FIRST ADDENDUM TO COOPERATIVE AGREEMENT

THIS FIRST ADDENDUM made this 2 day of Locumber, 2016, by and between JACKSON COUNTY, MISSOURI, hereinafter called "County" and MID-AMERICA REGIONAL COUNCIL, 600 BROADWAY, SUITE 200, KANSAS CITY, MO 64105, hereinafter referred to as "MARC."

WITNESSETH:

WHEREAS, MARC and County entered into a Cooperative Agreement dated May 17, 2016, whereunder MARC agreed to provide emergency assistance services through a sub-contractual agreement with the Bishop Sullivan Center, as authorized by Resolution 19046, dated January 19, 2016, at a cost to the County not to exceed \$30,000.00; and,

WHEREAS, MARC, Bishop Sullivan, and County now desire to enter into this Addendum to the Cooperative Agreement whereunder the County shall increase the funding allocation for these services for 2016 at an additional cost to the County not to exceed \$20,000.00; and,

WHEREAS, the execution of this addendum is authorized by Resolution 19335, dated December 5, 2016;

NOW, THEREFORE, in consideration of the foregoing and the terms and provisions herein contained, County, MARC, and Bishop Sullivan respectively agree with each other as follows:



- Except as expressly provided herein, all provisions of the Cooperative Agreement between MARC, Bishop Sullivan, and County, dated May 17, 2016, shall remain in full force and effect.
- This First Addendum to the Cooperative Agreement, together with the Cooperative Agreement, dated May 17, 2016, shall be effective until December 31, 2016.
- 3. The Cooperative Agreement of May 17, 2016, is amended by the addition of Exhibit B attached hereto, to be included with the Exhibit A attached to the Cooperative Agreement.
- 4. The maximum sum to be paid by County to MARC shall be increased by the amount of \$20,000.00, for a maximum total of \$50,000.00.
- 5. This First Addendum to the Cooperative Agreement, together with the Cooperative Agreement dated May 17, 2016, incorporates the entire understanding and agreement of the parties.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI

W. Stephen Nixon County Counselor

County Executive

ATTEST:

MID-AMERICA REGIONAL COUNCIL

Clerk of the Legislature

By:

Executive Director

Federal Tax I.D. 43-0976432

BISHOP SULLIVAN CENTER

Thomas Turner

Executive Director

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 \$20,000.00 which is hereby authorized.

Chief Financial Officer

Account Number:

002-7902-56789

79022016 010

Section B 2016 Program AMENDED Budget Request

Exhibit A

Agency Name:

Replaces Previous Budget Dated:

Date of AMENDED Budget Request:

Bishop Sullivan Center

Aug. 25, 2015

November 30, 2016

| Salaries | | | |
|---|------------------------------------|-------------------------------------|-------------------------------|
| attach job description or duties for NEW Prog | gram requests only | | |
| Position / Title | Budgeted Amount as of: 1/8/2016 | 100% Funded by Jackson County | New Amount Amended Request |
| Pantry Manager | \$ 17,000 | | \$ 17,000 |
| Receptionist | \$ 13,000 | | \$ 13,000 |
| | | | |
| | | | |
| | | | |
| | | | |
| Fringe Benefits | | | |
| Total Salaries & Fringe Benefits | \$ 30,000 | | \$ 30,000 |
| | | | |
| Contractual Services & Su | ipplies | | |
| | Budgeted Amount as of: 1/8/2016 | 100% Funded by Jackson | New Amount Amended Request |

| Density | Budgeted Amount as of: 1/8/2016 | 100% Funded by Jackson County | New Amount Amended Request |
|---------------------------------------|---------------------------------|-------------------------------------|-------------------------------|
| Description | 1 | | \$ 20,000 |
| Food for Pantry | | <u> </u> | φ 20,000 |
| | | | |
| 200 | | | |
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| | | | |
| Total Contractual Services & Supplies | \$ 0 | \$ 20,000 | |
| Total 2016 Program Budget Request | \$ 30,000 | | \$ 50,000 |

| Total Program Cost | \$ O | |
|-----------------------------------|-------------|--|
| ckson County funding you are requ | esting. | |
| | \$ 20 | |
| | • | ckson County funding you are requesting. |