

COOPERATIVE AGREEMENT
(Chronic Disease)

THIS AGREEMENT, made by and between **JACKSON COUNTY, MISSOURI**, a Constitutional Home Rule Charter County of the First Class of the State of Missouri, hereinafter referred to as “the County” and a Missouri not-for-profit corporation, **SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130**, hereinafter referred to as “Organization”.

WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used for Chronic Disease Management; 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 Organization respectively promise, covenant, and agree with each other as follows:

NOW, THEREFORE, it is agreed by and between the parties as follows:

1. **Services.** Organization shall provide services Chronic Disease Management, as is more fully set out in the proposal attached hereto as Exhibit A and incorporated herein by reference. The term of this contract is January 1, 2020, through December 31, 2020, and as such, all expenditures must occur within this period. The budget Organization submitted as part of Exhibit A is considered final and non-changeable.

2. **Terms Of Payment.** The County agrees to pay Organization the total amount of **\$87,463.00** in quarterly reimbursements up to **\$21,865.75**, Payments

FILED April 1, 2020 MARY JO SPINO COUNTY CLERK
--

made upon the County's receipt of the quarterly reports as set forth in paragraph 3 hereof. The final payment will not be processed until the Organization's annual program report has been completely reconciled. The County reserves the right to audit all invoices and to reject any invoice for good cause. The County retains the right to deduct from an invoice of Organization any overpayment made by the County on a prior invoice. The County retains the right to make invoice corrections/changes. The County will not reimburse sales tax expense.

3. **Reports/Other Documentation.** Within 30 days after the conclusion of each calendar quarter under this Agreement, Organization shall submit a quarterly report through the Outside Agency Portal along with proof of payment and receipt documentation that reconciles to the quarterly report, including cancelled checks and/or a copy of the face of the check and corresponding bank statements, invoices, itemized credit card receipts and credit card statements showing proof of purchase and proof of payment and any other documents requested by the Department of Finance and Purchasing, to establish that the funds provided pursuant to this Agreement were used for the purposes set forth herein. All payments will be processed within 30 days of receipt of invoice, if the invoice is complete and accurate. All payments will be detained until reports are received and accurate. Any reports that are incorrect will delay payment. The last quarter's report is due by January 30th, 2021 and shall include an annual report which shall summarize all of Organization's activities pursuant to this Agreement. Organization's failure to submit this annual report shall disqualify Organization from future funding by the County. The final payment will not be processed until the Organization's annual program report has been completely reconciled.

Organization must submit all quarterly reports in the format specified by the County regardless of whether activity took place in each quarter, before the next quarterly payment will be processed. Any quarterly reports that are incomplete or incorrect will delay payment. Any unspent funds under this Agreement not invoiced by Organization within 30 days from the expiration of this Agreement shall be forfeited and not be paid.

Organization must notify the County in writing on Organization's letterhead, within five working days of the following changes:

- a. Organization name, address, telephone number, administration, or board of directors
- b. Organization funding that will affect the program under this contract
- c. Liability insurance coverage
- d. Management or staff responsible for providing services pursuant to this contract. When a management or staff position responsible for providing services pursuant to this contract is vacated and when the position is subsequently filled, the following will apply i.) reimbursement for a vacated position will be suspended until it is filled, and ii.) if another person under this contract assumes the duties of the vacated position, the Organization will not be allowed to bill the County for both positions.
- e. Any proposed or actual merger or acquisition either taken by the Organization or toward the Organization

4. **Submission of Documents.** No payment shall be made under this Agreement unless Organization shall have submitted to the County's Department of Finance and Purchasing through the Jackson County Outside Agency Portal accessible on www.jacksongov.org/auditor: (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) Organization's IRS Form 990 from the previous fiscal or calendar year; (3) a statement of Organization's total budget for its most recent fiscal year; and (4) a detailed explanation of actual expenditures of the County's funds; (5) audited financial statement for Organization's most-recent fiscal or calendar year, or a certified public accountant's

program audit of the County's funds. Organization must be chartered in the State of Missouri, hold a certificate of good standing with annual registration through the Missouri Secretary of State and have received an exemption from Federal income taxes under Section 501c3 of the Internal Revenue Code. Any documents described herein which were submitted as a part of an application for funding need not be resubmitted to qualify for payment. Organization understands that no payment shall be made under this agreement until Organization's 2019 Outside Agency contract has been fully reconciled with the County's Department of Finance and Purchasing. No payment shall be made if Organization is out of compliance on any other County contract, or has not paid county taxes on all properties owned by Organization and assessed by the County.

5. **Equal Opportunity**. Organization shall submit an Affirmative Action Plan or Equal Employment Opportunity statement as required by the County Compliance Review Office. Organization shall maintain policies of employment as follows:

A. Organization and Organization's subcontractor(s) shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, disability, or national origin. Organization shall take affirmative action as set forth to ensure that applicants for employment and employees are treated without regard to their race, religion, color, sex, age, disability, or national origin. Such action shall include, but not be limited, to the following: recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Organization agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth

the policies of non-discrimination.

B. Organization and Organization's subcontractor(s) shall, in all solicitation or advertisements for employees placed by them or on their behalf, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, age, disability, or national origin.

6. **Employment Of Unauthorized Aliens Prohibited.** Pursuant to §285.530.1, RSMo, Organization assures that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri and/or Jackson County, and shall affirm, by sworn affidavit and provision of documentation, its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Further, Organization shall sign an affidavit, attached hereto and incorporated herein as Exhibit B, affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

7. **Audit.** The parties agree that the County may, for any reason and at any given time, examine and audit the books and records of Organization pertaining to this Agreement. Further, Organization agrees to establish and adopt such accounting standards and forms as recommended by the County prior to receipt of the County's first distribution of funds under the terms of this Agreement. The forms used to document expenditure of these funds may be changed from time to time by the County.

8. **Default.** If Organization shall default in the performance or observation of any covenant, term or condition herein contained to be performed by Organization, the County shall give Organization ten days written notice, setting forth the default. If said

default shall continue and not be corrected by Organization within ten days after receipt of notice from the County, the County may, at its election, terminate this Agreement and withhold any payments not yet made to Organization. Said election shall not, in any way, limit the County's rights to sue for breach of this Agreement.

9. **Appropriation Of Funds**. Organization and the County recognize that the County intends to satisfy its financial obligation to Organization hereunder out of funds annually appropriated for that purpose by the County. County promises and covenants to make its best efforts to appropriate funds in accordance with this Agreement. In the event no funds or insufficient funds are appropriated and budgeted, or are otherwise unavailable by any means whatsoever for payment due hereunder, County shall immediately notify Organization of this occurrence and this Agreement shall terminate on the last day for which appropriations were received, without penalty or expense to the County of any kind whatsoever, except as to the portions of the payment amounts herein agreed upon for which funds shall have been appropriated and budgeted or are otherwise available, or at any time after the last date that County has paid for the Services, if earlier.

County further agrees:

A. That any funds authorized or appropriated for services rendered under this Agreement shall be applied to the payments hereunder until all such funds are exhausted.

B. That County will use its best efforts to obtain authorization and appropriation of such funds including, without limitation, the inclusion in its annual

budget, a request for adequate funds to meet its obligation under this Agreement in full.

10. **Conflict Of Interest.** Organization 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.

11. **Severability.** If any covenant or other provision of this Agreement is invalid, or incapable of being enforced by reason 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.

12. **Indemnification.** Organization shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, and 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 Organization during the performance of this Agreement.

13. **Insurance.** Organization shall maintain the following insurance coverage during the term of this Agreement.

A. Organization shall maintain Commercial General Bodily Injury and Property Damage Liability insurance, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

B. Organization shall maintain, if any motor vehicles are used in the

performance of the Services, Commercial General Bodily Injury and Property Damage Liability insurance, and Automobile Liability insurance including owned, non-owned, or hired vehicles, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

C. Organization agrees to provide the County with certificates of insurance evidencing the above described coverage prior to the start of Services, and annually thereafter, if required by the County. Such certificates shall provide that the applicable insurance policies have been endorsed to provide a minimum of thirty days advance notice to the County in the event of cancellation, non-renewal, or reduction in limits by endorsement.

14. **Term.** The term of this Agreement shall commence January 1, 2020, and shall continue until December 31, 2020, unless sooner terminated pursuant to paragraph 8, 15, or 19 hereof. If this Agreement is terminated by either party, the County shall pay only for those services actually performed by Organization as verified by the County's audit.

15. **Termination.** This Agreement may be terminated for any reason or no reason by either of the parties upon thirty (30) days' written notice to the other party's designated fiscal representative. All services and payments shall continue through the effective date of termination. Termination of this Agreement shall not constitute a waiver of the rights or obligations which the County or Organization may be entitled to receive as provided in this Agreement, or be obligated to perform under this Agreement for services prior to the date of termination. Should this Agreement terminate, all

County written materials of any kind must be delivered and returned by Organization to the County within ten (10) days of the termination of this Agreement.

16. **Standard of Care.** Organization shall exercise the same degree of care, skill, and diligence in the performance of the Services as is ordinarily possessed and exercised by professionals operating under similar circumstances.

17. **Financial Contact.** Organization shall designate a fiscal representative to act as a liaison between the parties to resolve any problems, complaints, or special circumstances encountered in the billing of the services agreed upon here.

Fiscal Representative
Department of Finance & Purchasing
415 E. 12th Street, Suite 100
Kansas City, MO 64106

Swope Health Services
Naimish Patel
3801 Blue Parkway
Kansas City, MO 64130
(816) 922-7645

18. **Compliance Review.** The performance of this Agreement shall be subject to review by the County. The County Compliance Review Office and staff shall review this contract according to their responsibilities including site visits to any and all agencies. Organization agrees any display of hostile behavior, refusing and/or hindering a site review by any employee or staff member shall be grounds for suspension, termination or disqualification of this Agreement. The County warrants that all books, records, accounts, and any other documents in the possession of the County relating to this Agreement are public records open for inspection in accordance with Chapter 610, RSMo.

19. **Remedies For Breach.** Organization agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and Organization's

failure to do so constitutes a breach of this Agreement. In such event, Organization consents and agrees as follows:

A. The County may, without prior notice to Organization, immediately terminate this Agreement; and

B. The County shall be entitled to collect from Organization all payments made by the County to Organization for which Organization has not yet rendered services in accordance with this Agreement, and to collect the County's reasonable attorney's fees, court costs and service fees if it is necessary to bring action to recover such payments.

20. **Transfer And Assignment**. Organization shall not assign or transfer any portion or the whole of this Agreement without the prior written consent of the County.

21. **Organization Identity**. If Organization is merged or purchased by another entity, the County reserves the right to terminate this Agreement. Organization shall immediately notify the county in the event it is merged or purchases by any other entity.

22. **Confidentiality**. Organization's records concerning the identities of those participating in its programs shall be strictly confidential; the County shall be entitled to examine said records in performing its audit and review functions, but shall not disclose said identities to any third party in any fashion.

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

IN WITNESS WHEREOF, the County and Organization have executed this Agreement this 1st day of April, 2020.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI


County Counselor

By 
Frank White, Jr.
County Executive

ATTEST

SWOPE HEALTH SERVICES


Mary Jo Spino
Clerk of the Legislature

By 
Title President & CEO
Federal Tax I.D. 43-0957840



RESOLUTION CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this Agreement 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 \$87,463.00, which is hereby authorized.

Date 3-26-2020


Director of Finance and Purchasing
Account No.002-7601-56789

PC76012020004

**2020 Jackson County Outside Agency Funding Proposal
Swope Health Services
Chronic Disease Management**

Swope Health Services
Chronic Disease Management
Feb 20, 2020
Page 1 

Swope Health Services

3801 Blue Parkway
Kansas City, MO 64130
(816) 923-5800
www.swopehealth.org
fedtaxid: 43-0957840

Fiscal Year: January to December

GuideStar: 7008186144

Mission: Swope Health Services improves the health and wellness of the community by delivering accessible, quality, comprehensive patient care.

Executive Director

Chief Executive Officer
Jeron Ravin
(816) 599-5550
jlravin@swopehealth.org

Contact Person

Chief Financial Officer
Naimish Patel
(816) 599-5552
npatel@swopehealth.org

Check the Jackson County Legislative District and your At-Large District where your agency is located?

District 2: Yes

At-large District 2: Yes

2020 Jackson County Outside Agency Funding Proposal

Swope Health Services Chronic Disease Management

Agency Revenue Information

Funding Entity	Source Description	Goods	Services	Cash	TFY Actual	NFY Projected
Federal	U.S. Department of Health and Human Services			X	\$10,728,254	\$10,460,386
State	MPCA, MO DMH, WIC, and KDHE			X	\$19,662,200	\$23,625,539
KCMO	Health Levy			X	\$1,736,432	\$1,698,236
United Way	United Way Greater Kansas City			X	\$20,000	\$20,000
Other	WHF, MCHC, HFFKC, 340B, and Net Patient Care			X	\$21,257,726	\$17,675,849
Children Services Fund	Outpatient Peer Support, Teen Pregnancy Prevention			X	\$92,500	\$92,500
COMBAT	ADA Treatment			X	\$142,500	\$142,500
Mental Health Levy	Mental Health Levy			X	\$1,106,170	\$1,099,000
Outside Agency	HCH, LBW, CDM, and MHC			X	\$254,188	\$501,622

Please check if your agency has cash reserves:

What is the current balance? \$6,020,084

2020 Jackson County Outside Agency Funding Proposal

Swope Health Services

Chronic Disease Management

Swope Health Services
Chronic Disease Management
Feb 20, 2020
Page 3

Date Program was Initiated: 2010

What time period does this program run: All Year

Provide program description: The Chronic Care Nurse Educator provides tailored patient education services to low-income, predominantly uninsured residents of Jackson County. While all persons with a chronic condition can receive services, most program participants experience multiple chronic illness, such as hypertension, diabetes and high cholesterol. Overweight and obesity commonly underlie and exacerbate these conditions. During face-to-face and telephone interactions with patients, the Nurse Educator discusses incremental steps in changing lifestyle that patients can make to better manage their chronic conditions, while ensuring that patients understand all important aspects of their condition(s) and why it is important to take medications as prescribed. Although medications are important in controlling chronic illness, they must be used in combination with lifestyle changes, which many patients perceive as too hard to accomplish. The Nurse Educator also reinforces information and recommendations from the patient's primary care provider and helps patients develop questions for their provider as needed. The CDM Nurse Educator currently spends one day per week at three SHS clinics in Jackson County: SHS-Central, SHS-Independence and SHS-Hickman Mills. Patients are initially referred to the Chronic Disease Nurse Educator by their provider. Once the patient accepts services, the Nurse Educator works with the patient to schedule future appointments. All Chronic Disease Management Program participants complete at least three educational sessions, generally three to four weeks apart, with additional education sessions or phone calls occurring at the patient's discretion. Patients are welcome to call the Nurse Educator to share victories and challenges. Each patient receives an individualized book that defines what their chronic condition is, its symptoms, explanations about the medications prescribed and lifestyle change recommendations about nutrition and physical activity and log sheets for patients to enter recent lab results or blood pressure measurements. Overweight/obese patients receive food journals to document their initial consumption patterns and changes made over time. Patients with multiple chronic disease diagnoses receive supplemental pages for their book. These "build-a-books" serve as a take home reference manual for participants as well as an easy method for patients to communicate with their provider and the Nurse Educator about their progress. In addition, the Chronic Disease Management Nurse Educator provides blood pressure monitors and glucose monitors, test strips and lancets for hypertensive and diabetic patients who would otherwise not be able to check their blood pressure or glucose levels outside of the clinic. The Nurse Educator ensures that patients are proficient in using these supplies.

Describe the benefits of this program to Jackson County Missouri: While some of our community partners offer no-cost diabetes education classes to patients, none provide education for patients with multiple, co-occurring chronic diseases. There are few resources available for low-income and uninsured patients to access individualized education and support. The Nurse Educator is available to provide this education and support to low-income and uninsured patients directly at the point-of-care or very soon after the patient has seen their primary care provider. For many of our chronic disease patients, routine participation in health care is a new world and they 'don't know what they don't know' about managing their conditions. Through ongoing interactions, the Nurse Educator is able to maintain a positive trajectory in patients' skill-building in chronic disease management. Furthermore, the Nurse Educator's services are built on SHS' capacity to provide medical and prescription services at a deep discount for low-income and uninsured patients. According to the Centers for Disease Control and Prevention, 90% of U.S. health care costs are from people with chronic physical and mental health conditions. Approximately 60% of Americans have at least one chronic condition and the percentage with two or more conditions increases by population age cohort. Persons with five or more chronic conditions account for 41% of all US healthcare spending, including more frequent emergency admissions and inpatient hospitalizations and more prescription medications (Buttorff C, Ruder T, Bauman M. Multiple Chronic Conditions in the United States, RAND Corporation 2017) The goal of SHS' CDM Program is to intervene early in this cycle of escalating health problems by teaching self-management techniques, offering ongoing support and increasing adherence to treatment recommendations, thereby reducing the occurrence of additional chronic conditions. In the case of low-income, publicly insured and uninsured patients, each emergency department or inpatient hospitalization prevented results in a substantial savings to the county's hospitals and taxpayers.

Describe target population to be served: Swope Health Services' Chronic Disease Management Program's target population is low-income patients with chronic illnesses residing in Jackson County that access care at our Central, Independence and Hickman Mills clinics. Although the clinics serve demographically different populations – for example 65% of Central patients are African American and 61% of Independence patients are Caucasian – many patients at all clinics have neglected their health for years due to poverty and arrive with complex treatment needs. Residents of the areas surrounding SHS clinics continue to have higher rates of emergency department and inpatient hospitalizations related to diabetes, hypertension and asthma compared to other residents statewide.

What are the qualifications for participants: Chronic Disease Management Program participants must: 1) have a diagnosis of at least one chronic health condition; 2) have a referral to the Chronic Care Nurse Educator from their primary care provider; and 3) accept the services of the Nurse Educator.

Check if your services are available to anyone:

Do you maintain a database of participants: Yes

Number of participants from Jackson County: 559

Number of participants from Other Areas: 17

Total Number of participants: 576

2020 Jackson County Outside Agency Funding Proposal

Swope Health Services

Chronic Disease Management

Outcomes

Outcome: 25% or more of patients with a hypertension diagnosis seen by the Nurse Educator will demonstrate controlled blood pressure, as evidenced by a reading of 140/90 or lower, during their last visit during the calendar year.

How will outcome be measured: By extracting patients' most recent blood measurement from the patient's electronic medical record.

Outcome: 35% or more of diabetic patients seen by the Nurse Educator will attain a Hemoglobin A1C of less than or equal to 9% by their last visit during the calendar year.

How will outcome be measured: By extracting patients' most recent Hemoglobin A1C from the patient's electronic medical record.

Outcome: 80% of patients with hyperlipidemia and/or heart disease seen by the Nurse Educator will have a lipid profile completed during the calendar year.

How will outcome be measured: By examination of patients' electronic medical records for the presence of lipid panel results.

Outcome: 80% of patients with a diagnosis of chronic respiratory disease (asthma, COPD) seen by the Nurse Educator will have a written action plan documented in their electronic medical record by the end of the calendar year.

How will outcome be measured: Through examination of asthma/COPD patients' electronic medical record for documentation of an action plan.

Outcome: 80% of patients with chronic kidney disease – a frequent result of hypertension and diabetes – will have a documented glomerular filtration rate (GFR) test documented in their medical record by the end of the calendar year.

How will outcome be measured: Through examination of chronic kidney disease patients' electronic medical record for documentation of a completed GFR test.

What Jackson County Legislative Districts are served by this program:

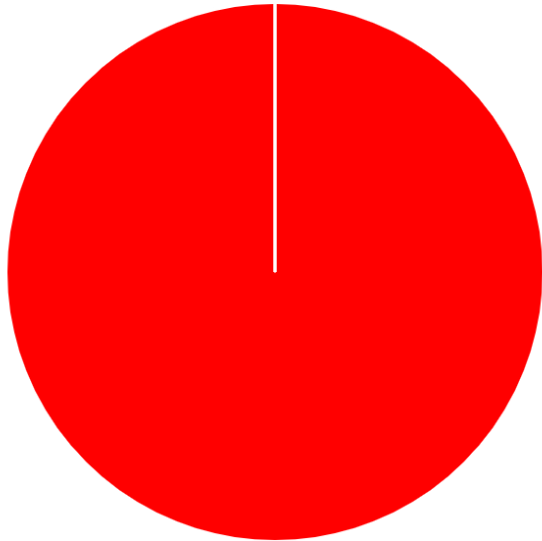
Countywide: Yes

2020 Jackson County Outside Agency Funding Proposal Budget as Awarded Swope Health Services Chronic Disease Management

Swope Health Services
Chronic Disease Management
Feb 20, 2020
Page 5

Direct Program Support				
Name	Description	Total Expense	Amount Awarded	Percent
Program Staff Salary	Chronic Disease Management RN	\$74,966	\$74,966	100%
Fringe Benefit (Only FICA/Insurance-Max 10% of Salary Request)	Fringes for Chronic Disease Management RN	\$17,992	\$7,497	42%
Program Materials & Supplies (Required for program participation, consumable and for client use. List any unique items)	Chronic Disease Management Supplies	\$5,000	\$5,000	100%
				%
Direct Expense Totals		\$97,958	\$87,463	
Indirect/General Operating Support				
Administrative Staff Salary	Support Costs-Info Technology, HIM, Materials Mgmt, Other	\$19,592	\$0	00%
Administrative Staff Salary	Human Resources, Accounting, Finance, Admin, Other	\$16,457	\$0	00%
				%
Indirect Expense Totals		\$36,049	\$0	

■ Direct Expense
 ■ Indirect Expense



Total 2020 Program Budget Award: \$87,463

Program sustainable without Jackson County Funding	No
Total Cost to Run Program WITHOUT Jackson County Funding	\$134,007
Cost/Participant	\$156.46
JACO Funding/Total Program Cost	65%

2020 Jackson County Outside Agency Funding Proposal

Budget as Awarded

Swope Health Services

Chronic Disease Management

Document type: 501
Name: [federal-tax-exempt.pdf](#)

Document type: goodstanding
Name: [certificate-of-good-standing-2019.pdf](#)

Document type: registration
Name: [2019-2020-biennial-registration.pdf](#)

Document type: board
Name: [board-list-10-1-2019.docx](#)

Document type: irs990
Name: [swope-health-services-990-tax-return.pdf](#)

Document type: financial
Name: [swope-health-services-2018-rpt-final.pdf](#)

Document type: budget
Name: [2019-corporate-budget.pdf](#)

Document type: balance
Name: [sept-2019-balance-and-income-statement.pdf](#)

Document type: insurance
Name: [10.9.19-jaco-coi-pl-gl.pdf](#)

Document type: irsw9
Name: [02042019-signed-shs-w-9.pdf](#)

Document type: jackson
Name: [swopehealth-2019-tax-receipt-central.pdf](#)

WORK AUTHORIZATION AFFIDAVIT

As a condition for any service provided to the County, a business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.

Business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit.

Every such business entity shall complete the following affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. The completed affidavit must be returned as a part of the contract documentation.

This affidavit affirms that **Swope Health Services**, is enrolled in, and is currently participating in, E-verify or any other equivalent electronic verification of work authorization operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986 (IRCA); and, **Swope Health Services**, does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)



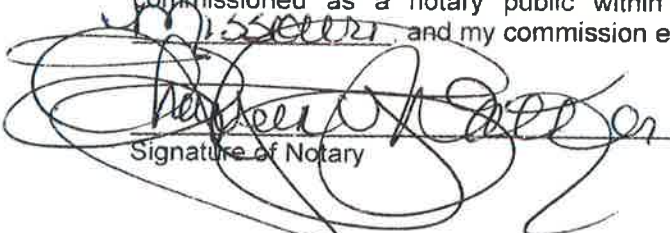
Authorized Representative's Signature
President & CEO

Title

Jeron L. Ravin, JD
Printed Name

Date

Subscribed and sworn before me this 20 day of March, 2020. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on 10/16/23.



Signature of Notary

3/20/20
Date

