

**COOPERATIVE AGREEMENT**

**AN AGREEMENT** by and between **JACKSON COUNTY, MISSOURI**, hereinafter called "the County" and **ONE GOOD MEAL**, P.O. Box 2222, Lee's Summit, MO 64063.

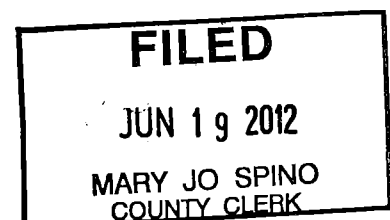
WHEREAS, the County and One Good Meal desire to enter into an Agreement to provide funding to be used for its meal program; and,

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

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

1. **Services.** One Good Meal shall provide services through its meal program as is more fully set out in the proposal attached hereto as Exhibit A and incorporated herein by reference.

2. **Terms of Payment.** The County agrees to pay to One Good Meal the total amount of \$10,000.00 in quarterly installments of 2,500.00 each, with the payment for the first quarter 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. 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.



3. **Reports.** Within 30 days after the conclusion of each calendar quarter under this Agreement, One Good Meal 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 report for the first quarter shall be submitted within 30 days after the execution of this Agreement. The last quarter's report shall include an annual report which shall summarize all of One Good Meal's activities pursuant to this Agreement. One Good Meal's failure to submit this annual report shall disqualify One Good Meal 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 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.** One Good Meal 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, One Good Meal 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 One Good Meal pertaining to its finances and operations.

7. **Default.** If One Good Meal 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 One Good Meal 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.** One Good Meal 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.

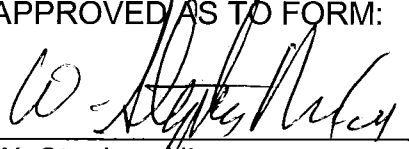
10. **Liability and Indemnification.** No party to this Agreement shall assume any liability for the acts of any other party to this Agreement, its officers, employees or agents and One Good Meal shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, costs (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 One Good Meal during the performance of this Agreement.

11. **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 (30) 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 One Good Meal 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 19  
day of June, 2012.

APPROVED AS TO FORM:

  
W. Stephen Nixon  
County Counselor

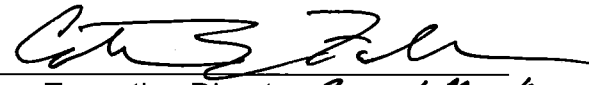
JACKSON COUNTY, MISSOURI

By:   
Michael D. Sanders  
County Executive

ATTEST:

  
Mary Jo Spino  
Clerk of the Legislature

ONE GOOD MEAL

By:   
~~Executive Director~~ Board Member  
Federal I.D. #: 43-1779562

### 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.

June 15, 2012  
Date

  
Director of Finance and Purchasing  
Account No. 002-7706-56789

77062012001



EXHIBIT  
A

# OUTSIDE AGENCY FUNDING REQUEST FORM 2012 BUDGET

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

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

Section A: Organization or Agency Information . . . . .	page 1
Section B: Agency's 2011 and 2012 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: One Good Meal

Address: P.O. Box 2222; Lee's Summit, MO 64063-2919

Phone No: 816-547-6394

Fax:

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

Federal Tax ID No: 43-1779562

Fiscal Year Cycle: April 1 - March 31

Executive Director:

Roberta McArthur

Name and Title of Principal Contact Person:

Cathy Fuhrman

Phone No: 816-678-1863

Email Address: [cathyfuhrman@sbcglobal.net](mailto:cathyfuhrman@sbcglobal.net)

Submission of this request has been authorized by:

Date:

## 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		\$ -	0
State		\$ -	0
Jackson County		\$ -	0
Other Counties		\$ -	0
City	Community Development Block Grant	\$ 2,000	2
Charity/Donations	Individuals & Corporate	\$ 24,870	27
Fundraisers	Bake Sales; Community Events	\$ 14,500	16
Other	Client Meal Revenue	\$ 51,813	56
<b>2012 Total Projected Revenue</b>		<b>\$ 93,183</b>	

### Agency's 2011 Revenue Information

Funding Entity	Agency's 2011 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ -	0
Other Counties		\$ -	0
City	Community Development Block Grant	\$ 2,500	4
Charity/Donations	Individuals & Corporate	\$ 10,100	17
Fundraisers	Bake Sales, Community Events	\$ 10,000	17
Other (please list)	Client Meal Revenue	\$ 37,176	62
<b>2011 Total Revenue</b>		<b>\$ 59,776</b>	

**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	<input type="checkbox"/>	<input type="checkbox"/>	\$ 5,000	
<b>2011 Total Jackson County Funding</b>			<b>\$ 5,000</b>	

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

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

## Section C: 2012 Program Budget

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

**Agency Name:** One Good Meal

**Program Name:** One Good Meal

<b>Personal Services</b>			
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
N/A - 100% Volunteer Organization			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Total Benefits			\$ -
<b>Total Personal Services</b>			<b>\$ -</b>
<b>Contractual Services</b>			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Contractual Services</b>			<b>\$ -</b>
<b>Supplies</b>			
As a 100% volunteer organization, all monies received under this contact will be used to purchase food for clients unable to pay themselves.			\$ 10,000
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Supplies</b>			<b>\$ 10,000</b>

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



## Section D: 2012 Program Information

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

Agency Name: One Good Meal

Program Name: One Good Meal

### Proposed Program

Detail functions to be performed by each program.

One Good Meal serves mid-day meals Monday through Friday to seniors and homebound individuals in Lee's Summit & Greenwood regardless of income. We serve 85-100 meals every day of operation. Because One Good Meal exists, anyone in need can receive a hot, nutritious meal. Hy-Vee supplies the main dish and side dishes at a reduced cost and city funds go to help purchase the Styrofoam containers. Volunteers supply the desserts.



## Section D: 2012 Program Information

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

Agency Name: One Good Meal

Program Name: One Good Meal

Lee's Summit and Greenwood, 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.

### Approach & Method

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

## Section D: 2012 Program Information

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

Agency Name: One Good Meal

Program Name: One Good Meal

1. Serve a hot, noon-time meal to those in need regardless of income.

2. Offer Community Service opportunities to students and court-ordered individuals.

3.

Detail specific methods you will use to achieve these objectives.

Meal Delivery: Over the past 15 years, One Good Meal has developed a system for organizing meal delivery to individuals in need. A strong team of volunteers arrive at Martin Luther Lutheran to divide food purchased from Hy-Vee into "to-go" boxes. These boxes are then organized by delivery route and packed into coolers with hot "bean-bags" to keep the food warm. A team of drivers is then dispatched to deliver the meals needed for that day. The meals consist of a main dish, two sides, bread & butter and a dessert. A team of volunteers supply desserts. Clients are referred to One Good Meal, learn about us from a neighbor or relative, or a relative learns about us through our many community activities such as Lee's Summit Downtown Days, John Knox Craft Sales etc. **Community Service Opportunities:** One Good Meal receives court appointed community service volunteers from three counties; Jackson, Cass and Clay. Additionally, high school students working to complete their graduation community service hours often join our volunteer base.

### 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.

## Section D: 2012 Program Information

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

Agency Name: One Good Meal

Program Name: One Good Meal

Program success is tracked by the number of clients served and community service hours logged. Client history sheets are used to record meal delivery. Community service hours are tracked and reported to schools or courts as needed.

### 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)

One Good Meal enjoys an excellent working relationship with the local media outlets in Lee's Summit. Press releases and news articles will be submitted as appropriate to local newspapers.

**Section E: Summary of Jackson County Funding Request by Program**

**Agency Name:** One Good Meal

**Program Name:** One Good Meal

	<b>Amount</b>
1. Meal Purchase Costs	\$ 10,000
2.	\$ -
3.	\$ -
<b>Total Jackson County Funding Request for All Programs</b>	<b>\$ 10,000</b>

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