

**COOPERATIVE AGREEMENT**  
**(Food Assistance Program)**

AN AGREEMENT by and between **JACKSON COUNTY, MISSOURI**, hereinafter called "the County" and **OPERATION BREAKTHROUGH, INC.**, 3039 Troost, Kansas City, Missouri 64109, hereinafter called "Agency."

WHEREAS, the County and Agency desire to enter into an Agreement to provide funding to be used for its food assistance program; and,

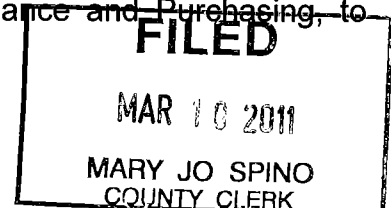
WHEREAS, the County deems it to be in the best interest of its citizenry to support such programs and activities;

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

1. **Services.** Agency shall provide services relating to its food assistance program, as is more fully set out in the attached proposal designated as Exhibit A, and incorporated herein by reference.

2. **Terms of Payment.** The County agrees to pay to Agency the total amount of \$10,000.00, in quarterly installments of \$2,500.00 each, with the first payment to be made upon execution of this Agreement. The remaining payments shall be made upon the County's receipt of the reports as set forth in paragraph 3 hereof.

3. **Reports.** Within 30 days after the conclusion of each calendar quarter under this Agreement, Agency shall submit a quarterly report, including cancelled checks and/or a copy of the face of the check and corresponding bank statements, invoices, and any other documents requested by the Director of Finance and Purchasing, to



establish that the funds provided pursuant to this Agreement were used for the purposes set forth herein. The last quarter's report shall include an annual report which shall summarize all of Agency's activities pursuant to this Agreement. Agency's failure to submit this annual report shall disqualify Agency from future funding by the County.

4. **Submission of Documents.** No payment shall be made under this contract unless 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) the agency's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the agency's total budget for its most recent fiscal year; and, (4) a detailed explanation of actual expenditures of County funds (pertains to final payments and payments on contracts for future years.) If an agency has previously received County funding, to be eligible for future payments, an agency must submit either an audited financial statement for the agency's most recent fiscal or calendar year, by March 31 of the following year, or a certified public accountant's program audit of County funds, by January 31 of the following year. Any document described herein which was submitted to the Director of Finance and Purchasing as a part of an application for funding need not be resubmitted to qualify for payment. No payment shall be made if the contract agency is out of compliance on any other County contract.

5. **Equal Opportunity.** The Agency agrees and assures that no person eligible for services shall on the ground of race, color, religion, national origin, sex, handicap, veteran status, or age be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination for any service funded by this Agreement.

Furthermore, the Agency agrees and assures that it will provide equal employment opportunities to applicants and employees and will not discriminate against them on the basis of race, color, religion, national origin, sex, handicap, veteran status, or age.

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

7. **Default.** If Agency 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 Agency 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. **Liability and Indemnification.** No party to this Agreement shall assume any liability for the acts of any other party to this Agreement, its officers, employees, or agents and Agency shall indemnify, defend, and hold County harmless from any and all claims, liabilities, damages, costs (including reasonable attorney's fees directly related thereto), including but not limited to violation of civil rights and/or bodily injury to or death of any person, and for damage to or destruction of property if and to the extent caused by the negligence, willful misconduct or omissions of Agency, its officers, employees, or agents during the performance of this Agreement.

9. **Conflict of Interest.** Agency 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.

10. **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.

11. **Term.** This Agreement shall be effective January 1, 2011, and shall terminate on December 31, 2011. 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 only for those services actually performed by the Agency as verified by the County's audit.

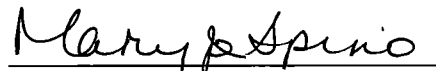
12. **Incorporation.** This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the parties have executed this Agreement this 10 day of March, 2011.

APPROVED AS TO FORM:

  
W. Stephen Nixon  
County Counselor


ATTEST:

  
Mary Jo Spiho  
Clerk of the Legislature

JACKSON COUNTY, MISSOURI

By:   
Michael D. Sanders  
County Executive


OPERATION BREAKTHROUGH

By:   
Executive Director, CEO  
430971568  
Federal I.D. or S.S.#

**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 \$10,000.00 which is hereby authorized.

March 4, 2011  
Date

  
Director of Finance and Purchasing  
Account No: 002-7743-56789

77432011 002



# OUTSIDE AGENCY FUNDING REQUEST FORM 2011 BUDGET

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

Email: [auditor@jacksongov.org](mailto:auditor@jacksongov.org)

**RECEIVED**  
SEP 17 2010  
JACKSON COUNTY  
AUDITOR'S OFFICE  
KANSAS CITY, MISSOURI

Section A: Organization or Agency Information .....	page 1
Section B: Agency's 2010 and 2011 Revenue Information .....	page 2
Section C: Individual Program Budget .....	page 3
Section D: Program Information .....	pages 4 - 8
Section E: Summary of Request by Program .....	page 9

## Section A: Organization or Agency Information

Name: Operation Breakthrough, Inc.

Address: 3039 Troost Avenue

Phone No: (816) 756-3511

Fax: (816) 329-5235

Website Address: [www.operationbreakthrough.org](http://www.operationbreakthrough.org)

Federal Tax ID No: 43-0971560

Fiscal Year Cycle: 11/1 - 10/31

Executive Director: Steven P. Callahan, CEO

Name and Title of Principal Contact Person: Marsha Gillespie, Grants Manager

Phone No: (816) 329-5258

Email Address: [marshag@operationbreakthrough.org](mailto:marshag@operationbreakthrough.org)

Submittal of this request has been authorized by: Steven P. Callahan, CEO

Date: 9/15/2010

## Section B: Agency's 2010 and 2011 Revenue Information

### Agency's 2011 Projected Revenue Information

Funding Entity	Agency's 2011 Total Projected Revenue Source You Will Request 2011 Funding From	Projected Amount	% of Total Revenue
Federal	Head Start, USDA	\$ 982,000	13
State	Early Head Start, Title XX, Children's Trust	\$ 1,750,000	24
Jackson County	Mental Health, COMBAT, Other	\$ 120,900	2
Other Counties		\$ -	0
City	HPRP, Daycare	\$ 338,000	5
Charity/Donations		\$ 3,000,000	41
Fundraisers		\$ 950,000	13
Other	United Way, Fees	\$ 235,000	3
<b>2011 Total Projected Revenue</b>		<b>\$ 7,375,900</b>	

### Agency's 2010 Revenue Information

Funding Entity	Agency's 2010 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal	Head Start, USDA	\$ 982,000	14
State	Early Head Start, Title XX, Children's Trust	\$ 1,750,000	25
Jackson County	Mental Health, COMBAT, Other	\$ 120,901	2
Other Counties		\$ -	0
City	HPRP, Day Care	\$ 338,000	5
Charity/Donations		\$ 2,750,000	39
Fundraisers		\$ 930,000	13
Other (please list)	United Way, Fees	\$ 235,389	3
<b>2010 Total Revenue</b>		<b>\$ 7,106,290</b>	

**If your agency received funding from Jackson County in 2010, please identify the funding source, amount and program name below.**

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 35,165	Youth Empowerment
Mental Health Levy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 25,000	Adult Mental Health
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Domestic Violence Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	<i>\$51,585 CW</i>
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 60,736	Speech/Psych Clinic
<b>2010 Total Jackson County Funding</b>			<b>\$ 120,901</b>	

**RECEIVED**  
 SEP 17 2010  
 JACKSON COUNTY  
 AUDITOR'S OFFICE  
 KANSAS CITY, MISSOURI

Does your agency receive funding or resources in 2010 from either of the following?	Yes	No	Amount
Mid America Regional Council	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Harvesters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -

## Section C: 2011 REVISED Program Budget

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

**Agency Name:** Operation Breakthrough, Inc.  
**Program Name:** Food Assistance

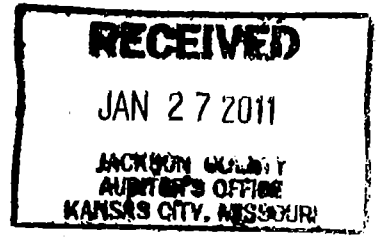
<b>Personal Services</b>			
Position / Title	Total Salary	to be funded by Jackson Co.	to be funded by Jackson County
Laura Blasi, Case Manager	\$33,592	6%	\$ 2,015
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ 2,015
Total Benefits @ 19%			\$ 383
<b>Total Personal Services</b>			<b>\$ 2,398</b>

<b>Contractual Services</b>	
	\$ -
	\$ -
	\$ -
	\$ -
<b>Total Contractual Services</b>	

<b>Supplies</b>	
Groceries	\$ 6,024
Grocery Bags	\$ 1,578
	\$ -
	\$ -
	\$ -
	\$ -
<b>Total Supplies</b>	

**Total Program Request \$ 10,000**

Rev 1/24/11



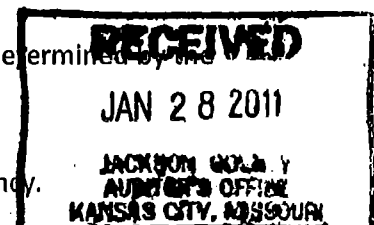


# OPERATION BREAKTHROUGH

## **Job Description: Family Advocate**

**Qualifications:** Bachelors or Masters Degree in Social Work or related field with a minimum of 2 years experience working with underserved, low income families. Must have basic computer literacy, the ability to transport clients, and the desire to work in a fast-paced environment.

1. Provide support and advocacy services, on- and off- site, for families concerning: mental and physical health services, involvement with Children's Division, educational needs, legal and housing assistance, employment search and support, and crisis intervention.
2. Provide clinical case management service for families as required by housing vouchers, and voluntary case management services as requested by clients.
3. Connect families to internal agency services, including: food, clothing, diapers, financial assistance, and health and mental health services.
4. Complete pertinent enrollment forms for program families ensuring that data is collected in accordance with agency requirements.
5. Accurately track and monitor data, including submitting required reports, documenting services received by children and families.
6. Maintain accurate documentation regarding communication and activities with families, in accordance with policies and procedures.
7. Participate in the development of strategies for implementation of work plan.
8. Monitor, document, and follow up on attendance issues weekly to ensure both the safety of children and families and compliance with attendance policies.
9. Complete Family Partnership Agreements with families and enter information into appropriate systems.
10. Provide support for families in collaboration with community partners to ensure that interventions and community support services are available and easily accessible.
11. Participate collaboratively in community activities for networking, advocacy, and program visibility, in accordance with agency policies and procedures.
12. Oversee and manage Operation Breakthrough's Supportive Housing Program (OBSHP). Responsible for screenings, case management, monthly resident meetings, program committee meetings, and other activities to ensure the program's continued success.
13. Collaborate with other departments to plan and facilitate parent programming.
14. In collaboration with other agency staff and parents, develop systems to ensure integration parents in all program activities.
15. Attend staff meetings, trainings and other professional activities as determined by the Social Services Department or other agency administration.
16. Work cohesively as a team within the social service department.
17. Collaborate as a member of an interdisciplinary team within our agency.



## Section D: 2011 Program Information

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

**Agency Name:** Operation Breakthrough, Inc.

**Program Name:** Food Assistance Program

### Proposed Program

Detail functions to be performed by each program.

Operation Breakthrough provides limited food assistance to families through our on-site food pantry, stocked primarily through donations of dry-goods and supplemented by bulk purchases from Harvesters. Operation Breakthrough's 5 case managers work closely with each family to assess needs, monitor access and track services provided.

### Participants

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

Jackson, MO	140-170 families per month
Clay, Platte,	
Wyandotte,	
Other	

### Target Population

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

The program targets children enrolled in Operation Breakthrough's early education programs who have been

Would you provide these services to anyone at your door? **No, children must be enrolled at OB.**

Is anyone denied services? **No, all enrolled children may receive services.**

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 services:

Senior Program

Indigent Program (Below Poverty Level)

**85%**

Senior Indigent Program

What criteria do you have for the clients you serve?

Operation Breakthrough serves 500+ low-income children and their families living in Kansas City's urban core. Although families are expected to qualify for state childcare subsidies, OB cares for approximately 120-150 homeless or unsubsidized children each month, at no charge and without reimbursement. When vacancies arise, childcare slots are filled from a waiting list of over 900 children, with homeless children receiving top priority.

**RECEIVED**

JAN 27 2011

JACKSON COUNTY  
AUDITOR'S OFFICE  
KANSAS CITY, MISSOURI

### **Service Delivery Area**

Identify your specific geographic service delivery area for each program.

Seventy-one percent of the children enrolled at Operation Breakthrough live in the Center's core geographical service area, bounded by 9th Street on the north, Oak on the west, 75th Street on the south, and Topping on the east. This service area includes a significant portion of Kansas City's 3rd Council District, which is often characterized as the city's "urban core." 100% of the families served resided in Jackson County.

### **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.

Family statistical data, including residential zip code, is collected on all clients at the time of enrollment and maintained in agency databases, allowing us to ensure that funds from Jackson County will be utilized only for the benefit of Jackson County residents.

### **Approach & Method**

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

Provide food/nutritional assistance to children and families experiencing food insufficiency.

Detail specific methods you will use to achieve these objectives.

Each of Operation Breakthrough's five case managers is assigned to a specific 'neighborhood' (cluster of classrooms) at the Center and is responsible for assessing the needs of each family in that neighborhood and assisting them in getting those needs met, either through services provided by the Center on-site or through referrals to other community resources. Interdisciplinary teams (consisting of education coordinators, the health services coordinator, and case managers) meet each week to ensure children's and families' needs are being addressed appropriately and to discuss each families' progress toward goals and to address current challenges. Access to on-site services are monitored and tracked by each case manager. In addition to ancillary services (health, dental, vision, and mental health care), case managers provide emergency assistance (food, clothing, diapers, household goods and furniture) as needed and clinical case management to those in crisis to address issues surrounding unemployment, homelessness, and/or food insecurity. These families meet with their case manager on a regular basis to establish goals and discuss progress. Families needing food

### **Evaluation**

How can the success of each program be evaluated?

Program success is based on the number of families experiencing food insufficiency who receive groceries through the Center's food pantry, typically 140 - 170 families each month.

**RECEIVED**

JAN 27 2011

JACKSON COUNTY  
AUDITOR'S OFFICE  
KANSAS CITY, MISSOURI

## **Notification**

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

Operation Breakthrough constituents will be apprised of the generous contributions of Jackson Co. taxpayers through an article placed in Operation Breakthrough's newsletter, which is published 4 times and year and distributed to over 13,000 households throughout the metropolitan area. Newsletter articles are also posted on our website. In addition, a sign acknowledging Jackson County's contribution will be placed on the door of the Food Pantry.

**RECEIVED**

JAN 27 2011

JACKSON COUNTY  
AUDITOR'S OFFICE  
KANSAAS CITY, MISSOURI