbyterian Children's Homes & Svcs	314-487-1727
11.	Christine Corrado	Lutheran Family & Children's Services	314-754-2231
12.	Cheryl Howard	Nora Stewart ELC	449-5981
13.			
14.			
15.			

PROPOSAL OPENING
RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS FOR BOONE COUNTY CHILDREN'S SERVICES FUND, 2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Brian Martin	Partnering Community Health	573-480-4781
3.	Consuela Johnson	Fun City Youth Academy	573-256-1436
4.	Jason Wilcox	Columbia/Boone PHHS	573-874-7224
5.	Andrea Warner	Columbia/Boone PHHS	573-874-7632
6.	Wendy Ell	Univ. of MO- Dept. of Psychiatry	573 673-4057
7.	Melody Boling	Univ of MO Dept of Psychiatry	573-~~882-1194~~ 882-1194 230-11
8.	CYNTHIA CHAPMAN	The Salvation Army	573 442-3229 X222
9.	Shelly Lock	Child Care Aware of MO	573-445-5437
10.	Nancy Ann	BCCC	573 874 1699
11.	Nicole Elliott	Central Missouri Foster Care-Adoption Assoc.	573 ~~294-0851~~ 442-0851
12.	Dan Reilly	MU Wellness Research Ctr	573 884-7534
13.			
14.			
15.			

PRE-PROPOSAL CONFERENCE – INFORMATION SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS FOR BOONE COUNTY CHILDREN'S SERVICES FUND, 2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Nora Kelleher	Equus McClellan & Gentry	314-918-3321
3.	Adam Saunders	Columbia Center for Urban Agriculture	573 356 9392
4.	Kathy Becka	Missouri Girls Town	573 642-5345
5.	Nick Foster	Voluntary Action Center	573-874-2273
6.	PAM LEMKE	PREFERRED FAMILY HC	573 680 1905
7.	Vicky Lane	Rainbow House	573-474-6600
8.	Nicole Thomas	Great Circle	573-442-8331
9.	Jack Jensen	First Chance for Children	573-777-1815
10.	Carrie Lyle Mickelson	Becky's Girls Club	573-234-8334
11.	KEVIN DELLINGER	EPWORTH	314-918-3308
12.			
13.			
14.			
15.			

PRE-PROPOSAL CONFERENCE – INFORMATION SESSION - RFP – 25-15JUN15 – PURCHASE OF SERVICE CONTRACTS FOR BOONE COUNTY CHILDREN'S SERVICES FUND, 2015 APPLICATION

	Representative Name	Business Name	Telephone Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391
2.	Whitney Jones	Youth Empowerment Love	(573) 697-5215
3.			
4.			(573) 442-4670
5.	Becky Markt	CHA Low-Income Services	573 443-2556
6.	Cathy O Richards	Boone county Public Admin	573-886-4190
7.	Claire Slama	Rainbow House	573-474-6650
8.	Jamie Bakutes	Rainbow House	573 474 6600
9.	Scott Clardy	Columbia/Boone Co. Pub. Health & Human Svc.	573-441-5560
10.	Rebecca Roessler	CoI/Boone Co Public Health	573-424-4715 7
11.	Carole Schutz	mu Bridge	573-268-4129
12.			
13.			
14.			
15.			

COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 26-15JUN15
Purchase of Service and Pilot Program Contracts
Boone County Community Health/Medical Fund
2015 Application

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	**May 5, 2015**
Written Questions Due By	mbobbitt@boonecountymo.org	**May 13, 2015** **12:00 p.m. Central Time**
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	**May 18, 2015** **1:00 p.m. Central Time**
Response Submission Deadline	Apricot by CTK® on-line system	**June 15, 2015** **5:00 p.m. Central Time**
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	**June 16, 2015** **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

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 26-15JUN15

A pre-proposal conference has been scheduled for **Monday, May 18, 2015, at 1:00 p.m.** central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. central time on Monday, June 15, 2015** via the on-line application system, Apricot by CTK®.

The Request for Proposal is scheduled to be **opened shortly after 9:30 a.m. on Tuesday, June 16, 2015** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be down loaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 26-15JUN15

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at http://www.showmeboone.com.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Tuesday, May 5, 2015

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the on-line application system, Apricot by CTK® until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

a) If you have obtained this RFP 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 addendums if we do not have you on our Vendor list for this RFP.

b) 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.

c) 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.

d) 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.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, 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.

b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.

c) 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.

d) 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.

1.3. 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-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. 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.

a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization'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.

b) 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 16, 2015 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.showmeboone.com. Select "Purchasing", then "2015 Bid Tabulations".

c) Proposal responses are due by Monday, June 15, 2015 at 5:00 p.m. No late proposals will be accepted.

1.8. 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:

a) **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.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

1) Instructions and General Conditions
2) Introduction and General Information
3) Project Information and Requirements
4) Application Information
5) Organization Information – on-line
6) Organization Financial Information and Budget Narrative - online
7) Program Overview – on-line
8) Program Services – on-line
9) Program Budget Worksheet and Narrative – on-line
10) Program Consumer Demographics – on-line
11) Program Performance Measures Information Section – on-line
12) Attachment A - Agency Assurance Sheet
13) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
14) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. 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 13, 2015. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, 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 and register as a Vendor for this RFP.

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@boonecountymo.org

2.3. Pre-Proposal Conference

2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 18, 2015 at 1:00 p.m. Central Time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

2.3.2. 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.

2.3.3. 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.

2.4. Term; Termination of Contract Agreement:

2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.

2.4.2. 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 30 days prior written notice to the Contractor.

3. PROJECT INFORMATION AND REQUIREMENTS

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, hereby solicits formal written proposals from eligible organizations for the provision and delivery of services to address community health needs.

3.2. Background:

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian dated December 27, 2006, the County of Boone receives $500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

3.3. Purpose Statement:

The County desires to support the greatest possible level of independence and self-sufficiency of Boone County residents by promoting their physical, mental and social well-being to cultivate a safe and healthy community.

3.4. Funding Goals:

This RFP seeks proposal applications which address community health needs and clearly demonstrate an impact on need(s)/population(s) identified by one or more of the following resources:

- Boone Hospital's Community Health Needs Assessment: http://assets.thehcn.net/content/sites/boone/Boone_Hospital_Center_CHNA.pdf
- County Health Rankings (Boone): http://www.countyhealthrankings.org/app/missouri/2015/rankings/outcomes/overall
- Columbia/Boone County Community Health Assessment: http://gocolumbiamo.com/Health/PublicHealthandHumanServicesPublications.php
- Community Input Report created for Boone County Children's Services Board: http://www.showmeboone.com/communityservices/common/pdf/Community_Input_Report_Final.pdf

3.5. Minimum Eligibility Requirements:

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

3.6. Funding Available

There is a total of $1,000,000.00 available for purchase of services and pilot programs that address community health needs. Organizations should apply for funds under the Community Health Fund Purchase of Service application if the organization's program services may be purchased at a fixed unit measurement and rate. Applications for funding for purchase of services should expand availability of services currently offered in Boone County or make available a service that does not currently exist in Boone County. Organizations may apply under the Community Health Fund Pilot Program application if the organization is able to initiate, implement and achieve program outcomes within a two-year time period.

For Pilot Programs, **Indirect expenses** will be considered up to a maximum of 15% of salary expense only (salary expense does not include benefits). Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.

3.7. Scope of Work and Deliverables:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide a **Purchase of Service or Pilot Program** as outlined in the information required in the following online application:

3.7.1. **Program Overview:** Information on the Statement of Issue Being Addressed, Target Population, Description of Program Service(s), Program Service Need, and Program Personnel.

3.7.2. **Program Services:** Information on each type of Program Service that will be offered including Unit Measure, Unit Rate, Number of Units of Service to be Provided, Number of Unduplicated Individuals to be Served, Average Number of Units of Service per Unduplicated Individual, Average Cost of Service per Individual, Amount Requested, and Proposed Number of Units of Service.

3.7.3. **Program Budget Worksheet and Narrative:** Information and narrative on the Revenue and Expenses for this program including the Personnel and Non Personnel Costs and the Number of Direct Program Staff to be utilized.

3.7.4. **Program Consumer Demographics:** Information on the demographic information of the program including information on Residence, Race/Ethnicity, Gender, Income, and Age.

3.7.5. **Program Performance Measures Information Section:** Information on each proposed Program Service that will include the Outputs, Outcomes, Indicators, and Method of Measurement for each service.

3.8. Contractor Agency Requirements:

3.8.1. **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 $500,000.00 each employee, $500,000.00 each accident, and $500,000.00 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.

3.8.2. **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.

3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract 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.

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

4. APPLICATION INFORMATION

4.1. Narrative

The Application Narrative must be completed on the on-line system Apricot by CTK® and can be accessed by clicking on the following link: https://ctk.apricot.info/document/edit/id/new/form_id/23 to create an Organizational Profile and submit RFP responses. If you do not already have a username and password for the system, complete the following:

a) Copy and paste the following link into your internet browser, preferably Google Chrome: https://ctk.apricot.info/auth/autologin/org_id/1975/hash/365efb9c0edf7fddf3652ecd2de1868058db6b53
b) Fill in the required information and select save.
c) You will be redirected to a login screen where you will be able to complete the Organizational Profile and Proposal Forms.

4.2. Submission of Proposal

4.2.1. Proposals must be submitted by 5:00 p.m. on June 15, 2015 via the on-line system, Apricot by CTK®

4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.

4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. 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:

4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

4.3.2. 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.

4.3.3. 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.

4.3.4. 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.

4.3.5. 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.

4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2015 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 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:

- Certificate of Corporate Good Standing
- Agency Strategic Plan
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality

_____ _____

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 B

(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 C

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.