



Central Missouri Community Action
807-B North Providence Rd
Columbia, MO 65203
573.443.8706 office
573.875.2689 fax
ShowMeAction.org

August 21, 2020

Dear Board Member:

The board is scheduled to meet at 6:00 pm on Thursday August 27, 2020 by Zoom meeting.

The Zoom meeting information has been emailed to you and sent by a calendar invitation. If you need to enter the information manually, please use:

Topic: CMCA Board Meeting

Time: August 27, 2020 06:00 PM Central Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/5893977502>

Meeting ID: 589 397 7502

If you just want to call in you may dial:

+1 312 626 6799

Meeting ID: 984 9345 8211

Please note that this is NOT a toll free number but CMCA will reimburse you for any cost you incur.

I'm looking forward to meeting with you virtually on Thursday.

A handwritten signature in black ink that reads "Darin Preis". The signature is written in a cursive, flowing style.

Darin Preis, CCAP
Executive Director

Enc.

NOTICE OF MEETING

Notice is hereby given that the CMCA Board of Directors will conduct a meeting at **6:00 p.m.** Thursday August 27, 2020 by Zoom meeting.

Topic: CMCA Board Meeting

<https://us02web.zoom.us/j/5893977502>

Meeting ID: 589 397 7502

AGENDA

- I. Call to Order – Welcome
- II. Consent Agenda Items
 - a. Approval of Agenda
 - b. Minutes from July
 - c. Head Start Report
 - d. Fiscal Reports
 - e. Credit Card Statements
- III. Program Updates
 - a. Show Me Healthy Relationships
 - b. Head Start Self-Assessment
- IV. Action Items
 - a. Morgan County Head Start building renovations-ratify Exec Committee vote
 - b. Warsaw Head Start 1303 for Purchase + Renovations
 - c. Secondary Carryover Request to fund the Renovations
 - d. Worley 1303 for construction
 - e. Early Head Start Expansion
 - f. RSVP Program Application
 - g. Nonprofit Relief and Recovery Program application
 - h. FOC application to City of Columbia
 - i. COVID-19 Policy
 - j. Employee Referral Program Policy
 - k. FY21 CSBG Plan
 - l. 990
 - m. Remove Board Member
- V. Executive Directors Report
- VI. Adjourn

Promise of Community Action

Community Action changes people's lives, embodies the spirit of hope, improves communities and makes America a better place to live. We care about the entire community and we are dedicated to helping people help themselves and each other.

CMCA Board of Directors,

Despite my best efforts, another month has rolled over and we are looking forward to our next board meeting on Thursday 8/27. Last month we set the stage with several programmatic and issue-based presentations. This month we will follow up with *twelve* action items that will set us up for the next several years.

One of our program updates will reflect on the five year grant we implemented with the University of Missouri called Show Me Healthy Relationships. The grant is coming to a close and I wanted you to see the great work we've done. We applied for another five year cycle but considering the political environment in Washington DC I'm afraid it won't be turned around quickly. Our second program update is our annual Head Start Self-Assessment. You will recall from past presentations how thoughtful our Head Start team is about what all of our data means. We report on lots of data throughout the year and this is our opportunity to really analyze it and use it to make recommendations for ongoing improvement.

After those updates we will dive into our recommendations for a variety of actions that range from new facilities, to new programs, to updated policies, and removal of a board member who has been unable to attend the meetings this year. I'll also mention that we will be sending out bids for our 2020 audit. We will need a few volunteers to serve on an ad hoc audit committee to help us review proposals and select an auditor (it's not as bad as it sounds!).

I have been working from home several days a week but you can always contact me on my cell phone at 573-864-2281. Let me know if you have any questions or comments, or just want to check in and say hello.

A handwritten signature in black ink that reads "Dani Reis".

Executive Director

Family and Community Development Department

Community Services Block Grant (CSBG)

Angela Hirsch

The COVID-19 pandemic has resulted in the Family & Community Development Department extending our alternative service delivery model. Staff are flexing between work in the office and working remotely.

- All County Family Resource Centers are closed to the public. Members and those seeking services are seen by appointment only.
- Community Organizers are working from home and in the office. Community-based activities continue to be conducted through virtual methods including Zoom, Google Meets or teleconferencing.
- LIHEAP staff are working in the office to continue the processing of LIHEAP applications. The staff are isolated in private offices and no contact with the public is made. Applications are accepted through the US mail and a permanent drop box has been installed at the Boone County FRC for applications that are hand delivered.
- Housing Choice Voucher staff are back in the office. No briefings are being held at this time.
- Weatherization services are slowly starting again with every safety measure taken to ensure the health and safety of staff and contractors during home inspections and work.
- Show Me Healthy Relationships staff divide their time between office and working from home. Classes are resuming virtually. No in person classes are currently scheduled.
- SkillUP staff are flexing between working from home and in the office and seeing members virtually or by appointment.

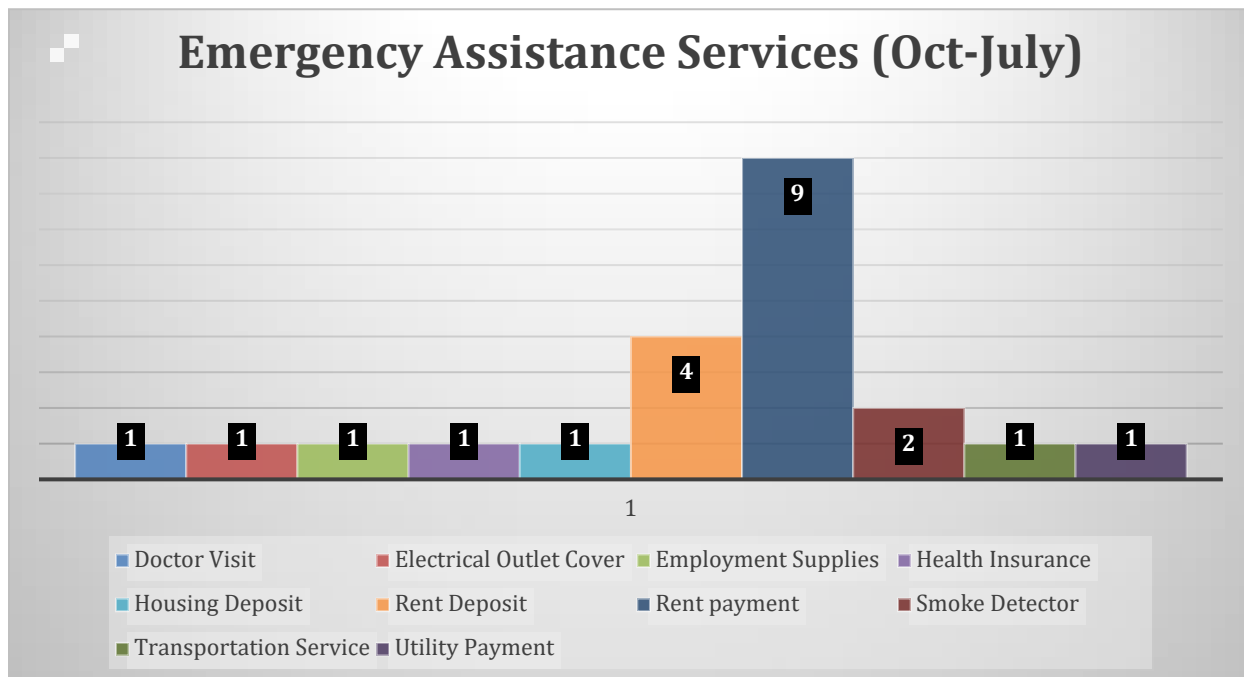
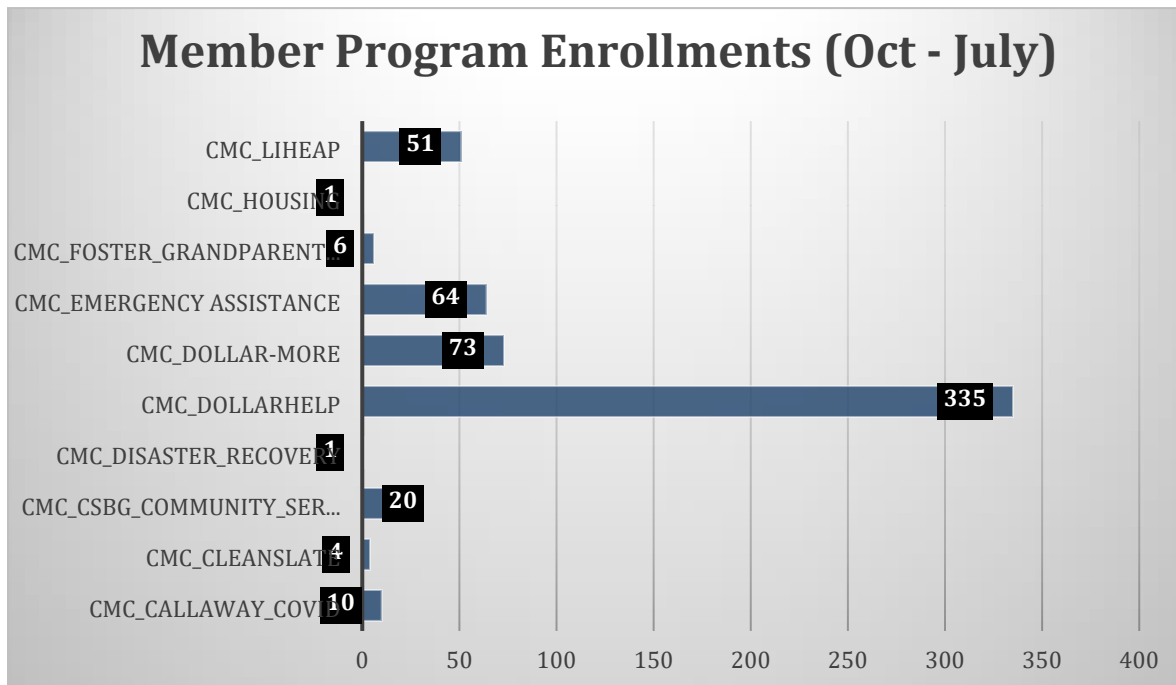
Community Services Block Grant (CSBG)

- We are still waiting on guidance from the State CSBG office so that we can submit our proposal for use of the CARES Act CSBG funding. We have been notified that our final allocation for these funds will total \$1,504,080. These funds must be completely expended by September 30, 2022.
- We have submitted our *regular* CSBG workplan for FY2021 that will begin October 1. Although we will not receive a contract (funding) for FY21 from the state until a final CSBG budget is passed by Congress and the state has received their official funding letter from OCS. We will use funding left over from this current year to being implementing the activities and services that are included in the FY21 workplan. The FY21 workplan includes these efforts:

Direct Services	Description of Services
Whole Family Approach	Expanded to include Housing Choice Voucher families in Cole, Cooper, and Osage counties with a dedicated Coach. Coaches now supervised by HS Site Directors and supported by Family Administrators.
Emergency Assistance Services	Provides emergency assistance funds to families in financial crisis to prevent eviction, childcare termination, or to maintain health, employment or education.

Community Initiatives	County
Workforce Prep – Year 2	Audrain, Cooper, Howard, Moniteau & Osage
Housing Development Taskforce – Year 2	Callaway & Cole
Mexico Sustainability Project - Year 2	Audrain
Public Transportation - Year 2	Audrain
Education Alternatives – Year 1	Boone
Bright Futures - Year 2	Callaway
Maternal Mental - Year 4	Callaway
Aligning Communities - Year 1 & 2	Cole, Cooper & Howard
Expanding Foster Care - Year 3	Howard
Drug Free Community - Year 1	Moniteau
Little Libraries - Year 2	Moniteau
Agritourism – Year 2	Osage

CMCA Services October – July



Central Missouri Community Action empowers individuals and families to achieve self-reliance.



Whole Family Approach

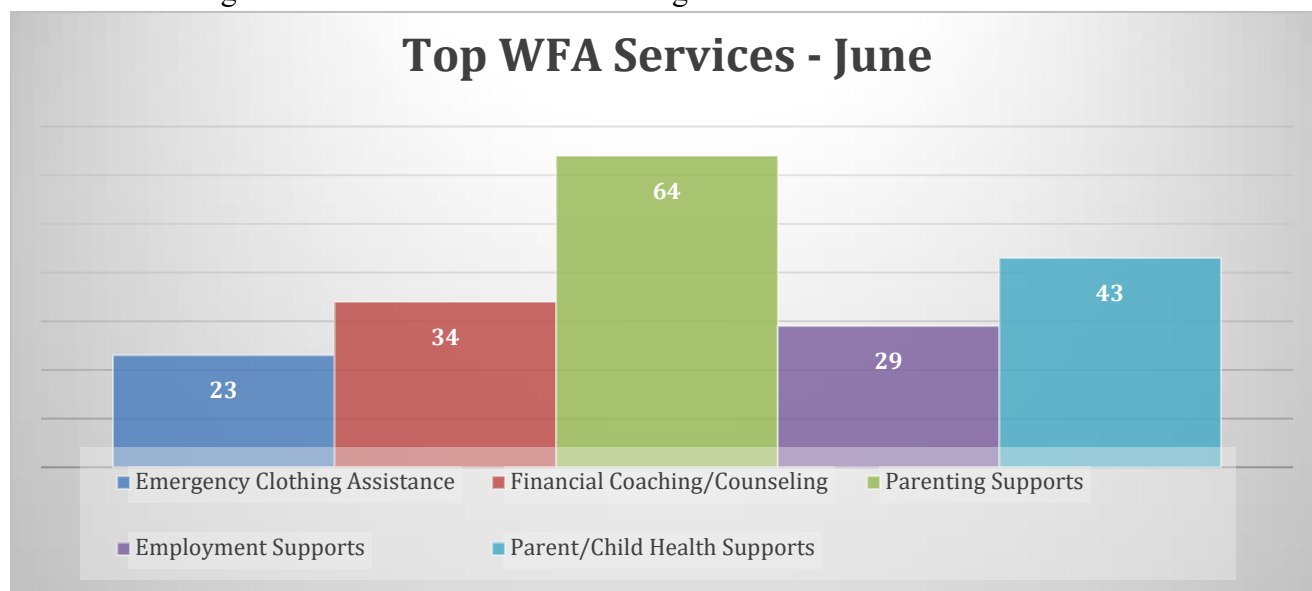
- Coaches continue to provide monthly check-in with families during the summer months. Most of these are virtual due to the pandemic.
- FSC's returned to (mostly) working from home the week of 7/13/20.
- All Family Engagement procedures have been revised using the self-assessment data with a focus on areas needing improvement for the upcoming year.

Positive events for the month:

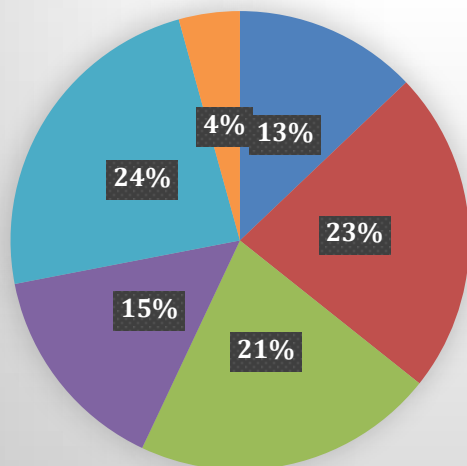
- Attending the Compassion Fatigue meeting was one of the most fun and informative meetings I have been to. I learned so much about how important it is for me to maintain a good amount of self-care and to be aware of the signs of compassion fatigue. Also, the team building exercises and the stories that people shared really made me feel a sense of an amazing work atmosphere. I look forward to more meetings like this and getting to know everyone at the agency!
- A WFSC mom was referred to SkillUp, got enrolled and was able to get tuition assistance after using her PELL grant, so she now has a \$0 balance for the current LPN program she's attending.
- One of our unemployed parents was able to find full time work this month.

Challenges reported from Family Support Coaches:

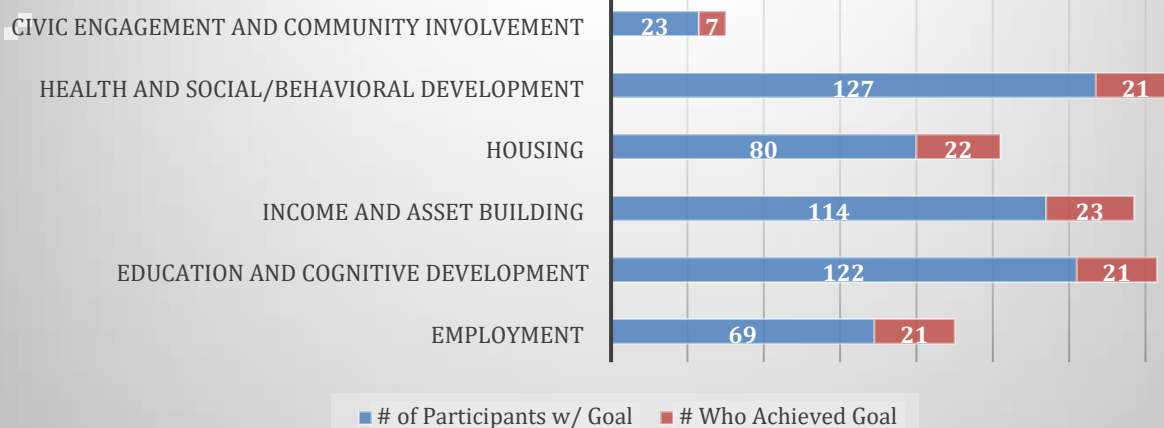
- Balancing work and home life while working from home



WFA Goals



WFA Goal Achievement



SkillUP

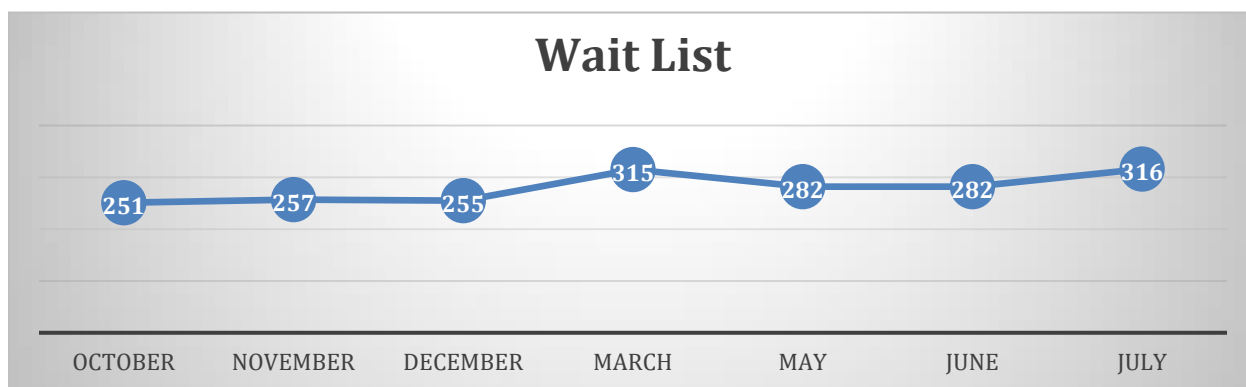
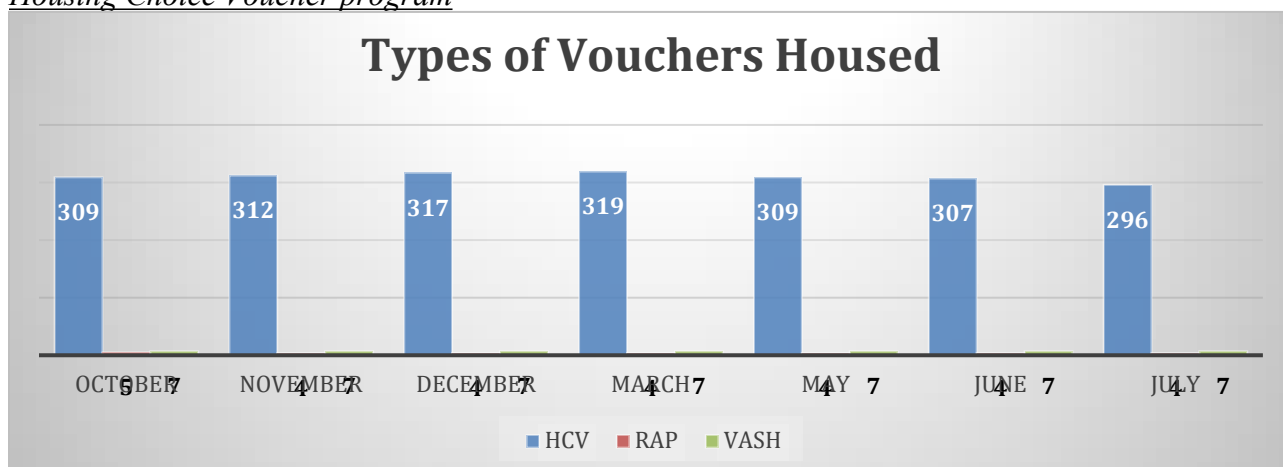
- We have been awarded a new SkillUP TANF contract for FY2021. The new contract will run August 1 – June 30.
- The SkillUP FNS contract will continue through September 2020.



SkillUP Services October - July	Unduplicated Number of Individuals Served
Employment Services	42
SRV 1a Vocational Training	15
SRV 1b On-the-Job and other Work Experience	1
SRV 1f Job Readiness Training	3
SRV 1i Coaching	10
SRV 1l Job Referrals	9
SRV 1o Coaching	1
SRV 1p Interactions with employers	3
Education and Cognitive Development Services	17
SRV 2aa College applications, text books, computers, etc.	9
SRV 2i Other Post Secondary Preparation	1
SRV 2u High School Equivalency Classes	1
SRV 2w Parenting Supports (may be a part of the early childhood programs identified above)	1
SRV 2y Post-Secondary Education Preparation	5
Income and Asset Building Services	2
SRV 3h Health Insurance	1
SRV 3i Social Security/SSI Payments	1
Housing Services	5
SRV 4c Rent Payments (includes Emergency Rent Payments)	4
SRV 4i Utility Payments (LIHEAP-includes Emergency Utility Payments)	1
Health and Social/Behavioral Development Services	4
SRV 5nn Kits/boxes	3
SRV 5v Mental Health Counseling	1
Services Supporting Multiple Domains	107
SRV 7a Case Management	58
SRV 7c Referrals	41
SRV 7d Transportation Services (e.g. bus passes, bus transport, support for auto purchase or repair; including emergency services)	5
SRV 7e Child Care subsidies	2
SRV 7f Child Care payments	1

Report Item	Response
Number of participants enrolled prior to 10/1/19 who are still participating	0
Number enrolled in SkillUP since 10/1/19	43 (35 currently active)
Number enrolled in training since 10/1/19	14
Number obtaining employment since 10/1/19	14
Average wage	\$10.95/hour

Housing Choice Voucher program

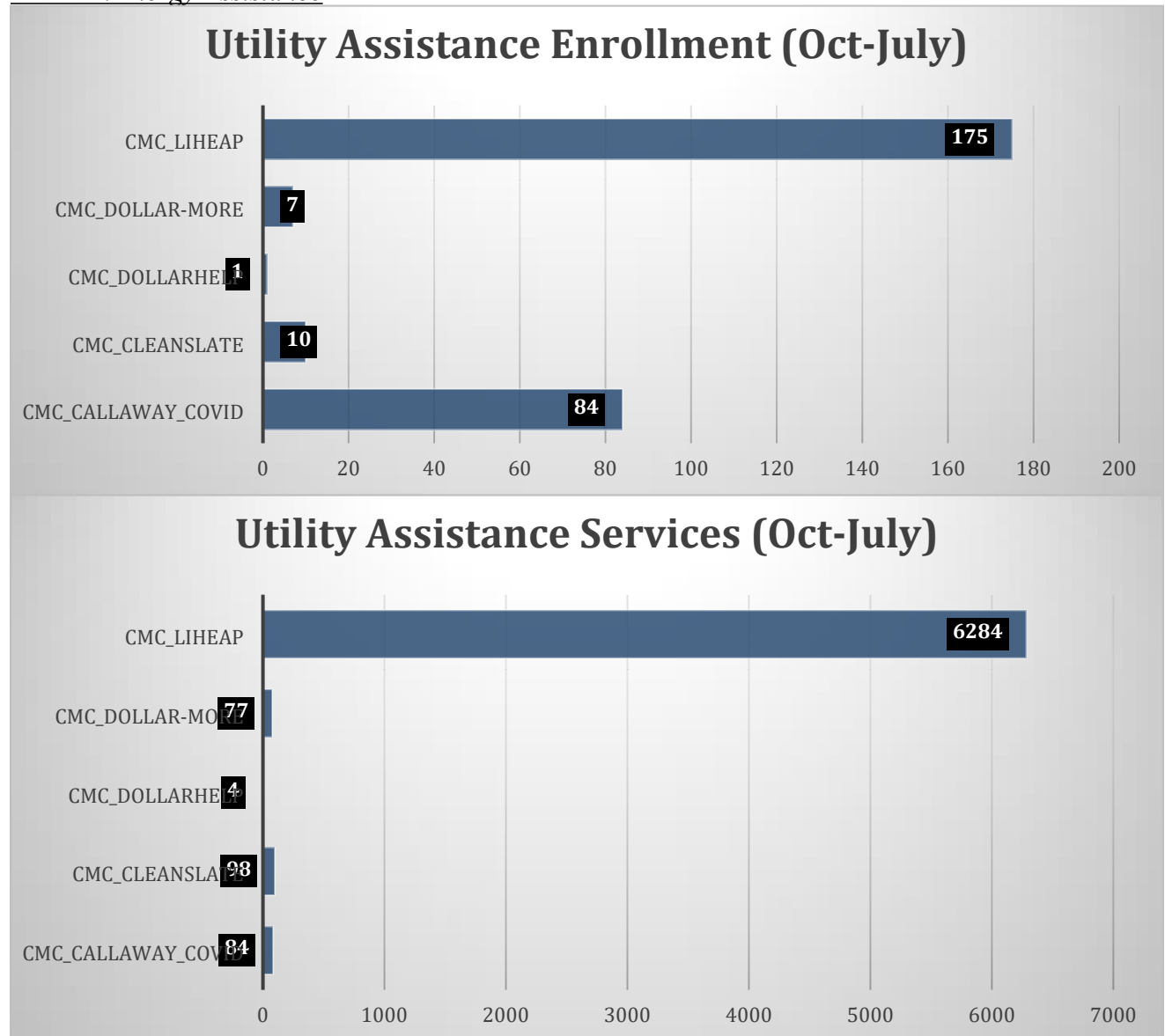


- We have received additional funding that were made available through the CARES Act for HCV Administration expenses from HUD.



- We have successfully completed our work with the HUD Shortfall team. We will hold our first briefing in September for those on the waitlist.
- Our IT Department is working to move our SACS data program to a web-based platform so that HCV staff can work remotely when necessary.

LIHEAP/Energy Assistance



- LIHEAP staff were forced to work remotely due to a positive COVID result. Huge thanks to CMCA IT Manager, Martin Carmichael, for his dedication to ensure that this was done in less than 48 hours.
- The State LIHEAP Manager and all vendors were notified of the emergency change in service delivery. All notifications were met with positive support.

Callaway COVID Funding

- In July, CMCA entered into an agreement with the Callaway County Commissioners to provide utility assistance services for families impacted by the COVID-19 pandemic. Utilizing Callaway County CARES Act funding, CMCA is working with Callaway County families to provide financial assistance that covers utility arrears from March, April, May and June for electricity, natural gas, water, sewer, trash and internet services provided by Callaway County based utility companies.
- Because of the positive COVID result, Callaway work had to pause for 2 weeks. Staff will return to Callaway County August 20th.

Service	Clients Served	Total Cost
Internet Service	21	\$1,078.00
Trash removal	3	\$17.00
Utility Arrears - electric	137	\$39,142.00
Utility Arrears - gas	3	\$46.00
Utility Arrears - water	27	\$2,120.00
Utility Arrears - water sewage	3	\$54.00

Show Me Healthy Relationships

Couples served- 69 (Program goal 64/75*) 108% & 92%* =690 hours
Singles served- 119 (Program goal 96/111*) 124% & 107%* =1190 hours
WERDCC Singles served – 35 (program goal 48) 73% =350 hours

* numbers & % with additional #s picked up for COVID loss from other programs

- CMCA SMHR team continued utilizing Zoom to offer online and remote intakes and classes. Policies and procedures were set up to ensure the safety of both staff and participants and are continuing to be followed. Materials are being dropped off with contactless deliveries as well as being mailed.



- CMCA SMHR is continuing to enroll for singles classes with partnerships and couples classes for the community via Zoom to maintain social distancing while still offering the opportunity to engage in classes. These classes are being offered at many times and days so that we are able to meet the needs of the participants needing and wanting the training.
- CMCA SMHR team continues to push toward wrapping up community couples, community singles, and incarcerated singles classes. All goals are above the required progress with July marking the tenth month of the SMHR program year. No classes were able to be offered through the months of March or April due to COVID. Incarcerated numbers will not be able to be met due to not being able to provide in seat classes at this time due to COVID restrictions at WERDCC however those numbers are incorporated back into community numbers.
- CMCA SMHR team continued to work from home to complete service contacts with program participants in July and to provide them with resources and contact information during the COVID pandemic and to provide additional program information about online classes.
- CMCA SMHR team continued to work from home to complete intakes during the day, evenings and weekends, for scheduled couples and singles classes during the month of July
- CMCA SMHR is assisting the SMHR program to achieve overall program numbers needed. Due to COVID, no access into the institutions and staff shortages at other programs, all programs are offering as many class options as possible to continue to meet the needs of the participants that we serve.
- CMCA SMHR is preparing to offer our last classes for the program starting in August as our grant funding ends in September 2020.
- We have written for another five-year grant in partnership with MU but will not know the status until near the end of this program year. One SMHR staff has taken a position with another CMCA program, thus leaving only 2 with the concern of job stability after this grant.

Foster Grandparent Program

- CNCS has extended our temporary pay allowance for volunteers through August 15th, if they would normally be working. So, for those that only do summer school and are then off for July and the first of August, they will only get paid for June. But for those that are in Head Start or day care they will receive the allowance until August 15th.
- Julie McNeill, FGP Program Manager, is working on a grant to bring the RSVP program to CMCA. The grant will allow CMCA to administer RSVP in Audrain and Cooper counties. Please see the RSVP Grant Summaries in your board packet for detailed information.

National Center for Health

- This grant will end September 29, 2020 and will not be renewed.
- Trisha Wright, Program Administrator for NCH will be moving with her family to Jonesboro, Arkansas to continue her work. We would like to thank Trisha for her many

years of dedication to CMCA's early childhood programs and we wish her continued success in her future endeavors.

Housing Development Director

Sheila Garten

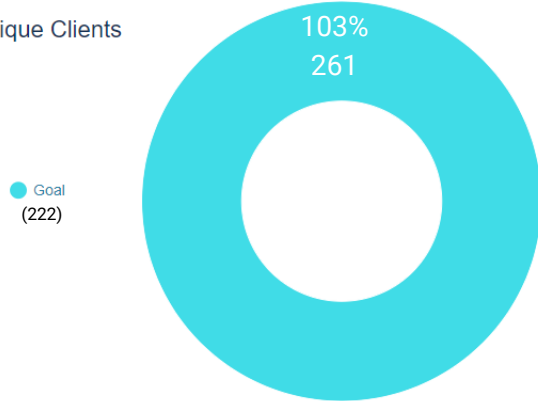
- We have another loan closing for USDA on August 28th!
- We had our first meeting with Minnesota Housing Partnership (MHP) and are working on our strategic work plan. We also learned that we were awarded not just one year but 3-3.5-year partnership for the Technical Assistance!
- The Jeff City Task force and Fulton Task Force groups have met again and are moving forward with their perspective plans. We have learned from the City of Jefferson about some new city funding available for the projects there and the MHP grant will help to propel us forward in Fulton.
- MHDC has released the first draft of the new QAP (Qualified Action Plan) that will reintroduce state Tax Credits back into the applications.
- We were able to secure an appraiser for the lots we own in Vandalia, MO. Upon receipt, we will be determining next steps in regard to selling or development.
- We have also taken back the office/file management of our Centralia Property, Columbia Oaks. This is a great opportunity for us to learn and slowly begin this transition back to in-house management.



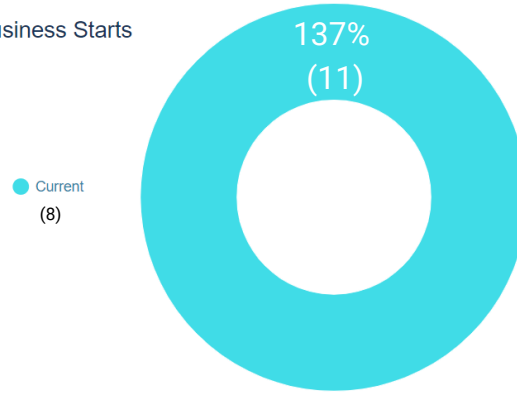
FY20 Dashboard

75% YTD

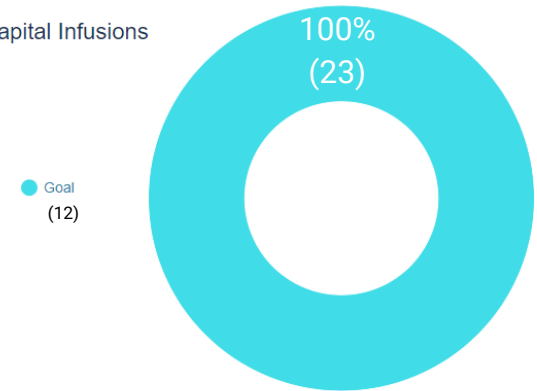
Unique Clients



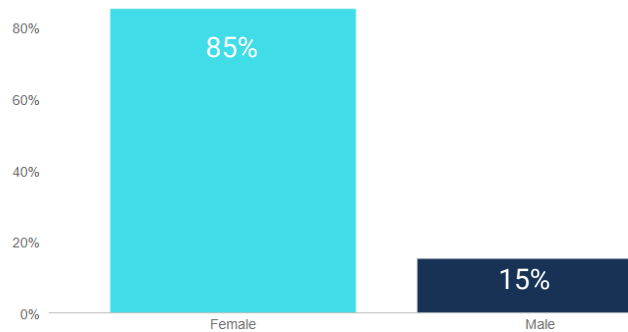
Business Starts



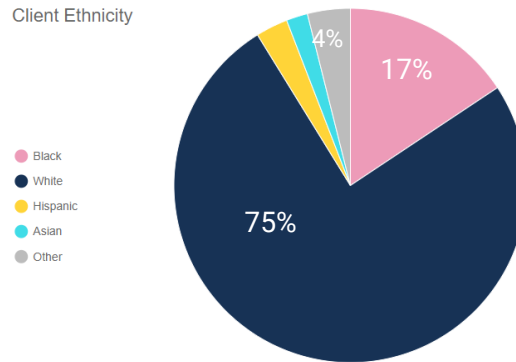
Capital Infusions



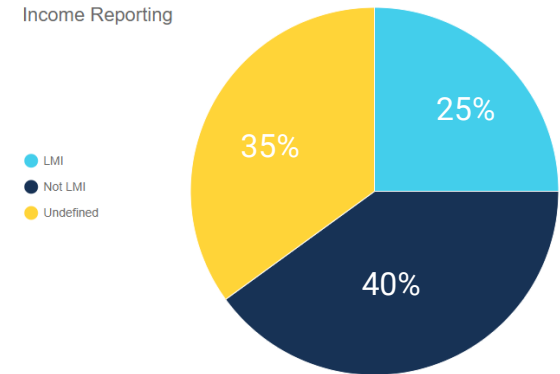
Client Gender



Client Ethnicity



Income Reporting



Impacts By County

	Unique Clients	Business Starts	Capital Infusions	Capital Infusions (\$)
Audrain	13	0	0	\$0
Boone	154	7	14	\$580,600
Callaway	26	2	2	\$12,000
Cole	34	1	1	\$5,000
Cooper	6	0	2	\$8,200
Howard	9	0	2	\$11,967
Moniteau/Osage	1	0	2	\$9,200
Other	17	2	0	\$0



CMCA Development Plan

Progress Update August, 2020

Revenue by Strategy

Strategy	YTD FY20	Projected FY20	FY19
Direct Mail			
December 2019	\$ 7,015	\$ 5,000	\$ 160.00
Summer 2020 (July 1-Sept 7)	\$ 9,895	\$ 10,000	\$ 23,238.00
TOTAL	\$ 16,910	\$ 15,000	\$ 23,398.00
Online and Email			
Online Donations (not CoMo Gives/MSECC/Direct Mail or Monthly or Event)	\$ 7,797	\$ 4,250	\$ 665.00
CoMoGives (December)	\$ 6,068	\$ 5,000	\$ 2,940.00
MSECC	\$ -	\$ 1,250	\$ 1,224.00
TOTAL	\$ 13,865	\$ 10,500	\$ 4,829.00
Events			
Promise Gala (May 14, 2020)	\$ 6,200	\$ 20,000	\$ 6,000.00
Women Who Own It (Sept. 2020)	\$ -	\$ 15,000	\$ 10,000.00
TOTAL	\$ 6,200	\$ 35,000	\$ 16,000.00
Monthly Giving			
Monthly Donors	\$ 1,565	\$ 1,000	\$ 850.00
Other Donations (includes unsolicited donations, WBC sponsorships and county fundraising events and solicited sponsorships not attributed to another strategy)			
Board of Directors	\$ 1,563	\$ 2,500	\$ 2,085.44
Other	\$ 36,584	\$ 46,250	\$ 22,539.08
WBC Sponsorships	\$ 11,600	\$ 75,000	\$ 34,640.00
TOTAL	\$49,747	\$ 123,750	\$ 60,114.52
Grants	109,186	\$ 75,000	\$ 68,950.00
Total	\$195,908	\$ 259,250	\$ 173,291.52

Revenue by Market

Market Segment	YTD FY20	Projected FY20	FY19
Individuals	\$ 48,016	\$ 69,000	\$ 12,098.00
Businesses	\$ 99,488	\$ 100,000	\$ 79,445.00
Foundations	\$ 48,404	\$ 85,000	\$ 80,900.00
Total	\$195,908	\$ 254,000	\$ 172,443.00

Upcoming Events:

Tigers on the Prowl has been moved to Spring 2020 - March or April

Public Relations, Marketing and Fundraising

Donor Spotlight - Ashlyn Maddy

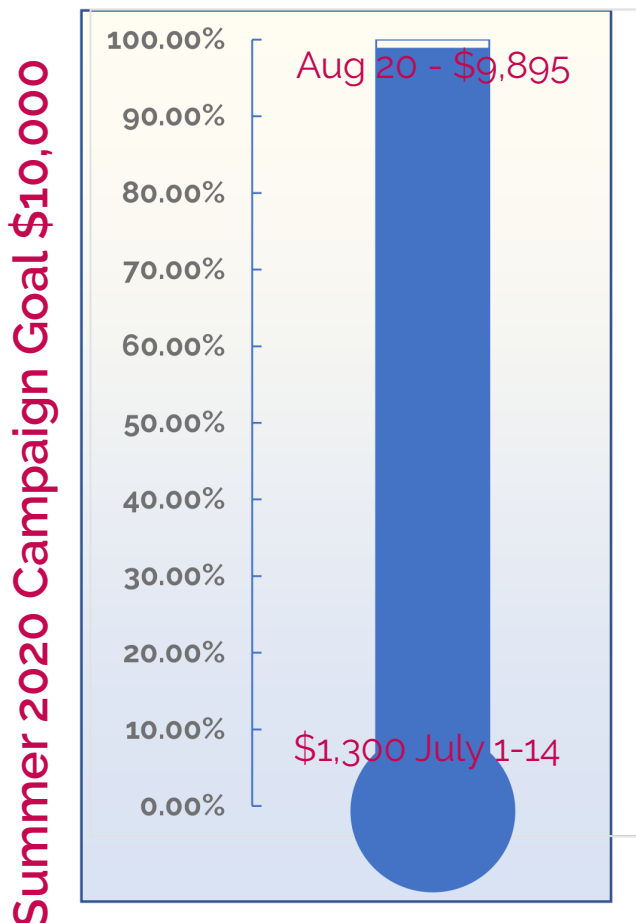


Ashlyn Maddy understands the importance of supporting her neighbors. As a Home Buying Concierge Team Lead at Veteran's United Home Loans, she supports people who have served our country everyday by helping them find the perfect place to call home. So, it's not surprising she's willing to help her neighbors in other ways as well. After receiving her donation, we asked her what prompted her to give to CMCA.

"I interned at CMCA while at the University of Missouri," she said. "I saw first hand the important work that is done through CMCA to help move people out of poverty. I wanted to be a part of helping them move forward."

We are truly grateful to Ashlyn for her generous support of CMCA and for her ongoing support of the community through her own work. She reminds us that our donors really do want to help people help themselves and each other!

Fundraising Highlights - Help us reach our goal!



Your gift of any amount makes a difference for neighbors in your community by providing emergency funds that can help get them and their family members back on their feet.

While federal funds offer job development, housing choice vouchers, and utilities assistance, some urgent needs can only be met through emergency funds provided by donors like you.

Show your support for families in your community by making a gift today!

- Donate online at www.cmca.us,
- Call us at 573-443-8706, ext. 1030 to make your gift over the phone
- Send a check to CMCA, 807 N. Providence Rd., Columbia, MO 65203

Campaign ends Monday, Sept. 7, 2020!

PURCHASE AGREEMENT

Quote Number 0520-13680
Created Date 14 May, 2020
Offer Valid Through 14 May, 2020

Account Name Central Missouri Community Action
Contact Name Shonda White

Product	Quantity	Sales Price	Discount	Total Price
Activation Services	1.00	USD 500.00		USD 500.00
Collaboration Suite	1.00	USD 2,000.00	75.00%	USD 500.00
Governance Suite	1.00	USD 2,000.00	75.00%	USD 500.00
OnBoard Subscribers	25.00	USD 360.00	55.55%	USD 4,000.50

Discounts

20% Discount – Nonprofit
10% Discount – Email introduction to 3 boards
10% Discount – Contract signature by expiration Date

Total Charges to be Invoiced

Annual Subscription Fees	USD 5,000.50
One-Time Fees	USD 500.00
Total Charges	USD 5,500.50

All payments are payable in advance and are due within thirty (30) days of invoice. All payments are non-refundable under any circumstances. In the event of a cancellation by customer for any reason during the committed Initial Subscription Term, customer shall pay all amounts outstanding, if any, for the remainder of the Initial Subscription Term within thirty (30) days of notification. Prices shown above do not include any taxes that may apply and are the responsibility of Customer. This is not an invoice.

Usage Rights and Terms

Initial Subscription Term Start Date: Execution Date of this Agreement
Initial Subscription Term End Date: One year(s) thereafter, unless otherwise stated.

Customer is licensed to use the OnBoard product for the Subscription Term for the specified number of users. Subscription Fees for the products listed herein during any renewal term will incur an inflationary adjustment by 5% above the applicable pricing in the prior term on all future purchases.

Subscription Agreement

This order, together with the Passageways Onboard Master Subscription Agreement terms and conditions located at <https://www.passageways.com/onboard-msa>, which Customer hereby acknowledges and accepts, constitutes the entire agreement between Passageways and Customer governing the products referenced above and the services relating to such products ("Agreement"), to the exclusion of all other terms.

Customer represents that its signatory below has the authority to bind Customer to the terms and the Agreement. Any capitalized terms and otherwise defined herein shall have the meanings attributed in the Agreement. The terms of this order are Passageways confidential information.

Signatures

Signature: _____

Title: _____

Name: _____

Date: _____

CENTRAL MISSOURI COMMUNITY ACTION
Board of Directors Meeting
Minutes from July 23, 2020

Board Members Present

Alan Winders	Alice Brandt	Ann Anderson	Charles Roll
Charlie Melkersman	Janet Thompson	Jodi McSwain	Karen Digh-Allen
Mark Brinkmann	Susan Hart		

Board Members Absent

Amanda Grellner	Jean Ispa	Cynthia Jones	Donna Ward
Heather Berkemeyer	Jeremiah Johnmeyer	Michelle Barg	Yolanda Galbreath
James Steel	Carolyn Lewis	Charles Roll	

Staff Present

Darin Preis	Beth Vossler	Angela Hirsch	Cheryl Unterschutz
Jessie Yankee	Julie Aitkens	Martha Ray	Brooke Eskridge

A Quorum of the CMCA Board of Directors is present.

- I. Call to Order-Welcome
Meeting called to order at 6pm.
- II. Consent Agenda Items
 - a. Approval of Agenda
 - b. Minutes from June
 - c. Head Start Reports
 - d. Fiscal Report
 - e. Credit Card StatementMotion: Susan Hart
Second: Ann Anderson
Approved
- III. Program Updates
 - a. Osage County Update

Executive Director Darin Preis introduced **Martha Ray Community Organizer for Osage County**. He informed the board Martha will be retiring after 13 years with CMCA. Martha presented a video to the board of her work in Osage during her 13 years. She and **Angela Hirsch; Chief Program Officer**, informed the board that Jenn Millard will be training to take over her position.
- IV. Board Discussion
 - a. Poverty Report

Sarah Hackman, Associate Director of Strategic Communications with Missouri CAN reviewed the 2020 Poverty Report with the board. The report gave an overview of Poverty in Missouri outlining the five Elements of poverty that include Economic and Family Security, Education, Food and Nutrition,

Health and Housing and Energy. The report compared Rural and Urban Poverty and gave several suggestions on how to fix poverty in Missouri.

b. Community Needs Assessment

Angela Hirsch, Chief Program Office informed the board the Community Needs Assessment is what the Agency uses to identify needs and opportunities in their communities. The Assessment will focus on the five Elements outlined in the Missouri CAN 2020 Poverty Report with focus on job skill training and higher wages. It will focus on safe and affordable childcare, early childcare education and affordable housing for the Community needs and identifying and addressing inequality within the Agency for the Agency needs.

Motion: Susan Hart

Second: Ann Anderson

Approved

c. Financial Opportunity Center

Executive Director Darin Preis informed the board the Agency was asked to join a network of Financial Opportunity Centers who fits well with our Whole Family Approach to help families move out of poverty by becoming economically stable. To help with these three Financial coaches will be hired to help families connect to resources, work on long term savings, improve credit and establish long term careers. The Agency will coach clients to become more stable by training employees using highly trained coaches that will cross train Family Success Coaches.

V. Executive Directors Report

a. IM-Head Start Transportation Services and Vehicles During COVID 19

Executive Director Darin Preis informed the board Judge Stephen “Cotton” Walker will be joining the board. Darin and Audry Phelps; Howard and Cooper County Community Organizer have a meeting with the Mayor of Fayette coming up to talk about joining the board as well. The board was also informed Tigers on the Prowl has been put on hold due to COVID 19.

VI. Adjourn

Motion to adjourn Ann Anderson

Second: Jodi McSwain

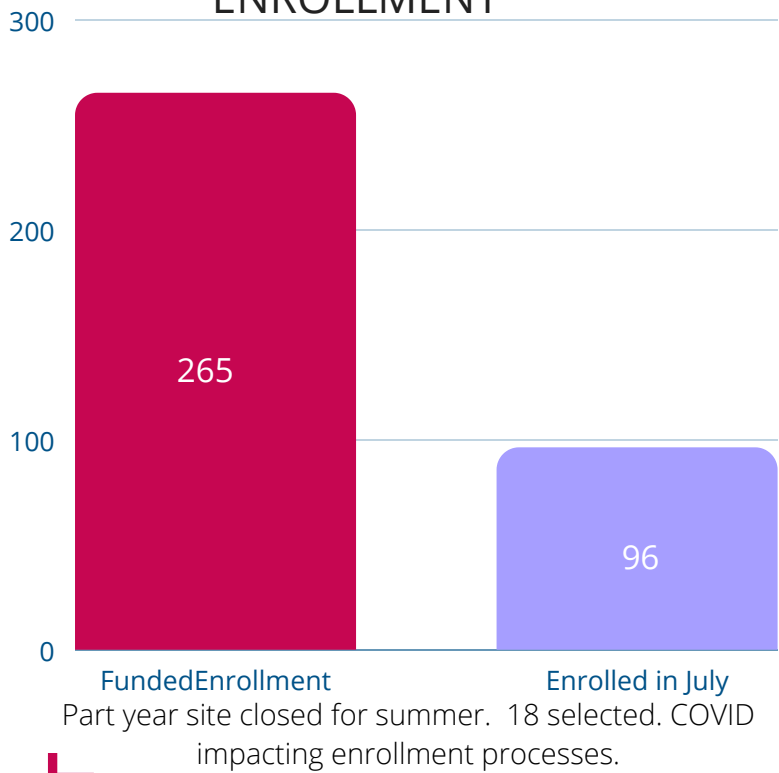
Motion approved

X

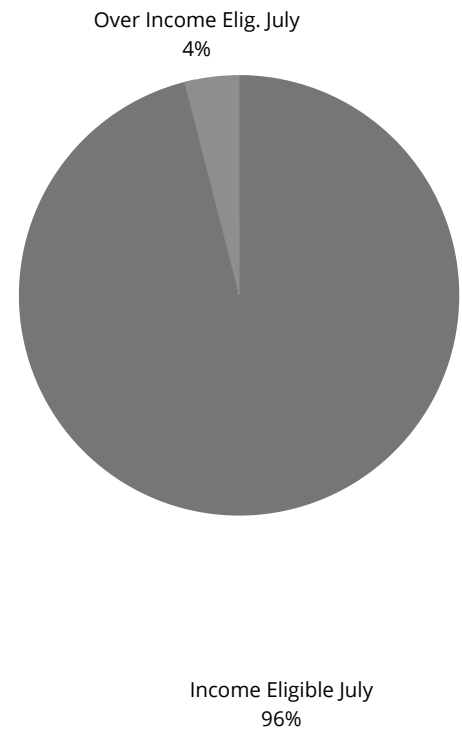
Board President

HEAD START REQUIRED REPORTS

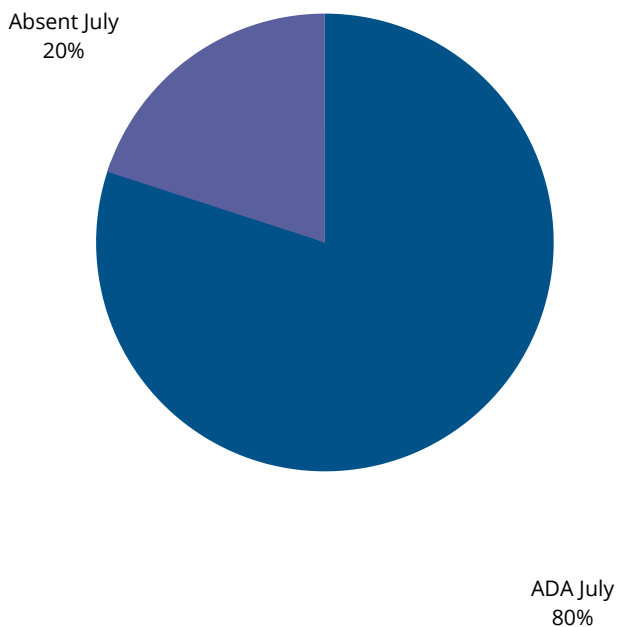
ENROLLMENT



INCOME ELIGIBILITY

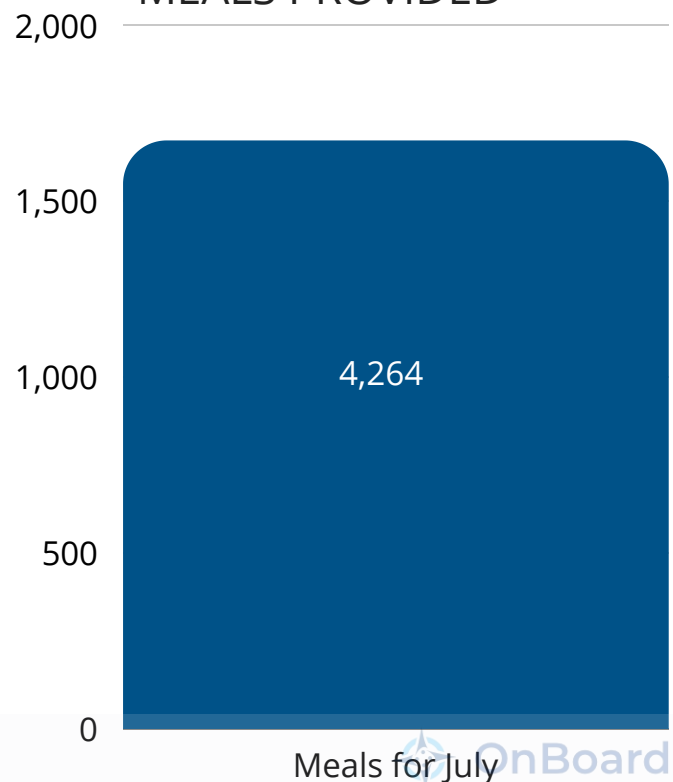


ATTENDANCE %



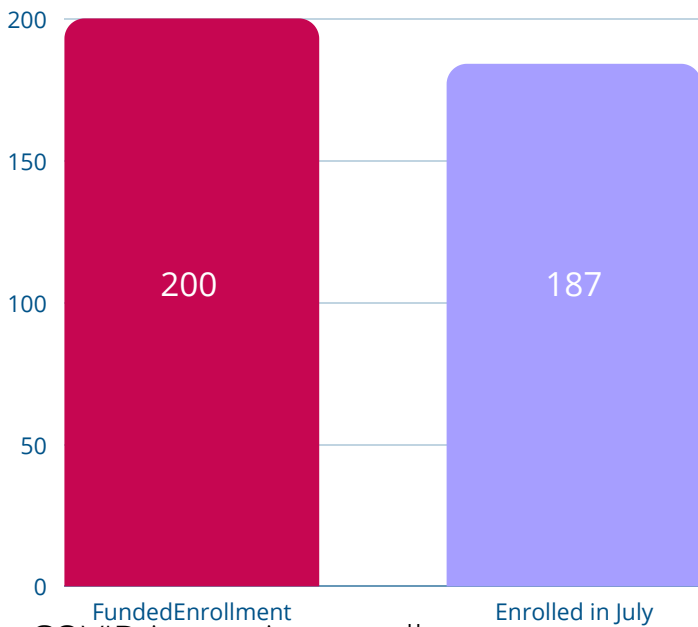
COVID-19 is impacting attendance, but there is an increase in ADA.

MEALS PROVIDED



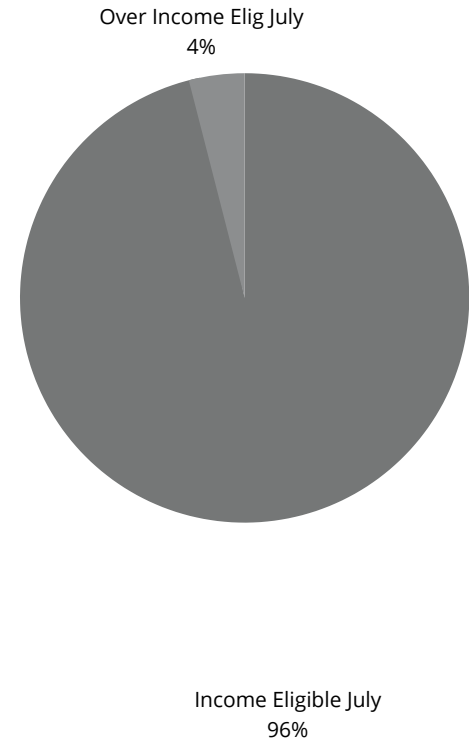
EARLY HEAD START REQUIRED REPORTS

ENROLLMENT

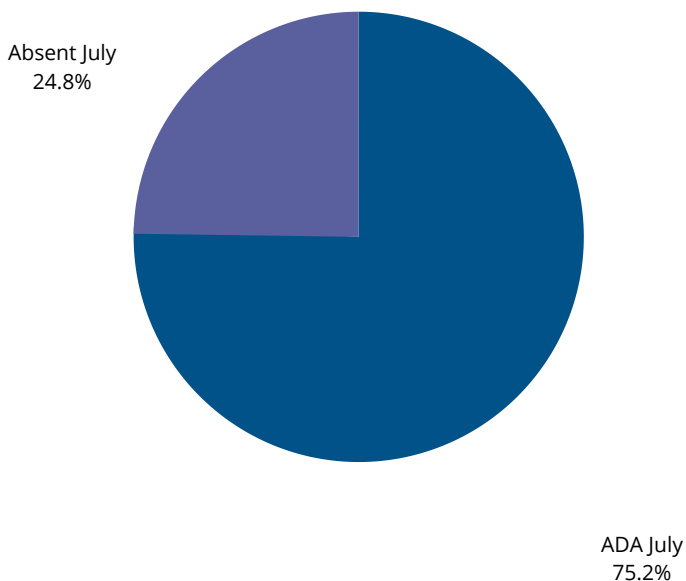


COVID impacting enrollment processes. 9 additional children selected.

INCOME ELIGIBILITY

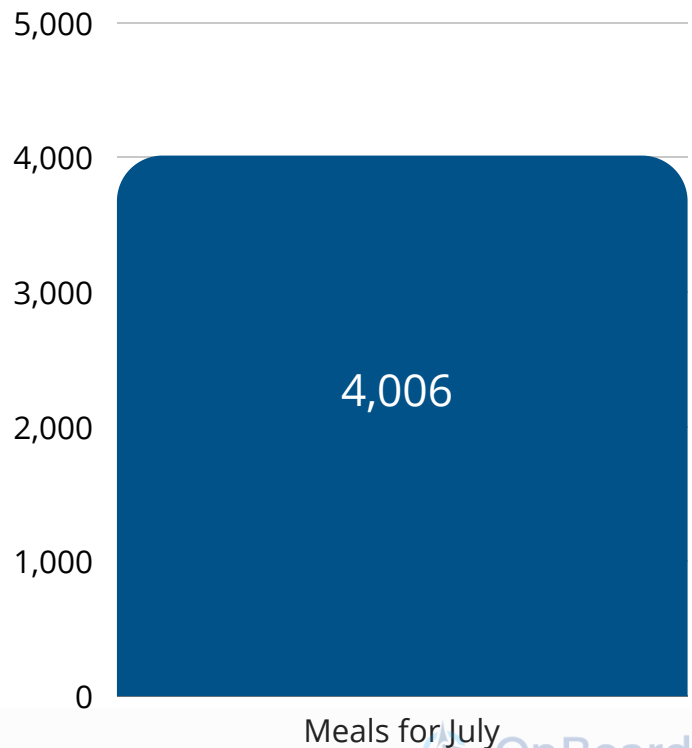


ATTENDANCE %



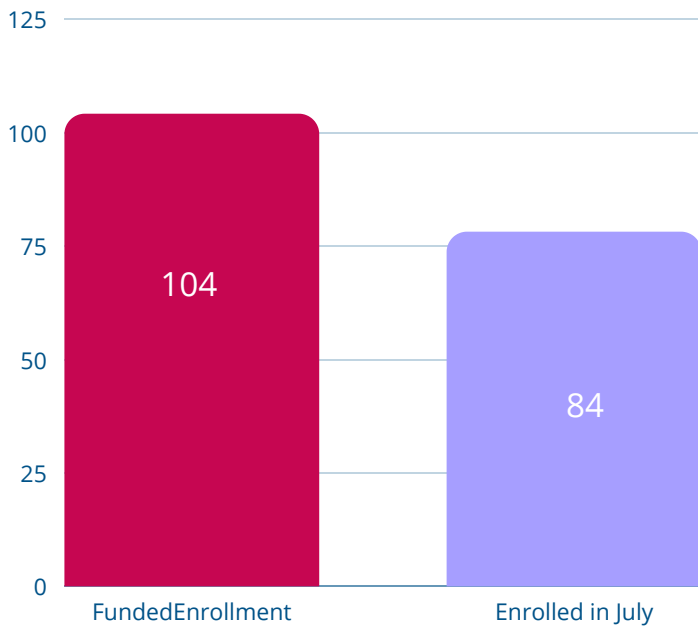
COVID-19 is impacting attendance, but there is an increase in ADA.

MEALS PROVIDED



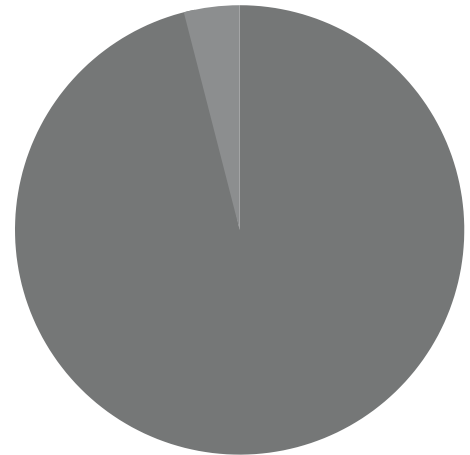
NEW AREA: EARLY/HEAD START REQUIRED REPORTS

ENROLLMENT



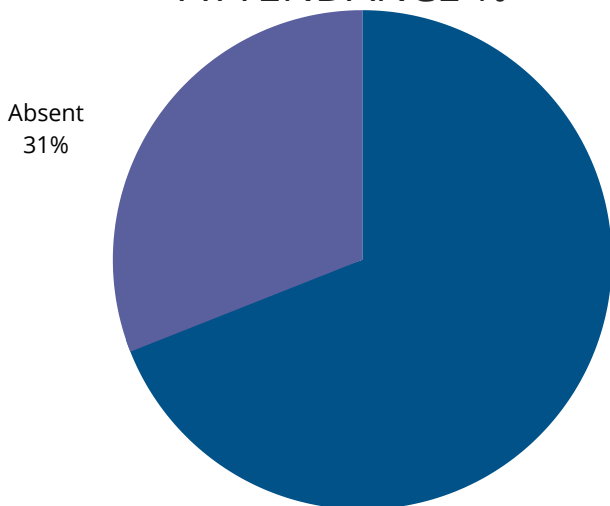
INCOME ELIGIBILITY

Over Income Elig July
4%



Income Eligible July
96%

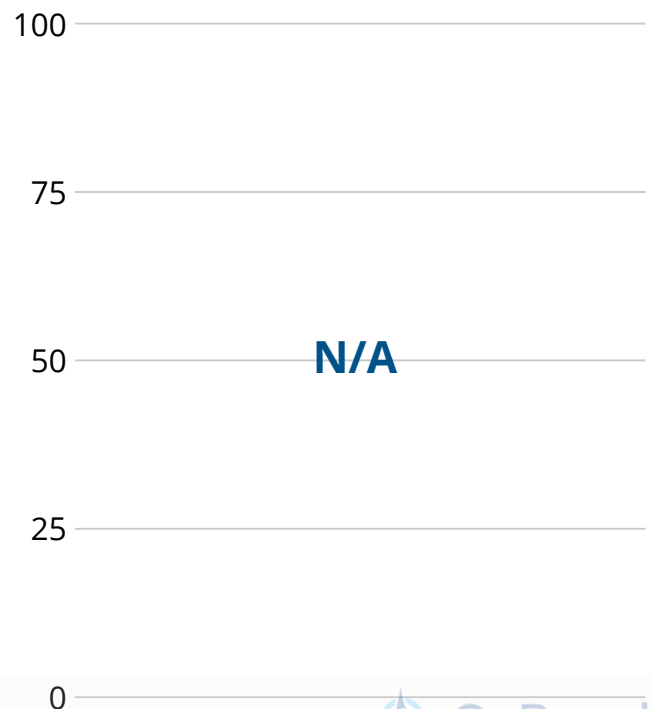
ATTENDANCE %



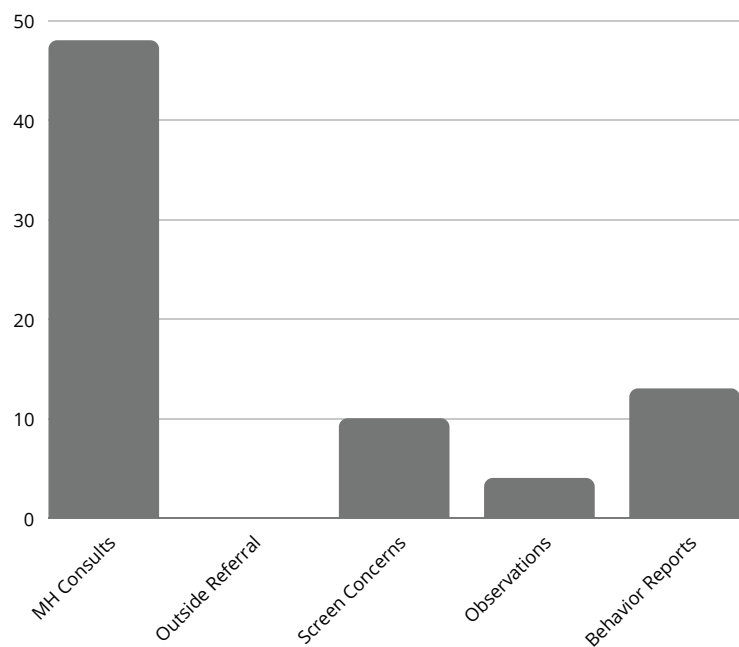
ADA Ju.y
69%

Hermitage Classrooms only.

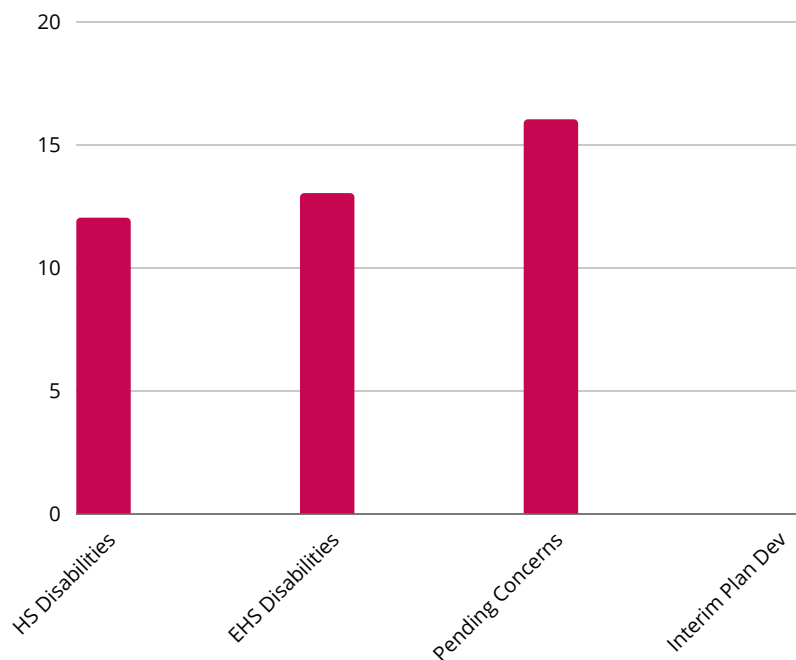
MEALS PROVIDED



Mental Health & Behavior



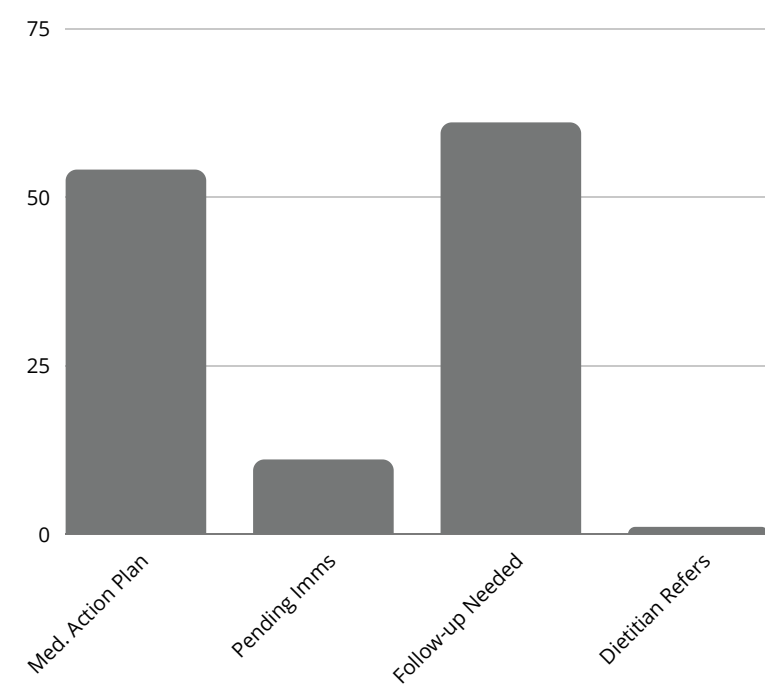
Special Needs



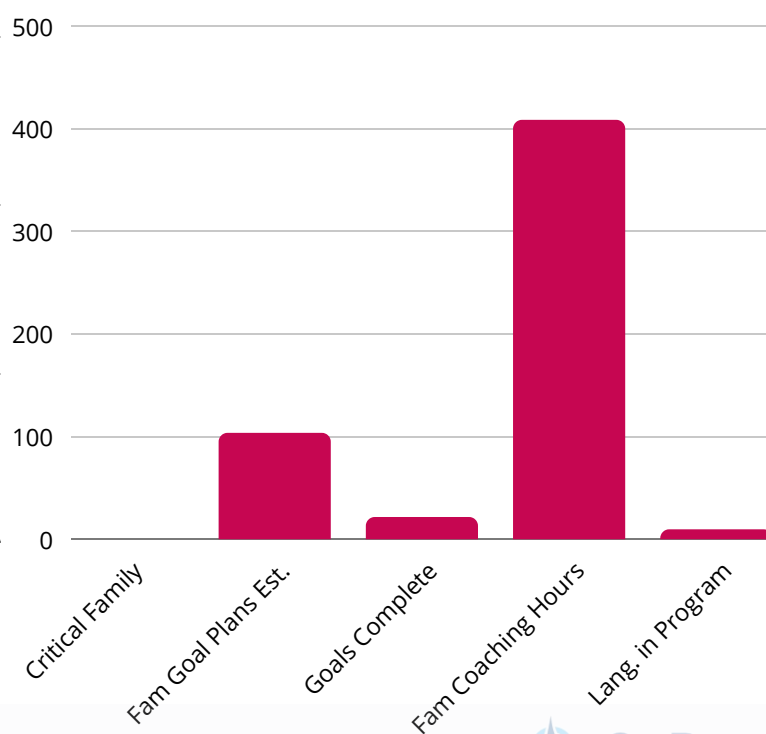
CONTENT DATA HIGHLIGHTS

July 2020

Health & Nutrition



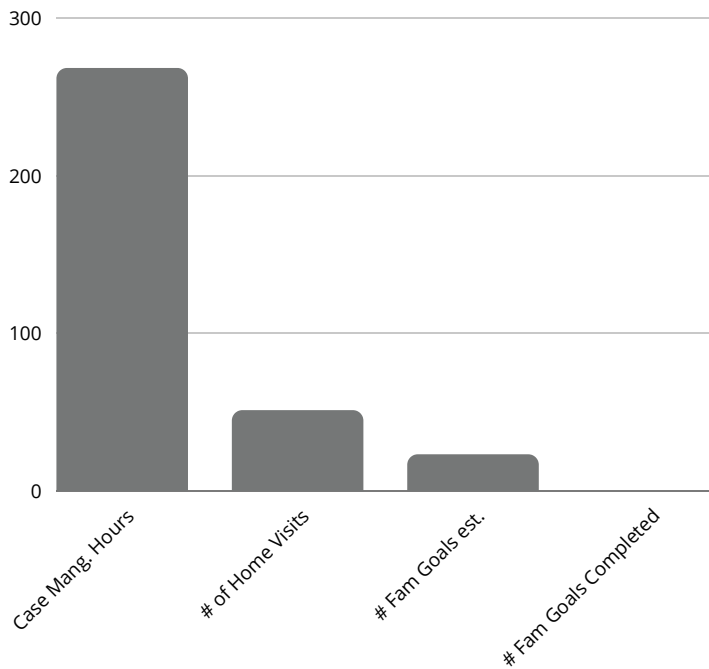
Family Indicators



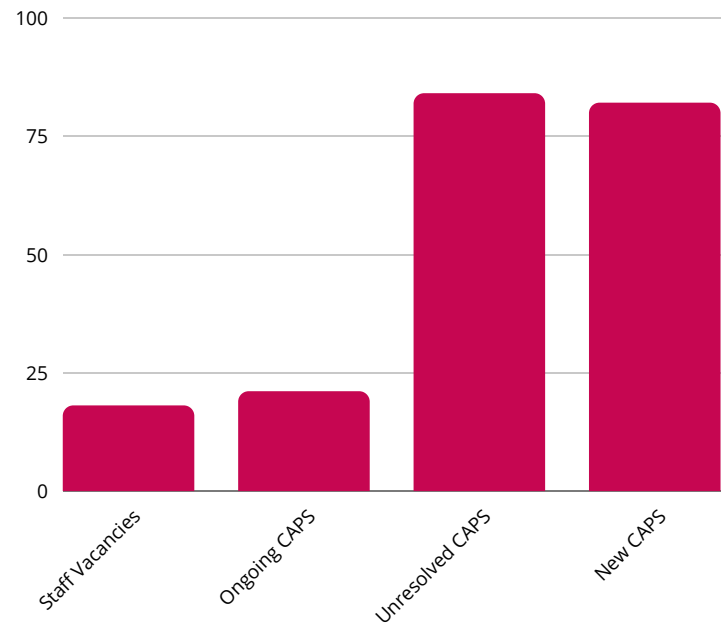
CONTENT DATA HIGHLIGHTS

July 2020

BRIDGE Indicators



PDM Indicators



PROGRAM UPDATE

Annual Pre-Service was virtual this year amid COVID-19. The process was smooth as can be expected. All training were recorded so staff can view as a refreshers. Pre-service sets the stage for school year and the staff were attentive and asked great clarifying questions. CMCA staff are the best!

CMCA Board Report
July 31, 2020

<i>Program Codes</i>	<i>Performance Based Programs</i>	<i>Contract Dates</i>	<i>Budgeted Amount</i>	<i>YTD Received</i>	<i>YTD Expended</i>	<i>TOTAL BUDGET REMAINING</i>		
00	ADMINISTRATION (included in grant totals)	10/01/19-09/30/20	\$ 1,309,156.00	\$991,590.32	\$ 981,922.99	\$ 9,667.33		
145	BRIDGE GRANT	01/01/20-12/31/20	\$ 247,533.32	\$ 120,616.33	\$ 111,466.63	\$ 9,149.70		
30R,130	RAP	10/01/19-09/30/20	\$ 42,986.90	\$ 24,116.09	\$ 24,071.94	\$ 44.15		
30	SECTION 8 - Administration **	10/01/19-09/30/20	\$ 193,025.37	\$ 151,049.01	\$ 135,593.83	\$ 15,455.18		
27	STATE CHILDCARE - DFS & PARENTS	05/01/20-04/30/21	\$ 629,840.20	\$ 170,056.06	\$ 148,344.66	\$ 21,711.40		
25	USDA	05/01/20-04/30/21	\$ 290,000.00	\$ 39,326.24	\$ 41,939.34	\$ (2,613.10)		
	TOTAL		\$ 2,712,541.79	\$ 1,496,754.05	\$ 1,443,339.39	\$ 53,414.66		
	** Does not reflect direct participant benefits (see below)							
	<i>Line Item Budgets</i>	<i>Contract Dates</i>	<i>Contract Amount</i>		<i>YTD Expended</i>	<i>Unexpended</i>	<i>% of Year</i>	<i>% Expended</i>
10-DIS	CSBG FY19 DISCRETIONARY	02/01/20-08/31/20	\$ 287,598.00		\$ 287,606.33	\$ (8.33)	86%	100%
10-ALT	CSBG FY20	10/01/19-09/30/21	\$ 1,088,547.00		\$ 460,107.47	\$ 628,439.53	83%	42%
70,71,72	EARLY HEAD START	05/01/20-04/30/21	\$ 2,996,664.00		\$ 720,231.07	\$ 2,276,432.93	25%	24%
96,97,97A	EARLY HEAD START EXPANSION	07/01/20-06/30/21	\$ 797,108.00		\$ 49,469.45	\$ 747,638.55	8%	6%
137B	EHSA - J.R. ALBERT FOUNDATION (3yr grant)	03/01/18-02/28/21	\$ 150,000.00		\$ 102,412.87	\$ 47,587.13	78%	68%
72S	EXPANSION START UP	07/01/19-06/30/21	\$ 447,000.00		\$ 102,733.56	\$ 344,266.44	54%	23%
12	FAMILY SUPPORT - Mexico United Way	01/01/20-12/31/20	\$ 6,340.64		\$ 3,654.92	\$ 2,685.72	58%	58%
14	FOSTER GRANDPARENTS	04/01/20-03/31/21	\$ 389,640.00		\$ 129,201.68	\$ 260,438.32	33%	33%
20,21,22	HEAD START	05/01/20-04/30/21	\$ 3,342,232.00		\$ 683,044.94	\$ 2,659,187.06	25%	20%
91,92,92A	HEAD START EXPANSION	07/01/20-06/30/21	\$ 845,790.00		\$ 48,383.28	\$ 797,406.72	8%	6%
30COV	HOUSING CHOICE VOUCHERS - COVID	3/1/2020-12/31/20	\$ 36,654.00		\$ 29,698.48	\$ 6,955.52	50%	81%
79	LIHEAP	10/01/19-09/30/20	\$ 3,196,118.89		\$ 1,488,159.66	\$ 1,707,959.23	83%	47%
06-ALT	LISC	10/01/19-09/30/21	\$ 36,000.00		\$ 14,435.38	\$ 21,564.62	42%	40%
115B	NCH	09/30/19-09/29/20	\$ 151,470.00		\$ 82,475.66	\$ 68,994.34	83%	54%
130	SECTION 8 - Participant Benefits	10/01/19-09/30/20	\$ 1,421,450.00		\$ 1,307,640.78	\$ 113,809.22	83%	92%
88	SHOWME HEALTHY RELATIONSHIPS	09/30/19-09/29/20	\$ 395,739.00		\$ 293,451.43	\$ 102,287.57	83%	74%
111B	SKILLUP FNS	10/01/19-09/30/20	\$ 58,917.00		\$ 52,731.16	\$ 6,185.84	83%	90%
111A	SKILLUP TANF	10/01/19-07/31/20	\$ 224,162.00		\$ 200,401.81	\$ 23,760.19	100%	89%
196UW	UNITED WAY DISASTER RECOVERY	11/01/19-10/31/20	\$ 29,336.00		\$ 29,285.42	\$ 50.58	75%	100%
40,41	WEATHERIZATION - DOE	07/01/20-06/30/21	\$ 512,572.00		\$ 14,741.74	\$ 497,830.26	8%	3%
18	WEATHERIZATION - LIHEAP	10/01/19-09/30/20	\$ 393,502.00		\$ 393,549.04	\$ (47.04)	83%	100%
100,100A,101,101A	WEATHERIZATION - UE GAS & UE ELEC	11/01/19-10/31/20	\$ 58,607.00		\$ 58,456.58	\$ 150.42	75%	100%
192D	WOMEN'S BUSINESS CENTER - COVID	05/01/20-04/30/21	\$ 391,719.40		\$ 50,053.39	\$ 341,666.01	25%	13%
192	WOMEN'S BUSINESS CENTER (Cash match)	09/30/19-09/29/20	\$ 75,000.00		\$ 43,458.11	\$ 31,541.89	83%	58%
192	WOMEN'S BUSINESS CENTER (Federal Share)	09/30/19-09/29/20	\$ 150,000.00		\$ 139,226.13	\$ 10,773.87	83%	93%
	TOTAL		\$ 17,482,166.93		\$ 6,784,610.34	\$ 10,697,556.59		
Agency Contract Totals			\$20,194,708.72					
97 INK	EARLY HEAD START EXPANSION NON FEDERAL (Inkind)	07/01/20-06/30/21	\$ 199,277.00		\$ -	\$ 199,277.00	8%	0%
73	EARLY HEAD START NON FEDERAL (Inkind)	05/01/20-04/30/21	\$ 749,166.00		\$ -	\$ 749,166.00	17%	0%
16	FOSTER GRANDPARENTS NON FEDERAL (Inkind)	04/01/20-03/31/21	\$ 44,920.00		\$ -	\$ 44,920.00	25%	0%
92 INK	HEAD START EXPANSION NON FEDERAL (Inkind)	07/01/20-06/30/21	\$ 211,447.00		\$ -	\$ 211,447.00	8%	0%
23	HEAD START NON FEDERAL (Inkind)	05/01/20-04/30/21	\$ 835,558.00		\$ 972.84	\$ 834,585.16	25%	0%
192B	WOMEN'S BUSINESS CENTER (Non-Cash match - Inkind)	09/30/19-09/29/20	\$ 75,000.00		\$ 42,640.00	\$ 32,360.00	83%	57%

Central Missouri Community Action
Balance Sheet - AGENCY BALANCE SHEET-BOARD
As of 7/31/2020

	Current Year	Prior Year
Assets		
Cash		
CASH IN BANK	1,771,762.42	53,872.57
CASH IN BANK - MELOAN	38,611.31	38,607.56
CASH IN BANK-PAYROLL	285,688.60	419,194.42
CASH IN BANK -HOUSING	80,034.13	115,241.03
CHDO SAVINGS	203,272.39	187,967.58
CASH IN BANK- CORPORATE	180,416.62	180,201.43
CMCHDC PROPERTIES CASH ACCT	45,913.48	38,932.48
Other	657.38	657.38
Total Cash	2,606,356.33	1,034,674.45
Receivables		
ACCTS.RECEIVABLE- DUE FROMS	364,336.47	330,791.41
ACCOUNTS RECEIVABLE	344,532.60	220,732.70
HIP MATERIALS	39,205.92	48,389.80
HIP LABOR	37,610.05	53,478.89
NOTES RECEIVABLE	384,753.30	413,415.32
ALLOWANCE FOR DOUBTFUL ACCOUNT	(49,913.13)	(49,913.13)
GRANTS RECEIVABLE	193,482.73	427,558.11
PRE-PAID EXPENSE	49,725.00	51,012.13
PREPAID INSURANCE	10,147.68	20,436.82
Other	(0.01)	19,469.49
Total Receivables	1,373,880.61	1,535,371.54
Fixed Assets		
INVENTORY	2,398.59	5,886.23
REAL ESTATE & BUILDING	432,916.01	482,946.42
PROPERTY - LAND	302,705.39	173,606.07
PROPERTY-RENOVATIONS	772,587.23	683,271.40
EQUIPMENT	991,949.35	977,449.35
ACCUMULATED DEPRECIATION-EQUIP	(899,398.47)	(862,881.11)
VEHICLES	292,583.00	319,733.00
ACCUM DEPRECIATION-VEHICLE	(224,317.39)	(312,356.68)
Total Fixed Assets	1,671,423.71	1,467,654.68
Contra Fixed Assets		
EQUITY -BUILDING-	(534,646.25)	(477,660.76)
Total Contra Fixed Assets	(534,646.25)	(477,660.76)
Other		
INVESTMENTS	102,777.57	101,828.60
Total Other	102,777.57	101,828.60
Total Assets	5,219,791.97	3,661,868.51
Liabilities		
Accounts Payable	1,431,113.93	1,612,752.41
Long Term Payables	131,389.94	114,362.26
Total Liabilities	1,562,503.87	1,727,114.67
Net Assets		
Fund Balance		
EQUITY-PROPERTY	48,471.75	49,029.31
FUND BALANCE	1,289,272.54	1,214,481.85
RESERVE ACCOUNT	700,447.01	700,447.01
Total Fund Balance	2,038,191.30	1,963,958.17
Excess Revenue/Expenditures (Loss)	1,619,096.80	(29,204.33)
Total Net Assets	3,657,288.10	1,934,753.84
Total Liabilities and Net Assets	5,219,791.97	3,661,868.51

Central Missouri Community Action

July-20

Ratio Analysis

Liquidity Ratio – Is also referred to as solvency ratios to indicate the ability of the agency to meet financial obligations over the short term.

Current Ratio = Current Assets divided by Current Liabilities

Compares assets expected to be available as cash within the next year with liabilities that will become due within the next 12 months. This ratio should be 1.21 or higher.

Current Assets

Total Cash	\$ 2,606,356.33
Receivables	\$ 1,373,880.61
Investments	\$ 102,777.57
Total	\$ 4,083,014.51

Current Liabilities

Accounts Payable	\$ 1,431,113.93
------------------	-----------------

July 31, 2020 ratio =	2.85
June 30, 2020 ratio =	2.42
May 31, 2020 ratio =	1.97
April 30, 2020 ratio =	1.91
March 31, 2020 ratio =	1.37
February 29, 2020 ratio =	1.57
January 31, 2020 ratio =	1.81
December 31, 2019 ratio =	1.71
November 30, 2019 ratio =	2.32
October 31, 2019 ratio =	2.18
September 30, 2019 ratio =	1.40
August 31, 2019 ratio =	1.53

July 31, 2019 ratio =	1.58
June 30, 2019 ratio =	1.80
May 31, 2019 ratio =	1.96
April 30, 2019 ratio =	1.79
March 31, 2019 ratio =	2.10
February 28, 2019 ratio =	2.15
January 31, 2019 ratio =	2.17
December 31, 2018 ratio =	2.25
November 30, 2018 ratio =	2.50
October 31, 2018 ratio =	1.34
September 30, 2018 ratio =	1.32
August 31, 2018 ratio =	1.47

Cash Ratio = Cash + Cash equivalents divided by Current Liabilities

Relates current liabilities to the agency's most liquid assets: cash, cash equivalents and short-term investments. This ratio should be .50 or higher.

Cash + Cash Equivalents

Total Cash	\$ 2,606,356.33
Investments	\$ 102,777.57
Total	\$ 2,709,133.90

Current Liabilities

Accounts Payable	\$ 1,431,113.93
------------------	-----------------

July 31, 2020 ratio =	1.89
June 30, 2020 ratio =	1.78
May 31, 2020 ratio =	1.05
April 30, 2020 ratio =	0.99
March 31, 2020 ratio =	0.52
February 29, 2020 ratio =	0.67
January 31, 2020 ratio =	0.87
December 30, 2019 ratio =	0.80
November 30, 2019 ratio =	0.46
October 31, 2019 ratio =	0.44
September 30, 2019 ratio =	0.46

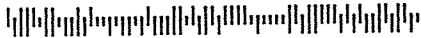
July 31, 2019 ratio =	0.70
June 30, 2019 ratio =	0.84
May 31, 2019 ratio =	0.94
April 30, 2019 ratio =	0.91
March 31, 2019 ratio =	1.12
February 28, 2019 ratio =	1.08
January 31, 2019 ratio =	1.17
December 31, 2018 ratio =	1.29
November 30, 2018 ratio =	1.50
October 31, 2018 ratio =	0.48
September 30, 2018 ratio =	0.48



ACCOUNT NUMBER	COMPANY NUMBER	BILLING DATE	DUE DATE	TOTAL AMOUNT DUE
**** * 2516		07/31/20	08/25/20	\$32,698.30

BG BGCB X003 YY * 001168 D

000367



BANKCARD SERVICES
P.O. BOX 6407
SOUTHEASTERN, PA 19398

CNTRL MO COMMUNITY ACTION
CENTRAL MISSOURI COMMUNITY ACTION
807 N PROVIDENCE RD
STE B
COLUMBIA MO 65203-4359

326983032698300847812038526344

BG * BGCB

PAGE 1 of 5

ACCOUNT NUMBER	COMPANY NUMBER	BILLING DATE	DUE DATE	CREDIT LIMIT	AVAILABLE CREDIT		
*** * 2516		07/31/20	08/25/20	65,000.00	32,301.70		

OST	TRAN	REFERENCE NUMBER	MERCHANT DESCRIPTION	AMOUNT	NOTATIONS
00/00	00/00		PURCHASES	33,108.78	
00/00	00/00		MISCELLANEOUS DEBITS	6.72	
00/00	00/00		MISCELLANEOUS CREDITS	-417.20	
00/00	00/00		PAYMENTS	-28,667.29	
07/21	07/21	7556374018211111111111	AUTO PAYMENT - THANK YOU	-28,667.29	
YOUR DEMAND DEPOSIT ACCOUNT WILL BE DEBITED 32,698.30 ON 08/21/20.					
FOR CUSTOMER SERVICE PLEASE CONTACT US AT 1-800-472-1959.					
*****1455	JULIE AITKENS			4,457.54	
00/00	00/00		PURCHASES	4,457.54	
07/01	06/30	55432860182200006380567	INDEED 203-564-2400 CT	3,000.00	ERS-HS-TUESDAY-06/30
07/02	07/01	55457020183083702885406	IDENTOGO - MO FINGERPR 877-512-6962 MO	41.75	HS-ERS-BAYCARE ACP
07/02	07/01	55480770184286051101156	AATRIX SOFTWARE 7017466814 ND	9.49	ADM
07/07	07/06	55457020188083377313887	IDENTOGO - MO FINGERPR 877-512-6962 MA	41.75	HS-ERS-BAYCARE
07/08	07/07	55457020189083743638594	IDENTOGO - MO FINGERPR 877-512-6962 MO	41.75	HS-ERS-BAYCARE
07/09	07/08	15449850191009760101092	MO DEPT OF HEALTH 877-332-3901 MO	15.25	HUTHMPR
07/16	07/15	15449850198022810133208	MO DEPT OF HEALTH 877-332-3901 MO	15.25	HS
07/16	07/15	55457020197083376775085	IDENTOGO - MO FINGERPR 877-512-6962 MO	41.75	HS
07/29	07/28	55432860210200997800157	HRDIRECT/POSTERGUARD 800-888-4040 FL	1,250.55	HS-ERS
*****5065	HIRSCH ANGELA			5,346.03	
00/00	00/00		PURCHASES	5,339.31	

AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	ANNUAL PERCENTAGE RATE	ACCOUNT SUMMARY	
			0.00%	PREVIOUS BALANCE	28,667.29
PURCHASES	0.00	0.0000%		PURCHASES	- 33,115.50
				CASH ADVANCES	- 0.00
				CREDITS	+ -417.20
				PAYMENTS	+ -28,667.29
				OTHER CHARGES	- 0.00
				FINANCE CHARGE	+ 0.00
CASH ADVANCES	0.00	0.0000%		NEW BALANCE	= 32,698.30

CURRENT PAYMENT DUE: 32,698.30 + PAST DUE AMOUNT: 0.00 = TOTAL AMOUNT DUE : 32,698.30

DIRECT INQUIRIES TO: BANKCARD SERVICES P.O. BOX 6407
SOUTHEASTERN, PA 19398

1-800-472-1959

OST	TRAN	REFERENCE NUMBER	MERCHANT DESCRIPTION	AMOUNT	NOTATIONS
7/02	06/30	15505900184070015023971	GOOGLE*GOOGLE STORAGE	1.99	CSCG ALR
7/03	07/01	55310200184722205970710	STORAGE MART #0105	169.99	CSCG ALR
7/06	07/03	55432860185200815730868	DROPBOX*WSM12YL69T4Z	119.88	SKILLUP
7/09	07/08	75418230190097793591881	SMK*SURVEYMONKEY.COM	99.00	NCH
7/10	07/08	55429500191852227859658	PAYPAL *GMESUPPLYCO SA	59.97	WXL I
7/10	07/09	8538390019100006035230	KAHOOT! AS	240.00	SKILLUP
7/13	07/09	55483820192370875042281	SAMSLUB.COM	220.98	CSCG ALR
7/15	07/14	02305370197500249279693	OFFICEMAX/OFFICEDEPT#6	143.32	NCH
7/17	07/16	55432860198200023516294	AMZN Mkt US*MJ5W59RK2	39.96	SKILLUP
7/21	07/20	55310200203700716080747	GMESUPPLY.COM	199.90	CSCG ALR - LINEAR
7/24	07/23	55429500205719511539318	INDUSTRIAL SAFETY PROD	2,673.00	WXL I
7/27	07/26	15270210208000018117248	MSFT * E0200BKPB	793.29	ALLGANTS
7/29	07/28	02305370211600044086822	USPS.COM POSTAL STORE	221.80	LINEAR
7/29	07/28	55310200211700750843588	GMESUPPLY.COM	246.34	LINEAR
7/29	07/28	55310200211700752041819	GMESUPPLY.COM	24.89	LINEAR
7/29	07/27	85428140210980027285293	A BREATH OF AIR	85.00	SKILLUP
10/00	00/00		MISCELLANEOUS DEBITS	6.72	
7/10	07/09	8538390019100006035230	FOREIGN TRANSACTION FEE	6.72	WXL I
		*****6912	MARTIN CARMICHAEL		2,000.84
10/00	00/00		PURCHASES	2,000.84	
7/01	06/30	55432860182200988105404	AMZN Mkt US*MJ1GG6CZ0	13.99	ADM
7/01	07/01	55432860183200054514256	AMZN Mkt US*MJ2V31J11	24.89	
7/02	07/01	55432860183200294536853	GOOGLE *SVCSshowmeacti	332.68	BRIDGE + CSCG ALR + HL +
7/10	07/09	55429500191637967384243	HELLO* HELLOFAX	224.68	CSCG ALR + LINEAR
7/13	07/10	55429500192637049520516	HELLO* HELLOFAX	89.25	HL + FHS
7/17	07/17	55432860199200111561599	AMZN Mkt US*MV18U04Y0	13.99	C.O
7/20	07/18	55310200200083723140116	AMAZON.COM*MV3TS3X1 A	47.49	ADM
7/20	07/18	55310200200083785363051	AMAZON.COM*MV88K3042 A	19.98	C.O + 0250
7/20	07/17	55432860199200258175633	AMZN Mkt US*MV15N9ZA0	20.56	
7/24	07/23	55432860205200702652445	Amazon.com*MV7X91VZ0	219.98	ADM
7/27	07/24	55310200206083382762535	AMZN MKTP US*MV6GB6U41	142.44	HL - FHS - HL EXP - C.HS
7/27	07/24	55429500207852087223252	MOBILE BEACON	711.00	HL - SKILLUP
7/28	07/27	55310200209083305328593	AMZN MKTP US*MV6V7W8692	88.97	ADM
7/28	07/28	55432860210200809498240	AMZN Mkt US*MV9KM3S22	50.94	ADM
		*****1287	NOLANDA DODD		5,424.32
00/00	00/00		PURCHASES	5,424.32	
07/02	07/01	75337000184470000321306	THE GOTTMAN INSTITUTE	1,194.00	
07/03	07/02	02305370185000532161561	USPS PO 2816800103	26.35	
07/03	07/03	55432860185200621267030	UNIV MISSOURI EXT	240.00	
07/06	07/03	05436840186600026919097	Dollar Tree, Inc.	318.25	
07/06	07/04	05436840187600020051912	Dollar Tree, Inc.	31.82	
07/06	07/03	55429500185637510054689	LOVE THINKS	465.00	
07/16	07/15	55432860197200821785704	Amazon.com*MV1C32LO0	300.00	
07/17	07/16	55429500198852655268870	PAYPAL *NEWCHAPTERC	70.00	HLTHMDC
07/17	07/15	55500360198670800420282	WALMART EGIPT CARD	100.00	
07/17	07/15	55500360198670800421322	WALMART EGIPT CARD	100.00	
07/17	07/15	55500360198670800421801	WALMART EGIPT CARD	100.00	
07/17	07/15	55500360198670800421819	WALMART EGIPT CARD	100.00	
07/17	07/16	55500360198670800461229	WALMART EGIPT CARD	100.00	
07/24	07/23	55310200206083317403775	AMAZON.COM*MV5DR8XU2 A	100.00	
07/27	07/26	02305370209000405626700	USPS KIOSK 2816809550	141.75	
07/27	07/23	55500360206670800827544	WALMART EGIPT CARD	100.00	
07/27	07/23	55500360206670800827619	WALMART EGIPT CARD	100.00	
07/28	07/27	55310200210083355745388	AMAZON.COM*MV6QG2DF2 A	200.00	
07/28	07/27	55310200210083730302467	AMAZON.COM*MV4ZSSKW0 A	200.00	
07/28	07/27	55310200210083743434935	AMAZON.COM*MF1JX1FL1 A	200.00	

YNMNN

POST	TRAN	REFERENCE NUMBER	MERCHANT DESCRIPTION	AMOUNT	NOTATIONS
07/28	07/26	55429500209852204308844	MOBILE BEACON	240.00	FLTHRR
07/29	07/28	55310200210083306488203	AMAZON.COM*MV3IO87V0 A	200.00	
07/29	07/28	55310200210083775430264	AMAZON.COM*MF0W54LB1 A	200.00	
07/29	07/27	55500360210670801004790	WALMART E Gift CARD	100.00	
07/29	07/27	55500360210670801004881	WALMART E Gift CARD	100.00	
07/29	07/27	55500360210670801005185	WALMART E Gift CARD	100.00	
07/29	07/27	55500360210670801005318	WALMART E Gift CARD	100.00	
07/30	07/29	02305370212000493381551	USPS PO 2816800103	56.70	
07/31	07/30	02305370213000499259446	USPS PO 2816800103	140.45	
*****2038 DARIN PREIS				1,110.90	
00/00	00/00	PURCHASES		1,110.90	
07/01	06/30	55546500182602110408801	CENTRA MISSOURI NEWSPAP	21.00	ADM
07/10	07/09	15449850192230210092223	MO SEC OF STATE	21.25	ADM
07/13	07/10	55310200193200468000110	BATTERIES PLUS #0265	97.65	COFORD
07/24	07/23	55429500205719511264347	EB 2020 CAP VIRTUAL A	475.00	CSRG
07/24	07/23	55429500205745510554750	EB 2020 CAP VIRTUAL A	475.00	ADM
07/29	07/28	55546500210602734367207	CENTRA MISSOURI NEWSPAP	21.00	ADM
*****7495 ELIZABETH VOSSLER				11,414.40	
00/00	00/00	PURCHASES		11,414.40	
07/01	06/30	55432860182200963971598	AMZN Mkt US*MS0005WJ2	6.99	EXP - FHM
07/03	07/02	55432860184200587233738	AMZN Mkt US*MJ5G014M2	18.82	EXP
07/03	07/02	75217690185530000025603	PARTS TOWN	99.39	HS
07/07	07/07	55432860189200581014832	MU CONFERENCE EVENTS	147.00	HS - EXP - CHSEXP
07/08	07/07	25140520190000011523821	COLEMAN APPLIANCE	2,083.00	HS - FHS
07/09	07/08	55432860190200048476746	AMERICAN RED CROSS	32.00	HS
07/09	07/08	55432860190200048476779	AMERICAN RED CROSS	32.00	HS
07/10	07/09	55446410192207130300052	NATIONAL HEAD START AS	599.00	HS - FHS
07/10	07/08	85431540191701299069937	THE WEBSTaurant STORE	104.93	HS
07/13	07/12	55310200194083319322571	AMAZON.COM*MV8W51CH1 A	204.00	HS - FHM
07/13	07/10	55417410192083374066880	VORT CORPORATION	1,000.23	FHS - FHS EXP
07/14	07/13	55432860195200288668742	Amazon.com*MV0UP7L91	43.33	FHS - 0211
07/15	07/14	55310200196083311414556	AMAZON.COM*MV82F6NZ1 A	149.82	FHS - 0601
07/15	07/14	55310200196083312390094	AMAZON.COM*MJ9DL6WZ0 A	174.69	FHS - 0209
07/15	07/14	55310200196083344441600	AMAZON.COM*MJ6DFOWO0 A	173.44	FHS - 0102
07/15	07/14	55310200197700984156813	FSURF CPEIP	753.00	FHS - EXP
07/15	07/14	55432860196200499110988	Amazon.com*MJ72092D2	325.39	FHS - 0401
07/15	07/14	55432860196200499571692	Amazon.com*MJ2J582W2	138.34	FHS - 0203
07/15	07/15	55432860197200634281552	Amazon.com*MJ6EY7YLO	289.95	FHS - 0301
07/16	07/15	55417410197083711487992	VORT CORPORATION	494.89	HS - FHS - EXP - FHS EXP
07/16	07/15	55547500198754196883802	MARK'S MOBILE GLASS CO	215.00	HS
07/20	07/16	45505900200090167231039	GOOGLE*GOOGLE STORAGE	1.99	HS - FHS
07/20	07/18	55310200200083380409259	AMZN MKTP US*MV4IR9GY1	42.99	HS - FHS - 0203
07/20	07/18	55432860200200395295846	AMZN Mkt US*MV1R97CB2	42.99	HS - FHS - 0211
07/20	07/18	55432860200200396004866	AMZN Mkt US*MV40M7NPO	42.99	HS - 0501
07/20	07/18	55432860200200396185798	AMZN Mkt US*MV6SM2CT2	42.99	HS - 0202
07/20	07/18	55432860200200416659665	AMZN Mkt US*MV4M51O32	39.99	HS - FHS - 0209
07/20	07/18	55432860200200466000117	AMZN Mkt US*MV5337O62	42.99	HS - FHS - 0301
07/20	07/18	55432860200200482639880	AMZN Mkt US*MV9UZ1XJ1	42.99	HS - FHS - 0401
07/20	07/18	55432860200200492575710	AMZN Mkt US*MV50B9XP1	42.99	HS - 0409
07/20	07/18	55432860200200502943916	AMZN Mkt US*MV9E29OC2	42.99	HS - 0701
07/20	07/18	55432860200200510286688	AMZN Mkt US*MV5E37OF2	42.99	HS - 0601
07/20	07/18	55432860200200512810774	AMZN Mkt US*MV1O223F0	42.99	HS - FHS - 0102
07/20	07/18	75217690201530000021339	PARTS TOWN	9.93	HS
07/23	07/23	55432860205200618134215	AMZN Mkt US*MV8716PW2	5.99	HS EXP - FHS EXP - 1000
07/23	07/23	55432860205200618424970	AMZN Mkt US*MV41F2PX2	5.99	BRIDGE
07/23	07/23	55432860205200618801276	AMZN Mkt US*MV6NU6KX1	5.99	HS - FHS - 0701

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7/23	07/23	55432860205200618851347	AMZN Mktp US*MV4173K21	Amzn.com/bill	WA 5.99 <u>HS - 0851</u>
7/23	07/23	55432860205200619156365	AMZN Mktp US*MV1748K01	Amzn.com/bill	WA 5.99 <u>HS - EHS - 0209</u>
7/23	07/23	55432860205200627711789	AMZN Mktp US*MV2141KD1	Amzn.com/bill	WA 5.99 <u>HS - EHS - 0201</u>
7/23	07/23	55432860205200629942770	AMZN Mktp US*MV1754P42	Amzn.com/bill	WA 5.99 <u>HS EXP - EHS EXP - 1200</u>
7/24	07/23	55432860205200765263486	AMERICAN RED CROSS	800-733-2767	DC 35.00 <u>HS</u>
7/27	07/24	55310200206083750623038	AMZN MKTP US*MV1KF8HLO	AMZN.COM/BILL	WA 45.99 <u>HS - 0501</u> (2)
7/27	07/24	55429500206637225702791	TEACHSTONE TRAINING	8669988352	VA 125.00 <u>HS</u>
7/27	07/24	55432860206200017636157	AMZN Mktp US*MV9P07MN2	Amzn.com/bill	WA 45.99 <u>HS - 0202</u> (3)
7/27	07/24	55432860206200056246900	AMZN Mktp US*MV5BB4B00	Amzn.com/bill	WA 45.99 <u>HS - EHS - 0201</u> (4)
7/27	07/24	55432860206200997413163	AMZN Mktp US*MV2248H00	Amzn.com/bill	WA 45.99 <u>HS - EHS - 0209</u> (5)
7/27	07/24	55432860206200997956427	AMZN Mktp US*MV5AS9M42	Amzn.com/bill	WA 45.99 <u>HS - EHS - 0203</u> (6)
7/27	07/24	55500360207083702150073	WALMART.COM	8009666546	AR 1,855.94 <u>HS DOW</u>
7/28	07/27	55310200210083352419748	AMZN MKTP US*MV8WN8SG2	AMZN.COM/BILL	WA 91.98 <u>EHS - HS EXP - 1100</u> (7)
7/28	07/27	55432860209200687306971	AMZN Mktp US*MV3Q116Z2	Amzn.com/bill	WA 7.60 <u>HS EXP - EHS EXP - 1100</u>
7/28	07/28	85456670210900013819690	CONSTRUCTPLAYTHINGS.CO	800-4481412	MO 275.96 <u>JK Alcorn</u>
7/29	07/28	55310200210083342300271	AMZN MKTP US*MV3TU2910	AMZN.COM/BILL	WA 45.99 <u>HS - 0851</u> (7)
7/29	07/28	55432860210200966635527	AMZN Mktp US*MV7DR9920	Amzn.com/bill	WA 68.00 <u>HS - 0202</u> (3)
7/29	07/28	55432860210200968335068	AMZN Mktp US*MV2DM3940	Amzn.com/bill	WA 68.00 <u>HS - EHS - 0211</u> (4)
7/29	07/28	55432860210200968462797	AMZN Mktp US*MV44382B2	Amzn.com/bill	WA 68.00 <u>HS - EHS - 0209</u> (5)
7/29	07/28	55432860210200969260588	AMZN Mktp US*MV94N12A2	Amzn.com/bill	WA 68.00 <u>HS - EHS - 0208</u> (6)
7/29	07/28	55432860210200969450619	AMZN Mktp US*MF2QH4L51	Amzn.com/bill	WA 68.00 <u>HS - 0501</u> (2)
7/29	07/28	55432860210200969475640	AMZN Mktp US*MV7D03950	Amzn.com/bill	WA 68.00 <u>EHS - HS EXP - 1100</u> (7)
7/29	07/28	55432860210200970469673	AMZN Mktp US*MV2HZ7222	Amzn.com/bill	WA 136.00 <u>HS - EHS - 0102</u> (8)
7/29	07/28	55432860210200970670585	AMZN Mktp US*MV84S02A2	Amzn.com/bill	WA 68.00 <u>HS - EHS - HS EXP - EHS EXP</u>
7/29	07/28	55432860210200988841855	AMZN Mktp US*MF9LK2Z01	Amzn.com/bill	WA 45.99 <u>HS</u>
7/29	07/28	55432860210200990640105	IN *LOVING GUIDANCE IN	407-3660233	FL 300.00 <u>HS</u>
7/29	07/28	55432860210200992100488	Amazon.com*MF0LQ7Z61	Amzn.com/bill	WA 163.55 <u>HS</u>
7/30	07/29	55432860211200084833524	Amazon.com*MF6Y48NT1	Amzn.com/bill	WA 29.98 <u>HS</u>
7/30	07/29	55432860211200084980531	AMZN Mktp US*MV6FQ37W2	Amzn.com/bill	WA 18.99 <u>HS</u>
00/00	00/00		MISCELLANEOUS CREDITS		-32.48
7/31	07/30	55500360212083002075874	CREDIT WALMART.COM	8009666546	AR -32.48 <u>HS DOW</u>
		*****6135	JESSIE YANKEE		2,944.27
00/00	00/00		PURCHASES		3,328.99
7/07	07/06	55432860188200510934069	VISTAPR*VistaPrint.com	866-8936743	MA 128.99
7/07	07/06	55432860188200541637442	IN *PALO ALTO SOFTWARE	800-2297526	OR 2,100.00
7/09	07/08	55432860190200061893967	MAILCHIMP *MISC	MAILCHIMP.COM	GA 69.97
7/10	07/09	05410190191105192461760	STAPLES DIRECT	800-3333330	MA 347.79
7/13	07/10	05410190192105192461769	STAPLES DIRECT	800-3333330	MA 139.99 <u>WBC</u>
7/13	07/10	55429500192637100999963	CAMPUS COWORKING SPACE	9704977040	CO 150.00
7/23	07/22	05436840205000279650944	WALGREENS #5145	COLUMBIA	MO 100.00
7/23	07/22	55483820205091008227509	WAL-MART #0029	JEFFERSON CIT	MO 100.00
7/24	07/23	55500360206083776391695	WALMART.COM AT	8009666546	AR 144.00
7/27	07/27	15270210209000022767755	MSFT * E0800BRR8F	MSBILL.INFO	WA 8.25
7/27	07/25	55480770208026962073751	ZOOM.US	8887999666	CA 40.00
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7/24	07/23	55436870206732068511264	CREDIT HILTON HOTELS SALT LK	801-3282000	UT -192.36 <u>WBC</u>
7/24	07/23	55436870206732068511322	CREDIT HILTON HOTELS SALT LK	801-3282000	UT -192.36

YNRRNN

Self Assessment Review 2020



Focus Areas

- Whole Family Approach
- Child Development
- Record Keeping & Reporting
- Environments



1. Whole Family Approach

Key findings



Established Goals

	Total Established	Of Goals, Below Prevention Line in area of goal	Goal Completion Rate	Blank Data
1st Goal Established	549	26%	26%	227 (29%)
2nd Goal Established	148	20%	21%	17 (10%)
3rd Goal Established	33	9%	18%	0 (0%)



Top Goal Area for 1st goals



Goal 1 Example: Top area of need according to SSM



171.46

Average SSM Total on pre-SSM

178.70

Average SSM Total on post-SSM

7.24

Average increase on SSM



SSM Change by Race Category

	Avg. Pre	Ave. Post	Ave. Change
Asian	168	167	1
Black	171	180	9
Multi-racial	171	181	10
Other	166	176	10
White	172	178	6



SSM Change by Ethnicity Category

	Avg. Pre	Ave. Post	Ave. Change
Hispanic	163	173	10
Non-Hispanic	172	179	7



Program Improvement Recommendations

- Goal setting based on Prevention Line
- Data entry monitoring for consistency
- Staff training
- Data system updates for more accurate analysis



2. Child Development

Key findings



PRESCHOOL

49%
Approaches to Learning

56.2%
Social/Emotional

73.3%
Physical & Health

31.9%
Language & Literacy

35.7%
Math



School Readiness Indicators

- Some variance by race
 - “White” and “Other” performing slightly lower than “Black”
- No real variance by gender
- Large variance by income in all domains
 - Over income did NOT appear more ready



90%

More than 90% of Infant/Toddlers developing as age expected



Infant/Toddler Development Indicators

- Slight variation by sex with 7% more males ready in language
- 5% fewer infants ready in SE & physical than other groups
- Slightly more Spanish speaking children were ready than English, except in cognition
- 101-130 Income: 7% fewer developing as expected in Approaches to Learning, but no other variations



Social Emotional Development: Behavior Support Plans

- 18 BSP developed
 - only 1 for EHS
 - Twice as many boys than girls
 - 9 White, 7 Black, 2 Bi-Racial
 - 72.2% were from single-parent household
 - Trauma exposed: 33.33%



Social Emotional Development: Screening

- 757 screenings
 - Passing rate: 75.58%



Program Improvement Recommendations

- Training and implementation of Conscious Discipline
- Literacy & Math training for teachers
- COR & HELP Reliability Training
- Emphasize working with families with lower income
- Update Interim Service Plans
- Update DECA procedure & Training



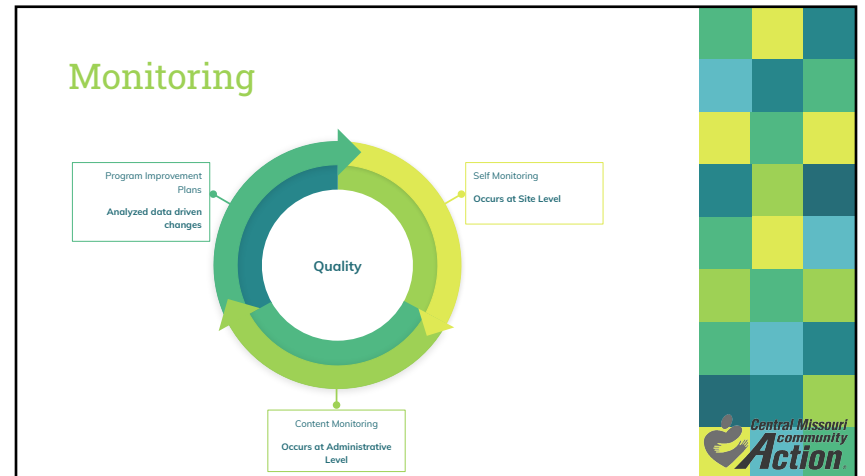
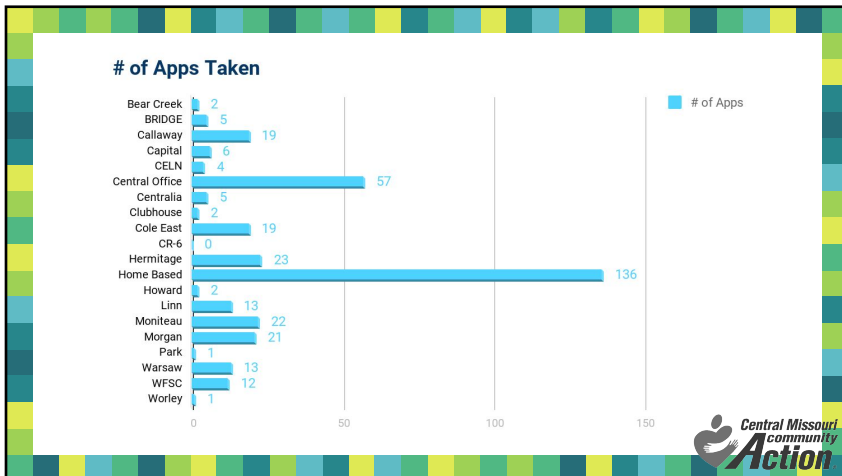
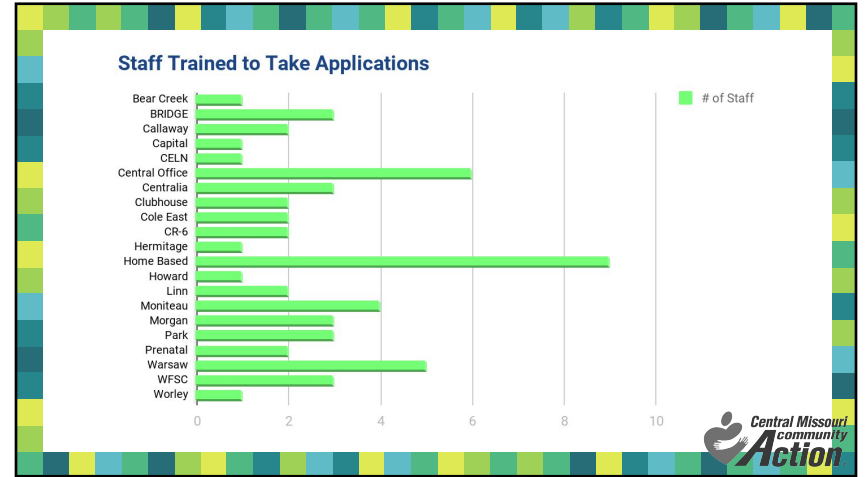
3. Record Keeping & Reporting

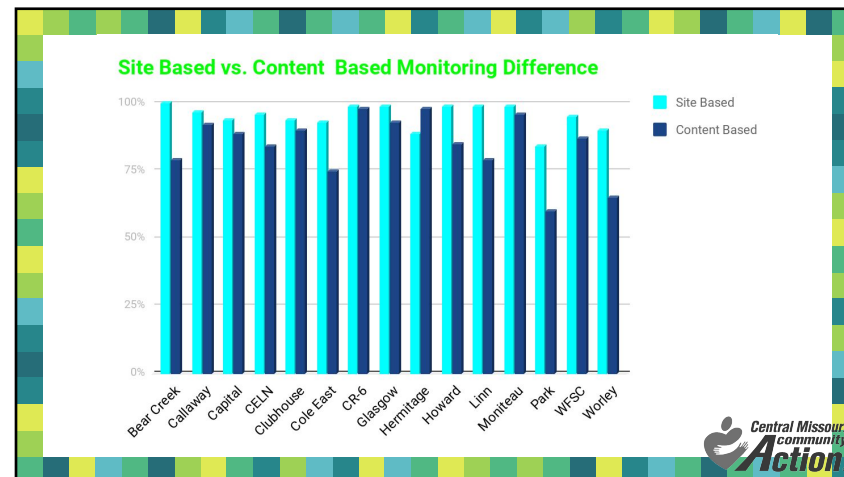
Key findings



Race	Distinct Count of Participant ID & % of Failed Pre-DECA	% of Failed Pre-DECA within own racial group	% Failed Regardless of Race
Asian	1/0.87%	16.67%	0.21%
Black	37/32.17%	37.37%	7.87%
Multi-racial	13/11.30%	11.30%	2.77%
Other	5/4.35%	13.89%	1.06%
White	59/51.30%	21.61%	12.55%







Program Improvement Recommendations

- Attendance Planning with families (after COVID)
 - Recruitment efforts improvements
 - Online application process
 - Continued monitoring & follow-up processes
 - Staff training on ERSEA, entry, and supervisory responsibilities
 - Adjust follow-up responsibilities
- Central Missouri community Action

4.

Environment

Key findings

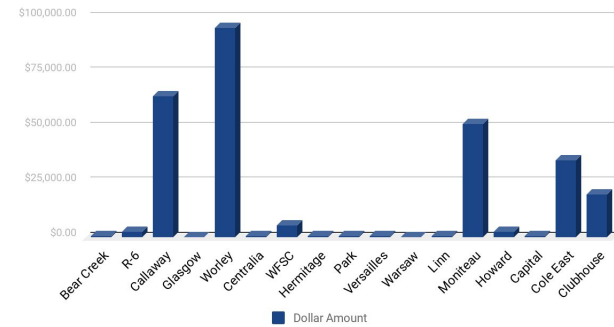
Central Missouri community Action

PQA Environmental Scores

Site	PQA Learning Environment	Site	PQA Learning Environment	Site	PQA Learning Environment
Worley	3.17	Callaway	3.96	Linn	4.44
Cole East	3.61	WFSC	3.97	R-6	4.56
Bear Creek	3.74	Capital	4	Centralia	5
Howard	3.84	Clubhouse	4.22	Moniteau	5
Park	3.88	Glasgow	4.33		



Facility Maintenance/Repair/Renovation \$\$ Spent



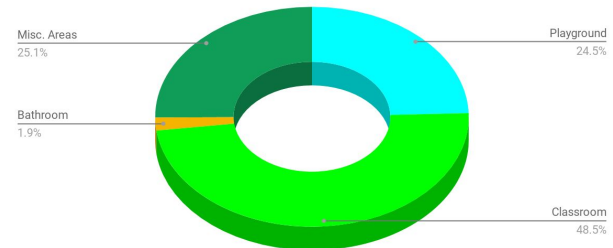
80.8%

Facility Walkthroughs Outdoor Space



Child Accidents

Accidents Areas



Program Improvement Recommendations

- Replace classroom materials
- Transition to rubber outdoor soft surfacing
- Split in facility geographic areas
- Hire 3rd Facility Administrator
- Update facility work order process
- Site Inspections entered into Childplus
- Categorize work orders
- Basic repair kits at each facility



TEAM 
WORK *makes*

the DREAM
 WORK



Program Updates



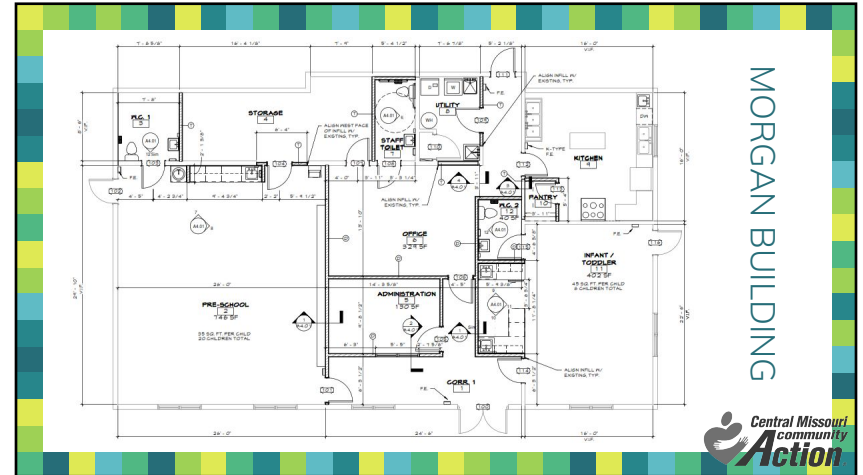
Fiscal Close Out Processes

- 8 County: No Cost Extension to use unobligated funds for security project
- 8 County: No waiver on Non-Federal Share. We met our match!
- 3 County: Partial Carry Over approved for start up
 - Secondary Carry Over Request
- 3 County: Only requested approx. \$53,000 for Non-Federal Share, and we may still meet that match as well.



Morgan County Update

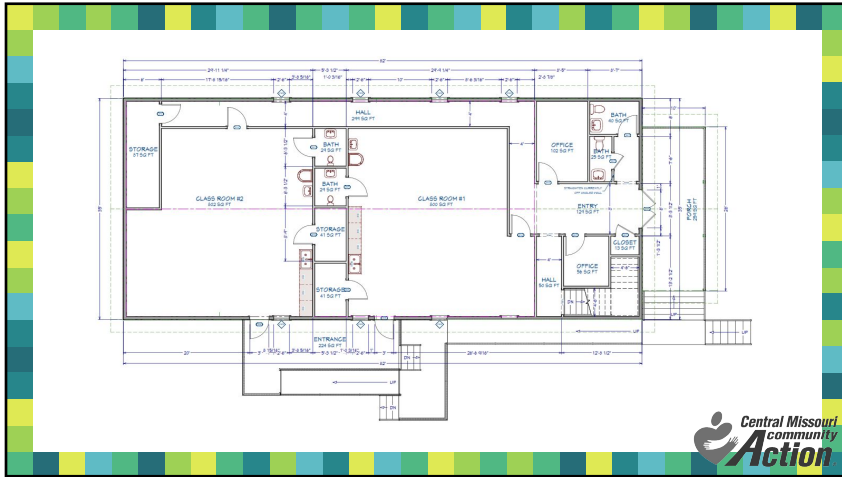
- 1303 approved
- Carry Over approved
- Building purchased 8-17-2020
- Federal Interest filed 8-21-2020
- Renovation Purchase Order Executive Committee Ratification
- Renovations begin XXXXXX
 - 120 day completion timeline



Warsaw Update

- Drawing almost finalized
- Next steps
 - Renovation bids
 - 1303 for renovations over \$250,000
 - 1303 for purchase
- Suggest one 1303 for Purchase + Reno (Action Required)
- Secondary Carry Over Request for Reno (Action Required)





COVID FUNDS

- Coordinating supplies
 - PPE (lots of it)
 - Cleaning supplies
 - Outdoor materials
 - washer/dryers
- Still need to coordinate air vent purifiers
- 1303 for Worley EHS (Action Required)



EHS Expansion-Boone County

- Target 3 EHS classrooms in Boone County
 - 24 infant/toddlers
- Approx. \$900,000-\$1,000,000 annually
- Start up request: \$1,000,000-\$1,500,000
- Approx. 17 new staff



Darin Preis

10:08 AM (6
hours ago)

to Charlie, Charlie, Alice, Carolyn, Amanda, Beth, me

CMCA Executive Committee,

You will recall that when we were awarded the Head Start expansion into Morgan, Benton, and Hickory Counties, we incorrectly thought we would be able to use the prior grantee's buildings. They were substandard and did not meet our needs so we had to pivot. We entered into an agreement with the Hermitage School (Hickory County) district almost immediately and have been operating there for a while now. In Warsaw (Benton County) we entered into a lease agreement with a church to renovate and ultimately purchase their building. In Morgan County we have been working with the Regional Office to go through the "1303 process" to purchase a building and renovate it. Beth presented this information at the February meeting with an update in June. After many delays and a ton of paperwork, the 1303 was approved and we closed on the purchase last week. Now the extensive renovations she has described can begin. The building was used by the Eagles civic group and has to be retooled for our purposes. Basically we have a good foundation, shell, and a decent start to a kitchen, but the classrooms, bathrooms, and offices all have to be built. Bids required prevailing wages and the best bid came in at \$283,777. Our policies authorize me to approve purchases up to \$150,000 but board approval is required for purchases beyond that. The bids and the final approval from the feds came in after the last board meeting. Now we're ready to roll and we want to expedite the renovation as much as possible. Our general contractor requires a 5% deposit (\$19,864) to get scheduled and started. Would you be willing to approve this purchase with the understanding that we will review it with the full board and ask the board to ratify your decision next week?

Please reply to all with questions, comments, and/or your vote.

Darin Preis • *Executive Director*

Central Missouri Community Action
807B North Providence | Columbia, MO 65203
P: 573.443.8706, 1025 | F: 573.875.2689



Charlie Melkersman: voted to approve
Charlie Roll: voted to approve
Amanda Grellner: voted to approve
Alice Brandt: voted to approve
Carolyn Lewis: voted to approve

Central Missouri Community Action Grant Summary Sheet

Date presented to board	Department(s)	Staff person submitting
8-27-20	Early Childhood	Beth Vossler
Strategic Commitments	<ul style="list-style-type: none"> a. Service Integration b. Community Development c. Evaluation/Measurement d. Funding e. Excellence 	

Title:	EHS Expansion Grant
Program operation dates:	Projected start date 3/04/2021 5 year grant cycle
Funding amount:	Approximately \$900,000-\$1,000,000 annually Start up request approximately \$1,000,000-\$1,500,000-one time funds
Staffing levels:	Approximately 17 new staff, plus existing administrators
Funding Source:	DHSS-ACF-OHS
Target Population:	EHS children, families and prenatal
Counties of Operation:	Boone
Expected number of participants/clients:	24
Summary of Program:	CMCA offers comprehensive, developmentally appropriate early childhood program, parenting education, prenatal services, access to literacy activities, father and male involvement activities. CMCA Head Start offers full-day/full-year services. Services in local communities are based on the results of the annual self-assessment and annual community assessment updates. Services are provided, wherever possible, in the language of the home.
Expected Outcomes:	<ul style="list-style-type: none"> 1. Implement interventions that support families' progress toward achieving self-reliance 2. Implement interventions that support children's development and school readiness 3. Implement interventions that support programmatic use of data for quality improvements 4. Recruit and retain high quality staff 5. Quality facility environments
Collaboration with other CMCA programs:	All other programs of CMCA are considered to be integrally important to the success of the Head Start program and, as such, we partner with each of them
Community partners involved:	LEA, health department, Missouri Department of Health and Senior Services, Missouri Children's Division, Missouri Coalition for Oral Health, Missouri Head Start State Collaboration Office, MHSA, University of Missouri, Medicaid insurers, First Steps.

Central Missouri Community Action Grant Summary Sheet

Date presented to Board	Department(s)	Staff person submitting
August 27, 2020	Senior Corps	Angela Hirsch/Julie McNeill
Strategic Commitments	Priority Area 2 Community Development	

Title: Retired Senior Volunteer Program RSVP
Program operation dates: April 2021–March 2022 (with continued approval this is a 3 year grant)
Funding amount: \$ 75,000
Staffing levels: One full-time staff
Funding Source: CNCS
Target Population: seniors 55 and over will be recruited for volunteer assignments
Counties of Operation: Audrain
Expected number of participants/clients: 75 volunteers
Summary of Program: RSVP is one of the largest volunteer networks in the nation for people 55 and over. Our primary focus will be: (1) Healthy Futures with the objective of Aging in Place. Service activities would include meal delivery, companionship, transportation and nutrition and exercise education and training. Our secondary focus will be: (2) Economic Opportunity with the objective of financial literacy and employment. Service activities would include Financial literacy education, GED and job readiness education.
Expected Outcomes: Over the course of the grant we hope to support 210 individuals with food and nutrition, 400 with education and health related knowledge, 45 individuals with companion support, 75 individuals with financial literacy education, 75 with improved job readiness.
Collaboration with other CMCA programs: FGP, Williams Family Support Center/Audrain Resource Center
Community partners involved: Help Center, Senior Center, Aging Best, Access

Central Missouri Community Action Grant Summary Sheet

Date presented to Board	Department(s)	Staff person submitting
August 27, 2020	Senior Corps	Angela Hirsch/Julie McNeill
Strategic Commitments	Priority Area 2 Community Development	

Title: Retired Senior Volunteer Program RSVP
Program operation dates: April 2021–March 2022 (with continued approval this is a 3 year grant)
Funding amount: \$ 75,000
Staffing levels: One full-time staff/FGP director part time
Funding Source: CNCS
Target Population: seniors 55 and over will be recruited for volunteer assignments
Counties of Operation: Cooper
Expected number of participants/clients: 75 volunteers
Summary of Program: RSVP is one of the largest volunteer networks in the nation for people 55 and over. Our primary focus will be: (1) Healthy Futures with the objective of Aging in Place. Service activities would include meal delivery, companionship, transportation and nutrition and exercise education and training. Our secondary focus will be: (2) Economic Opportunity with the objective of financial literacy and employment. Service activities would include financial literacy education, GED and job readiness education.
Expected Outcomes: Over the course of the grant we hope to support 210 individuals with food and nutrition, 400 with education and health related knowledge, 45 individuals with companion support, 75 individuals with financial literacy education, 75 individuals with improved job readiness.
Collaboration with other CMCA programs: FGP, Clubhouse Head Start, Cooper County Resource Office
Community partners involved: Senior Center, Aging Best, food pantries, YMCA, Job Point

Central Missouri Community Action Grant Summary Sheet


Date presented to board	Department(s)	Staff person submitting
	Head Start	Lisa Cumins
Strategic Commitments	<ol style="list-style-type: none"> 1) Participants will have seamless access to services that move them toward self-sufficiency. 2) CMCA will capture unduplicated data that reflects our outcomes. 3) CMCA will have flexible resources necessary to address reduction of poverty, revitalize low-income communities, and empowers people with low income to become more self-sufficient. 4) CMCA will be an agency of internal and external excellence that addresses reduction of poverty revitalizes low-income communities, and empowers people with low income to become more self-sufficient. 	

Title: Nonprofit Relief and Recovery Program	
Program operation dates: March 1, 2020-November 16, 2020	
Funding amount: \$250,000	
Staffing levels: Frontline Head Start Staff	
Funding Source: Missouri Department of Economic Development	
Target Population: Frontline Head Start Staff- Teachers, Assistants, Cooks, Custodians, Floaters, Directors, Site Administrators	
Counties of Operation:	Audrain, Benton, Boone, Callaway, Cole, Cooper, Hermitage, Howard, Moniteau, Morgan, Osage
Expected number of participants/clients: 135	
Summary of Program: The funding of the grants will provide the frontline Head Start staff with hazard pay from May 18th through Nov. 16th.	
Expected Outcomes: Staff will be hired and retained during the pandemic. Current staff will be retained.	
Collaboration with other CMCA programs: None	
Community partners involved: None	

Central Missouri Community Action Grant Summary Sheet

Date presented to Board	Department(s)	Staff person submitting
August 27, 2020		Brooke Eskridge
Strategic Commitments	#1-Integrated Service Delivery	

Title:	Financial Opportunity Center
Program operation dates:	Jan. 1, 2021 – Dec. 31, 2021
Funding amount:	\$26,000-\$30,000
Staffing levels:	.5 FTE
Funding Source:	PY 21 City of Columbia Social Services
Target Population:	Low income City of Columbia residents; targeting those enrolled in WFA
Counties of Operation:	Boone
Expected number of participants/clients:	50
Summary of Program:	The Financial Opportunity Center is the next step in enhancing our Whole Family Approach. The FOC will be a part of a seamless client flow process and focus on three key areas: Employment Services, Financial Education and Financial Coaching and Income Supports Access. Financial Opportunity Centers (FOC) are based on the Center for Working Families model originally developed and promoted by the Annie E. Casey Foundation. All FOC participants will develop a baseline budget upon orientation and we will use SSM Matrix scores as well as Salesforce data system outcomes to determine member's movement toward financial stability. FOC services will include both one on one financial coaching and group workshops.
Expected Outcomes:	Financial coaching can include one on one coaching sessions and group workshops. Our goal is to see improved financial capacity by way of increasing income or decreasing debt.
Collaboration with other CMCA programs:	Women's Business Center, SkillUP, Housing Choice Voucher; aligned with Whole Family Approach
Community partners involved:	Potential partnerships with local banking institutions to provide direct financial services when needed

	TYPE OF ISSUANCE: PERSONNEL POLICY SUBJECT: COVID-19 Policy	EFFECTIVE DATE: DRAFT APPROVED BY: Head Start Policy Council and Board of Directors
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PURPOSE

The purpose of this policy is to minimize the spread of illness during the COVID-19 pandemic.

POLICY

During an outbreak of a pandemic disease such as the COVID-19 virus, the Agency will implement the following guidelines to minimize the spread of COVID-19 among staff.

Face Coverings

Employees are required to wear cloth face coverings. All CMCA employees are required to wear a clean face mask any time they are, or will be, in contact with other people who are not household members. This policy requirement applies during an employee's work hours and also while an employee is on Agency property or in an agency owned vehicle.

"Face mask" means a covering made of cloth, fabric, or other soft or permeable material, without holes, that covers only the nose and mouth and surrounding areas of the lower face. A covering that hides or obscures the wearer's eyes or forehead is not a "face mask". A face mask may be factory made or may be handmade and improvised from ordinary household materials.

An employee may only remove their face mask while at work, on Agency property, or when in an agency owned vehicle under the following circumstances:

- While outdoors when able to maintain a distance of at least six feet from others;
- When in an agency owned vehicle alone;
- While eating or drinking in breakrooms provided the employee washes their hands, is able to maintain a distance of at least six feet away from others, and puts the mask back on when they are done;
- When an employee has a medical condition, mental health condition or disability that prevents wearing a face mask; if the disability is not apparent, then medical verification that the employee has been advised not to wear a face mask must be sent to HR;
- When any party to a communication is deaf or hard of hearing and not wearing a face mask is essential to communication;
- When federal or state law prohibits wearing a face mask or requires the removal of a face mask;
- When requested by a law enforcement officer;
- When requested by a medical provider, including emergency response personnel;
- When in an office setting and not within six feet of any other person; provided however, when moving from place to place in an office location a face mask shall be worn if at least six feet of distance from others cannot be maintained;
- Under other circumstances identified in any subsequent order.

Employees Who Have COVID-19, COVID-19 Symptoms, or are Under Quarantine

Employees who have COVID-19, symptoms of COVID-19, or are under quarantine, shall not report to the worksite. Supervisors may send home employees that report to work sick. "Sick" in this context means the employee has cold or flu symptoms including fever, cough, and/or shortness of breath, or other symptoms consistent with the COVID-19 virus. If the employee can work remotely from home, the employee must obtain

approval from their supervisor prior to working from home. (See also Telecommuting Policy.) If the employee is unable to work remotely from home, the employee will use their applicable paid time off so that the employee can recover and not cause others to become sick. If an employee does not have any applicable paid time off, they may request leave without pay. (See Leave Without Pay Policy.) In some instances, a funding source may allow continuing payment of employee wages. CMCA will follow the funder's guidance in this scenario.

COVID-19 Testing

An employee who has been exposed to COVID-19, has symptoms of COVID-19, or is under quarantine and is tested for COVID-19 shall not report to the worksite while results are pending.

An employee who has been exposed to COVID-19, has symptoms of COVID-19, or is under quarantine and tests negative for COVID-19 shall not return to the worksite until the employee has completed the quarantine process advised by their doctor and/or the local health department.


An employee who tests positive for COVID-19 shall not return to the worksite until the employee has completed the appropriate isolation process advised by their doctor and/or the local health department.

If a member of an employee's household tests positive for COVID-19, the employee shall not return to the worksite until the member of the household has been released from isolation and the employee has completed the period of quarantine as recommended by their physician and/or the local health department based on their exposure.

Test results must be submitted to HR. Additional medical verification such as a doctor's note, may be requested by HR depending on the length of time the employee is unable to work.

COVID-19 absences may be eligible for FMLA. Employees should speak to HR regarding FMLA requests.

The agency will follow all local ordinances and state and federal laws relating to COVID-19 including but not limited to the FFCRA and EFMLA.

	TYPE OF ISSUANCE: PERSONNEL POLICY SUBJECT: EMPLOYEE REFERRAL PROGRAM	EFFECTIVE DATE: DRAFT APPROVED BY: Head Start Policy Council and Board of Directors
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PURPOSE

An employee referral program is a recruiting strategy in which employers encourage current employees, through a reward system, to refer qualified candidates for jobs throughout our organization. It is a popular strategy because recruiters have long known what research confirms: Employee-referred new hires tend to be better performers than nonemployee-referred new hires and to stay with their organizations longer. Employee referral programs are also more cost-effective than other recruiting strategies and often are the fastest way to find external talent.

POLICY

Central Missouri Community Action will reward employees who refer candidates who are then hired.

If the referred new hire successfully completes six months of employment with CMCA, the referrer will receive eight (8) hours of personal leave.

Criterion

- There is no cap on the number of referrals each employee can make.
- Candidates must include referrer as one of the three required references prior to hiring.
- If two or more employees refer the same candidate, only the first referrer will receive their referral reward.
- Referrers are still eligible for the reward even if a candidate is hired at a later time or gets hired for another position.
- All employees are eligible to participate in our referral program except for the Agency Leadership Team, recruiters and hiring managers for positions for which they are hiring.
- Referrals must be qualified according to the respected job description and hired as a Regular or Annual employee with full-time or part-time status. Positions that are classified as temporary, emergency hire, and as needed as well as vendors selected to be used by the agency are excluded from the Employee Referral Program.
- Should the Employee Referral Program be discontinued, employees who referred candidates before the program was discontinued will still receive the reward.

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name: Workforce Prep	
Community Action (ROMA) Goal (check all that apply) <input type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan) Module 3	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment	STRATEGY(is) as referenced in the Strategic Plan
<p>The Federal Reserve shows the current unemployment rate in Missouri is 8.6%. Data USA shows that the counties of Audrain, Cooper, Howard, Moniteau and Osage are seeing a 3.876% decrease in available employees throughout those counties. During the 2017 Community Needs Assessment, employers reported the biggest need they face is an educated, prepared workforce at the ready. Primary needs include workers with established soft skills and on the job training opportunities for new workers. Currently, employers have limited opportunities to engage in activities designed to promote their business need to potential employees still in high school.</p> <p>According to the US Census data, these counties have a combined high school graduation rate of 89.9%. During the 2017 CNA, high school youth identified the lack of opportunity to connect with local employers prior to graduation to identify employment requirements and the lack of preparation for meeting the responsibilities of adulthood as major concerns they face.</p>	<p>EMPLOYMENT STRATEGIES (STR 1) STR 1c Job Fairs STR 1i Other Employment Strategy: (please specify) other: Lunch & Learn</p> <p>EDUCATION AND COGNITIVE DEVELOPMENT STRATEGIES (STR 2) STR 2d Pre K-College/Community College Support STR 2l Other Education and Cognitive Development Strategy (please identify) other: REALL Simulation</p>
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) • Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (<u>more than one federal fiscal year</u>), please note this in the description, as well as define potential targets that may be realized in the short-term (<u>no more than one federal fiscal year</u>). • If this is a community-level service/program, please complete a related Community Initiatives Status Form.	
Workforce Preparation is a community based initiative developed to support community based efforts in Cooper and Howard counties to prepare low-income and other high school graduates to enter the workforce following graduation. Through this project community leaders, organizations, systems and individuals will work together to ensure that high school students achieve graduation or equivalency, and exhibit the essential skills needed to enter the workforce.	
Outcomes and Outcome Indicators • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome <u>Example: Program Name</u> • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) *Please note: outcomes should only be reported for those NPIs that have supporting programs or activities	
CNPI 1b Number of job opportunities maintained in the identified community. CNPI 1d Number of "living wage" jobs maintained in the identified community. CNPI1g Percent decrease of the youth unemployment rate CNPI 1z Other Number of high school graduates who obtain employment upon graduation. CNPI 2d Number of accessible and affordable education assets or resources added for school age children in the identified community. (e.g., academic, enrichment activities, before/after school care, summer programs) CNPI 2j: Percent increase in high school (or high school equivalency) graduation rate in the identified community.	
Data Management: how will your agency manage and track the data for this initiative • Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). <u>Example: Initiative Name: Ready to Work.</u> • Data Sources: Skill-Up and CSBG Case management staff forms and case notes. • Systems used -MOJobs, MIS. • Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. • CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. • CSBG Director reports all final data and outcomes on annual basis.	

Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others.

Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data and outcomes annually to the Department and MCAN. CSBG Program Office reports all final data and outcomes on annual basis.

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity)

- Activity Name: Please explain how you will analyze the results of your agency's intervention.
- Include Personnel responsible for determining the effectiveness of the intervention.
- Data sources used for evaluation.
- How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).

Community Organizers will evaluate the hiring of employers and compare with HS graduates to identify those jobs filled by local graduates immediately or shortly thereafter graduation. Community Organizers will evaluate, with public school personnel, the rate of graduates attending specialized training for specific employment opportunities and will calculate the employment opportunities maintained or created in the community as a result of a prepared and/or trained job force.

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR 1c Job Fairs	One job fair will be held each year at one Osage County high school that includes local	1-Jan	1-May	job fair sign in sheets
STR 1i Other Employment Strategy: (please specify): Lunch and Learns	3 local employers from each county will participate in one or more "Lunch and Learn" sessions at a local high school. Detailed information regarding the focus of the business, work requirements and job benefits will be discussed.	1-Jan	5-Jan	Lunch and Learn sign- in sheets
STR 2I Other Education and Cognitive Development Strategy: (please specify): REALL Simulation	CMCA will facilitate one REALL simulation each year at least one high school in each county for underclassmen to introduce the importance of future planning.	1-Jan	1-May	REALL Sign in Sheets

OUTCOME INDICATORS

FNPI(s) or CNPI(s) number, brief descriptor	Target		FNPI(s) or CNPI(s) number, brief descriptor	Target
CNPI 1b Number of job opportunities maintained in the identified community	30		CNPI 1z Other Counts of Change for Employment Indicators. (# of HS Grads who obtained employment upon graduation)	30
CNPI 1d Number of "living wage" jobs maintained in the identified community.	15		CNPI 2d Number of accessible and affordable education assets or resources added for school age children in the identified community. (e.g., academic, enrichment activities, before/after school care, summer programs) (LL & REALL)	6
CNPI 1g Percent decrease of the youth unemployment rate	5.00%		CNPI 2j: Percent increase in high school (or high school equivalency) graduation rate in the identified community.	1.00%

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name: Housing Development Taskforce	
Community Action (ROMA) Goal (check all that apply) <input type="checkbox"/> Goal <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan)	
Module 3	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment	STRATEGY(is) as referenced in the Strategic Plan
Low income families in Callaway and Cole County do not have access to safe and affordable housing. According to the US census bureau, 18% of Callaway County residents and 15% of Cole County residents pay more than 50% of their household income on rent or mortgage payments. In both counties, the fair housing cost for a 2-bedroom unit is \$630/month meaning that the required hourly wage to afford this rent without paying more than 30% of household income is \$12.12/hour. The average hourly wage of renters in Callaway County in 2017 was \$12.00/hour and \$10/hour in Cole County.	STR 4d Tenants' Rights Campaign STR 4f Housing or Land Trust Creation STR 4j Other Housing Strategy: (please specify) Other: Landlord Recruitment Campaign
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) • Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (<u>more than one federal fiscal year</u>), please note this in the description, as well as define potential targets that may be realized in the short-term (<u>no more than one federal fiscal year</u>). • If this is a community-level service/program, please complete a related Community Initiatives Status Form.	
The Safe and Affordable Housing Task Force is a community based initiative that will focus on the development, improvement and availability of safe, affordable, decent and accessible housing for low income families in Callaway and Cole County. The Task Force will focus on policy changes, recruitment campaigns and public education efforts to enhance housing options throughout the community.	
Outcomes and Outcome Indicators • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome Example: Program Name • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) *Please note: outcomes should only be reported for those NPIs that have supporting programs or activities	
CNPI 4a Number of safe and affordable housing units developed in the identified community (e.g. built or set aside units for people with low incomes). CNPI 4b Number of safe and affordable housing units maintained and/or improved through WAP or other rehabilitation efforts in the identified community.	
Data Management: how will your agency manage and track the data for this initiative • Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). Example: Initiative Name: Ready to Work. • Data Sources: Skill-Up and CSBG Case management staff forms and case notes. • Systems used -MOJobs, MIS. • Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. • CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. • CSBG Director reports all final data and outcomes on annual basis.	
Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others. Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data and outcomes annually to the Department and MCAN. CSBG Program Office reports all final data and outcomes on annual basis.	
Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity) • Activity Name: Please explain how you will analyze the results of your agency's intervention. • Include Personnel responsible for determining the effectiveness of the intervention. • Data sources used for evaluation. • How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).	
Housing affordability, availability and safety will see an increase throughout the community. Measures will be shown via housing, agency and county data.	

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR 4b New Affordable Single Unit Housing Creation		1-Oct	30-Sep	
STR 4c New affordable multi-unit housing creation, temporary housing, transitional housing		1-Oct	30-Sep	
STR 4d Tenants' Rights Campaign		1-Oct	30-Sep	
STR 4e New Shelters Creation	Collaborate with existing homeless focus coalitions, groups and agencies	1-Oct	30-Sep	
	Identify opportunities for additional shelter "family rooms" to be developed	1-Oct	30-Sep	
	Establish shelter family rooms	1-Oct	30-Sep	
STR 4f Housing or Land Trust Creation		1-Oct	30-Sep	
STR 4j Other Housing Strategy: (please specify) Other: Landlord Recruitment Campaign		1-Oct	30-Sep	
OUTCOME INDICATORS				
FNPI(s) or CNPI(s) number, brief descriptor	Target		FNPI(s) or CNPI(s) number, brief descriptor	Target
CNPI 4a Number of safe and affordable housing units developed in the identified community (e.g. built or set aside units for people with low incomes).	8		CNPI 4b: Number of safe and affordable housing units maintained and/or improved through WAP or other rehabilitation efforts in the identified community.	5
CNPI 4c Number of shelter beds <u>created</u> in the identified community.	8		CNPI 4d: Number of shelter beds <u>maintained</u> in the identified community	20

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name: Mexico Sustainability Project	
Community Action (ROMA) Goal (check all that apply) <input type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan)	
Module 3	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment	STRATEGY(is) as referenced in the Strategic Plan
According to the Federal Reserve, Mexico currently has an unemployment rate of 3.3%. The county has seen the job market decrease by 1.7% over the last year. Younger workers tend to be at higher risk of underemployment compared with middle-aged workers and more difficulty maintaining employment. Employers are unlikely to take an active role in community based efforts to address conduction of poverty including workforce policies, transpiration issues, and child care.	STR1c: Job Fairs STR 1f: Employer Education STR 1g: Employment Policy Changes STR 6G3a: Empowerment of individual/families with low-income STR 7a: Off hours child care development STR 7c: Transportation services coordination and support
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) • Provide a <u>detailed</u> description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (<u>more than one federal fiscal year</u>), please note this in the description, as well as define potential targets that may be realized in the short-term (<u>no more than one federal fiscal year</u>). • If this is a community-level service/program, please complete a related Community Initiatives Status Form.	
The Mexico Sustainability Project was developed in 2017. Born out of the work of Bright Futures Mexico, planning and training began in an effort to determine ways to meet the needs of the community through the Aha! Processing Company. CMCA will invest monetary and non-monetary resources to support the next phase of this project - "Getting Ahead in a Just Gettin' By World" training. These classes will provide radical change in the lives of participants by identifying and overcoming barriers that are contributing to poverty. CMCA will lead community efforts to design and implement employer based policies and procedures changes that impact low-wage works based on findings of "Getting Ahead" participants.	
Outcomes and Outcome Indicators • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome <u>Example: Program Name</u> • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) *Please note: outcomes should only be reported for those NPIs that have supporting programs or activities	
CNPI 1f Percent decrease of the unemployment rate.	
CNPI 6 G2z3 Other; The number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	
Data Management: how will your agency manage and track the data for this initiative • Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). <u>Example: Initiative Name: Ready to Work.</u> • Data Sources: Skill-Up and CSBG Case management staff forms and case notes. • Systems used -MOJobs, MIS. • Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. • CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. • CSBG Director reports all final data and outcomes on annual basis.	
Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others. Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data	

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity)

- Activity Name: Please explain how you will analyze the results of your agency's intervention.
- Include Personnel responsible for determining the effectiveness of the intervention.
- Data sources used for evaluation.
- How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).

Employment levels in Audrain county will increase by 3% over the next 3 years and the community employers will be engaged in policy changing efforts that will result in less burdens facing low-wage workers. The DOL labor statistics will be used to measure employment and surveys and interviews with low-wage workers will help identify changes in barriers to work.

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR 1c Job Fairs	Registration process determined	1-Oct	30-Nov	Registration opened
	Employer representatives invited and registered	1-Nov	30-Nov	Invitations
	publicize the event	1-Oct	30-Nov	Event materials
STR 1f Employer Education	Prepare written materials	1-Oct	30-Sep	Educational materials/presentations
	Site visits	1-Oct	30-Sep	Recorded visit in notes/logs
STR 1g Employment Policy Changes	Develop advisory groups of local employers to review sample workplace policies on subjects of absenteeism, tardiness, job training, orientation, job supports, etc.	1-Oct	30-Sep	List of advisory group members
	Advisory groups develop policies/strategies to address low wage workers barriers to employment success such as transportation, child care, etc.	1-May	30-Sep	Advisory group meeting minutes
STR 6 G3a Empowerment of individuals/families with low-income	Getting Ahead Classes	1-Oct	30-Sep	Class sign-in sheets
STR 7a Off hours (non traditional) child care development	Discussion will begin with Employer Advisory Committee	1-May	30-Sep	Advisory group meeting minutes
STR 7c Transportation Services Coordination and Support	Discussion will begin with Employer Advisory Committee	1-May	30-Sep	Advisory group meeting minutes
OUTCOME INDICATORS				
FNPI(s) or CNPI(s) number, brief descriptor	Target		FNPI(s) or CNPI(s) number, brief descriptor	Target
CNPI 1f Percent decrease of the unemployment rate.	3%		CNPI 6 G2z3 Other: The number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	22

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name: Audrain County Public Transportation Resources	
Community Action (ROMA) Goal (check all that apply) <input type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan)	
Module 3	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment	STRATEGY(is) as referenced in the Strategic Plan
Public transportation resources are non-existent in Audrain County. According to the 2017 Community Assessment, the only transportations services available include one cab and resources for medical transportation services. Residents must have access to private transportation to move around the city/county. There are not enough resources in the community to develop and fund a public transportation system in the county.	CIVIC ENGAGEMENT AND COMMUNITY INVOLVEMENT STRATEGIES - GOAL 2 (STR 6 G2) STR 6 G2b Recruiting and Coordinating Community Volunteers STR 6 G2c Poverty Simulations COMMUNITY SUPPORT STRATEGIES (STR 7) STR 7b Transportation System Development STR 7c Transportation Services Coordination and Support
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) • Provide a <u>detailed</u> description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (<u>more than one federal fiscal year</u>), please note this in the description, as well as define potential targets that may be realized in the short-term (<u>no more than one federal fiscal year</u>). • If this is a community-level service/program, please complete a related Community Initiatives Status Form.	
Audrain County Transportation Resources is a community based project designed to create public transportation resources or systems to address the needs of the community and it's residents. This project will create at least one public transpiration resource for this purpose.	
Outcomes and Outcome Indicators • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome <u>Example: Program Name</u> • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) *Please note: outcomes should only be reported for those NPIs that have supporting programs or activities	
CNPI 3a.4 Transportation CNPI 6 G2z3 Other: The Number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	
Data Management: how will your agency manage and track the data for this initiative • Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). <u>Example: Initiative Name: Ready to Work.</u> • Data Sources: Skill-Up and CSBG Case management staff forms and case notes. • Systems used -MOJobs, MIS. • Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. • CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. • CSBG Director reports all final data and outcomes on annual basis.	
Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others. Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data and outcomes annually to the Department and MCAN. CSBG Program Office reports all final data and outcomes on annual basis.	

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity) <ul style="list-style-type: none"> • Activity Name: Please explain how you will analyze the results of your agency's intervention. • Include Personnel responsible for determining the effectiveness of the intervention. • Data sources used for evaluation. • How and when these results will be communicated (ex, the use of narrative sections on quarterly report document). 				
A public transportation resource will be active within the county.				
Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR 6 G2b Recruiting and Coordinating Community Volunteers	Develop a Community Action Team (CAT) to address the transportation issues facing the county	1-Oct	30-Sep	
STR 6 G2c Poverty Simulation	Facilitate public Poverty Simulation to demonstrate the impact of transportation on	1-Oct	30-Sep	
STR 7b Transportation System Development	Will follow the steps of the CAT team	1-Oct	30-Sep	
STR 7c Transportation Services Coordination and Support	Will follow the steps of the CAT team	1-Oct	30-Sep	
OUTCOME INDICATORS				
FNPI(s) or CNPI(s) number, brief descriptor	Target		FNPI(s) or CNPI(s) number, brief descriptor	Target
CNPI 3a4: Transportation	1		CNPI 6 G2z3 Other: The number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	12

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name: Education Alternatives	
Community Action (ROMA) Goal (check all that apply) <input type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan)	
Module 3	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative	
Respond to Numbers 1 -11 at time of grant proposal	
Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment	STRATEGY(is) as referenced in the Strategic Plan
In Boone County, there are more than 10,000 households earning less than 30% of the county's median gross income. In addition, more than 17% of children in Boone County (ages 0-17) are living below 100% of the Federal Poverty Level. As the health risks to in-person learning continue to threaten the likelihood of children returning to the classroom, thousands of low income families are facing difficult choices between work, education and child safety.	STR2j: Education and cognitive development Policy Changes STR2l: Other Education and Cognitive Development Strategy: Alternative learning pods
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s)	
<ul style="list-style-type: none"> Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. If the initiative's goals and/or targets are expected to be achieved over an extended period of time (<u>more than one federal fiscal year</u>), please note this in the description, as well as define potential targets that may be realized in the short-term (<u>no more than one federal fiscal year</u>). If this is a community-level service/program, please complete a related Community Initiatives Status Form. 	
The Goal of this initiative is to formulate a plan for offering alternative online learning space for families who cannot work from home that would:	
1) vary based on hours of supervisions needed and matched with program/resource availability; and 2) provide basic learning instruction for verity of ages in partnership with the Columbia Public Schools; and 3) ensure the safety of children enrolled in the alternative.	
Outcomes and Outcome Indicators	
<ul style="list-style-type: none"> Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome Example: Program Name <ul style="list-style-type: none"> Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) *Please note: outcomes should only be reported for those NPIs that have supporting programs or activities	
CNPI2d: Number of safe and affordable education assets or resources added for school aged children in the identified community.	
Data Management: how will your agency manage and track the data for this initiative	
<ul style="list-style-type: none"> Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). Example: Initiative Name: Ready to Work. <ul style="list-style-type: none"> Data Sources: Skill-Up and CSBG Case management staff forms and case notes. Systems used -MOJobs, MIS. Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. CSBG Director reports all final data and outcomes on annual basis. 	
Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others.	
Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data and outcomes annually to the Department and MCAN. CSBG Program Office reports all final data and outcomes on annual basis.	

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity) <ul style="list-style-type: none"> Activity Name: Please explain how you will analyze the results of your agency's intervention. Include Personnel responsible for determining the effectiveness of the intervention. Data sources used for evaluation. How and when these results will be communicated (ex, the use of narrative sections on quarterly report document). 				
Low income families will have an alternative education option for their school aged child(ren) to experience learning if/when schools are unable to be maintain in person learning.				
Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR2j: Education and cognitive development Policy Changes	Identify existing public school policies on health and safety	1-Oct	30-Oct	Policies
	Evaluate impact of school closures on low wage working parents	1-Oct	30-Oct	Data, analysis notes, meeting notes
	Research existing policies from other districts that support working families	1-Oct	30-Oct	Policies
	Introduce new policy to local school board for review, debate, and adoption	15-Nov	30-Nov	School Board agenda, notes, etc.
STR2l: Other Education and Cognitive Development Strategy: Alternative learning pods	Identify community resources with capacity to support learning pods	1-Oct	30-Oct	Resource list
	Identify existing learning pods	1-Oct	30-Oct	List
	Develop learning pods in areas where none exist	30-Oct	15-Nov	List
	Make existing and new learning pods accessible to children of low wage workers	15-Nov	30-Sep	PR Campaign
OUTCOME INDICATORS				
FNPI(s) or CNPI(s) number, brief descriptor	Target			
CNPI2d: Number of safe and affordable education assets or resources added for school aged children in the identified community.	100			

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name: Bright Futures	
Community Action (ROMA) Goal (check all that apply) <input type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan) Module 3	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment <p>According to the 2017 Community Assessment, 38% of Callaway County residents' maximum education level is a high school diploma while 15% have no high school diploma or GED.</p> <p>According to the Bureau of Labor Statistics, workers with a high school diploma earn 28% more than workers without. In addition, the unemployment rate for those with less than a high school diploma is 8% while the unemployment rate for those with a diploma is 5.4%.</p>	STRATEGY(ies) as referenced in the Strategic Plan <p>EDUCATION AND COGNITIVE DEVELOPMENT STRATEGIES (STR 2) STR 2I Other Education and Cognitive Development Strategy: (please specify) Other: REALL Simulations</p> <p>CIVIC ENGAGEMENT AND COMMUNITY INVOLVEMENT STRATEGIES - GOAL 2 (STR 6 G2) STR 6 G2c Poverty Simulations</p>
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) <ul style="list-style-type: none"> • Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (<u>more than one federal fiscal year</u>), please note this in the description, as well as define potential targets that may be realized in the short-term (<u>no more than one federal fiscal year</u>). • If this is a community-level service/program, please complete a related Community Initiatives Status Form. <p>Bright Futures is a community based initiative introduced by the Fulton Public Schools to create supports for students. Community members will volunteer as "mentors" to students and will volunteer their time to provide support to low income children. Utilizing Ruby Payne's work through "Bridges Out of Poverty", the community will develop an understanding of the realities of poverty and develop strategies designed to help low income students thrive.</p>	
Outcomes and Outcome Indicators <ul style="list-style-type: none"> • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome <p>Example: Program Name</p> <ul style="list-style-type: none"> • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) <p>*Please note: outcomes should only be reported for those NPIs that have supporting programs or activities</p> <p>CNPI 2d Number of accessible and affordable education assets or resources added for school age children in the identified community. (e.g., academic, enrichment activities, before/after school care, summer programs)</p> <p>CNPI2j: Percent increase in high school (or high school equivalency) graduation rate in the identified community</p> <p>CNPI 6 Gz1-Other: Amount of donated time to support the CSBG Eligible Entity's delivery of services and/or implementation of strategies to address conditions of poverty in the identified community.</p> <p>CNPI 6 Gz3-Other: Number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.</p>	
Data Management: how will your agency manage and track the data for this initiative <ul style="list-style-type: none"> • Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). <p>Example: Initiative Name: Ready to Work.</p> <ul style="list-style-type: none"> • Data Sources: Skill-Up and CSBG Case management staff forms and case notes. • Systems used - MOJobs, MIS. • Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. • CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. • CSBG Director reports all final data and outcomes on annual basis. 	

Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others.

Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data and outcomes annually to the Department and MCAN. CSBG Program Office reports all final data and outcomes on annual basis.

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity)

- Activity Name: Please explain how you will analyze the results of your agency's intervention.
- Include Personnel responsible for determining the effectiveness of the intervention.
- Data sources used for evaluation.
- How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).

Bright Futures will be implemented within at least one elementary school in the Fulton School District, the district middle school and the district high school.

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR 2c After School Enrichment Activities Promotion	PhotoVoice will be offered to middle school students as an after school activity through the Bright Futures initiative. CMCA will collaborate with Bright Futures, local middle school counselors and local photographers to offer PhotoVoice.	1-Oct	30-Sep	
	CMCA will provide applications, gather parental consent and income documentation	1-Oct	30-Sep	
	Local photographer will provide basic photography sessions while community members teach students on self esteem, safe communities, diversity, life-long learning, community needs and advocacy.	1-Oct	30-Sep	Class sign in sheets, MIS registration, class evaluation, participant photo work.
STR 2I Other Education and Cognitive Development Strategies: REALL Simulations	CMCA will host at least one (1) REALL Simulation each year to the high school sophomores. Volunteers will be recruited through the local Callaway Resource Network Meetings. CMCA will work closely with Bright Futures to coordinate REALL Simulation with Fulton Public School district officials. The REALL Simulation will educate high school students about maintaining basic needs such as employment, housing, utilities, etc per post evaluations.	1-Oct	30-Sep	Sign in sheets, evaluations, # of community members and volunteers participating in Poverty Simulation.
STR 6 G2c Poverty Simulations	CMCA will host at least one (1) Poverty Simulation each year to community members involved in the Bright Futures initiative. Community volunteers will be recruited through the Community Resource Network Meeting. Participants will be recruited through Bright Futures. CMCA will collaborate with Bright Futures to host a Poverty Simulation to educate community members about barriers low-income families face within our communities.	1-Oct	30-Sep	Sign in sheets, evaluations, # of community members and volunteers participating in Poverty Simulation.
STR6G3a Empowerment of Individuals/Families with Low Incomes.		1-Oct	30-Sep	

OUTCOME INDICATORS				
FNPI(s) or CNPI(s) number, brief descriptor	Target		FNPI(s) or CNPI(s) number, brief descriptor	Target
CNPI 2d Number of accessible and affordable education assets or resources added for school age children in the identified community.	1		CNPI 6 Gz1 Amount of donated time to support the CSBG Eligible Entity's delivery of services and/or implementation of strategies to address conditions of poverty in the identified community	6 hours
CNPI2j: Percent increase in high school (or high school equivalency) graduation rate in the identified community	2%		CNPI 6 Gz3 Number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	25 people

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name: Maternal Mental Health	
Community Action (ROMA) Goal (check all that apply) <input type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan) Module 3	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment Callaway County has high rates of birth defects, infant mortality, maternal smoking and child abuse. With no OB providers, and no local hospital that delivers babies, Callaway County women must travel outside the county for prenatal care. There is significant interest in addressing the issue of inadequate screening, referral and treatment for maternal and post-partum depression in Callaway County. According to PRAMS for Region F, there were 15.3% of respondents with postpartum depression symptoms as compared to a 14% rate state-wide.	STRATEGY(is) as referenced in the Strategic Plan STR5a Health Specific Campaign STR 5I Health Policy Changes
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) <ul style="list-style-type: none"> • Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (more than one federal fiscal year), please note this in the description, as well as define potential targets that may be realized in the short-term (no more than one federal fiscal year). • If this is a community-level service/program, please complete a related Community Initiatives Status Form. <p>Maternal Mental Health Coalition: The initiative will result in an increase in the number of new mothers screened for postpartum depression through the Edinburg Screening tool. More community based organizations will utilize the screening tool to identify postpartum depression symptoms. This community based initiative will create education and advocacy opportunities as well as community wide resources that will lead to accessible behavioral and mental health resources and assets in Callaway County specific to Maternal Mental Health and postpartum depression.</p>	
Outcomes and Outcome Indicators <ul style="list-style-type: none"> • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome <p>Example: Program Name</p> <ul style="list-style-type: none"> • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) <p>*Please note: outcomes should only be reported for those NPIs that have supporting programs or activities</p>	
CNPI 5b Number of accessible and affordable behavioral and mental health assets or resources created in the identified community.	
CNPI 6 G2z3-Other: Number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	
Data Management: how will your agency manage and track the data for this initiative <ul style="list-style-type: none"> • Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). <p>Example: Initiative Name: Ready to Work.</p> <ul style="list-style-type: none"> • Data Sources: Skill-Up and CSBG Case management staff forms and case notes. • Systems used -MOJobs, MIS. • Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. • CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. • CSBG Director reports all final data and outcomes on annual basis. <p>Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others.</p> <p>Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data and outcomes annually to the Department and MCAN. CSBG Program Office reports all final data and outcomes on annual basis.</p>	

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity)

- Activity Name: Please explain how you will analyze the results of your agency's intervention.
- Include Personnel responsible for determining the effectiveness of the intervention.
- Data sources used for evaluation.
- How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).

Development of a county-wide policy and procedure for administration of the Edinburg Screening. Record of the number of Edinburg Screenings completed. Attendance

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR 5a Health Specific Campaign	Arrange for two (2) community-wide screenings of the documentary "The Dark Side of the Moon"	1-Oct	30-Sep	
	Development of "STOP" (Support To Overcome Postpartum Depression and Prenatal mood disorders) brochure - an educational brochure that destigmatizes the issues of mental health, depression and prenatal mood disorders.	1-Oct	30-Sep	
	Social Media Network - Development of Callaway County "MOMS" page that provides updates for moms on advocacy efforts, networking groups and community resources available for support	1-Oct	30-Sep	
STR 5l Health Policy Change				

OUTCOME INDICATORS

FNPI(s) or CNPI(s) number, brief descriptor	Target		FNPI(s) or CNPI(s) number, brief descriptor	Target
CNPI 5b Number of accessible and affordable behavioral and mental health assets or resources created in the identified community.	3		CNPI 6 G2z3-other: Number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	30 people

Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others.

Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data and outcomes annually to the Department and MCAN. CSBG Program Office reports all final data and outcomes on annual basis.

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity)

- Activity Name: Please explain how you will analyze the results of your agency's intervention.
- Include Personnel responsible for determining the effectiveness of the intervention.
- Data sources used for evaluation.
- How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).

Donated time, resources and community involvement will result in a coordinated community effort that will ensure that families' basic needs are met and that families have the supports needed to move from poverty to prosperity.

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR 3i Resource/Referral systems Development	Recruit and coordinate representatives of all community service providers to serve on the CAT team	1-Oct	30-Dec	
	Develop comprehensive list of community service providers and area of expertise (housing, food, etc.)	30-Dec	30-Mar	
	Establish Community Service Delivery procedure	TBD	TBD	
STR 6 G2b Recruiting and Coordinating Community Volunteers	Collaborating with community partners to distribute volunteer opportunity information throughout the community.	1-Oct	30-Sep	
	Determine donation opportunities including "Care Basket" items, "Back to School" items and distribution centers/locations for such donations.	1-Oct	30-Sep	
STR 6 G2c Poverty Simulations	Connect with "host" organization and finalize Poverty Simulation Agreement	1-Oct	30-Sep	
	Secure location for simulation	1-Oct	30-Sep	
	Recruit volunteers	1-Oct	30-Sep	
	Conduct simulation	1-Oct	30-Sep	
OUTCOME INDICATORS				
FNPI(s) or CNPI(s) number, brief descriptor	Target		FNPI(s) or CNPI(s) number, brief descriptor	Target
CNPI 6 G2z1-Other: Amount of donated time to support the CSBG Eligible Entity's delivery of services and/or implementation of strategies to address conditions of poverty in the identified community.	400 hours		CNPI 6 G2z3-Other: Number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	175
CNPI 6 G2z2-Other: Amount of donated resources to support the CSBG Eligible Entity's delivery of services and/or implementation of strategies to address conditions of poverty in the identified community.	13,000			

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name: Foster Care Expansion	
Community Action (ROMA) Goal (check all that apply) <input type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan) Module 3	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment	STRATEGY(is) as referenced in the Strategic Plan
During the 2017 Community Assessment Process, it was noted that children placed in foster care in Cooper and Howard counties were forced to live in placements outside of their home county because there were not enough foster homes in their home county. Cooper county only had 5 active foster families and Howard county only had 2. This forced added trauma and stress on the children in state custody as they not only were forced to leave their homes, but they were also facing new schools in new communities they had never been to.	HEALTH AND SOCIAL/BEHAVIORAL DEVELOPMENT STRATEGIES (STR 5) STR 5n Other Health and Social/Behavioral Development Strategy: (please specify) Other: Licensed Foster Placement Development CIVIC ENGAGEMENT AND COMMUNITY INVOLVEMENT STRATEGIES - GOAL 2 (STR 6 G2) STR 6 G2b Recruiting and Coordinating Community Volunteers
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) <ul style="list-style-type: none"> • Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (more than one federal fiscal year), please note this in the description, as well as define potential targets that may be realized in the short-term (no more than one federal fiscal year). • If this is a community-level service/program, please complete a related Community Initiatives Status Form. <p>Foster Care Expansion is a community based initiative developed to support community based efforts in Cooper and Howard counties to create resources that support the social and emotional well-being of low-income children entering the Foster Care system including educational awareness opportunities and promotion of Foster Care program. Through this project, community leaders, organizations, systems and individuals will work together to ensure that resources are obtained and provided to low-income children throughout the community.</p>	
Outcomes and Outcome Indicators <ul style="list-style-type: none"> • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome Example: Program Name <ul style="list-style-type: none"> • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) *Please note: outcomes should only be reported for those NPIs that have supporting programs or activities	
CNPI 5z Other: # newly licensed foster placements. CNPI 6 G2z1-Other: Amount of donated time to support the CSBG Eligible Entity's delivery of services and/or implementation of strategies to address conditions of poverty in the identified community. CNPI 6 G2z2-Other: Amount of donated resources to support the CSBG Eligible Entity's delivery of services and/or implementation of strategies to address conditions of poverty in the identified community. CNPI 6 G2z3-Other: Number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	
Data Management: how will your agency manage and track the data for this initiative <ul style="list-style-type: none"> • Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). Example: Initiative Name: Ready to Work. <ul style="list-style-type: none"> • Data Sources: Skill-Up and CSBG Case management staff forms and case notes. • Systems used -MOJobs, MIS. • Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. • CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. • CSBG Director reports all final data and outcomes on annual basis. 	

Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others.

Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data and outcomes annually to the Department and MCAN. CSBG Program Office reports all final data and outcomes on annual basis.

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity)

- Activity Name: Please explain how you will analyze the results of your agency's intervention.
- Include Personnel responsible for determining the effectiveness of the intervention.
- Data sources used for evaluation.
- How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).

Based on sign-in sheets tracking participation in various community initiatives, tracking the number of newly licensed homes in the specified region, and tracking child abuse rates from the Missouri Department of Social Services.

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR 6 G2b Recruiting and Coordinating Community Volunteers	Determine dates and locations for community educational and awareness events for the purpose of placement recruitment	1-Oct	30-Sep	
	Promote events throughout community	1-Oct	30-Sep	
	Conduct awareness events	1-Oct	30-Sep	
STR 6 G2b Recruiting and Coordinating Community Volunteers	Identify and organize community partners to assist with community educational and awareness opportunities	1-Oct	30-Sep	
	Obtain necessary donations for events (i.e. movie and popcorn for movie nights, etc.)	1-Oct	30-Sep	
	Track participation in events	1-Oct	30-Sep	

OUTCOME INDICATORS

FNPI(s) or CNPI(s) number, brief descriptor	Target		FNPI(s) or CNPI(s) number, brief descriptor	Target
CNPI 5z1 Other Number of newly licensed foster placements.	3		CNPI 6 G2z2-other: Amount of donated resources to support the CSBG Eligible Entity's delivery of services and/or implementation of strategies to address conditions of poverty in the identified community.	\$1,000
CNPI 6 G2z1-Other: Amount of donated time to support the CSBG Eligible Entity's delivery of services and/or implementation of strategies to address conditions of poverty in the identified community.	16 hours		CNPI 6 G2z3-other: Number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	5

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name:	Drug Free Communities
Community Action (ROMA) Goal (check all that apply) <input type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan) Module 3	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment Moniteau County Health Department has identified drug and alcohol abuse as one of the biggest issues facing county residents. Moniteau county has the lowest rate of mental health providers per capita in the Central region and the highest rate of uninsured individuals. There are no drug or alcohol treatment facilities or professionals within Moniteau county. County residents, officials and leaders agree that prevention is the best effort to reduce the level of drug and alcohol abuse in the county. A coordinated effort to include all levels of the community is needed to identify solutions to the drug and alcohol abuse issue.	STRATEGY(is) as referenced in the Strategic Plan HEALTH AND SOCIAL/BEHAVIORAL DEVELOPMENT STRATEGIES (STR 5) STR 5a Health Specific Campaign STR 5i Drug Court Development STR 5n Other Health and Social/Behavioral Development Strategy: (please specify) Other: REALL Simulation CIVIC ENGAGEMENT AND COMMUNITY INVOLVEMENT STRATEGIES - GOAL 2 (STR 6 G2) STR 6 G2c Poverty Simulations
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) <ul style="list-style-type: none"> • Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (more than one federal fiscal year), please note this in the description, as well as define potential targets that may be realized in the short-term (no more than one federal fiscal year). • If this is a community-level service/program, please complete a related Community Initiatives Status Form. <p>Moniteau County Alliance for Drug Free Community is a community-based initiative developed by CMCA in partnership with Council for Drug Free Youth, the three area public school districts in the county and other interested organizations and individuals. During the first year of this initiative, CMCA will develop a Community Action Team (CAT) that will eventually form into a collaborative coalition for the purpose of addressing drug and alcohol use and abuse within the county.</p>	
Outcomes and Outcome Indicators <ul style="list-style-type: none"> • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome Example: Program Name <ul style="list-style-type: none"> • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) *Please note: outcomes should only be reported for those NPIs that have supporting programs or activities	
<p>Alliance for Drug Free Community is a brand new community-based initiative developed by CMCA in partnership with Council for Drug Free Youth, the three area public school districts in the county and other interested organizations and individuals. During the first year of this initiative, CMCA will develop a Community Action Team (CAT) that will eventually form into a collaborative coalition for the purpose of addressing drug and alcohol use and abuse within the county.</p>	
Data Management: how will your agency manage and track the data for this initiative <ul style="list-style-type: none"> • Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). Example: Initiative Name: Ready to Work. <ul style="list-style-type: none"> • Data Sources: Skill-Up and CSBG Case management staff forms and case notes. • Systems used -MOJobs, MIS. • Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. • CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. • CSBG Director reports all final data and outcomes on annual basis. 	

Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others.

Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data and outcomes annually to the Department and MCAN. CSBG Program Office reports all final data and outcomes on annual basis.

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity)

- Activity Name: Please explain how you will analyze the results of your agency's intervention.
- Include Personnel responsible for determining the effectiveness of the intervention.
- Data sources used for evaluation.
- How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).

The development and implementation of a working CAT Team.

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR 6 G2b Recruiting and Coordinating Community Volunteers	Develop CAT Team	1-Oct	30-Sep	
	Conduct/facilitate regular meetings with the CAT Team	1-Oct	30-Sep	
	Identify county specific data to measure and evaluate	1-Oct	30-Sep	
Drug Court Development	Meet with Moniteau County Circuit Judge to discuss Drug Court	1-Oct	30-Sep	
	Identify methods, needs and process to ensure drug court option is made available to the county court	1-Oct	30-Sep	
REALL Simulations	Coordinate with public high schools to facilitate REALL Simulation for Sophomore classes	1-Oct	30-Sep	
	Conduct one REALL simulation per year	1-Oct	30-Sep	
Poverty Simulations	Coordinate with CAT Team members to identify community members, leaders and officials to invite to participate in simulation	1-Oct	30-Sep	
	Conduct at least one community based poverty simulation	1-Oct	30-Sep	

OUTCOME INDICATORS

FNPI(s) or CNPI(s) number, brief descriptor	Target		FNPI(s) or CNPI(s) number, brief descriptor	Target
CNPI 5m Percent decrease in substance abuse rate in the identified community.(e.g. cigarettes, prescription drugs, narcotics, alcohol).	5%		CNPI 6 G2z3-other: Number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	6

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name:	Little Libraries
Community Action (ROMA) Goal (check all that apply) <input type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan) Module 3	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment	STRATEGY(is) as referenced in the Strategic Plan
According to the 2017 Community Assessment, 10% of children living in Moniteau County come from low-literate homes. DESE shows that only 67% of students in Moniteau County Public School are reading at grade level. Libraries are not accessible in the small rural towns of the county and books are not readily available outside of the public schools. Community volunteers are needed to make the Little Libraries accessible to the community.	EDUCATION AND COGNITIVE DEVELOPMENT STRATEGIES (STR 2) STR 2I Other Education and Cognitive Development Strategy: (please specify) Other: Little Libraries CIVIC ENGAGEMENT AND COMMUNITY INVOLVEMENT STRATEGIES - GOAL 3 (STR 6 G3) STR 6 G3d Campaign for Volunteer Placement and Coordination
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) • Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (<u>more than one federal fiscal year</u>), please note this in the description, as well as define potential targets that may be realized in the short-term (<u>no more than one federal fiscal year</u>). • If this is a community-level service/program, please complete a related Community Initiatives Status Form.	
CMCA will develop a Community Action Team (CAT) to implement the "Little Libraries" program. This program will ensure that books are available from both public libraries in Moniteau County to smaller more rural communities.	
Outcomes and Outcome Indicators • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome <u>Example: Program Name</u> • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) <u>*Please note:</u> outcomes should only be reported for those NPIs that have supporting programs or activities	
CNPI 2a Number of accessible and affordable early childhood or pre-school education assets or resources added to the identified community. CNPI 2d Number of accessible and affordable education assets or resources added for school age children in the identified community. (e.g., academic, enrichment activities, before/after school care, summer programs) CNPI 2h Percent increase of children in the identified community at (or above) the basic reading level. CNPI 6 G2z3-other: Number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address	
Data Management: how will your agency manage and track the data for this initiative • Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). <u>Example: Initiative Name: Ready to Work.</u> • Data Sources: Skill-Up and CSBG Case management staff forms and case notes. • Systems used -MOJobs, MIS. • Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. • CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. • CSBG Director reports all final data and outcomes on annual basis.	

Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others.

Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data and outcomes annually to the Department and MCAN. CSBG Program Office reports all final data and outcomes on annual basis.

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity)

- Activity Name: Please explain how you will analyze the results of your agency's intervention.
- Include Personnel responsible for determining the effectiveness of the intervention.
- Data sources used for evaluation.
- How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).

Children throughout the county will have access to free reading materials and books that are age appropriate and support learning.

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR 2l Other Education and Cognitive Development Strategy: (please specify) Little Libraries	Re-established library partnerships	1-Oct	30-Sep	
	Identify distributions locations	1-Oct	30-Sep	
	Arrange for the construction, placement and capacity of each little library.	1-Oct	30-Sep	
STR 6 G3d Campaign for Volunteer Placement and Coordination	Recruit community volunteers to oversee the libraries	1-Oct	30-Sep	
	Coordinate donor campaign for reading materials to be provided to the libraries.	1-Oct	30-Sep	

OUTCOME INDICATORS				
FNPI(s) or CNPI(s) number, brief descriptor	Target		FNPI(s) or CNPI(s) number, brief descriptor	Target
CNPI 2a Number of accessible and affordable early childhood or pre-school education assets or resources added to the identified community.	2		CNPI 2h Percent increase of children in the identified community at (or above) the basic reading level.	3%
CNPI 2d Number of accessible and affordable education assets or resources added for school age children in the identified community. (e.g., academic, enrichment activities, before/after school care, summer programs)	2		CNPI 6 G2z3-other: Number of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.	6

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name: Agritourism	
Community Action (ROMA) Goal (check all that apply) <input type="checkbox"/> Goal 1 <input checked="" type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan)	
Module 3	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment	STRATEGY(is) as referenced in the Strategic Plan
Osage County lacks the community financial resources needed to support and strengthen the infrastructure assets available to the community. The loss of tax revenue resulting from the lack of outside visitors effects the community's ability build commercial and recreational assets.	INFRASTRUCTURE AND ASSET BUILDING STRATEGIES (STR 3) STR 3i Local 211 or Resource/Referral System Development STR 3s Other Infrastructure and Asset Building Strategy: (please specify) Other: Local tourist promotion
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) <ul style="list-style-type: none"> • Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (more than one federal fiscal year), please note this in the description, as well as define potential targets that may be realized in the short-term (no more than one federal fiscal year). • If this is a community-level service/program, please complete a related Community Initiatives Status Form. <p>Agritourism is a community based initiative designed to increase tourism opportunities that will increase tax revenue and financial resources for the county. CMCA will work with community leaders to enhance the tourism experience and bring visitors from outside of Osage County to experience the restaurants, locally owned businesses and culture of Osage County.</p>	
Outcomes and Outcome Indicators <ul style="list-style-type: none"> • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome Example: Program Name <ul style="list-style-type: none"> • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) *Please note: outcomes should only be reported for those NPIs that have supporting programs or activities	
CNPI 3b.1 Commercial CNPI 3b.5 Recreational (e.g. parks, gardens, libraries)	
Data Management: how will your agency manage and track the data for this initiative <ul style="list-style-type: none"> • Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). Example: Initiative Name: Ready to Work. <ul style="list-style-type: none"> • Data Sources: Skill-Up and CSBG Case management staff forms and case notes. • Systems used -MOJobs, MIS. • Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. • CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. • CSBG Director reports all final data and outcomes on annual basis. <p>Community Organizers will be responsible for tracking all community data via existing data resources including, but not limited to, US Census, MO Department of Labor, MO Department of Education, MO Department of Economic Development, US Department of Labor, US Data sources, local community sources including county assessor, commission, school district and others.</p> <p>Community Organizers will report data on an annual basis only during the 4th quarter reporting of the project. Narrative reporting will be completed on a quarterly basis by Community Organizers to the CSBG Program Officer. The CSBG Program Officer will report all narrative to the department and MCAN on a quarterly basis and all data and outcomes annually to the Department and MCAN. CSBG Program Office reports all final data and outcomes on annual basis.</p>	
Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity) <ul style="list-style-type: none"> • Activity Name: Please explain how you will analyze the results of your agency's intervention. • Include Personnel responsible for determining the effectiveness of the intervention. • Data sources used for evaluation. • How and when these results will be communicated (ex, the use of narrative sections on quarterly report document). <p>Tourism will increase and will be documented by the number of visitors participating in paid tours.</p>	

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
STR 3s Other Infrastructure and Asset Building Strategy: (please specify) Other: Local tourist promotions	Approach all community businesses and farms and invite them to be a part of the tour.	1-Oct	30-Sep	
	Develop the tour - map them out	1-Oct	30-Sep	
	Promote tours to public inside and outside of	1-Oct	30-Sep	
	Taste of Osage County	1-Oct	30-Sep	
OUTCOME INDICATORS				
FNPI(s) or CNPI(s) number, brief descriptor	Target		FNPI(s) or CNPI(s) number, brief descriptor	Target
CNPI 3b.1 Commercial	12		CNPI 3b.5 Recreational (e.g. parks, gardens, libraries)	6

Exhibit I		
COMMUNITY ACTION AGENCY		
Central Missouri Community Action		
Federal Fiscal Year (FFY)		
FFY21		
CSBG Family Work Plan		
Initiative (Proposal/Plan) Name:		Whole Family Approach
Community Action (ROMA) Goal (check all that apply) Goal 1 Goal 2 Goal 3 Agency Goal		
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan)		
Module 4		
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process		
NEED(s) as referenced in the Community Needs Assessment		STRATEGY(ies) as referenced in the Strategic Plan
Individuals and Families with low incomes are not stable and have difficulty achieving economic stability.		1) CMCA participants will have seamless access to services that meet basic needs. 2) Families will gain stability.
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s)		
<ul style="list-style-type: none"> Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. If the initiative's goals and/or targets are expected to be achieved over an extended period of time (<u>more than one federal fiscal year</u>), please note this in the description, as well as define potential targets that may be realized in the short-term (<u>no more than one federal fiscal year</u>). If this is a community-level service/program, please complete a related Community Initiatives Status Form. 		
<p>Whole Family Approach: is an innovative strategy that focuses on the strengths and resources that a family brings to the table and works with those strengths and resources to develop additional skills through intensive work with a Family Support Coach. Utilizing the Self Sufficiency Matrix, Coaches will work with families to identify family areas of strengths and needs and will develop long term goals and services to fill gaps and strengthen needs for self sufficiency. Coaches will provide these intensive services to Head Start, Early Head Start and Housing Choice Voucher families who self-select into the Whole Family Approach through one-on-one monthly meetings, home visits, community referrals and resources, and inner-agency programs and services to achieve goals. Families may engage in the Whole Family Approach for the duration of their participation in the above identified programs or until self-sufficiency, as identified by the family, is achieved.</p>		
Outcomes and Outcome Indicators		
<ul style="list-style-type: none"> Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome <p>Example: Program Name</p> <ul style="list-style-type: none"> Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) <p>*Please note: outcomes should only be reported for those NPIs that have supporting programs or activities</p>		
Whole Family Approach		
<ul style="list-style-type: none"> 23 of 60 CMCAWFA Members with employment goal(s) will achieve that goal within the program year. 22 of the 50 CMCA WFA Members with an education goal(s) will achieve that goal within the program year. 28 of the 113 CMCA WFA Members with an income goal(s) will achieve that goal within the program year. 33 of the 80 CMCA WFA Memebers with a housing goal(s) will achieve that goal within the program year. 21 of the 120 CMCA WFA Members with a Health/Behavioral Development goal(s) will achieve that goal within the program year. At least nine (9) WFA CMCA Members will achieve goals identified through civic engagement and community involvement. 		
Data Management: how will your agency manage and track the data for this initiative		
<ul style="list-style-type: none"> Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). <p>Example: Initiative Name: Ready to Work.</p> <ul style="list-style-type: none"> Data Sources: Skill-Up and CSBG Case management staff forms and case notes. Systems used - MOJobs, MIS. Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. CSBG Director reports all final data and outcomes on annual basis. 		

Whole Family Approach

- Data sources: Family Success Coaches
- Systems used - MIS, ChildPlus, MOJobs, SACS
- Collection and Reporting - Family Success Coaches collect data and enter into appropriate system; Site Directors monitor the day-to-day data collection and entry; Family Administrators and HCV Program Officer monitor data in systems and provide reporting to CSBG Program Officer.
- CSBG Program Officer is responsible for spot monitoring of data in the MIS system and reporting to Family Administrators and/or HCV Program Officer any discrepancies, errors, or missing data that must be corrected.
- CSBG Program Officer is responsible for reporting outcomes and data quarterly and submitting to MCAN and the Department.
- CSBG Program Officer reports all final data and outcomes on annual basis.

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity)

- Activity Name: Please explain how you will analyze the results of your agency's intervention.
- Include Personnel responsible for determining the effectiveness of the intervention.
- Data sources used for evaluation.
- How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).

Whole Family Approach

- The agency COP Team made up of the Executive Director, Chief Program Officer, CSBG Program Officer, Head Start Director, Family Administrators, and Head Start Operations Director will analyze all WFA data twice a year; at mid year and end of the year.
- Data sources will include MIS data, outcome data, and ChildPlus data
- Data reviews will be communicated on an annual basis through the narrative section of the Agency Annual Report.

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
Whole Family Approach	Agency intake completed for all new CMCA Members - includes enrollment in WFA for adult household members and HS, EHS or Homebase enrollment for child(ren) household member(s) (if applicable) or HCV enrollment for entire family (if applicable)	9/30	9/29	Agency MIS System
	Coach receive assigned Head Start/EHS/HCV Member	10/1	9/30	WFA Participant List
	Coach makes contact with Member within 48 hours of assignment for new members	10/1	9/30	Data system reports - date of enrollment compared to date of contact note
SRV 2cc Home Visits	Agency intake completed during first home visit for returning members	10/1	9/30	Data system reports
	Members enrolled in WFA during first home visit	10/1	9/30	Data system reports
	"Welcome to CMCA" event scheduled for new Members within 14 days of program (HCV, HS, EHS) enrollment.	10/1	9/30	Data system reports
	First monthly contact scheduled/completed within 14 days of welcome event and due within 30 days of program entry.	10/1	9/30	Data system reports
	Goals identified through Family Self Sufficiency matrix completed during first home visit	10/1	9/30	Data system reports
	Member participation level identified following 2nd homevisit as Active, Paused, or Crisis	1/1	9/30	Data system reports
	Monthly contact with Active Member(s) are conducted until member is exited from program or self-sufficiency is achieved.	10/1	9/30	Data system reports
SRV 2cc Home Visits	HS/EHS Home Visit completed 3 times per program year or more frequently in the event of crisis.	10/1	9/30	Data system reports
SRV 2cc Home Visits	HCV home visits conducted quarterly based on annual schedule: 1) within 7 days of being housed; 2) next 30 days; 3) within next 90 days; 4) within next 90 days or more frequently in the event of crisis.	10/1	9/30	Data system reports
SRV 7c Referrals	Coach will identify internal and external services available to assist member in positive achievement of identified goals.	10/1	9/30	Data system reports
	All referrals and services will be documented in agency MIS system.	10/1	9/30	Data system reports
	Members will remain enrolled in WFA until they are exited from the primary program (HS, EHS, HCV) or until self-sufficiency is obtained.	10/1	9/30	Data system reports

OUTCOME INDICATORS						
FNPI(s) or CNPI(s) number, brief descriptor		Target		FNPI(s) or CNPI(s) number, brief descriptor		Target
FNPI 1a The number of unemployed youth who obtained employment to gain skills or income.		1		FNPI 3e.1 Of the above, the number of individuals who purchased a home.		1
FNPI 1b The number of unemployed adults who obtained employment (up to a living wage).		6		FNPI 3h The number of individuals engaged with the Community Action Agency who report improved financial well-being.		12
FNPI 1c The number of unemployed adults who obtained and maintained employment for at least 90 days (up to a living wage).		1		FNPI 4a The number of households experiencing homelessness who obtained safe temporary shelter.		2
FNPI 1d The number of unemployed adults who obtained and maintained employment for at least 180 days (up to a living wage).		2		FNPI 4b The number of households who obtained safe and affordable housing.		12
FNPI 1e The number of unemployed adults who obtained employment (with a living wage or higher).		2		FNPI 4c The number of households who maintained safe and affordable housing for 90 days.		6
FNPI 1f The number of unemployed adults who obtained and maintained employment for at least 90 days (with a living wage or higher).		2		FNPI 4d The number of households who maintained safe and affordable housing for 180 days.		3
FNPI 1g The number of unemployed adults who obtained and maintained employment for at least 180 days (with a living wage or higher).		1		FNPI 4e The number of households who avoided eviction.		5
FNPI 1h The number of employed participants in a career-advancement related program who entered or transitioned into a position that provided increased income and/or benefits.		4		FNPI 4g The number of households who experienced improved health and safety due to improvements within their home (e.g. reduction or elimination of lead, radon, carbon dioxide and/or fire hazards or electrical issues, etc).		3
FNPI1h.1 The number of employed participants who increased income from employment through <u>wage or salary amount increase.</u>		4		FNPI 4h The number of households with improved energy efficiency and/or energy burden reduction in their homes.		2
FNPI 1h.2 Of the above, the number of employed participants who increased income from employment through hours worked increase.		2		FNPI 5a The number of individuals who demonstrated increased nutrition skills (e.g. cooking, shopping, and growing food).		2
FNPI 1h.3 Of the above, the number of employed participants who increased benefits related to employment.		1		FNPI 5b The number of individuals who demonstrated improved physical health and well-being.		7
FNPI 2e The number of parents/caregivers who improved their home environments.		6		FNPI 5c The number of individuals who demonstrated improved mental and behavioral health and well-being.		5
FNPI 2g The number of individuals who obtained a high school diploma and/or obtained an equivalency certificate or diploma.		3		FNPI 5d The number of individuals who improved skills related to the adult role of parents/ caregivers.		10
FNPI 2h The number of individuals who obtained a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills.		10		FNPI 5e The number of parents/caregivers who demonstrated increased sensitivity and responsiveness in their interactions with their children.		5
FNPI 2i The number of individuals who obtained an Associate's degree.		2		FNPI 6a.1 Of the above, the number of Community Action program participants who improved their leadership skills.		2
FNPI 2j The number of individuals who obtained a Bachelor's degree.		1		FNPI 6a.2 Of the above, the number of Community Action program participants who improved their social networks.		2
FNPI 3a The number of individuals who achieved and maintained capacity to meet basic needs for 90 days.		10		FNPI 6a.3 Of the above, the number of Community Action program participants who gained other skills, knowledge and abilities to enhance their ability to engage.		5
FNPI 3b The number of individuals who achieved and maintained capacity to meet basic needs for 180 days.		3		FNPI 7a The number of individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains.		147
FNPI 3e The number of individuals who used their savings to purchase an asset.		2				

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name: CSBG Emergency Assistance	
Community Action (ROMA) Goal (check all that apply) <input checked="" type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan) Module 4 If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment	STRATEGY(is) as referenced in the Strategic Plan
Low income families do not have the financial resources needed to meet emergency needs.	1) CMCA Members will have seamless access to services that best meet their needs. 2) Families will gain stability.
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) • Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (<u>more than one federal fiscal year</u>), please note this in the description, as well as define potential targets that may be realized in the short-term (<u>no more than one federal fiscal year</u>). • If this is a community-level service/program, please complete a related Community Initiatives Status Form.	
Emergency Services: CMCA Members may be enrolled in any CMCA programs or initiative and must meet CSBG eligibility requirements to receive CSBG Emergency Assistance services. Such assistance may include, but are not limited to, rental assistance, rental deposits, car repair, vehicle licensing/renewals, child care assistance, medical co-pays, medication, life-saving household items or other emergency service. CSBG Emergency Assistance services are utilized only when a need is demonstrated and the Member has exhausted all other resources. Case notes will document the need for assistance, how it will assist the Member in meeting basic needs, how the Member will meet future needs, which resource(s) have been utilized or sought prior to the request and the estimated cost of service. Members will be enrolled in the Emergency Assistance program in the agency MIS system where all case notes and services will be documented. Members may utilize CSBG Emergency Services one (1) time per fiscal year as long as funding is available.	
Outcomes and Outcome Indicators • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome Example: Program Name • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) *Please note: outcomes should only be reported for those NPIs that have supporting programs or activities	
Emergency Services: • 3 of 20 CMCA Member households seeking emergency assistance for rental deposits will obtain safe and affordable housing. • 9 of 20 CMCA Member households seeking emergency assistance for housing costs will avoid evictions. • 2 of 20 CMCA Member households seeking emergency assistance with transportation needs will maintain their current employment.	
Data Management: how will your agency manage and track the data for this initiative • Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency). Example: Initiative Name: Ready to Work. • Data Sources: Skill-Up and CSBG Case management staff forms and case notes. • Systems used -MOJobs, MIS. • Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly. • CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN. • CSBG Director reports all final data and outcomes on annual basis.	
Emergency Services • Data sources: Family Success Coaches • Systems used - MIS • Collection and Reporting - Family Success Coaches collect data and enter into appropriate system; Family Administrators monitor data in systems and provide reporting to CSBG Program Officer • CSBG Program Officer is responsible for reporting outcomes and data quarterly and submitting to MCAN and the Department. • CSBG Program Officer reports all final data and outcomes on annual basis.	

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity)

- Activity Name: Please explain how you will analyze the results of your agency's intervention.
- Include Personnel responsible for determining the effectiveness of the intervention.
- Data sources used for evaluation.
- How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).

Emergency Assistance

• CMCA Chief Program Officer and CSBG Program Officer will analyze all Emergency Assistance requests for type of need and outcome to be achieved by assistance provided. Analysis will determine if outcome was achieved because need was met.

- MIS data will be used for evaluation.
- Data results will be communicated in the FNPI section of the quarterly report document.

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
Emergency Assistance	Member presents with crisis or emergency need. Emergencies may include, but are not limited to: medical needs, housing needs (including utility assistance), nutrition needs, transportation needs, or other crisis/emergency situations.	1-Oct	30-Sep	Case Notes
	FSC (Coach) or other CMCA program staff will identify agency and community resources available to assist with meeting the need presented.	1-Oct	30-Sep	Case notes, Referrals
	In the event that internal or agency-based resources are unavailable, staff will enroll Member in CMC_Emergency Assistance and verify CSBG eligibility based on information collected at Agency Intake.	1-Oct	30-Sep	Enrollment Application completed
	Coach will submit request for Emergency Assistance services to CMCA Chief Program Officer.	1-Oct	30-Sep	Emergency Assistance Packet
	CMCA CPO will review request and approve or deny request based on submitted documentation and funding availability.	1-Oct	30-Sep	Approval/denial documentation
	If approved, payment for emergency assistance services will be paid directly to provider of service utilizing CMCA's financial policies and procedures.	1-Oct	30-Sep	CMCA purchase request
	If denied, an explanation of denial will be documented in the agency MIS system.	1-Oct	30-Sep	MIS
	Members may obtain Emergency Assistance through CSBG one (1) time per fiscal year.	1-Oct	30-Sep	MIS

OUTCOME INDICATORS

FNPI(s) or CNPI(s) number, brief descriptor	Target	
FNPI 1j2: The number of <u>employed</u> participants who <u>maintain employment</u> through supportive services.	2	
FNPI4b: The number of households who obtain <u>safe and affordable housing</u>	3	
FNPI4f: The number of households who <u>avoid eviction</u>	9	

Exhibit I	
COMMUNITY ACTION AGENCY	
Central Missouri Community Action	
Federal Fiscal Year (FFY)	
FFY21	
CSBG Family Work Plan	
Initiative (Proposal/Plan) Name:	Agency Programs
Community Action (ROMA) Goal (check all that apply) <input checked="" type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Agency Goal	
Which Module will this be reported? (Module 2, 3, or 4 choose only one per plan)	
Module 4	
If Module 3 is selected, a Community Initiative Status/Checklist Form is Required for Each Community Initiative Respond to Numbers 1 -11 at time of grant proposal Numbers 12 - 14 to be completed during Annual Reporting Process	
NEED(s) as referenced in the Community Needs Assessment	STRATEGY(is) as referenced in the Strategic Plan
Low income families do not have the resources necessary for family and individual security and stability.	1) CMCA participants will have seamless access to services that meet their basic needs. 2) Families will gain stability.
INTERVENTION(s): Narrative description of Initiative, Service(s) and/or Related Outcome(s) • Provide a detailed description of initiative and/or services – and if you consider it an innovative community and/or neighborhood-based initiative, or a collective impact collaboration. • If the initiative's goals and/or targets are expected to be achieved over an extended period of time (<u>more than one federal fiscal year</u>), please note this in the description, as well as define potential targets that may be realized in the short-term (<u>no more than one federal fiscal year</u>). • If this is a community-level service/program, please complete a related Community Initiatives Status Form.	
BRIDGE: Provide on-going supports to families of Head Start graduates in Kindergarten through 3rd grade to ensure that the first years of school are successful for students, parents and teachers. Foster Grandparent Program: Senior citizens that are eligible for this program will have volunteer opportunities to aid in the education of pre-school and school aged children in the area of math and reading. Such opportunities will include a stipend that may result in the volunteers' ability to meet their basic needs. Head Start/Early Head Start: Provide early childhood education to prepare children from low income families, ages 0-5, for school success so that they may be as successful as children without the barriers of poverty. Housing Choice Voucher Program (Section 8): Families meeting eligibility requirements may obtain vouchers that will provide rental assistance for safe and affordable housing in Callaway, Cole, Cooper, Howard, Moniteau and Osage counties. Housing Development: CMCA will develop, own and manage single and multi-family housing options throughout the eight county service area that will be made available to low income families to meet their housing needs. LIHEAP: The Low Income Energy Assistance Program provides financial assistance to low income families for heating and cooling costs. SkillUP: Participants are supported in education, training and job search skills while removing barriers to achievement. Financial assistance for work and transportation related expenses will be provided as well as assistance for tuition and education related expenses. USDA Home Loans: CMCA will provide one-on-one support and guidance to individuals and families seeking home loans made available through the USDA. CMCA will process these loans and work with individuals and families through the home buying process. Weatherization: Properties meeting eligibility requirements will receive home improvement services that will enhance energy efficiency and safety of the property. Women's Business Center: The WBC provides supportive services to entrepreneurs seeking small business start-up and/or expansion. Supportive services include counseling, coaching, development, implementation and financial connections for businesses that will provide economic and employment opportunities.	
Outcomes and Outcome Indicators • Provide Outcome, Number expected to participate in Program, and the Number expected to achieve the Outcome Example: Program Name • Example: 20 of 100 unemployed participants in Job Readiness Program gain employment up to a living wage (FNPI 1b) • Example: 10 of 20, or 50%, who gained employment remain employed for 90 days (FNPI 1c) *Please note: outcomes should only be reported for those NPIs that have supporting programs or activities	

Individuals and families with low income will gain stability and achieve economic security through job training, education, support, and coaching and will increase their personal assets and income as a result of CMCA programs and initiatives.

BRIDGE: 27 of 32 program participants will achieve the educational level achievement sought by the program.

Foster Grandparent Program: 65 of 72 program volunteers will maintain their basic needs.

Head Start/Early Head Start: 300 of 332 program participants will be prepared to enter Kindergarten and succeed in school

Housing Choice Voucher Program (Section 8): 315 of 500 applicants will obtain safe and affordable housing.

LIHEAP: 94% of program applicants will receive assistance with their utility costs. 45% of applicants will avoid a disconnection of services.

SkillUP: 60 of 100 program participants will gain job skills through coaching, training or education. 40 of those will obtain new employment or enhance their current employment.

USDA Home Loans: 10 of 14 applicants will become home owners.

Weatherization: 50 of 74 homes will become more energy efficient and safe as a result of weatherization services.

Women's Business Center: 60% of all program participants will successfully implement a small business plan. 30% of those will obtain financial support from a local financial institution.

Data Management: how will your agency manage and track the data for this initiative

• Please provide data sources, systems/tools utilized for inputting data and tracking progress, personnel responsible for the collection and reporting of this data, and procedures for collecting and reporting (including frequency).

Example: Initiative Name: Ready to Work.

- Data Sources: Skill-Up and CSBG Case management staff forms and case notes.
- Systems used - MOJobs, MIS.
- Collection and Reporting - Case Managers collect and report to CSBG Director by running system reports smoothly.
- CSBG Director is responsible for reporting all outcomes and data quarterly and submitted to the Department and MCAN.
- CSBG Director reports all final data and outcomes on annual basis.

Bridge:

- Data Sources: Columbia Public Schools, ChildPlus
- Systems used: ChildPlus, Apricot, MIS
- Collection and Reporting: BRIDGE Coaches and BRIDGE Program Manager
- CSBG Program Manager reports all data on quarterly basis and all final data on annual basis

Foster Grandparent Program:

- Data Sources: FGP Volunteer Coordinator, program enrollment forms
- Systems used: MIS, CNCS
- Collection and Reporting: FGP staff
- CSBG Program Manager reports all data on quarterly basis and all final data on annual basis

Head Start/Early Head Start:

- Data Sources: Teachers lesson plans and forms, student notes
- Systems used: ChildPlus
- Collection and Reporting: HS Data Systems Analyst
- CSBG Program Manager will report all final outcomes and data on annual basis

Housing Choice Voucher Program (Section 8):

- Data Sources: Housing Manager, Housing Specialists and case notes
- Systems Used: MIS, SACS
- Collection and Reporting: HCV Staff
- CSBG Program Manager reports all data on quarterly basis and all final data on annual basis.

LIHEAP:

- Data Sources: LIHEAP Staff
- Systems used: MIS, State EA System

- Collection and Reporting: LIHEAP Staff, LIHEAP Program Manager
- CSBG Program Manager reports data on quarterly basis and all final data on annual basis.

SkillUP:

- Data Sources: Coaches, case notes, program forms
- Systems used: MIS, MOJobs
- Collection and Reporting: Coaches, Program Manager
- CSBG Program Manager reports all data on quarterly basis and all final data on annual basis

USDA Home Loans:

- Data Sources: Loan applications
- Systems Used: None
- Collection and Reporting: Housing Development Director
- Data reported to CSBG Program Manager annually to be included in annual report.

Weatherization:

- Data Sources: Program Applications, Audit
- Systems used: MOWAP, MIS
- Collection and Reporting: WX staff
- CSBG Program Manager reports data on quarterly basis and all final data on Annual basis.

Women's Business Center:

- Data Sources: Program Application
- Systems Used: SBA
- Collection and Reporting: WBC Staff
- Data to be collected by WBC Director and shared with CSBG Program Manager on annual basis.

Evaluation: (how you know you met the Outcome of the Intervention, Program, Service, Activity)

- Activity Name: Please explain how you will analyze the results of your agency's intervention.
- Include Personnel responsible for determining the effectiveness of the intervention.
- Data sources used for evaluation.
- How and when these results will be communicated (ex, the use of narrative sections on quarterly report document).

All Program Managers will work with their agency department directors and the CMCA Data Team to monitor and track the outcomes of each intervention through various agency systems (MIS, ChildPlus, SACS, FGP, MOWAP, SBA, etc.) as determined or required by program. Results will be communicated on a quarterly basis unless otherwise specified above.

Intervention(s) and/or Service(s)	Action Steps	Anticipated/ Actual Start Date	Anticipated/ Actual End Date	Documentation to show achievement of Action Step
The BRIDGE	See BRIDGE program plan	1-Oct	30-Sep	Apricot, MIS
Foster Grandparent Program	See FGP program plan	1-Oct	30-Sep	FGP Case files, MIS
Head Start/Early Head Start	See HS/EHS program plan	1-Oct	30-Sep	ChildPlus
Housing Choice Voucher (Section 8)	See HCV Admin Plan	1-Oct	30-Sep	SACS, MIS
LIHEAP	See LIHEAP work plan	1-Oct	30-Sep	MIS
SkillUP	See SkillUP work plan	1-Oct	30-Sep	MOJobs, MIS
USDA Home Loans	USDA Loan applications	1-Oct	30-Sep	MIS
Weatherization	See DOE Plan	1-Oct	30-Sep	MOWAP, MIS
Women's Business Center	See SBA action plan	1-Oct	30-Sep	SBA

OUTCOME INDICATORS

FNPI(s) or CNPI(s) number, brief descriptor	Target	FNPI(s) or CNPI(s) number, brief descriptor	Target
FNPI 1a The number of unemployed youth who obtained employment to gain skills or income.	4	FNPI 3a The number of individuals who achieved and maintained capacity to meet basic needs for 90 days .	40
FNPI 1b The number of unemployed adults who obtained employment (up to a living wage).	40	FNPI 3b The number of individuals who achieved and maintained capacity to meet basic needs for 180 days .	25
FNPI 1c The number of unemployed adults who obtained and maintained employment for at least 90 days (up to a living wage).	25	FNPI 3d The number of individuals who increased their savings .	18
FNPI 1d The number of unemployed adults who obtained and maintained employment for at least 180 days (up to a living wage).	18	FNPI 3e The number of individuals who used their savings to purchase an asset .	8
FNPI 1e The number of unemployed adults who obtained employment (with a living wage or higher).	5	FNPI 3e.1 Of the above, the number of individuals who purchased a home .	4
FNPI 1f The number of unemployed adults who obtained and maintained employment for at least 90 days (with a living wage or higher).	3	FNPI 3h The number of individuals engaged with the Community Action Agency who report improved financial well-being .	38
FNPI 1g The number of unemployed adults who obtained and maintained employment for at least 180 days (with a living wage or higher).	2	FNPI 4a The number of households experiencing homelessness who obtained safe temporary shelter .	130
FNPI 1h The number of employed participants in a career-advancement related program who entered or transitioned into a position that provided increased income and/or benefits.	15	FNPI 4b The number of households who obtained safe and affordable housing .	40
FNPI 1h.1 Of the above, the number of employed participants who increased income from employment through wage or salary amount increase .	11	FNPI 4c The number of households who maintained safe and affordable housing for 90 days .	28
FNPI 1h.2 Of the above, the number of employed participants who increased income from employment through hours worked increase .	9	FNPI 4d The number of households who maintained safe and affordable housing for 180 days .	20
FNPI 1h.3 Of the above, the number of employed participants who increased benefits related to employment.	6	FNPI 4e The number of households who avoided eviction .	5
FNPI 1j.1 The number of individuals who engage in self-employment opportunities.	12	FNPI 4f The number of households who avoided foreclosure .	0
FNPI 2a The number of children (0 to 5) who demonstrated improved emergent literacy skills.	124	FNPI 4g The number of households who experienced improved health and safety due to improvements within their home (e.g. reduction or elimination of lead, radon, carbon dioxide and/or fire hazards or electrical issues, etc.).	131
FNPI 2b The number of children (0 to 5) who demonstrated skills for school readiness.	140	FNPI 4h The number of households with improved energy efficiency and/or energy burden reduction in their homes.	140

FNPI 2c The number of children and youth who demonstrated improved positive approaches toward learning, including improved attention skills.	92	FNPI 5a The number of individuals who demonstrated increased nutrition skills (e.g. cooking, shopping, and growing food).	6
FNPI 2c.1 Early Childhood Education (ages 0-5)	80	FNPI 5b The number of individuals who demonstrated improved physical health and well-being.	25
FNPI 2c.2 1st grade-8th grade	12	FNPI 5c The number of individuals who demonstrated improved mental and behavioral health and well-being .	33
FNPI 2d The number of children and youth who are achieving at basic grade level (academic, social, and other school success skills).	123	FNPI 5d The number of individuals who improved skills related to the adult role of parents/ caregivers.	140
FNPI 2d.1 Early Childhood Education (ages 0-5)	91	FNPI 5e The number of parents/caregivers who demonstrated increased sensitivity and responsiveness in their interactions with their children.	100
FNPI 2d.2 1st grade-8th grade	32	FNPI 5f The number of seniors (65+) who maintained an independent living situation.	60
FNPI 2d.3 9th grade-12th grade	200	FNPI 5g The number of individuals with disabilities who maintained an independent living situation.	20
FNPI 2e The number of parents/caregivers who improved their home environments.	100	FNPI 5h The number of individuals with chronic illness who maintained an independent living situation.	20
FNPI 2f The number of adults who demonstrated improved basic education.	2	FNPI 7a The number of individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains.	700
FNPI 2g The number of individuals who obtained a high school diploma and/or obtained an equivalency certificate or diploma.	17		
FNPI 2h The number of individuals who obtained a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills.	15		
FNPI 2i The number of individuals who obtained an Associate's degree.	8		
FNPI 2j The number of individuals who obtained a Bachelor's degree.	4		

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018Open to Public
Inspection**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL MISSOURI COMMUNITY ACTION		D Employer identification number 43-0835026
	Doing business as		E Telephone number 573-443-8706
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	807-B NORTH PROVIDENCE ROAD		G Gross receipts \$ 15,588,799.
	City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, MO 65203		
F Name and address of principal officer: DARIN PREIS SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.SHOWMEACTION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1965 M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EMPOWER INDIVIDUALS AND FAMILIES TO ACHIEVE SELF-RELIANCE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	307
	6 Total number of volunteers (estimate if necessary)	6	1372
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 15,923,980.	Current Year 15,262,692.
	9 Program service revenue (Part VIII, line 2g)	187,534.	245,959.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-39,094.	10,430.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	121,594.	66,718.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,194,014.	15,585,799.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,266,173.	4,309,254.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,919,822.	8,707,976.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 32,927.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,256,070.	2,494,160.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,442,065.	15,511,390.
	19 Revenue less expenses. Subtract line 18 from line 12	-248,051.	74,409.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,999,154.	End of Year 3,387,114.
	21 Total liabilities (Part X, line 26)	1,073,354.	1,386,905.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,925,800.	2,000,209.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	DARIN PREIS, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name BRITTANY MERGEN	Preparer's signature BRITTANY MERGEN	Date 08/11/20	Check if self-employed <input type="checkbox"/> PTIN P01656288
	Firm's name ▶ WIPFLI LLP	Firm's EIN ▶ 39-0758449	Phone no. 608.274.1980	
	Firm's address ▶ PO BOX 8700 MADISON, WI 53708-8700			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:**TO EMPOWER INDIVIDUALS AND FAMILIES TO ACHIEVE SELF-RELIANCE.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 6,757,410. including grants of \$ 159,149.) (Revenue \$ 17,654.)**EARLY CHILDHOOD DEVELOPMENT -****PROVIDES HIGH QUALITY COMPREHENSIVE CHILD AND FAMILY DEVELOPMENT SERVICES TO INCOME AND AGE ELIGIBLE CHILDREN AND THEIR FAMILIES, WHICH INCLUDES EDUCATION, HEALTH, NUTRITION, MENTAL HEALTH, AND PARENT INVOLVEMENT. APPROXIMATELY 2,056 INDIVIDUALS SERVED.****4b** (Code:) (Expenses \$ 2,379,665. including grants of \$ 2,052,213.) (Revenue \$ 1,981.)**ENERGY ASSISTANCE -****ASSISTS QUALIFIED INDIVIDUALS AND FAMILIES BY PROVIDING LIMITED PAYMENTS TO HAVE ELECTRICITY AND/OR GAS BILLS PAID AND SERVICES RESTORED. APPROXIMATELY 5,681 HOUSEHOLDS SERVED.****4c** (Code:) (Expenses \$ 1,840,013. including grants of \$ 179,679.) (Revenue \$ 196,627.)**COMMUNITY SERVICES -****COMMUNITY SERVICES PROGRAMS STRIVE TO REDUCE POVERTY AND EMPOWER LOW-INCOME FAMILIES TO BECOME SELF-SUFFICIENT THROUGH INDIVIDUAL SERVICES AND COMMUNITY-BASED PROJECTS. APPROXIMATELY 335 INDIVIDUALS SERVED AND 20 COMMUNITY EFFORTS IMPLEMENTED TO ADDRESS LOCAL CAUSES AND CONDITIONS OF POVERTY.****4d** Other program services (Describe in Schedule O.)(Expenses \$ 3,372,917. including grants of \$ 1,918,213.) (Revenue \$ 29,697.)**4e** Total program service expenses **14,350,005.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 78	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	307
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	21			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **DARIN PREIS - 573-443-8706**
807-B NORTH PROVIDENCE ROAD, COLUMBIA, MO 65203

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE BARG DIRECTOR	1.00	X						0.	0.	0.
(2) HEATHER BERKMEYER DIRECTOR	1.00	X						0.	0.	0.
(3) ALICE BRANDT DIRECTOR	1.00	X						0.	0.	0.
(4) MARK BRINKMAN DIRECTOR	1.00	X						0.	0.	0.
(5) DON DECKER DIRECTOR	1.00	X						0.	0.	0.
(6) YOLANDA GALBREATH DIRECTOR	1.00	X						0.	0.	0.
(7) ANDRE GRINSTON DIRECTOR (THRU JAN.)	1.00	X						0.	0.	0.
(8) CYNTHIA JONES DIRECTOR	1.00	X						0.	0.	0.
(9) JEREMIAH JOHNMEYER DIRECTOR	1.00	X						0.	0.	0.
(10) RANDY KLEINDIENST DIRECTOR	1.00	X						0.	0.	0.
(11) CAROLYN LEWIS DIRECTOR	1.00	X						0.	0.	0.
(12) JODIE MCSWAIN DIRECTOR	1.00	X						0.	0.	0.
(13) CHARLES MELKERSMAN DIRECTOR	1.00	X						0.	0.	0.
(14) BETH PLANK DIRECTOR (THRU JAN.)	1.00	X						0.	0.	0.
(15) CHARLES ROLL DIRECTOR	1.00	X						0.	0.	0.
(16) KRIS SCHEPERLE DIRECTOR	1.00	X						0.	0.	0.
(17) SAM STROUPE DIRECTOR (THRU DEC.)	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHELLE TIFFANY DIRECTOR (THRU JAN.)	1.00	X						0.	0.	0.
(19) JANET THOMPSON DIRECTOR	1.00	X						0.	0.	0.
(20) DONNA WARD DIRECTOR	1.00	X						0.	0.	0.
(21) ALAN WINDERS DIRECTOR	1.00	X						0.	0.	0.
(22) AMANDA GRELLNER PRESIDENT	2.00	X		X				0.	0.	0.
(23) JASON RAMSEY VICE PRESIDENT	2.00	X		X				0.	0.	0.
(24) ANN ANDERSON SECRETARY	2.00	X		X				0.	0.	0.
(25) ROGER DRAKE TREASURER	2.00	X		X				0.	0.	0.
(26) DARIN PREIS EXECUTIVE DIRECTOR	40.00			X				97,043.	0.	11,896.
1b Sub-total								97,043.	0.	11,896.
c Total from continuation sheets to Part VII, Section A								128,162.	0.	13,446.
d Total (add lines 1b and 1c)								225,205.	0.	25,342.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JEFF JOHNSON 614 N. EASTER LANE, COLUMBIA, MO 65201	CONSTRUCTION SERVICES	110,550.
MJC INDUSTRIES 1822 ORIE DR., COLUMBIA, MO 65202	WEATHERIZATION SERVICES	103,081.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BRANDY BOYER CO-CHIEF FINANCIAL OFFICER (THRU NOV	40.00			X				83,005.	0.	8,715.
(28) TONY MUGERA CHIEF FINANCIAL OFFICER (THRU APRIL)	40.00			X				45,157.	0.	4,731.
(29) CHRISTINE LINDSEY CHIEF FINANCIAL OFFICER (BEG AUG)	40.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c								128,162.		13,446.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	10,253.				
	b Membership dues	1b					
	c Fundraising events	1c	14,305.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	14,877,264.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	360,870.				
	g Noncash contributions included in lines 1a-1f: \$		93,448.				
	h Total. Add lines 1a-1f				15,262,692.		
Program Service Revenue	2 a COMMUNITY SERVICES REVENUE	Business Code	624200	196,627.	196,627.		
	b HOUSING ASSISTANCE REVENUE		624100	21,738.	21,738.		
	c EARLY CHILDHOOD DEVELOPMENT REVENUE		624100	17,654.	17,654.		
	d ELDERLY SERVICES REVENUE		624100	7,285.	7,285.		
	e ENERGY ASSISTANCE REVENUE		624200	1,981.	1,981.		
	f All other program service revenue		624200	674.	674.		
	g Total. Add lines 2a-2f			245,959.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,430.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		6,000.			
		c Gain or (loss)		0.			
		d Net gain or (loss)		6,000.			6,000.
8 a Gross income from fundraising events (not including \$ 14,305. of contributions reported on line 1c). See Part IV, line 18		a	1,245.				
		b Less: direct expenses	b	3,000.			
		c Net income or (loss) from fundraising events			-1,755.		-1,755.
9 a Gross income from gaming activities. See Part IV, line 19		a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue		900099	68,473.			68,473.	
e Total. Add lines 11a-11d					68,473.		
12 Total revenue. See instructions				15,585,799.	245,959.	0.	77,148.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,309,254.	4,309,254.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	318,487.		318,487.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,298,232.	5,840,555.	449,857.	7,820.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	137,091.	135,066.	1,919.	106.
9 Other employee benefits	1,301,583.	1,207,010.	93,568.	1,005.
10 Payroll taxes	652,583.	594,897.	57,182.	504.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	32,900.		32,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	182,634.	155,927.	26,707.	
12 Advertising and promotion	47,578.	47,578.		
13 Office expenses	747,868.	740,904.	5,610.	1,354.
14 Information technology	46,743.	46,743.		
15 Royalties				
16 Occupancy	680,348.	601,822.	77,267.	1,259.
17 Travel	209,849.	193,717.	15,362.	770.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	70,166.	56,163.		14,003.
20 Interest	4,187.	4,187.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,819.	96,819.		
23 Insurance	70,776.	70,776.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a IN - KIND SUPPLIES	93,448.	93,448.		
b DUES & SUBSCRIPTIONS	62,231.	62,231.		
c MEDICAL/DENTAL SUPPLIES	28,954.	28,954.		
d				
e All other expenses	119,659.	63,954.	49,599.	6,106.
25 Total functional expenses. Add lines 1 through 24e	15,511,390.	14,350,005.	1,128,458.	32,927.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	657.	1	657.
	2 Savings and temporary cash investments	677,242.	2	642,317.
	3 Pledges and grants receivable, net	752,538.	3	1,014,782.
	4 Accounts receivable, net	31,667.	4	27,265.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	231,353.	7	218,255.
	8 Inventories for sale or use	184,852.	8	352,910.
	9 Prepaid expenses and deferred charges	31,663.	9	58,701.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,540,660.		
	b Less: accumulated depreciation	10b 1,658,362.		
		883,799.	10c	882,298.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	205,383.	13	189,929.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,999,154.	16	3,387,114.	
Liabilities	17 Accounts payable and accrued expenses	859,223.	17	1,013,857.
	18 Grants payable		18	
	19 Deferred revenue	84,381.	19	200,988.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	129,750.	23	172,060.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,073,354.	26	1,386,905.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,575,667.	27	1,717,917.
	28 Temporarily restricted net assets	350,133.	28	282,292.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,925,800.	33	2,000,209.
	34 Total liabilities and net assets/fund balances	2,999,154.	34	3,387,114.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,585,799.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,511,390.
3	Revenue less expenses. Subtract line 2 from line 1	3	74,409.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,925,800.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,000,209.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2018)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CENTRAL MISSOURI COMMUNITY ACTION

Employer identification number

43-0835026

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15036903.	15706366.	16536033.	15923980.	15262692.	78465974.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15036903.	15706366.	16536033.	15923980.	15262692.	78465974.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						78465974.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	15036903.	15706366.	16536033.	15923980.	15262692.	78465974.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	145.	174.	3,500.	4,155.	4,430.	12,404.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	146,549.	61,102.				207,651.
11 Total support. Add lines 7 through 10						78686029.
12 Gross receipts from related activities, etc. (see instructions)					12	818,709.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.72 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.37 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**MISCELLANEOUS REVENUE**

2014 AMOUNT: \$ 146,549.

2015 AMOUNT: \$ 61,102.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

CENTRAL MISSOURI COMMUNITY ACTION

Employer identification number

43-0835026

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization	Employer identification number
CENTRAL MISSOURI COMMUNITY ACTION	43-0835026

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET S.W. WASHINGTON, DC 20410	\$ 1,625,616.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20201	\$ 11,098,419.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CORPORATION FOR NATIONAL AND COMMUNITY SERVICES 250 E STREET S.W. WASHINGTON, DC 20525	\$ 338,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MISSOURI DEPARTMENT OF SOCIAL SERVICES P.O. BOX 1527 JEFFERSON CITY, MO 65102	\$ 600,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250	\$ 337,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20585	\$ 320,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

43-0835026

Part II

[illegible]

Name of organization

Employer identification number

CENTRAL MISSOURI COMMUNITY ACTION**43-0835026****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CENTRAL MISSOURI COMMUNITY ACTION

Employer identification number

43-0835026

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Temporarily restricted endowment ☐ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,625.		50,625.
b Buildings		1,205,503.	534,647.	670,856.
c Leasehold improvements				
d Equipment		991,949.	899,398.	92,551.
e Other		292,583.	224,317.	68,266.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				882,298.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LOW-INCOME HOUSING UNIT		
(2) LOAN	189,929.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	189,929.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2018

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATIONS ARE REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ORGANIZATIONS HAVE DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

Part XIII	Supplemental Information <i>(continued)</i>
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[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 WOMEN WHO OWN IT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	14,690.			14,690.
	2 Less: Contributions	13,550.			13,550.
	3 Gross income (line 1 minus line 2)	1,140.			1,140.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	500.			500.
	7 Food and beverages	2,500.			2,500.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,000.
11 Net income summary. Subtract line 10 from line 3, column (d)				-1,860.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CENTRAL MISSOURI COMMUNITY ACTION

Employer identification number
43-0835026

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EARLY CHILDHOOD ASSISTANCE	2056	159,149.	0.		
WEATHERIZATION SERVICES ASSISTANCE	192	228,056.	0.		
WORKFORCE DEVELOPMENT ASSISTANCE	86	39,110.	0.		
ENERGY ASSISTANCE	5681	2,052,213.	0.		
ELDERLY SERVICES ASSISTANCE	72	203,526.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS THROUGH COMPLIANCE WITH
FUNDING SOURCE REGULATIONS.

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOUSING SERVICES ASSISTANCE	1,154.	1,447,521.	0.		
COMMUNITY SERVICES ASSISTANCE	335.	179,679.	0.		

Schedule I (Form 990)

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

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Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

CENTRAL MISSOURI COMMUNITY ACTION

Employer identification number

43-0835026

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SUPPLIES</u>)	X	1,869	93,448.	COST OF DONATED PROP
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER PRESENTED IN COLUMN (B) FOR SUPPLIES IS THE NUMBER OF CONTRIBUTIONS. THIS NUMBER IS ESTIMATED AS AN AVERAGE CONTRIBUTION OF \$50.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CENTRAL MISSOURI COMMUNITY ACTION

Employer identification number

43-0835026

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOUSING SERVICES -

PROVIDES QUALIFIED FAMILIES WITH RENTAL DEPOSIT PAYMENTS, RENTAL &

MORTGAGE PAYMENTS, EVICTION COUNSELING, LANDLORD/TENANT MEDIATION,

LANDLORD/TENANT RIGHTS EDUCATION, TEMPORARY & TRANSITIONAL HOUSING

PLACEMENTS AS WELL AS PERMANENT HOUSING PLACEMENTS, RENTAL COUNSELING,

AND HEALTHY HOMES SERVICES. APPROXIMATELY 831 HOUSEHOLDS RECEIVED 1,154

HOUSING RELATED SERVICES.

EXPENSES \$ 1,690,129. INCLUDING GRANTS OF \$ 1,447,521. REVENUE \$ 21,738

WEATHERIZATION SERVICES -

THE WEATHERIZATION PROGRAM WEATHERIZES THE HOMES OF LOW INCOME

INDIVIDUALS AND FAMILIES IN ORDER TO REDUCE THEIR MONTHLY ENERGY COSTS.

APPROXIMATELY 192 HOMES COMPLETED.

EXPENSES \$ 883,007. INCLUDING GRANTS OF \$ 228,056. REVENUE \$ 674.

ELDERLY SERVICES -

COORDINATES A VOLUNTEER PROGRAM TO ASSIST WITH PROVIDING EARLY

CHILDHOOD EXPERIENCES AND EDUCATION. APPROXIMATELY 72 CLIENTS SERVED.

EXPENSES \$ 445,842. INCLUDING GRANTS OF \$ 203,526. REVENUE \$ 7,285.

WORKFORCE DEVELOPMENT -

SERVICES PROVIDED THROUGH THE SKILLUP PROGRAM WHICH PROVIDES FOOD SNAP

RECIPIENTS OPPORTUNITIES TO GAIN SKILLS, TRAINING OR EXPERIENCE THAT

WILL IMPROVE THEIR ABILITY TO ATTAIN EMPLOYMENT AND DECREASE THEIR

DEPENDENCY ON PUBLIC ASSISTANCE PROGRAMS. THE INTENTION OF THE SKILLUP

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

CENTRAL MISSOURI COMMUNITY ACTION

Employer identification number

43-0835026

PROGRAM IS RAPID ATTACHMENT TO WORK THAT LEADS TO SELF-SUFFICIENCY. THE PROGRAM OFFERS JOB SEARCH TRAINING, EDUCATION, AND SUPPORTIVE SERVICES TO PARTICIPANTS. APPROXIMATELY 86 INDIVIDUALS SERVED.

EXPENSES \$ 353,939. INCLUDING GRANTS OF \$ 39,110. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS COMPILED BY THE ACCOUNTANT AND AUDIT FIRM. IT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND EXECUTIVE DIRECTOR, AND THEN SIGNED BY THE EXECUTIVE DIRECTOR WHEN READY.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND EMPLOYEES MUST ABIDE BY THE CENTRAL MISSOURI COMMUNITY ACTION CONFLICT OF INTEREST POLICY AND DEMONSTRATE THEIR INTENT TO DO SO BY COMPLETING AND SIGNING THE CMCA CONFLICT OF INTEREST SIGNATURE SHEET. AS STATED IN THE POLICY, AN AD HOC COMMITTEE WILL BE CONVENED AS NEEDED, TO REVIEW CONFLICT OF INTEREST DISCLOSURES.

FORM 990, PART VI, SECTION B, LINE 15:

COMPARABLE RATES FOR EXECUTIVE DIRECTORS AT SIMILAR AGENCIES OF A SIMILAR SIZE ARE GIVEN TO THE BOARD OF DIRECTORS BY THE DEPUTY DIRECTOR. EVERY 3 YEARS THE DEPUTY DIRECTOR DOES A WAGE COMPARABILITY STUDY. THE LAST WAGE COMPARABILITY STUDY WAS COMPLETED IN APRIL OF 2019.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE AGENCY WEBSITE AND ALSO AT THE CENTRAL OFFICE UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

CENTRAL MISSOURI COMMUNITY ACTION

Employer identification number

43-0835026

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BOONE COUNTY HOUSING AGENCY - 27-3543776 807-B NORTH PROVIDENCE ROAD COLUMBIA, MO 65203	OVERSEE HOUSING VOUCHER PROGRAM	MISSOURI	0.	0.	CENTRAL MISSOURI COMMUNITY ACTION
COMMUNITY MICRO BUSINESS, LLC 807-B NORTH PROVIDENCE ROAD COLUMBIA, MO 65203	MICROENTERPRISE LOAN PROGRAM	MISSOURI	0.	0.	CENTRAL MISSOURI COMMUNITY ACTION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PLEASANT HILL ASSOCIATES, L.P. - 43-1924553, P.O. BOX 68, CLARKTON, MO 63837	AFFORDABLE HOUSING	MO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTRALIA ASSOCIATES II, L.P. - 43-1544142, 807-B NORTH PROVIDENCE ROAD, COLUMBIA, MO 65203	AFFORDABLE HOUSING	MO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEXICO HOUSING ASSOCIATES I, L.P. - 20-0979016, 807-B NORTH PROVIDENCE ROAD, COLUMBIA, MO 65203	AFFORDABLE HOUSING	MO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEXICO HOUSING ASSOCIATES II, L.P. - 20-0978989, 807-B NORTH PROVIDENCE ROAD, COLUMBIA, MO 65203	AFFORDABLE HOUSING	MO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.