

COOPERATIVE AGREEMENT
(Cosby Goal Program)

THIS COOPERATIVE AGREEMENT, by and between **JACKSON COUNTY, MISSOURI**, hereinafter referred to as "the County," and the **UNITED INNER CITY SERVICES**, 2008 East 12th Street, Kansas City, MO, 64127 hereinafter called "UICS" is made and entered into this 29 day of February, 2012.

WITNESSETH:

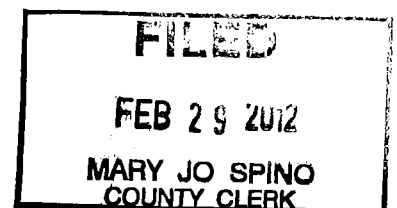
WHEREAS, the County and UICS desire to enter into an Agreement, whereby the UICS will subcontract for the Cosby Goal Program, at a cost to the County of \$13,000.00; and,

WHEREAS, students from the surrounding school districts in Jackson County will attend this program featuring actor and comedian Dr. Bill Cosby and motivational speaker Rashida Jolly who will address issues related to conflict resolution among teens, healthy eating habits, and how poor diet leads to less tolerance and more conflicts; and,

WHEREAS, this program is in the best interests of the health, welfare, and safety of the citizens of Jackson County;

NOW THEREFORE, in consideration of the foregoing and the terms and provisions herein contained, the County and UICS respectively promise, covenant and agree as follows:

- 1) **Scope of Services.** UICS shall use said \$13,000.00 as funding for



expenses related to the Cosby Goal Program, as is more fully described in the proposal attached hereto as Exhibit A and incorporated herein by reference; and,

2) **County's Obligation.** The County agrees to pay the amount of \$13,000.00 to UICS for the purpose of helping to fund the Cosby Goal Program.

3) **Terms of Payment.** A lump sum payment of \$13,000.00 will be made in a timely manner upon execution of this Agreement and receipt of UICS's reports referred to in paragraph 4 below. The County, through the Legislative Auditor, may approve adjustments to line items listed in Agency's budget/proposal contained in Exhibit A, in an amount not to exceed 10 percent of the total amount of the Agreement, so long as there is no additional total cost to the County.

4) **Reports.** UICS shall submit a report, including cancelled checks and/or a copy of the face of the check and corresponding bank statements, invoices, and any other documents as requested by the Director of Finance and Purchasing to establish that the funds paid by the County were used for the purpose set forth in this Agreement. The report shall include an annual report which shall summarize UICS's activities pursuant to this Agreement. Failure to submit the annual report shall disqualify the UICS from future funding by the County.

5) **Submission of Documents.** No payment shall be made under this contract until the contracting agency shall have submitted to the County's Director of Finance and Purchasing (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) an audited financial statement for the agency's most recent fiscal year; (3) the agency's most

recent IRS Form 990, if applicable, (4) a statement of the agency's total budget for its most recent fiscal year; and (5) a detailed explanation of actual expenditures of County funds pertaining to final payments and payments on contracts for future years.

6) **Audit.** The County further reserves the right to examine and audit, during reasonable office hours, the books and records of UICS pertaining to its finances and operations.

7) **Default.** If UICS shall default in the performance or observation of any term or condition of this Agreement, the County shall give written notice setting forth the default and the correction required. If said default shall continue and not be corrected by UICS within ten days of its receipt of said notice, the County may, at its election, terminate the Agreement and withhold any payments not yet made. Said election shall not in any way limit the County's right to seek legal redress.

8) **Conflict of Interest.** UICS warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or receive any benefit from the profits or emoluments of this Agreement.

9) **Severability.** If any covenant or other provision of this Agreement is invalid or incapable of being enforced by reasons of any rule of law or public policy, all other conditions and provisions of this Agreement shall nevertheless remain in full force and effect and no covenant or provision shall be deemed dependent upon any other covenant or provision unless so expressed herein.

10) **Term.** This Agreement shall be effective January 1, 2012, and shall terminate on December 31, 2012. This Agreement may be terminated prior to that date

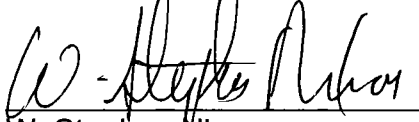
by either party upon written notice, delivered thirty days prior to the effective date of termination. If this Agreement is terminated by either party, the County shall pay for only those services actually performed by UICS as verified by the County's audit.

11) **Incorporation.** This Agreement incorporates the entire understanding and agreement of the parties.


(Signature Page to Follow)

IN WITNESS WHEREOF, the parties have executed this Agreement this 29
day of February, 2012.

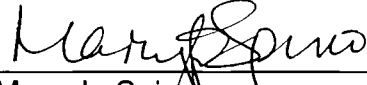
APPROVED AS TO FORM:


W. Stephen Nixon
County Counselor


JACKSON COUNTY, MISSOURI

By: 
Michael D. Sanders
County Executive

ATTEST:


Mary Jo Spind
Clerk of the Legislature

UNITED INNER CITY SERVICES

By: 
Executive Director
Federal I.D. No.44-0646347

REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this contract is chargeable, and a cash balance otherwise unencumbered in the treasury from which payment is to be made, each sufficient to meet the obligation of \$13,000.00 which is hereby authorized.


Date


Director of Finance and Purchasing
Account No. 002-7734-56789

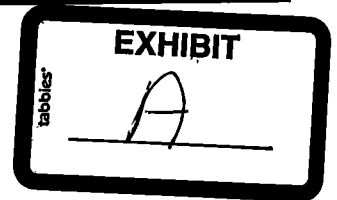
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OUTSIDE AGENCY FUNDING REQUEST FORM 2012 BUDGET

415 E 12th Street, 2nd Floor
Kansas City, MO 64106

Email: auditor@jacksongov.org



Section A: Organization or Agency Information	page 1
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Section A: Organization or Agency Information

Name: UNITED INNER CITY SERVICES

Address: 2008 E 12TH STREET

Phone No: 816.994.5400

Fax: 816.421.5072

Website Address: UICSKC.COM

Federal Tax ID No: 440646347

Fiscal Year Cycle: 2012

Executive Director:

DORICE RAMSEY

Name and Title of Principal Contact Person:

DORICE RAMSEY

Phone No: 816.994.5400

Email Address: DRAMHEADSTART@YAHOO.COM

Submission of this request has been authorized by: UICS BOARD OF DIRECTORS

Date:

2/23/2012

Section B: Agency's 2011 and 2012 Revenue Information

Agency's 2012 Projected Revenue Information

Funding Entity	Agency's 2012 Total Projected Revenue Source You Will Request 2012 Funding From	Projected Amount	% of Total Revenue
Federal	Head Start, CACFP state pass through	\$ 280,000	22
State	Division of Family Services	\$ 132,000	11
Jackson County	Outside Agency Funding	\$ 258,000	21
Other Counties		\$ -	0
City	CDBG	\$ 78,500	6
Charity/Donations	Foundations, Business, Individual, United Way	\$ 375,000	30
Fundraisers	Annual Fundraiser	\$ 50,000	4
Other	Program Fees	\$ 82,000	7
2012 Total Projected Revenue		\$ 1,255,500	

Agency's 2011 Revenue Information

Funding Entity	Agency's 2011 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal	Head Start, CACFP state pass through	\$ 278,000	23
State	Division of Family Services	\$ 132,000	11
Jackson County	Outside Agency Funding	\$ 213,860	18
Other Counties		\$ -	0
City	CDBG	\$ 88,000	7
Charity/Donations	Foundations, Business, Individual, United Way	\$ 378,815	31
Fundraisers	Annual Fundraiser	\$ 45,000	4
Other (please list)	Program Fees	\$ 78,000	6
2011 Total Revenue		\$ 1,213,675	

**If your agency received funding from Jackson County in 2011,
please identify the funding source, amount and program name below.**

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Mental Health Levy	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Domestic Violence Board	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Outside Agency Program	X <input type="checkbox"/>	<input type="checkbox"/>	\$ 213,860	St. Mark Child Development
2011 Total Jackson County Funding			\$ 213,860	

Did your agency receive funding or resources in 2011 from either of the following?

Mid America Regional Council	<input type="checkbox"/>	<input type="checkbox"/>	\$ -
Harvesters	<input type="checkbox"/>	<input type="checkbox"/>	\$ -

Section C: 2012 Program Budget

Complete a separate program budget for each program your agency is applying for funding.

Agency Name: UNITED INNER CITY SERVICES

Program Name: COSBY/GOAL PROGRAM

Personal Services			
For each salary request below please attach a job description or duties.			
Position / Title	Total Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County
Eric Wesson	500	100%	\$ 500
Event Worker	250	100%	\$ 250
Worker coord school and students	125	100%	\$ 125
Worker coord school and students	125	100%	\$ 125
			\$ -
			\$ -
Total Salaries			\$ 1,000
Total Benefits			\$ -
Total Personal Services			\$ 1,000
Contractual Services			
The Brokay Agency (Expenses for Dr. Cosby, Jet Fuel, hotel)			\$ 6,500
Rashida Jolley (Motivational Speaker)			\$ 3,500
Ms. Jolley's expenses (airfare and accomodations)			\$ 1,500
Advertising and promotion			\$ 500
			\$ -
			\$ -
Total Contractual Services			\$ 12,000
Supplies			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Supplies			\$ -

Total Program Request \$ 13,000

Section D: 2012 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: UNITED INNER CITY SERVICES

Program Name: COSBY GOAL PROGRAM

Proposed Program

Detail functions to be performed by each program.

Working with subcontractor Eric Wesson, this program will feature guest speakers: Dr. Bill Cosby, harpist and motivational speaker Rashida Jolly who will address conflict resolution among teens, healthy eating habits and how poor diet leads to less tolerance and more conflicts. Students from the surrounding school districts in Jackson County will be in attendance to address those issues along with problem solving and goal setting. Swope Health Service will also participate with a focus on nutritional eating.

Section D: 2012 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: UNITED INNER CITY SERVICES

Program Name: COSBY GOAL PROGRAM

Participants

Identify the number of participants by County that each program serves.

Jackson, MO	900 youth from schools in the Jackson County area
Clay, Platte, Cass, MO	
Wyandotte, Johnson, KS	
Other Missouri	

Target Population

Describe target population and demographics to be served by each program.

Youth in the Jackson County area for ages 12 to 20.

Would you provide these services to anyone at your door?

No

Is anyone denied services?

No

What level of indigents (below poverty level) do you serve?

Please classify your program from the following types by percentage of your agency's overall service

 Senior Program %

 Indigent Program (Below Poverty Level) %

 Senior Indigent Program %

What criteria do you have for the clients you serve?

Youth in the Jackson County area for ages 12 to 20.

Section D: 2012 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: UNITED INNER CITY SERVICES

Program Name: COSBY GOAL PROGRAM

Service Delivery Area

Identify your specific geographic service delivery area for each program.

Jackson County, Missouri

Fund Separation

Indicate what measures your agency will take to ensure that funds received from Jackson County will be utilized for the benefit of Jackson County residents.

UICS only serves Jackson County residents.

Section D: 2012 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: UNITED INNER CITY SERVICES

Program Name: COSBY GOAL PROGRAM

Approach & Method

List the top three (3) objectives for each program.

1) Healthy eating

2) Conflict resolution which will be geared towards preventing new crimes, victims and injuries.

3) Goal setting and problem solving

Detail specific methods you will use to achieve these objectives.

Lecture, worksheets and handouts

Section D: 2012 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: UNITED INNER CITY SERVICES

Program Name: COSBY GOAL PROGRAM

Evaluation

How can the success of each program be evaluated?

Indicate performance measures or statistics you will use to demonstrate the success of each program.

Evaluation by teachers and administrators and Dr. Don Lang and Jim Nunnely, program administrator

Notification

How will your organization make clients, the public and the media

aware of the generous taxpayer funding received from Jackson County? (Please attach any examples)

Newspaper ads and new stations, as well as radio advertisements.

Section E: Summary of Jackson County Funding Request by Program

Agency Name: UNITED INNER CITY SERVICES

Program Name: COSBY GOAL PROGRAM

Amount

1.	\$	13,000
2.	\$	-
3.	\$	-
Total Jackson County Funding Request for All Programs		\$ 13,000

Is there anything Jackson County can do to help your operation run more efficiently?