AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
FY 2013-14 Colorado Children's Trust Fund, Purchase Order, Statement of Work Services; Nurturing Parenting Program; $25,000

Action Requested: County Manager Signature

Parties to the Agreement: Gunnison County & CO Childrens Trust Fund for Nurturing Parenting Program

Term Begins: 7/1/2013 **Term Ends:** 6/30/2014 **Grant Contract #:**

Summary:
Grant Award Acceptance Letter for NPP funding from the CO Children's Trust Fund.

Fiscal Impact: 25,000

Submitted by: C. Worrall **Submitter's Email Address:** Cworrall@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

This is the Statement of Work and the approved Nurturing Parenting Program (NPP) budget for the SFY. This is in the County budget as well as the cash match listed in this grant from Temple Hoyne Buell and smaller local contributors. Jane Wyman

Reviewed by: Bcowan Discharge Date: 5/15/2013

County Attorney Review: (●) Required ( ) Not Required

Comments:

Reviewed by: ATrezise Discharge Date: 5/16/2013 Certificate of Insurance Required Yes (●) No ( )

County Manager Review:

Comments:

Reviewed by: MBirnie Discharge Date: 5/17/2013

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 5/21/2013 Follow Up Agenda Date: N/A

Revised April 2013

Mary Burt

From: Bates - CDPHE, Scott [scott.bates@state.co.us]
Sent: Friday, May 03, 2013 3:10 PM
To: Bates - CDPHE, Scott
Subject: Re: CCTF FY 14 Funding
Attachments: CDPHE VDS Form.doc; ACCORD FORM 092910.pdf

Hi Folks -
My email yesterday was sent from my tablet so I didn't have the option of attaching the forms I also need to collect from you for purchase order processing.

The vendor disclosure statement, attached, states that you agree not to provide services with these funds outside of the State of Colorado. Don't worry about the line that says "Contract or Purchase Order Routing Number," as that will be assigned here.

The other attachment is regarding your required insurance coverages as a grantee of the CCTF.

Please let me know if you have any questions at all - thanks!

-Scott

On Thu, May 2, 2013 at 1:19 PM, Bates - CDPHE, Scott <scott.bates@state.co.us> wrote:

Hi Folks -
You'll soon be receiving an official letter indicating this but I wanted to tell you via email that you have been selected as a grantee of the Colorado Children's Trust Fund for fiscal year FY 13-14!

I wanted to let you know about your award ASAP as there are some additional documents we need from you all to get your purchase orders processed:
A letter from your agency indicating acceptance of the award;
A signed scope of work (from your application) on your letterhead;
A signed budget;
Written assurance that your program will provide services with the CCTF funding only to those who are lawfully present in the United States;

The award letters, which you should receive soon, will indicate if any other information is needed from you per the comments of the CCTF Board and application reviewers.

All documents that need signatures should be signed by your agency's ED or signatory authority.

Please don't hesitate to contact me if you have any questions: 303-692-2942; scott.bates@state.co.us.

Thanks - I look forward to working with you!

Sincerely,
Scott Bates

Program Manager,
Colorado Children's Trust Fund

--
Scott Bates, MSW
Program Manager
Child Maltreatment Prevention Unit
(Colorado Children's Trust Fund and Family Resource Centers)
Colorado Department of Public Health and Environment
scott.bates@state.co.us
w (303) 692-2942
f (303) 691-7901

STATE OF COLORADO

John W. Hickenlooper, Governor
Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
Located in Glendale, Colorado

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

http://www.cdphe.state.co.us

Colorado Department
of Public Health
and Environment

April 29, 2013

e-mailed 5/3/13

Mary Burt
Nurturing Parenting Program Coordinator
Gunnison County Dept. of Health and Human Services
225 N. Pine St.
Gunnison, CO 81230

Dear Mary,

Thank you for your application for the Colorado Children's Trust Fund fiscal year 2013-14. The Colorado Children's Trust Fund Board of Directors met on April 15, 2013 to determine the slate of CCTF grantees for fiscal year 2013-14.

Congratulations! The CCTF Board decided to fund your agency in the amount of $25,000. Please fax or send a letter to the Colorado Children's Trust Fund indicating your acceptance of the grant and include the information outlined below. This information is due by May 17, 2013. The letter of acceptance and Scope of Work should be on your agency letterhead and should be signed by your program's director or signatory authority.

The CCTF needs the following documentation from your program in order to process your purchase order:

- Written assurance that your program will provide services with the CCTF funding only to those who are lawfully present in the United States (per HB 06S-1023);
- A signed Scope of Work (per your application and including pertinent suggestions below) on agency letterhead;
- A signed budget;
- Completion of the Vendor Disclosure Statement (form enclosed); and
- Assurance of your insurance coverages (see the enclosed requirements and sample).

Additionally, please respond to the following in writing – you may choose to include this information within your award acceptance letter:

- Reviewer comments include the remark that serving120 parents for this program seems high. Please indicate more information regarding how you will recruit and retain this many parents with your program or adjust your forecast accordingly. Also update your Scope of Work to indicate any adjustment.
- Please indicate who will provide classes to your parents (name or position);

- Please indicate how/if referrals to local mental health, substance abuse and domestic violence services will occur;

In the event of the passage of House Bill (HB) 13-1117 specific to the Colorado Children's Trust Fund, Colorado Revised Statute (C.R.S.) 19-3.5-101 et seq., responsibilities, including but not limited to, the programmatic and financial administration and contractual compliance of this purchase order shall be transferred from Colorado Department of Public Health and Environment (CDPHE) to the Department of Human Services (CDHS) in accordance with and on the effective date as described in HB 13-1117 or the executive order, respectively. No services may be provided nor purchases made for this grant project until you have received an approved purchase order.

Please let me know if you have any questions about the above. I can be reached via phone at (303) 692-2942 or email at scott.bates@state.co.us. The fax number for the CCTF is (303) 691-7901.

I look forward to working with you to keep Colorado's children safe from harm and neglect!

Sincerely,

Scott A. Bates, MSW
Program Manager
Colorado Children's Trust Fund
Colorado Department of Public Health and Environment
4300 Cherry Creek South Dr.
PSD-A4-CCTF
Denver, CO 80246-1530

enclosures

FY 2013-14
Colorado Children's Trust Fund
PURCHASE ORDER
STATEMENT OF WORK SERVICES

I. Project Description:

Provide the comprehensive, evidence based Child Abuse prevention program; Nurturing Parenting Program for 30 families per year in the rural community of Gunnison County that serves children ages 0-12.

II. Performance Requirements/Deliverables:

See chart below.

Quarters (Q): Q1-July 1-September 31; Q2-October 1-December 31; Q3-January 1-March 31; Q4-April 1-June 30

Goal 1: Provide the Nurturing Parenting Program to thirty families per year in Gunnison County.

Primary Task 1.0:
Prior to each session, families will be referred and registered, and outreach efforts will be specific to current session as well as strategically scheduled to promote the upcoming session. All grant reporting and rules shall be adhered to.

Activity	Quarters of activity	Measurement	Deadline	Position of Person/Agency Responsible
Outreach through NPP 90 minute Community Presentations	*Q1-Q4*	*4 given per year at community organizations that serve families.*	*June 30,2014*	*Coordinator or Facilitator*
Recruit families for Fall and Spring Programs	*Q1 and Q2*	*Have all mandated families registered one week before class, self-referred by first class.*	*September 5, 2013 and January 16, 2014*	*Coordinator*
Meet with Social Services and Mental Health Caseworkers	*Q1 and Q2*	*Identify families for program and begin registration process.*	*August 30, 2013 December 30, 2013*	*Coordinator DHHS Mental Health Center*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/13/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 1-303-773-9999
Arthur J. Gallagher Risk Management Services, Inc.

6399 S. Fiddlers Green Cir
Suite 200
Greenwood Village, CO 80111
Karen Graham

CONTACT NAME: Anita Bruner
PHONE (A/C, No, Ext): 303-889-2574 FAX (A/C, No): 303-889-2575
E-MAIL ADDRESS: anita_bruner@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Colorado Counties Casualty & Property	
INSURER B: ATLANTIC SPECIALTY INS CO	27154
INSURER C: SAFETY NATL CAS CORP	15105
INSURER D: LEXINGTON INS CO	19437
INSURER E: County Worker's Compensation Pool	
INSURER F:	

INSURED
Gunnison County

200 E. Virginia

Gunnison, CO 81230

COVERAGES

CERTIFICATE NUMBER: 30663344 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PER PARTICIPATION CERT.	01/01/13	01/01/14	EACH OCCURRENCE	$ 250,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	X CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 250,000
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 250,000
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
A	AUTOMOBILE LIABILITY			PER PARTICIPATION CERT.	01/01/13	01/01/14	COMBINED SINGLE LIMIT (Ea accident)	$ 250,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	X Claims Made							$
B	X UMBRELLA LIAB ☐ OCCUR			7910003550002	01/01/13	01/01/14	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB X CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED X RETENTION $ 250,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SP4047480	12/31/12	12/31/13	X WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ (Mandatory In NH)	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
D	EXCESS PROPERTY			020412751	01/01/13	01/01/14	BLANKET BLDG & PP	100,000,000
A	Prop, Mob Eq, Auto PD, XS			PER PARTICIPATION CERT.	01/01/13	01/01/14	DEDUCTIBLE $500	150,000
E	County Work Comp Pool			PER PARTICIPATION CERT.	01/01/13	01/01/14		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIR: $750,000 with a $250,000 Corridor Deductible
RE: Evidence of Coverage.

CERTIFICATE HOLDER

To Whom It May Concern

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Karen L. Graham

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SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
12/13/2012

NAME OF INSURED: Gunnison County

Additional Description of Operations/Remarks from Page 1:

Additional Information:

Excess Property:
Carrier: Lexington Insurance Company
Policy #020412751
Policy Term: 01/01/2013 to 01/01/2014
$100,000 Loss Limit - Excess Property/Real & Personal Property (All Risk) including Equipment Breakdown
$5,000,000 Each Occurrence/Annual Aggregate - Flood, Zone A
$50,000,000 Each Occurrence/Annual Aggregate - Flood, all other Zones
$50,000,000 In the Aggregate as respects all flood loss combined
$25,000,000 Each Occurrence/Annual Aggregate - Earthquake
No Coverage for Rental Income
$150,000 Deductible All Perils / $5,000 deductible Equipment Breakdown except $10,000 applies to Snake River Waste Water Treatment Facility in Dillon, CO

Carrier E: CWCP is a qualified Self Insured Pool and is reinsured by Carrier C

PREVENTION SERVICES DIVISION

BUDGET FORECAST FORM

APPLICANT: Gunnison County, Dept. of Health and Human Services **FOR THE PERIOD: July 1, 2013 – June 30, 2014**

PROJECT: Colorado Children's Trust Fund, Child Abuse Prevention Program (Next Fiscal Year Forecast)

	Annual Salary Rate	Full Time Equivalent	Total Amount Required	SOURCE OF FUNDS: Applicant and Other*	SOURCE OF FUNDS: Amount Requested from CCTF
PERSONNEL EXPENSES:					
Coordinator	$16,187.00	0.38	$16,187.00	$5,992.00	$10,195.00
Facilitators	$15,360.00	0.1	$15,360.00	$7,680.00	$7,680.00
Fringe Benefit Rate and Expenses	included in salary cost				
Sub-total Personnel Expenses			**$31,547.00**	**$13,672.00**	**$17,875.00**
CONTRACTUAL SERVICES:					
Volunteers (in-kind)			$4,100.00	$4,100.00	$0.00
Sub-total Contractual Services			**$4,100.00**	**$4,100.00**	**$0.00**
OPERATING EXPENSES:					
Site: St. Peters (in-kind)			3,400.00	3,400.00	$0.00
Curriculum			$700.00	$0.00	$700.00
Background checks			$75.00	$0.00	$75.00
Supplies			$750.00	$0.00	$750.00
Food			$3,000.00	$0.00	$3,000.00
Incentives			$1,000.00	$0.00	$1,000.00
IT cost			$3,525.00	$3,525.00	$0.00
Sub-total Operating Expenses			**$12,450.00**	**$6,925.00**	**$5,525.00**
TRAVEL:					
NPP training for staff			$1,600.00	$0.00	$1,600.00
Sub-total Travel Expenses			**$1,600.00**	**$0.00**	**$1,600.00**
ADMINISTRATIVE/INDIRECT:					
Indirect Cost (in-kind)			$4,809.70	$4,809.70	$0.00
If indirect, specify rate: 10.00% of Personnel					
Sub-total Administrative/Indirect Expenses			**$4,809.70**	**$4,809.70**	**$0.00**
TOTAL PROJECT COSTS			**$54,506.70**	**$29,506.70**	**$25,000.00**

***Source of Funding for "Applicant and Other" (Match or In-kind):**

Foundation Grants	$8,000	Temple Hoyne Buell
Other State Funds (list)		
Cash Fees	$800	client fees
Local Funds	$8,397.00	Local Community Grants & Donations
Other (In kind)	$12,309.70	Inkind Contributions
Total Applicant and Other	**$29,506.70**	

Signature of Director or Authorized Representative **Date**

VENDOR DISCLOSURE STATEMENT

Contract Performance Outside the United States or Colorado

Colorado Revised Statute 24-102-206

Contract or Purchase Order Routing Number: _____

Vendor Name: Gunnison County

The person completing this form should be the business' President, Board Chairperson, Contract's Authorized Signatory or the Purchase Order's Statement of Work Signatory.

This form shall be completed and returned to the contracting agency. This applies to all state contracts and purchase orders for services executed after August 3, 2007.

1. Are any services under the contract or any subcontracts or purchase order anticipated to be performed outside the United States or Colorado?

   Yes ☐ No ☒

   If "Yes", please complete the following two questions and then sign the form.
   If "No", please sign the form.

2. Where will the services be performed under the contract, including any subcontracts or purchase order? (List country(ies) and/or state(s).

   Colorado, U.S.A.

3. Explain why it is necessary or advantageous to go outside of the United States or the State of Colorado to perform the services under the contract or any subcontracts or purchase order.

Signature: _____ Printed Name _____

Title: _____ Date: _____

RETURN THIS FORM BY FAX OR MAIL

ADDITIONAL PROVISIONS
To Purchase Order Number

These provisions are to be read and interpreted in conjunction with the provisions of the Purchase Order specified above.

1. In the event of the passage of House Bill (HB) 13-1117 specific to the Colorado Children's Trust Fund, Colorado Revised Statute (C.R.S.) 19-3.5-101 et seq., responsibilities, including but not limited to, the programmatic and financial administration and contractual compliance of this purchase order shall be transferred from Colorado Department of Public Health and Environment (CDPHE) to the Colorado Department of Human Services (CDHS) in accordance with and on the effective date as described in HB 13-1117 or the executive order, respectively.

2. This Purchase Order contains federal funds. (see Catalog of Federal Domestic Assistance (CFDA) number 93.590.

3. The United State Department of Health and Human Services ("USDHHS"), through the Administration for Children and Families ("ACF") has awarded federal funds under Notice of Cooperative Agreement Award, hereinafter "NCAA", number **G-1201COFRPG**, to perform the following – support prevention of child abuse and neglect.

   If the underlying Notice of Cooperative Agreement Award "NCAA" authorizes the State to pay all allowable and allocable expenses of a vendor as of the effective date of that NCAA, then the State shall reimburse the Vendor for any allowable and allocable expenses of the Vendor that have been incurred by the Vendor since the proposed effective date of this Purchase Order. If the underlying NCAA does not authorize the State to pay all allowable and allocable expenses of a vendor as of the effective date of that NCAA, then the State shall only reimburse the Vendor for those allowable and allocable expenses of the Vendor that are incurred by the Vendor on or after the effective date of this Purchase Order, with such effective date being the later of the date specified in this Purchase Order or the date the Purchase Order is signed by the State Controller or delegee.

4. The Vendor is a Sub-Recipient as defined by Office of Management and Budget (OMB) Circular A-133 (Audits of States, Local Governments, and Non-Profit Organizations).

5. Vendor shall comply with all applicable requirements of the following for Vendor's respective entity type:

   a. 2 Code of Federal Regulations (CFR) Part 215, *Uniform Administration Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations*, formerly known as OMB Circular A-110;

   b. OMB Circular A-102, *Grants and Cooperative Agreements with State and Local Governments*;

   c. 2 C.F.R. 230, *Cost Principles for Nonprofit Organizations*, formerly known as OMB Circular A-122

   d. 2 C.F.R. 225, *Cost Principles for State, Local, and Indian Tribal Governments*, formerly known as OMB Circular A-87;

   e. 2 C.F.R. 220, *Cost Principles for Educational Institutions*, formerly known as OMB Circular A-21;

   f. OMB Circular A-133, *Audits of States, Local Governments, and Non-profit Organizations*

6. Time Limit For Acceptance Of Deliverables.

   a. Evaluation Period. The State shall have **thirty (30)** calendar days from the date a deliverable is delivered to the State by the Vendor to evaluate that deliverable, except for those deliverables that have a different time negotiated by the State and the Vendor.