

**ATTACHMENT 1
RFP PROPOSAL COVER PAGE
AND
AUTHORIZED SIGNATURES**

Organization Name: _____

Organization Fiscal Year End (day/month): _____

Federal ID#: _____

DUNS #: _____

Mailing Address: _____

Fax #: _____

Telephone #: _____

Name of Contact Person: _____

Title of Contact Person: _____

Email of Contact Person: _____

Phone # of Contact Person: _____

Web Page: _____

Total Requested: \$ _____

I hereby certify that I am an authorized representative of the organization and that to the best of my knowledge:

- The data in this application is true and accurate.
- This document has been duly authorized by the governing body.
- The organization will be able to meet all of the minimum proposal requirements as specified in the RFP.
- The organization will comply with the necessary certifications and assurances and provide program services described in the proposal if a contract is awarded.

Representative Name & Title

Representative Name & Title

Attachment 2
WORK AUTHORIZATION

AFFIDAVIT OF WORK AUTHORIZATION:

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

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

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

<hr/> <p>[REDACTED]</p> <p>Authorized Representative's Signature</p>	<hr/> <p>[REDACTED]</p> <p>Printed Name</p>
<hr/> <p>[REDACTED]</p> <p>Title</p>	<hr/> <p>[REDACTED]</p> <p>Date</p>
<hr/> <p>[REDACTED]</p> <p>E-Mail Address</p>	<hr/> <p>[REDACTED]</p> <p>E-Verify Company ID Number</p>

Subscribed and sworn to before me this [REDACTED] of [REDACTED]. I am
(DAY) MONTH, YEAR
commissioned as a notary public within the County of [REDACTED], State of [REDACTED]
(NAME OF COUNTY)
(STATE), and my commission expires on [REDACTED] (DATE)

Signature of Notary [REDACTED] Date [REDACTED]



Company ID Number: [REDACTED] Client Company ID Number: [REDACTED]

If you have any questions, contact E-Verify at 1-888-464-4218.

Approved by:

Employer [REDACTED]	
Name (Please Type or Print) [REDACTED]	Title
Signature [REDACTED]	Date [REDACTED]
E-Verify Employer Agent [REDACTED]	
Name (Please Type or Print) [REDACTED]	Title
Signature [REDACTED]	Date [REDACTED]
Department of Homeland Security - Verification Division	
Name [REDACTED]	Title
Signature [REDACTED]	Date [REDACTED]

Attachment 4 – 2023 Executive Summary

1 page summary of entire application.

Attachment 5 – Application for Core Funding

Example - Organization Overview

Example Topics -

- Program Services
- Problem Statement Program Overview
- Methods
- Project Outcomes Quality and
- Performance Diversity and Inclusion
- Organizational Stability Budget Narrative

Attachment 6

Example Budget

EXPENSE CATEGORIES	Expected	Requesting	Notes
Direct Staff Salary and Benefits	132,104.00	95,859.00	
Supervisory Staff Salary and Benefits	-	-	
Supplies	280.00	145.00	
Communication	539.00	284.00	
Postage/Shipping/Printing	-		
Travel/Mileage	192.00	(28.00)	
Conference, Meetings, Membership	630.00	330.00	
Equipment	390.00	205.00	
Insurance	422.00	222.00	
<i>Depreciation</i>	320.00	170.00	
Occupancy	4,098.00	1,608.00	
Misc.			
Administrative	11,025.00	6,205.00	10.5% Admin Fee
TOTAL	\$ 150,000	\$ 105,000	

**Attachment 6
Example 2 - 2023 Budget**

Support and Revenue	Committed	Projected
Cash Contributions		\$ 74,852.36
	\$ 90,000.00	
In-kind Contributions	\$ 39,862.87	
	\$ 493.26	
Total Support and Revenue	\$ 130,356.13	\$ 74,852.36

Personnel Expenses	Total	Requested
Clinical Staff	\$ 92,684.46	\$ 43,381.58
Clinical Staff Fringe & Taxes	\$ 32,838.45	\$ 14,761.36
	\$ 125,522.91	\$ 58,142.94

Non-personnel Expenses		
Communications	\$ 560.62	\$ 232.94
Psychometric Testing Materials	\$ 8,117.52	\$ 3,607.89
Supplies	\$ 1,848.83	\$ 776.54
Printing	\$ 625.19	\$ 263.10
Outreach	\$ 889.98	\$ 629.87
Mileage	\$ 736.86	\$ 363.00
Occupancy	\$ 10,378.06	\$ 4,312.87
Training	\$ 5,818.94	\$ 2,190.16
Postage	\$ 257.35	\$ 108.30
Professional Liability Insurance	\$ 555.14	\$ 243.93
Evaluation	\$ 663.79	\$ 281.59
In-kind Expenses (Publishers)	\$ 493.26	\$ -
	\$ 30,945.53	\$ 13,010.18

Indirect Expenses		
Administrative Staff	\$ 6,175.32	\$ 2,529.72
Administrative Staff Fringe & Taxes	\$ 2,080.32	\$ 781.76
Supplies	\$ 621.54	\$ 387.76
In-kind Expenses (F&A)	\$ 39,862.87	\$ -
	\$ 48,740.05	\$ 3,699.24

Total Expenses	\$ 205,208.50	\$ 74,852.36
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Attachment 6 Example Budget

Budget Narrative

A. Personnel:

1. Level IV Clinician:

The need for 5 full time (30% Level of Effort/1.0 FTE) Level III Clinicians will be required for this project. Level IV Clinician:

$\$50,400 \times 30\%$ (1.0 FTE) = $\$25,200 \times 5$ Level III Clinicians = $\$126,000$

2. Fringe:

Agency fringe rate is calculated at 31%

Total staff salary required for the project x 31%

$\$126,000 \times .31$ (31%) = $\$39,060$

Total Fringe: $\$39,060$

Personnel Total: $\$165,060$

B. Total Direct Expenses: \$165,060

C. Indirect Rate (20%):

Agency adjusted indirect rate for this project is 20%. $\$165,060 \times .20$ (20%) = $\$33,012$

Total Indirect: $\$33,012$

D. Total Project Expenses: $\$165,060 + \$33,012 = \$198,072$

Total Project Expenses: \$198,072

Attachment 6 Example Budget

PERSONNEL	LOE	Salary	TOTAL
School Based Counselor	50%	\$50,400	\$25,200
School Based Counselor	50%	\$50,400	\$25,200
School Based Counselor	50%	\$50,400	\$25,200
School Based Counselor	50%	\$50,400	\$25,200
School Based Counselor	50%	\$50,400	\$25,200
SALARIES			\$126,000
Fringes (31%)			\$39,060
PERSONNEL TOTAL			\$165,060
Contractual			
Total Contractual			\$0
Supplies			
Total Supplies			\$0
Other:			
Total Other			\$0
Direct expenses			\$165,060
Indirect (20%)			\$33,012
Total expenses			\$198,072

Attachment 7 - 2023 Application for Core Funding - Agency Assurance

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 obligations to comply with any of the conditions of the *Jefferson County Community Mental Health Board Fund* 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 and receipt of funds, expenditures and of unexpended balances. I will establish controls, which are adequate to ensure that expenditures used to determine unit cost for allowable purposes, and that documentation will be readily available to verify their accuracy and validity.

I, the undersigned, certifies the following to be true:

- That the agency maintains a Confidentiality Policy that ensures the privacy of clients we serve, those who volunteer their time and energy to the agency, and to all agency staff members;
- That the agency is an equal opportunity employer and does not discriminate in its hiring, firing or promotion policies or practices on the basis of race, religion, color, sex, marital status, familial status, national origin, age, disability or sexual orientation;
- That the agency complies with the law governing the Articles of Incorporation under all Missouri Nonprofit Corporation statutes.

Agency President/CEO: [Redacted]

[Redacted Signature]

Signature

[Redacted Date]

Date

Agency Board Chair: [Redacted]

[Redacted Signature]

Signature

[Redacted Date]

Date

ATTACHMENT 8
JCCMHFB RFP - Application for Funds
Board of Directors Resolution

At the Board meeting on _____,

the Board of Directors of _____ approved submitting this application form for the purposes of:

Project Name	Amount	Requested Amount
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Project Name	Amount	Requested Amount
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Project Name	Amount	Requested Amount
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Note: Exact dollars requested are not required. Amounts requested should be submitted as not-to-exceed figures.

The authorized individual(s) to enter into contractual arrangements with the Jefferson County Community Mental Health Board is (are):

Name	Title
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Name	Title
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We, the undersigned, hereby certify that the statements made in this application are correct to the best of our knowledge and belief, and we are authorized to sign this application on behalf of the applicant, and we shall comply with the JCCMHFB guidelines, monitoring procedures, and formal contract provisions if our request for funding is approved.

Respectfully submitted,

By	Date
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_____, Board of Directors
Title

Phone Number	Email Address
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