

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

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

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

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

Council Bill No. B 226-11

**AN ORDINANCE**

authorizing an agreement with the State of Missouri, on behalf of the Children's Trust Fund, for child abuse prevention projects; 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 the State of Missouri, on behalf of the Children's Trust Fund, for child abuse prevention projects. The form and content of the agreement shall be substantially as set forth in "Attachment A" attached hereto and made a part hereof as fully as if set forth herein verbatim.

SECTION 2. The sum of \$5,000.00 is hereby appropriated from the Miscellaneous Revenue Account No. 110-3340-480.10-00 GCTFCA to the Miscellaneous Supplies Expense Account No. 110-3340-531.13-95 GCTFCA.

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

PASSED this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

ATTEST:

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

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

APPROVED AS TO FORM:

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

CERTIFICATION: I certify there are sufficient funds available in the Miscellaneous Revenue Account No. 110-3340-480.10-00 GCTFCA to cover the above appropriation.

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Director of Finance

**Contract # CTF – D - 1204**  
**Contract Period: 7/1/11– 6/30/12**

**State of Missouri**  
**Children's Trust Fund**  
**Contractual Service Agreement**  
**Child Abuse Prevention Projects - Discretionary**

This agreement, made and entered, by and between the Children's Trust Fund (CTF), P.O. Box 1641, Jefferson City, Missouri 65102-1641 and **City of Columbia-Columbia/Boone County Department of Health and Human Services, 1005 W. Worley, PO Box 6015, Columbia, MO 65205-6015**, hereinafter referred to as the provider.

CTF is authorized under section 210.172 (3)(a) RSMo., to enter into contracts with public or private agencies, schools, or qualified individuals to establish community-based educational and service prevention programs designed to prevent or alleviate child abuse or neglect. Furthermore, CTF allocates a certain portion of its program budget each year to fund discretionary projects.

WITNESS:

WHEREAS, CTF wishes to issue a discretionary program grant for services as described in this agreement and in the Discretionary Grant Application (Exhibit A);

WHEREAS, the provider has the expertise and ability to perform these services;

NOW THEREFORE, in consideration of the mutual benefits to be derived by the provider and CTF, the parties do hereby agree as follows:

**I. Duration of the Agreement**

The terms and obligations of this agreement will commence on **July 1, 2011** and expire on **June 30, 2012**.

**II. Terms and Conditions of Participation**

Subject to the terms of this agreement, CTF will pay the provider for actual and necessary costs incurred by the provider for the implementation of the program described in the written application as amended by CTF, which application is approved by CTF, attached to this agreement, and incorporated herein as the Scope of Work known as Exhibit A.

The provider shall give adequate credit and publicity to CTF for its contribution and support of this project. This shall include, but not be limited to, the inclusion of the Children's

Trust Fund name on all promotional and educational materials written or otherwise, relating to this project. CTF shall have the right to review and approve all such promotional and educational materials and have the right to review and approve all press releases and all other media coverage, prior to publication or release.

The provider shall agree that this agreement is conditioned upon the availability of CTF funds.

### **III. Scope of Work**

Within the above specified period of time, and subject to the terms of this agreement, CTF agrees to fund the provider's activities as described in Exhibit A and Attachment 1.

### **IV. Records and Reporting**

CTF reserves the right to monitor CTF funding expended under this agreement.

The provider shall maintain program records with regard to services rendered, attendance, and all statistical information necessary to evaluate or summarize the program as described in Exhibit A.

The provider shall submit to CTF a final project report thirty days after the completion of the project or after this agreement expires, whichever occurs first. The report should summarize the number of persons and a description of the population served, how the funding was utilized, and any noticeable, measurable outcomes from the project.

The provider shall maintain financial records congruent with accepted accounting principles implemented by the State of Missouri and sufficient to provide an accurate audit trail. These records shall be maintained for a period of three years from the termination date of this agreement.

The provider shall, upon the request of CTF, allow authorized representatives of CTF, the Office of Administration and the State Auditor's Office to access all records related to this agreement. CTF maintains the right to review any and all records for a period of three years from the termination date.

The provider shall include the above-referenced records and reporting requirements in all subcontracts and assignments. The provider may subcontract for services pursuant to this agreement only if approved as a condition of this agreement by CTF and as stipulated in Exhibit A.

CTF funds expended pursuant to this project must be in accordance with the purchasing practices, policies, and procedures of the provider and/or the fiscal agent if different from the

provider.

Any equipment purchased through this project as defined in the approved budget form in Exhibit A must be done in accordance with practices, policies, and procedures of the provider and/or the fiscal agent if different from the provider.

In the event the project ceases to exist for any reason including but not limited to completion of the project or early termination, CTF reserves the right to reclaim and take possession of any and all equipment purchased as listed in the approved budget in Exhibit A/Attachment 1.

#### **V. Method of Payment/Cost of Service**

Subject to the terms of this agreement, CTF shall pay the provider, or the designated fiscal agent if different from the provider, on a cost incurred basis for actual and necessary costs incurred by the provider in delivering project services during the invoice period all as outlined in the approved budget (Exhibit A/Attachment 1).

The provider will be paid based upon expenses incurred by submitting such expenses on a CTF discretionary invoice form. Each invoice shall be accompanied by documentation supporting that the cost was incurred. Failure to provide such documentation will result in the invoice not being paid.

The maximum amount CTF shall pay to fund this project is **\$5,000** and in no instance shall the total payment exceed that amount.

#### **VI. State Held Harmless**

The provider shall agree to indemnify, defend, and save harmless the state of Missouri, the Office of Administration, the Children's Trust Fund, and their respective officials, board of directors, agents, representatives, and employees from any and all claims, liability, loss, damages, costs, or expenses which any of them may sustain:

- A. By reason of any person's personal injury or death, or property loss or damage sustained as a result of the negligent acts or omissions to act of the provider, its officers, employees, or its subcontractors in connection with the performance of this agreement;
- B. As a result of any contract made between the provider and any subcontractor or other person, firm, or corporation furnishing or supplying work or services in connection with the performance of this contract; or
- C. By reason of libel, slander, violation of the rights of privacy, or other legal injury occasioned by any person, arising out of the publication, translation, reproduction,

delivery, performance, use, or disposition of any data furnished under this agreement or out of the content of or statements contained in such data. However, the provision of this subparagraph (6C) shall not apply to claims, liability, loss, damages, costs, or expenses caused by or resulting from the negligent acts or omissions of CTF or any of its officials, representatives, or employees.

## **VII. Cancellation**

Either party may cancel this agreement with or without cause, provided written notice of cancellation is given at least thirty (30) days in advance to the other party, or the contract may be canceled by mutual agreement of both parties.

## **VIII. Contract Officers**

It is agreed that the Executive Director of the Children's Trust Fund or his designee shall serve as the contract officer for this agreement for CTF. **Mike Matthes, City Manager** or his designee shall serve as the contract officer for this agreement for the provider.

## **IX. Nondiscrimination Statement**

All parties agree to comply with the 1964 Civil Rights Act, as amended, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and all other applicable federal and state laws which prohibit discrimination in the delivery of services on the basis of race, color, national origin, age, sex, disability or religious beliefs.

This agreement and its exhibits are the entire agreement between the parties and no agreements, representations or other matters which are not contained herein shall be binding on the parties. This agreement shall be construed according to the laws of the state of Missouri. The venue for any action arising out of this agreement shall be in Cole County, Missouri.

IN WITNESS WHEREOF, the parties hereto have executed this agreement and/or authorized the same to be executed by their duly authorized representatives as shown below.

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Executive Director, Children's Trust Fund

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Date

**PROVIDER:**  
**CITY OF COLUMBIA, MISSOURI**

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

ATTEST:

\_\_\_\_\_  
Sheela Amin, City Clerk

APPROVED AS TO FORM:

\_\_\_\_\_  
Fred Boeckmann, City Counselor



Missouri's Foundation For Child Abuse Prevention



## Application for Discretionary Funding

Applications should be mailed to:  
Children's Trust Fund, PO Box 1641, Jefferson City, MO 65102-1641

Or to CTF's office address at:  
CTF, 301 W. High St., HST Room 860, Jefferson City, MO 65101



## **Children's Trust Fund Application for Discretionary Funding General Information**

Each year the Children's Trust Fund (CTF) allocates a certain portion of its program budget to fund discretionary projects. A maximum of \$5,000.00 per grant award is available. Discretionary funding is designed to be responsive to low cost prevention projects or needs that individual communities or community groups identify during the course of the year. Such projects might include funding start-up costs for voluntary prevention programs such as home visitation, safe crib/home risk assessment, infant massage, resource mothers mentoring programs, curriculum for a community parenting program (including grandparent and father specific programs), prevention educational materials for the public, community awareness and training, etc.

Organizations currently receiving funding from CTF may not apply for discretionary grants to cover costs associated with their existing grant program. Discretionary funding will be denied to any organization attempting to circumvent the competitive bid process or if the funding is available for a project through existing resources or budgets.

CTF will accept applications anytime during the year, up until such time as all available funds are obligated. Each application or request for funding should be completed in its entirety and will be reviewed on an individual basis. Applications will be awarded at the discretion of the Children's Trust Fund. Each applicant will receive written notice as to whether the proposal has been accepted or rejected. Once accepted, each applicant will enter into a discretionary contract agreement with CTF corresponding with the state fiscal year.

All discretionary fees are paid on a cost reimbursement basis after the allowable expense is incurred and after the necessary supporting documentation has been submitted and received by the CTF office. Payment will be consistent with the guidelines accepted by the CTF Board of Directors.

Applications should be mailed to:

**Children's Trust Fund  
Discretionary Projects  
P.O. Box 1641  
Jefferson City, MO 65102-1641**

**Or to CTF's physical address:**

**301 W. High Street, Room 860  
Jefferson City, MO 65101**

For additional information, questions or technical assistance please contact Laura Malzner, CTF Program Coordinator, at (573) 751-5147 or [laura.malzner@oa.mo.gov](mailto:laura.malzner@oa.mo.gov).

# Children's Trust Fund

## Application for Discretionary Funding

### Cover Sheet

Name of Applicant Organization City of Columbia- Columbia/Boone County Department of Public Health and Human Services

Address 1005 W Worley, PO Box 6015 City Columbia State MO Zip 65205-6015

Telephone 573-874-7488 Fax 573-874-7756 Web Address (if any) gocolumbiamo.com/health/

Primary Contact and Title Rebecca Roesslet, Social Services Supervisor E-mail raroessl@gocolumbiamo.com

CEO of Organization (if different from primary contact) Mike Matthes, City Manager

Federal Tax ID # \_\_\_\_\_ (If non-profit, please attach documentation to verify status)

Project Name Healthy Babies- Health and Safety Items CTF Region 4

County (ies) or area where project will be implemented Boone

Estimated # of Persons (Unduplicated) to be served by this project Prevention Type: Primary X Secondary \_\_\_\_\_

50 Children (17 & Under)

50 Parents/Expectant Parents

Other (Please Specify) \_\_\_\_\_

Estimated Cost of Project per individual \$ \_\_\_\_\_

Estimated Cost of Project per family \$ 100

Target Population(s) (Check all that apply to this project within each category)	
<b>Ethnicity(ies)</b> <input checked="" type="checkbox"/> African-American 25 % <input checked="" type="checkbox"/> Asian/Pacific Islander 15 <input checked="" type="checkbox"/> Caucasian 25 % <input type="checkbox"/> Eastern European _____ % <input checked="" type="checkbox"/> Hispanic/Latino 25 % <input type="checkbox"/> Native American _____ % <input checked="" type="checkbox"/> Other 10 %	<b>Geographic Area Served</b> <input checked="" type="checkbox"/> Rural 30 % <input checked="" type="checkbox"/> Suburban 70 % <input type="checkbox"/> Urban core _____ % <b>Gender</b> <input type="checkbox"/> Males only <input type="checkbox"/> Females only <input checked="" type="checkbox"/> Both sexes
<b>Age Group</b> <input checked="" type="checkbox"/> Perinatal (ages Pregnancy - 1 month old) _____ 100 % perinatal <input checked="" type="checkbox"/> Infants/Preschool (ages 1 month - 5 yrs. Or less) _____ to age 2 <input type="checkbox"/> Children/Elementary School (ages 5 - 9 yrs.) _____ % <input type="checkbox"/> Pre-Adolescent/Middle School (ages 10 - 14 yrs) _____ % <input type="checkbox"/> Adolescents/High School (ages 15 - 19 yrs) _____ % <input type="checkbox"/> Young Adults (ages 20 - 34 yrs) _____ % <input type="checkbox"/> Adults (ages 35 - 54 yrs) _____ % <input type="checkbox"/> Older Adults (ages 55 - 64 yrs) _____ % <input type="checkbox"/> Seniors (over 65 yrs) _____ %	

Budget: Total Annual Budget of Applicant Organization \$ 3,959,913 Total Project Budget \$ 19,000

Amount Requested from CTF \$ 5000 CTF Request is 26 % of Total Project Budget

Authorized Signature and Title of Fiscal Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**CTF Office Use Only**

Date Approved: \_\_\_\_\_ Contract #: \_\_\_\_\_ CTF Executive Director: \_\_\_\_\_

**Children's Trust Fund  
Application For Discretionary Funding  
Project Summary**

**Title of Project:** \_\_\_\_\_ Healthy Babies \_\_\_\_\_

**Total Funding Requested From CTF:** \_\_\_\_\_ \$5000 \_\_\_\_\_

**Proposed Starting Date and Length of Project:** \_\_\_\_\_ July 1, 2011- June 30, 2012 \_\_\_\_\_

Please list and answer each of the following questions. Total response should not exceed five pages.

- 1) Describe the project and include how it relates to child abuse/neglect prevention.

The Healthy Babies program is a parent education and support program offered by the Columbia/Boone County Department of Public Health and Human Services. This program is funded with a Missouri Home and Community Based Visiting grant from the Missouri Department of Health. Women with an identified medical/social/mental health risk are provided case management services starting at pregnancy until the child reaches age two. Our social services staff provide home visits at least one time per month and provide support services and educational materials using the Partners for a Healthy Baby Curriculum, developed by the Florida State University. This support and education reduces parental stress and decreases the likelihood of child abuse and neglect. As a Public Health Department, we have committed additional funding to support our families with child care products that can have a positive impact on health outcomes. These are our Healthy Babies-Health and Safety Items. Parents are provided safety and health related products to reduce the incidence of preventable injuries and neglect. Products include: sleep sacks for safe sleep to reduce the risk of Sudden Infant Death syndrome; bathtub thermometers, outlet covers, and color changing feeding spoons to reduce the risks of burns/scalds/electrocution; fresh food mesh feeders to reduce choking hazards; oral care kits to promote good oral hygiene and reduce baby bottle tooth decay; medicine dropper and spoon to prevent over medication; diapers to encourage frequent changing; and infant car seat carrier covers to eliminate improperly secured infants due to blankets in the winter months.

We would like to enhance our program by providing our families with infant carrier seats. Motor vehicle injuries are the leading cause of death among children in the United States. The Centers for Disease Control and Prevention estimates that placing children in age and size appropriate car seats reduces serious and fatal injuries by more than half. All of our families have incomes less than 185% of the federal poverty level, and therefore have limited resources.

- 2) Describe the need in your community for this project.  
Infant carrier seats are not available from any social services agency in Boone county.
- 3) Describe the capacity and qualifications of the agency/organization to implement the

proposed project.

This is an enhancement of the services that we currently provide to improve health outcomes for pregnant women and children.

- 4) Describe the population to be served or effected by this project and how they will be identified and recruited. Include the expected number of participants, ages, etc.  
The infant carrier seats would be available to our mothers who participate in the Healthy Babies program and have no other means to acquire a safe infant carrier seat. We have approximately sixty families in our Healthy Babies program.
- 5) How will the project be implemented?  
This would be an additional product provided to our families. This will allow our mothers to have infant carriers seats at the time the baby is discharged from the hospital. Families will be provided with the location information for the Car Seat Fitting Station in our area, in order to have the carrier base properly installed in their automobile.
- 6) What are the expected or desired outcomes of the project and how will the outcomes and the overall effectiveness of the project be evaluated?  
The desired outcome is a properly restrained infant. Our families receive services until the child reaches age two. During that time, we will ask the family about the car seat usage, any possible automobile related injuries, and educate the family about the infant carrier weight and length restrictions as the child ages.
- 7) How will funds from the Children's Trust Fund be utilized?  
Funds will be used to purchase the infant carrier seats.
- 8) List additional funding sources and support the agency will apply to this project.  
Our organization contributes \$14,000 annually to the purchase of health and safety items for the Healthy Babies program.
- 9) Describe the impact on this project if CTF funding is denied.  
We will not be able to provide infant carrier seats to our families.
- 10) If applicable, describe how the project will be sustained after CTF funding has ended.  
We will continue to provide funding for health and safety items and seek additional funding for the purchase of infant carrier seats.
- 11) List all prior grants received from CTF and include the amount of funding.  
None.

## Application for Discretionary Funding Budget Summary

In the space below please include an itemized budget for the discretionary project/proposal. Budgets should clearly delineate how CTF funding will be utilized. Be specific with describing each item and the estimated expense. On the additional page please provide a brief justification for the requested budget items.

Budget Line-Item	Amount Requested-CTF	Other Funds/Local Support	TOTAL Cost
Professional Fees:			
Program-Related Expenses:	\$5000 to purchase health and safety related program incentives	\$ 14,000 city funds	\$19,000
Training:			
Travel/Mileage:			
Public Education Materials:			
Consumable Supplies:			
Non-Consumable Supplies:			
Other: (please specify)			
TOTALS	\$5000	\$14,000	\$19,000

### Description of Budget Categories

**Professional Fees:** May include salaries/wages of staff dedicated to project-related activities or contractual fees professional services related to the project.

**Program-Related Expenses:** The amount needed to pay for project related costs to support the proposed project including educational materials, brochures designed for client education, software, meeting supplies, special postage, etc.

**Training:** Costs associated with staff training (conference/workshop registration).

**Travel/Mileage:** The amount needed to pay for anticipated travel costs directly related to the proposed project. This may include local mileage (not to exceed the state rate of 47.5 cents per mile) or costs associated with attending training (lodging, meals, etc.).

**Public Education Materials:** Includes brochures, posters, etc. to advertise and increase awareness of services provided.

**Consumable Supplies:** The amount needed to pay for consumable supplies to support the proposed project includes stationery, pens, pencils, paper clips, paper supplies, etc. Copying supplies, project-related consumables and regular postage should also be included in this section.

**Non-Consumable Supplies:** The amount needed to pay for the rental, lease or purchase of equipment to support the project.

**Other:** Proposed budget items that do not fit into one of the other categories. Please describe.

## **Budget Justification**

(Please provide a brief justification/explanation of the requested budget items. Use additional pages if needed.)

### **Professional Fees:**

### **Program-Related Expenses:**

Requesting \$5000 to purchase health and safety items for program incentives.

Approximate cost per items is listed below.

Sleep sacks for safe sleep- \$13.00	Bathtub thermometers- \$4.00
Outlet covers- \$2.00	Color changing feeding spoons- \$2.50
Fresh food mesh feeders- \$3.00	Oral care kits- \$5.50
Medicine dropper and spoon- \$2.50	Diapers- \$19.00
Infant car seat carrier cover- \$21.00	Boppy Nursing pillow- \$30.00
Baby wipes- \$2.75	Nursing Pads - \$5.50

### **Training:**

### **Travel/Mileage:**

### **Public Education Materials:**

### **Consumable Supplies:**

### **Non-Consumable Supplies:**

**Other:**



**Children's Trust Fund**  
**Approved Budget-Discretionary**  
**STATE FY 2012 (July 1, 2011 - June 30, 2012)**

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

**Project Title:** Healthy Babies - Health and Safety Items

**VENDOR #:** 43-6000810

**Year of Funding:** n/a

**Contract #:** CTF-D-1204

Budget Category	CTF Funds Requested	CTF Funds Awarded
Professional Fees	\$ -	\$ -
Program Related Expenses/Direct Services	\$ 5,000.00	\$ 5,000.00
Training	\$ -	\$ -
Mileage/Travel	\$ -	\$ -
Public Education Materials	\$ -	\$ -
Consumable Supplies	\$ -	\$ -
Non-Consumable Supplies	\$ -	\$ -
Other Costs	\$ -	\$ -
<b>TOTAL CTF Funds AWARDED</b>		<b>\$ 5,000.00</b>

**Additional Comments:** Budget approved as indicated and based on the amended budget submitted on July 27, 2011

**Children's Trust Fund  
Instructions for Completing  
Monthly Program Invoice**

**General Instructions**

The CTF program invoice form is to be **submitted monthly** to CTF by the 15<sup>th</sup> of the following month for which expenses are being reimbursed. For example, the invoice for July, 2011 should be submitted to CTF by August 15, 2011 for project expenditures incurred during July. An agency does not have to submit an invoice if there are no expenditures for a particular month. **Expenditures from month to month should not be combined on one invoice nor should multiple invoices be sent to CTF at one time. Faxed invoices will not be processed.**

**Requests for reimbursements more than three months delinquent will not paid.**

The payment method for all CTF grant recipients will be for reimbursement for actual and necessary costs incurred by the provider in the delivery of project services during the invoice period as per the approved project budget and any approved budget amendments. Please feel free to reproduce this form but do not recreate it in another format.

**Identifying Information**

**Complete the identifying information in its entirety.** It is very important that the name of the project be specified since oftentimes CTF has multiple contracts with the same agency. Contact person is the name of the person completing the invoice. This person will be contacted by CTF should any questions arise. The invoice number will begin with CTF-D-, and four assigned numbers (please refer to the contract agreement). The invoice date will be simply the month and year for which expenses are being claimed (i.e. July/11).

**Budget Category**

**Approved CTF Project Budget** (first column) – list the total amount of funding CTF has approved per line-item budget category.

**Total Invoice This Month** (second column) – list the total amount CTF is being invoiced for the month per line-item budget category.

**Invoiced To Date** (third column) – list the total amount CTF has been invoiced to date per line-item budget category. **This includes totals from the current invoice.**

**Remaining Balance** (fourth column) – Subtract “invoiced to date” amounts in column 3 from “CTF funding” amounts in column 1 to acquire the remaining balance per line-item budget category. This amount can not be a negative number. **Money will not be shifted from one budget category to cover another unless prior approval has been received from the Children's Trust Fund.** Requests for budget amendments for fiscal year 2012 must be made in writing to CTF no later than April 1, 2012. The request must include a detailed explanation for the amended request and the amount of line-item funding being removed and/or added to the specific category.

**Authorized Signature/Title/Date**

The authorized signature is the person who is ultimately responsible for administration and/or fiscal accountability of the contract. This person must review, sign, and date each invoice prior to its submission to the CTF office. **Note: An invoice with the original signature must be submitted to CTF. It is recommended that the authorized person use blue ink to sign the form.** Invoices that are submitted unsigned will be returned for the appropriate signature.



# Children's Trust Fund

Missouri's Foundation For Child Abuse Prevention

P.O. Box 1641, Jefferson City, MO 65102-1641  
Phone (573) 751-5147 Fax (573) 751-0254

## CTF Monthly Discretionary Invoice

CTF Use Only: PVS 300 E176\_\_\_\_\_

AGENCY: *			
Project Title: *			
Contact Name: *			
Address: *			
City, State, Zip: *			
Telephone: *		Email: *	
CTF Contract #: *		Vendor #: *	

INVOICE DATE: _____				
Budget Category	Budget Amount	Invoiced this Month	Invoiced-to-Date	Remaining Balance
Professional Fees				
Program Related Expenses/Direct Services				
Training				
Travel/Mileage				
Public Education Materials				
Consumable Supplies				
Non-consumable Supplies				
Other Costs				
<b>TOTALS</b>				

\_\_\_\_\_  
Authorized Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
CTF Approval

\_\_\_\_\_  
Date

CTF Comments:
---------------

\*All identifying information must be completed.

**Source:**  
Browning

*S. Browning*  
**FISCAL and VISION NOTES:**

**TO:** City Council  
**FROM:** City Manager and Staff  
**DATE:** August 5, 2011  
**RE:** Children's Trust Fund Child Abuse Prevention Projects Funding

<b>City Fiscal Impact</b> Enter all that apply:	
\$0	City's current net FY cost.
\$0	Amount of Funds Already appropriated
\$5,000	Amount of budget amendment needed
\$0	Estimated 2 yr net costs:
\$0	One-time
\$0	Operating / On-going
<b>Program Impact:</b>	
N	New program/ agency (Y/N)
N	Duplicates/expands an existing program (Y/N)
N	Fiscal impact on any local political subdivision (Y/N)
<b>Resources Required:</b>	
N	Requires add'l FTE personnel? (Y/N)
N	Requires additional facilities? (Y/N)
N	Requires additional capital equipment? (Y/N)
<b>Mandates:</b>	
N	Federal or state mandated? (Y/N)
<b>Vision Implementation Impact</b> Enter Below All That Applies: Refer to Website:	
Y	Vision Impact? (Y/N or if N, go no further)
Statement #11 Goal: 11.1 Goal: 11.3	Primary Vision, Strategy and/or Goal Item#
	Secondary Vision, Strategy and/or Goal Item#
N/A	FY10/FY11 Implementation Task#

### **EXECUTIVE SUMMARY:**

An ordinance authorizing the City Manager to sign a contract between the City of Columbia and the Children's Trust Fund in the amount of \$5,000 for Child Abuse Prevention Projects and amending the FY2011 budget to appropriate grant revenues and include related expenses.

### **DISCUSSION:**

This ordinance will authorize the City Manager to sign a new contract between the City of Columbia and the Children's Trust Fund for Child Abuse Prevention Projects. It will also authorize an amendment to the FY2011 budget in order to appropriate the additional grant funding and include the related expenses.

Grant funding will be used to purchase additional health, safety and educational items which are utilized in the department's community-based home visitation services program for at-risk, pregnant women and families with young children.

### **FISCAL IMPACT:**

This ordinance will require a budget amendment, an appropriation of funds, and the inclusion of related expenses.

### **VISION IMPACT:**

11 Vision Statement: Columbia is a supportive, compassionate, healthy community with high quality social services; a first-rate health care system and safe, quality affordable housing that are accessible to all.

11.1 Goal: Columbia will support quality points of entry to access information for high quality and affordable social services to support children, youth, adults, seniors, persons with disabilities, and people with cultural barriers. All social services will be sufficiently funded to work toward the elimination of poverty.

11.3 Goal: Columbia will be a healthy community. All residents will have timely access to appropriate health care. Effective prevention initiatives will contribute to a healthy community.

11.3.2 Strategy: Use health care promoters to educate people and help them obtain appropriate care. The focus will be on diabetes education and prevention.

11.3.3 Strategy: Foster health literacy by strengthening inter-organizational and community relationships. Design and deliver a coordinated, creative multi-media communications program, focused initially on diabetes.

### **SUGGESTED COUNCIL ACTIONS:**

It is suggested that the council adopt an ordinance authorizing the City Manager to sign a contract between the City of Columbia and the Children's Trust Fund in the amount of \$5,000 for Child Abuse Prevention Projects and amending the FY2011 budget to appropriate grant revenues and include related expenses.