

COOPERATIVE AGREEMENT

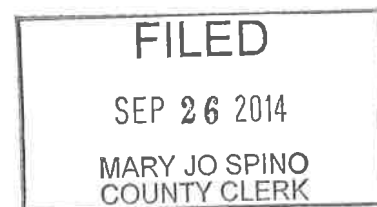
**THIS AGREEMENT**, made by and between **JACKSON COUNTY, MISSOURI**, a Constitutional Home Rule Charter County of the First Class of the State of Missouri, hereinafter referred to as "the County" and a Missouri not-for-profit corporation, **MID-AMERICA REGIONAL COUNCIL, 600 BROADWAY, SUITE 200, KANSAS CITY, MO 64105**, hereinafter referred to as "MARC".

WHEREAS, the County deems it to be in the best interest of its citizenry to support services to the aging and needy as provided by MARC and other agencies, under subcontracts with MARC; and

WHEREAS, this Agreement is entered into pursuant to the provisions of Chapter 70, RSMo, dealing with cooperative agreements; therefore,

The County and MARC agree, in consideration of the following mutual promises and valuable consideration, as follows:

1. **Services.** MARC shall provide a variety of services for the aging and needy of Jackson County including health care, medical expenses, and basic needs such as shelter and food. MARC is expressly authorized to enter into a subcontract with the **Redemptorist Social Services Center** for these services, as more specifically set out in the proposal attached hereto as Exhibit A, upon such terms and conditions as MARC shall deem appropriate, provided that said subcontractor shall provide that the County's funds shall be used by the Redemptorist Social Services Center solely to provide services to the aging and needy of Jackson County. The budget MARC submitted as part of Exhibit A is considered final and non-changeable. If MARC



encounters unforeseen circumstances that require a change to MARC's budget, MARC shall submit a written request to the Jackson County Legislative Auditor's no later than October 31, 2014. Any changes to the budget must be approved by the Jackson County Legislature.

2. **Terms of Payment.** Upon the execution of the Agreement, the County shall provide to MARC the lump sum of \$30,000.00 which shall be used for services for the aging and needy in Jackson County. 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 MARC 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, MARC 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 reports for the first and second quarters 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 MARC's activities pursuant to this Agreement. MARC's failure to submit this annual report shall disqualify MARC from future funding by the County.

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

- a. MARC name, address, telephone number, administration, or board of directors
- b. MARC 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
- e. Any proposed or actual merger or acquisition either taken by the MARC or toward the MARC

4. **Submission Of Documents.** No payment shall be made under this Agreement unless MARC 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) MARC's IRS Form 990 from the previous fiscal or calendar year; (3) a statement of MARC's total budget for its most recent fiscal year; and (4) a detailed explanation of actual expenditures of the County's funds (pertains to final payments and payments on contracts for future years). If MARC has previously received funding from the County, to be eligible for future payments, MARC must submit either an audited financial statement for MARC's most-recent fiscal or calendar year by March 31 of the following year, or a certified public accountant's program audit of the County's funds by January 31 of the following year. Any documents described herein which were 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 MARC is out of compliance on any other County contract, or has not paid county taxes on all properties owned by MARC and assessed by the County.

5. **Equal Opportunity.** MARC shall maintain policies of employment as follows:

A. MARC and MARC's subcontractor(s) shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, disability, or national origin. MARC shall take affirmative action as set forth to ensure that applicants are employed 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. MARC agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the policies of non-discrimination.

B. MARC and MARC'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, MARC 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, MARC 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 MARC pertaining to its finances and operations. Further, MARC 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 MARC shall default in the performance or observation of any covenant, term or condition herein contained to be performed by MARC, the County shall give MARC ten days written notice, setting forth the default. If said default shall continue and not be corrected by MARC 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 MARC. Said election shall not, in any way, limit the County's rights to sue for breach of this Agreement.

9. **Appropriation Of Funds.** MARC and the County recognize that the County intends to satisfy its financial obligation to MARC 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 MARC 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.** MARC 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.** MARC 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 MARC during the performance of this Agreement.

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

A. MARC 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. MARC 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. MARC 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, 2014, and shall continue until December 31, 2014, 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 MARC 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 MARC 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 MARC to the County within ten (10) days of the termination of this Agreement.

16. **Standard Of Care**. MARC 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**. MARC 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  
Q. Troy Thomas  
415 E. 12<sup>th</sup> Street, Suite 100  
Kansas City, MO 64106

**Mid-America Regional Council**  
Dorothy Pope, Director of Financial Affairs  
600 Broadway, Suite 200  
Kansas City, MO 64105  
(816) 474-4240

18. **Compliance**. The performance of this Agreement shall be subject to review by the County. The County Compliance Review Officer shall review this contract according to his responsibilities as set out in Chapter 6 of the Jackson County Code.



MARC shall file quarterly compliance reports as required by the County Compliance Review Office. 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.** MARC agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and MARC's failure to do so constitutes a breach of this Agreement. In such event, MARC consents and agrees as follows:

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

B. The County shall be entitled to collect from MARC all payments made by the County to MARC for which MARC 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.** MARC shall not assign or transfer any portion or the whole of this Agreement without the prior written consent of the County.

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

22. **Confidentiality.** MARC'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

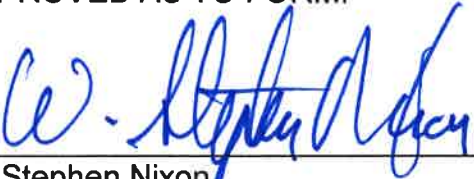
said identities to any third party in any fashion.

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

IN WITNESS WHEREOF, the County and MARC have executed this Agreement this 26<sup>th</sup> day of September, 2014.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI


  
\_\_\_\_\_  
W. Stephen Nixon  
County Counselor

By   
\_\_\_\_\_  
Michael D. Sanders  
County Executive

ATTEST:

MID-AMERICA REGIONAL COUNCIL

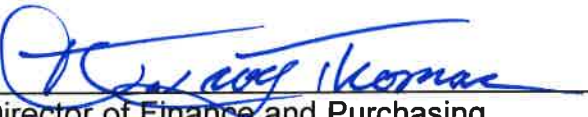
  
\_\_\_\_\_  
Mary Jo Spino  
Clerk of the Legislature

By   
\_\_\_\_\_  
Title EXECUTIVE DIRECTOR  
Federal Tax I.D. 43-0976432

**REVENUE 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 \$30,000.00, which is hereby authorized.

September 25, 2014  
Date

  
\_\_\_\_\_  
Director of Finance and Purchasing  
Account No. 002-7902-56789  
79022014009



# OUTSIDE AGENCY FUNDING REQUEST FORM 2014 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 2013 and 2014 Revenue Information .....	page 2
Section C: Individual Program Budget .....	page 3
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## Section A: Organization or Agency Information

Name:	Redemptorist Social Services Center		
Address:	207 West Linwood	Zip Code:	64111
Phone No:	816-931-9942	Fax:	816-531-0583
Website Address:	<a href="http://www.kcsocialservices.org">www.kcsocialservices.org</a>		
Federal Tax ID No:	26-0054325	Fiscal Year Cycle:	January 1-December 31
Executive Director:	Diana Kennedy		
Name and Title of Principal Contact Person:	Diana Kennedy		
Phone No:	816-931-9942 ex 407	Email Address:	<a href="mailto:diana@kcsocialservices.org">diana@kcsocialservices.org</a>
Submittal of this request has been authorized by:	Diana Kennedy		
Date:	8/23/2013		

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AUG 23 2013  
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KANSAS CITY, MISSOURI

## Section B: Agency's 2013 and 2014 Revenue Information

### Agency's 2014 Projected Revenue Information

Funding Entity	Agency's 2014 Total Projected Revenue Source You Will Request 2013 Funding From	Projected Amount	% of Total Revenue
Federal	FEMA	\$ 12,000	1
State		\$ -	0
Jackson County	MARC	\$ 42,000	4
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations		\$ 65,000	7
Fundraisers		\$ 105,000	11
Other		\$ 766,000	77
<b>2014 Total Projected Revenue</b>		<b>\$ 990,000</b>	

### Agency's 2013 Revenue Information

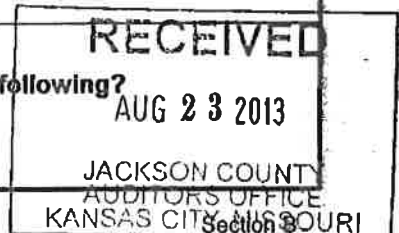
Funding Entity	Agency's 2013 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal	FEMA	\$ -	0
State		\$ -	0
Jackson County	MARC	\$ 30,000	3
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations		\$ 64,000	6
Fundraisers		\$ 105,000	11
Other (please list)	grants, interest, tenant, ATA transportation, In-Kind	\$ 787,000	80
<b>2013 Total Revenue</b>		<b>\$ 986,000</b>	

**If your agency received funding from Jackson County in 2013, please identify the funding source, amount and program name below.**

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Mental Health Levy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
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"/>	\$ -	
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 30,000	Emergency Client Assistan
<b>2013 Total Jackson County Funding</b>			<b>\$ 30,000</b>	

**Did your agency receive funding or resources in 2013 from either of the following?**

Mid America Regional Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 30,000
Harvesters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -



# Section C: *REVISED* 2014 Program Budget

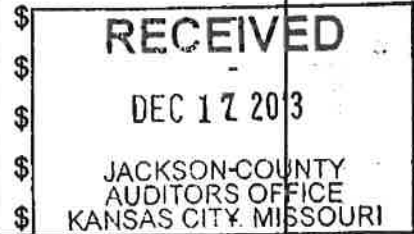
*Complete a separate program budget for each program your agency is applying for funding.*

**Agency Name:** Redemptorist Social Services Center

**Program Name:** Emergency Client Assistance

<b>Personal Services</b>			
For each salary request below please attach a job description or duties.			
Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County
Diana Kennedy, Director			\$ 1,500
Trish Duffy, Asst. Director			\$ 2,000
Maureen Smith, Staff Attorney			\$ -
Carol Hookham, Admin.			\$ 1,000
Ethel Rodriguez, Pantry Coordinator			\$ -
			\$ -
Total Salaries			\$ 4,500
Total Fringe Benefits			\$ -
<b>Total Personal Services</b>			<b>\$ 4,500</b>
<b>Contractual Services</b>			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Contractual Services</b>			<b>\$ -</b>
<b>Supplies</b>			
Client emergency services:			\$ 25,500
Client utility			\$ -
Client shelter			\$ -
Client medical			\$ -
client transportation			\$ -
Client food, education and work related			\$ -
<b>Total Supplies</b>			<b>\$ 25,500</b>

**Total Program Request \$ 30,000**



## Section D: *REVISED* 2014 Program Information

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

**Agency Name:** Redemptorist Social Services Center

**Program Name:** Emergency Client Assistance

### Proposed Program

Detail functions to be performed by each program.

Redemptorist Social Services Center has been a landmark of hope and the first line of defense for people in need in Kansas City for over 27 years. Our programs of assistance stabilize individuals, families and neighborhoods, with long-term results benefiting the entire community: **Emergency Client Assistance:** meets the basic needs of individuals facing chronic poverty, the working poor, the elderly, the homebound and the homeless, the long term/newly unemployed. This program provides over 1,900 direct monthly assists with rent, utility and medical payments; food, clothing and transportation, educational and work related needs. **Senior Services:** This program includes Saturday Meal Delivery to the homebound; Minor Home Repairs; emergency assistance services; free legal counsel; health and wellness screenings.

**Legal Assistance:** A staff attorney specializing in the legal needs and issues of the elderly provides free legal counsel to seniors and all clients of the Center.

**Health Maintenance:** A free ongoing program staffed by area health care professionals providing basic health screenings; nutritional and disease prevention education; home health assessment for the homebound; flu shots.

The Center is well positioned to continue serving the needs of the poor and elderly in Kansas City:

- The only agency providing multiple assists to 23 Kansas City zip codes from a single site. This is significant because our clients can receive the help they need during one visit without taking time off of work or spending money on bus fares by travelling to multiple agencies seeking different services.
- Provides assistance for 8 of the top 10 most requested needs.
- Legal: The only agency with a staff attorney providing free legal counsel.
- Senior Services: only agency providing Saturday meal delivery to the homebound, minor home repairs and emergency assistance to the elderly.
- Food: Only agency providing bi-monthly food assistance that includes fresh produce, meat/poultry.. This is critical with increased unemployment and children not receiving free meal programs when schools are closed for the summer and during holidays.
- Transportation: The only agency providing both reduced fare monthly bus passes and one-ride tokens. Without this critical assist, many low income individuals will be unable to find and/or retain employment; attend school or access medical services.

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# Section D: *REVISED* 2014 Program Information

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

**Agency Name:** Redemptorist Social Services Center

**Program Name:** Emergency Client Assistance

## Participants

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

Jackson, MO	4,149
Clay, Platte, Cass, MO	20
Wyandotte, Johnson, KS	46
Other Missouri	

## Target Population

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

Redemptorist Center serves 23 of the 58 zip codes in metropolitan Kansas City, MO. (463,202 individuals). Medical assistance is available to all residents of Jackson and Wyandotte Counties; Victims of Crime assistance is available to all residents of Jackson County. Our service area includes a large population of the elderly and the homeless, and the highest concentration of HIV positive residents and the mentally ill; 95% of our clients live below the poverty level and over 55% live on a fixed income. Their average annual income of \$3,000 to \$9,600 is immediately consumed with the basic needs of survival for themselves and their families...shelter, utilities and food. The programs and services offered by the Center are available to all persons in our service area regardless of race, ethnicity, age or gender, underserved or underinsured.

Note: Our 23 zip code service area includes two new zip codes (78,144 individuals) that were recently added at the request of United Way's 2-1-1 Information and Referral Line. There are currently only three agencies providing services to these zip codes and they can't keep up with the demand. We will review this temporary assistance with rent, gas and medical on a monthly basis for any negative impact it might have on our regular service area.

Would you provide these services to anyone at your door?

**Answer Yes**

Is anyone denied services?

**Answer Yes**

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

26 %

Indigent Program (Below Poverty Level)

93 %

Senior Indigent Program

20 %

What criteria do you have for the clients you serve?

Clients seeking emergency assistance must live in our service area; provide a photo ID, income verification and proof of address; submit their most recent bill in their name and dated in the month in which they are seeking assistance; client must participate in a budget and payment plan.

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## Service Delivery Area

Identify your specific geographic service delivery area for each program.

## Section D: *REVISED* 2014 Program Information

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

**Agency Name:** Redemptorist Social Services Center

**Program Name:** Emergency Client Assistance

Redemptorist Center serves 23 of the 58 Kansas City, MO zip codes: 64105, 106, 108, 109, 110, 111, 112, 113, 114, 120, 123, 124, 127, 128, 130, 131, 132, 133, 134, 136, 138, 64050, 64052. Medical Assistance is available to all residents of Jackson County, MO, and Wyandotte County, KS; Victims of Crime assistance is available to all residents of Jackson County, MO. Rental and utility assistance are available to all of the Center's 23 zip codes.. The Center's Saturday Meal Delivery program to the homebound and our Minor Home Repairs program are for zip codes 64109, 110, 111, 112. Transportation assistance (ATA discounted tokens and monthly passes) is available to anyone. Food and clothing assistance are available to all 23 zip codes. Legal assistance is available to all 23 zip codes.

### 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.

Required client documentation information includes: proof of address; two pieces of ID (Social Security and photo ID) for client and all persons living in the household; proof of current or recent income. All services the Center provides are carefully documented; detailed, confidential client records are maintained. Case management is the operational format for the Center's work with clients, focusing on the entire family whenever possible. People in need come to the Center seeking help for their immediate crisis. During the client interview process, other needs are revealed such as job loss, chronic illness, death of sole provider, etc., that contributed to the client's visit. We work with each client to address the immediate crisis; access other needs; review client resources; set achievable, measurable goals (short and long term); establish a budget and plan of action; monitor and verify the plan. Client information and all grants received are entered into the MAAC (Mid America Assistance Coalition) Link system, enabling us to track services and expenditures by funder. A key part of attaining projected outcomes is client participation. Whenever possible, each client must participate in payments and in an ongoing budget. This process gives individuals a sense of ownership and pride in achieving and maintaining stability for themselves and their families.

### Approach & Method

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

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Section D



# Section D: *REVISED* 2014 Program Information

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

**Agency Name:** Redemptorist Social Services Center

**Program Name:** Emergency Client Assistance

**1. Shelter assistance**

Immediate crisis-eviction

- Review landlord letter....rent, past due, payment history
- Establish payment plan and budget structured to client's income and agreeable with landlord
- Client makes agreed upon payment(s)
- Center pays our commitment to landlord
- Client remains in home a minimum of 60 days

**2.. Utility assistance**

Immediate crisis-loss of service

- Client presents past due or final notice
- Review client pay history with provider
- Establish payment plan and budget structured to client's income and agreeable with provider
- Client makes agreed upon payment(s)
- Center pays our commitment to landlord
- Client sustains utility service a minimum of 60 days

**3. Medical assistance**

Immediate crisis-deteriorating health

- Review vender invoice (prescription medications, glasses, dental, etc.)
- Establish payment plan and budget structured to client's income and agreeable with medical provider
- Client makes agreed upon payment(s)
- Center pays our commitment to provider
- Client has improved quality of life resulting from assistance with prescription medications and/or durable medical goods.

**Detail specific methods you will use to achieve these objectives.**

During the client interview process, other needs are often revealed such as job loss, chronic illness, death of sole provider, etc., that contributed to the client's visit. We work with each client to address the immediate crisis; access other needs; review client resources; set achievable, measurable goals (short and long term); establish a budget and plan of action; monitor and verify the plan. The Center agrees to a specified payment; the client agrees to a structured payment plan; the provider agrees to continue the service for a specified length of time. All payments made by the Center go directly to the service provider.

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## 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: *REVISED* 2014 Program Information

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

**Agency Name:** Redemptorist Social Services Center

**Program Name:** Emergency Client Assistance

**Emergency Client Assistance:** Works to keep individuals in their homes with the utilities on and food on the table.

- Individuals sustain housing for a minimum of 60 days
- Individuals sustain utility service for a minimum of 60 days
- Individuals receive food, clothing and housewares assistance

**Medical Assistance:** Individuals realize a substantial improvement in the quality of their life because of prescription medication assistance, and medical goods (hearing aids, eye glasses, prosthetic devices, etc.)

**Transportation Assistance:** Low income individuals receive reduced fare public transportation assistance to:

- Eliminate a key barrier they face as they try to stabilize their lives.
- Help stretch their financial resources during the process of finding and retaining employment.
- Help them access medical service, education opportunities and service agencies for themselves and families.

**Senior Services:** The elderly will remain in their homes in a safe and stable environment.

- Receive resources that will improve the security and safety of their home.
- Will maintain independent living (when applicable).
- Home safety issues will be addressed and appropriate service scheduled.

### 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)

Redemptorist Social Services Center acknowledges the generous funding we receive from Jackson County at our Board of Directors meeting, in our newsletter, on our Donar Edge Profile, in our annual financial statement and in all presentations to grantors.

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Section D

Exhibit B

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 **Mid-America Regional Council**, (Organization name) 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, **Mid-America Regional Council**, 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.)

Dorothy Page  
Authorized Representative's Signature  
Director of Financial Affairs  
Title

Dorothy Page  
Printed Name  
Date

Subscribed and sworn before me this 31 day of JANUARY, 2014. I am commissioned as a notary public within the County of JACKSON, State of MISSOURI, and my commission expires on 7/28/2017.

[Signature]  
Signature of Notary  
[Notary Seal: NANCY WEITZEL BERRY, Notary Public, Notary Seal, State of Missouri, Jackson County, Commission # 13414121, My Commission Expires July 28, 2017]

1/31/2014  
Date