COOPERATIVE AGREEMENT

AN AGREEMENT by and between Jackson County, Missouri, a Constitutional Charter County, hereinafter referred to as "the County" and the MID-AMERICA REGIONAL COUNCIL, 600 Broadway, Suite 200, Kansas City, MO 64105, a regional planning commission operating pursuant to Section 251.150 et seq., RSMo, hereinafter referred to as "MARC."

WHEREAS, the County deems it to be in the best interest of its citizenry to support services to low-income families 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. <u>Services</u>. MARC shall provide emergency assistance to low-income families of Jackson County, and is expressly authorized to enter into a subcontract with the Bishop Sullivan Center to provide these services, as are more fully set out in the document 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 Bishop Sullivan Center solely to provide services to low-income families of Jackson County.
- 2. <u>Terms of Payment</u>. Upon the execution of this Agreement, the County shall pay to MARC the lump sum of \$30,000.00 for low-income families. The County shall

FEB 0 8 2012

MARY JO SPINO
COUNTY CLERK

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. Annual Report. MARC shall submit an annual report, including a statement of budgeted and actual expenditures and other documentation as requested by the Director of Finance and Purchasing to show that the funds paid to MARC by the County were used for the purpose set forth in this Agreement. Said annual report shall be submitted no later than December 31, 2012. Failure to submit said annual report shall disqualify MARC from future funding by the County.
- 4. <u>Submission of Documents</u>. No payment shall be made under this contract unless the Bishop Sullivan Center shall have provided to MARC and MARC shall have confirmed to Director of Finance and Purchasing its receipt of: (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. <u>Audit</u>. The County further reserves the right to examine and audit, during reasonable office hours, the books and records of MARC pertaining to the finances and operations of MARC.
- 6. **Default**. If MARC shall default in the performance or observation of any term or condition of this Agreement, the County shall give MARC written notice setting forth the default and the correction required. If said default shall continue and not be corrected within 10 days of the notice of default by MARC, the County may at its election terminate the contract and take such action in law or equity to recover all funds given to MARC under this contract but not used for the purposes set forth in the contract.
- 7. <u>Conflict of Interest</u>. 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 contract. MARC shall insure that its subcontractor has made this same warranty.
- 8. **Term**. This Agreement shall commence January 1, 2012, and terminate on December 31, 2012. 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 as verified by the County's audit as provided in paragraph

5.

- 9. **Equal Opportunity**. In carrying out this Agreement, MARC shall insure that none of the benefits or services of the program are denied to any eligible recipient on the basis of race, color, religion, sex, age, handicap or national origin. MARC shall take affirmative action to insure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, age, handicap or national origin in terms and conditions of employment or termination, rates of pay or other forms of compensation and selection for training including apprenticeship. MARC shall in all solicitations or advertisements for employees placed by or on behalf of MARC state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, handicap or national origin.
- 10. <u>Liability and Indemnification</u>. 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 MARC 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 MARC during the performance of this Agreement.
- 11. <u>Incorporation</u>. This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the County	and MARC have executed this Agreement
this 8 day of Feb.	, 2012.
APPROVED AS TO FORM: W. Stephen Nixon County Counselor	By Michael D. Sanders County Executive
ATTEST:	MID-AMERICA REGIONAL COUNCIL
Mary Jo Spino Clerk of the Legislature	Executive Director Federal 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 to the credit of the fund from which payment is to be made, each sufficient to meet the obligation of \$30,000.00 which is hereby authorized.

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

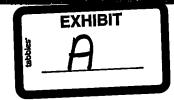
79022012004



OUTSIDE AGENCY FUNDING REQUEST FORM 2012 BUDGET

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

Email: 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: Organiz	ation or Agency Information
Name:	Bishop Sullivan Center	
Address:	6435 Truman Road, Kansas	Clty, MO 64126
Phone No:	816-231-0984	Fax: 816-231-3096
Website Addr	ess: www.bishopsullivan.org	
Federal Tax I	D No: 43-1750848	Fiscal Year Cycle: July-June
Executive Dire	ector:	Thomas Turner
Name and Titl	e of Principal Contact Person:	
Phone No:	Thomas Turner	Email Address: tom.turner@bishopsullivan.org
Submittal of th	ls request has been authorized b	oy: Thomas Turner ate: 9-Sep-11

SEP 1 4 2011

OCCURAN CONSTRAIN CONTRAIN CONTRAIN NAME OF THE STATE OF

Section B: Agency's 2011 and 2012 Revenue Information Agency's 2012 Projected Revenue Information Agency's 2012 Total Projected Revenue Projected % of Funding Entity Source You Will Request 2012 Funding From **Amount Total Revenue** Federal Emergency Food and Shelter Program \$ 12,000 State MHDC, Line \$ 75,000 4 **Jackson County Outside Agency** \$ 30,000 2 Other Countles \$ 0 City. \$ 0 Charity/Donations \$ 1,427,000 83 Fundraisers Auction, Golf Tournament \$ 150,000 9 Other MAAC Managed 27,000 2

2012 Total Projected Revenue \$

1,721,000

KANSAS CITY, MISSOURI

Other (please list) MAAC Managed 2011 Total Revenue \$ 1,800,000 If your agency received funding from Jackson County In 2011, please Identify the funding source, amount and program name below. Dackson County Funding Source Yes No Amount Program Name COMBAT Mental Health Levy Domestic Violence Board Domestic Violence Board Domestic Violence Board Douising Resources Commission Dutside Agency Program Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	Funding Entity	Agency's 2011 Tot Source You Received				Amo	ount	% of Total Revenue
Jackson County Other Countles City Charity/Donations Fundralsers Other (please list) MAAC Managed 2011 Total Revenue 1,800,000 If your agency received funding from Jackson County In 2011, please identify the funding source, amount and program name below. Dackson County Funding Source Yes No Amount Program Name COMBAT Mental Health Levy Domestic Violence Board Domestic Violence Board Domestic Violence Board Domestic Violence Board Dutside Agency Program Dutside Agency Program Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	Federal	Emergency Food and Shelter	r Program		\$		13,050	1
Other Counties City Charity/Donations Charity/Donations Fundralsers Auction, Golf Tournament Shackson County Funding Source Test No Amount Program Name COMBAT Mental Health Levy Comestic Violence Board County Funding Resource Commission County Funding Resource Commission County Funding Source Yes No Amount Program Name COMBAT Comestic Violence Board County Funding Source County Funding Source Test No Services for Developmentally Disabled Comestic Violence Board County Funding Source Source Source Source Sources Commission County Funding Source Sources Commission County Funding Source Sources Sources County Funding Source Sources County Funding Source Sources Sources County Funding Source Sources Source	State	MHDC, LINC			\$		97,775	5
City Charlity/Donations Fundralsers Auction, Golf Tournament Other (please list) MAAC Managed 2011 Total Revenue \$ 1,800,000 If your agency received funding from Jackson County In 2011, please Identify the funding source, amount and program name below. Dackson County Funding Source Yes No Amount Program Name COMBAT Mental Health Levy Coard of Services for Developmentally Disabled Comestic Violence Board Comestic Violence Board County Resources Commission County Funding Source 2011 Total Jackson County Funding \$ 27,150 Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	Jackson County	Outside Agency			\$		27,150	2
Charity/Donations Fundralsers Auction, Golf Tournament Other (please list) MAAC Managed 2011 Total Revenue \$ 1,800,000 If your agency received funding from Jackson County In 2011, please Identify the funding source, amount and program name below. Dackson County Funding Source Yes No Amount Program Name COMBAT Mental Health Levy Coard of Services for Developmentally Disabled Comestic Violence Board County Resources Commission Dutside Agency Program Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	Other Countles				\$		-	0
Fundralsers Auction, Golf Tournament \$ 150,000 8 Other (please list) MAAC Managed \$ 27,000 2 2011 Total Revenue \$ 1,800,000 If your agency received funding from Jackson County in 2011, please identify the funding source, amount and program name below. Dackson County Funding Source Yes No Amount Program Name COMBAT	City	j			\$		-	0
Other (please list) MAAC Managed 2011 Total Revenue \$ 1,800,000 If your agency received funding from Jackson County In 2011, please Identify the funding source, amount and program name below. Dackson County Funding Source Yes No Amount Program Name COMBAT Wental Health Levy Comestic Violence Board Comestic Violence Board Comestic Violence Board Cousing Resources Commission County Funding \$ 27,150 Emergency Assistance 2011 Total Jackson County Funding \$ 27,150 Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	Charity/Donations				\$	•	1,485,025	83
2011 Total Revenue \$ 1,800,000	Fundralsers	Auction, Golf Tournament			\$		150,000	8
If your agency received funding from Jackson County in 2011, please identify the funding source, amount and program name below. Dackson County Funding Source Yes No Amount Program Name COMBAT Mental Health Levy Doard of Services for Developmentally Disabled Domestic Violence Board Downestic Violence Board Dousing Resources Commission Dutside Agency Program Dutside Agency Program Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	Other (please list)	MAAC Managed	·····		\$		27,000	2
please identify the funding source, amount and program name below. Seckson County Funding Source					e \$	1	,800,000	
Mental Health Levy Board of Services for Developmentally Disabled Comestic Violence Board Com	ķ							
Board of Services for Developmentally Disabled Domestic Violence Board Douising Resources Commission Dutside Agency Program Dutside Agency Program Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	·	lease identify the funding so	urce, amou	int and p	orogi	'am nam	e below.	ıram Name
Domestic Violence Board I I S - Iousing Resources Commission Dutside Agency Program 2011 Total Jackson County Funding \$ 27,150 Emergency Assistance 2011 Total Jackson County Funding \$ 27,150 Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	ackson County Fur	lease identify the funding so	vrce, amou Yes	nt and p	orogi	'am nam	e below.	ıram Name
Housing Resources Commission Dutside Agency Program 2011 Total Jackson County Funding \$ 27,150 Emergency Assistance 2011 Total Jackson County Funding \$ 27,150 Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	ackson County Fur	lease identify the funding so	Yes	nt and p No ☑	orogi	'am nam	e below.	ıram Name
Dutside Agency Program 2011 Total Jackson County Funding \$ 27,150 Emergency Assistance 2011 Total Jackson County Funding \$ 27,150 Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	ackson County Fur COMBAT Iental Health Levy	please identify the funding so	Yes	No ☑ ☑	progr \$ \$	'am nam	e below.	ıram Name
2011 Total Jackson County Funding \$ 27,150 Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	ackson County Fur COMBAT Iental Health Levy loard of Services fo	olease identify the funding so nding Source r Developmentally Disabled	Yes	No VI VI VI VI	progr \$ \$ \$	'am nam	e below.	ıram Name
Did your agency receive funding or resources in 2011 from either of the following? SEP 1 4	ackson County Fur COMBAT Jental Health Levy Joard of Services fo Domestic Violence E	olease identify the funding so nding Source r Developmentally Disabled Board	Yes	No I I I I I I I I	\$ \$ \$ \$	'am nam	e below.	ıram Name
lid America Regional Council	ackson County Fur COMBAT Tental Health Levy Toard of Services for Tomestic Violence E Tousing Resources	olease identify the funding so nding Source or Developmentally Disabled Board Commission	Yes	No V V V V V V V V V V V V V V V V	\$ \$ \$ \$ \$	am nam	e below. Prog	
lid America Regional Council	ackson County Fur COMBAT Tental Health Levy Toard of Services for Tomestic Violence E Tousing Resources	olease identify the funding so nding Source or Developmentally Disabled Board Commission gram	Yes	No No V V V V V V V V V V V V V V V	\$ \$ \$ \$ \$	mount 27,150	e below. Prog	
1 JLI 1 4	ackson County Fur COMBAT Jental Health Levy Joard of Services for Comestic Violence E Jousing Resources Jutside Agency Prog	olease identify the funding so nding Source or Developmentally Disabled Board Commission gram 2011 Total Jackso	Yes	No VI VI VI VI VI VI VI VI VI VI	\$ \$ \$ \$ \$ \$	mount 27,150	e below. Prog	y Assistance
	ackson County Fur COMBAT Jental Health Levy Coard of Services for Comestic Violence E Cousing Resources Outside Agency Prog Did y	olease identify the funding so nding Source or Developmentally Disabled Board Commission gram 2011 Total Jackso our agency receive funding or r	Yes	No No V V V V V V V V V V V V V V V V V	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mount 27,150	e below. Prog	y Assistance

Section C: 2012 Program Budget

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

Agency Name:

Bishop Sullivan Center

Program Name:

Emergency Assistance

	Personal Servi			
For each salary request be Position / Title	elow please atta Total Salary	ch a job descri % of Salary to be funded by Jackson Co.	pti	on or duties. Amount of Salary to be funded by Jackson County
Pantry Manager	\$36,172	42%	\$	15,000
Receptionist	\$28, 225	53%	\$	15,000
			65	
			\$	
	•		\$	
			\$	M
Total Salaries			\$	30,000
Total Benefits			\$	-
	Total Pers	onal Services	\$	30,000
Co	ntractual Servi	ices		
		;	\$	_
	•		\$	_
			\$	_
			\$	
			\$	
			Ψ Q	
	Total Contrac	tual Services	\$	
	Supplies	1441 00111000	Ψ	
			Φ	·
			\$ •	-
RECEIVED			φ Φ	
· 1			\$ •	~
SEP 1 4 2011		ľ	\$ *	-
INCHEON CONDITY			\$ *	- 1
KANSAS CITY, MESSOURI			<u>\$ </u>	
Comment of the second		otal Supplies	Ψ	

Total Program Request \$

30,000

Pantry Manager Job Description

Pantry:

- 1. Prepare food orders
- 2. Restock pantry daily
- 3. Unload, sort and make commodities daily
- 4. Shop at Harvester's, Price Chopper and Aldi's as needed to provide food for 30+ families daily.
- 5. Accept and unload donations at dock door
- 6. Attend Harvester's agency relation meetins
- 7. Give out items in pantry as needed (fans)
- 8. Prepare food orders for senior deliveries

Building Maintenance:

- 1. Stock toilet paper and paper towels in bathrooms
- 2. Take trash from building and deposit in dumpster
- 3. Keep trash picked up from parking lot
- 4. Keep grass and weeds trimmed

Coordinate Volunteers:

- 1. Pantry Distribution
- 2. Sorting & Stocking
- 3. Separating commodities
- 4. Daily pick-up of bread donation from Price Chopper
- 5. Monthly pick-up of food from Our Lady of Peace

RECEIVED

SEP 1 4 2011

MONSON COMMY AUGUSTS CETTER KANSON CITY, MOSSOURI

Job Description

Job Title: Front Desk Receptionist

Employment Status: Full Time

Supervisor's Name: Jane McQueen

The overall purpose of this position: To greet people who come to Bishop Sullivan Center in person or on the phone. Briefly screen people who need assistance. Carry out administrative duties for the food pantry. Overall management of the lobby.

Major responsibilities

Answer phones in a polite and professional manor.

Screen callers and walk-ins for needed services.

Refer people whom we cannot help.

Place food orders from Harversters.

Record information in MAAC on food applicants.

Keep bookshelves neat.

Keep lobby in general order (pick up noticeable trash, keep chairs straight).

Able to react to change productively and handle other essential tasks as assigned.

Skills needed for Job
Organizational skills.
People skills.
Bi-lingual.
Computer skills.
Knowledge of services provided by other agencies.

RECEIVED)

SEP 1 4 2011

JACKSCAN GRUENTY
AUGITENTS CYFILLE
KANSAG CYV. RIESOCHRI

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

Agency Name:

Bishop Sullivan Center

Program Name:

Emergency Assistance

Proposed Program

Detail functions to be performed by each program.

Our program is to provide emergency assistance to as many as 15,000 Jackson County residents over the next year. Emergency assistance is defined as support for life's basic necessities, such as food, rent and utilities (water, heat and lights). This kind of assistance often keeps families in their homes and thus reduces incidences of homelessness in our county.

RECEIVED

SEP 1 4 2011

AUSTREAS COLV. PRESOURI KARES COLV. PRESOURI

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

Agency Name:	Bishop Sullivan Center	·	· 	·
Program Name:	Emergency Assistance	 		

Participants Identify the number of participants by County that each program serves.			
Jackson, MO	15,000		
Clay, Platte,			
Cass, MO			
Wyandotte,			
Johnson, KS			
Other			
Missouri			

Target Population

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

We serve people living in some of the poorest neighborhoods in Jackson County. We service families living in zip codes 64120 through 64129. Their income must be within 150% of the poverty guidelines. We report all our assistance to the Mid-America Assistance Coalition (MAAC) and use their database to qualify applicants.

Would you provide these services to anyone at your door? No

Is anyone denied services?

Yes

Answer Yes or No

What level of indigents (below poverty level) do you serve? Within 150% of poverty guidelines
Please classify your program from the following types by percentage of your agency's overall service

Senior Program

%

Indigent Program (Below Poverty Level)

79%

Senior Indigent Program .

21%

What criteria do you have for the clients you serve?

They must live in the zip codes we serve and their income must be within 150% of poverty guidelines. We ask for proof of income, proof of address and require social security cardinal everyone in their family.

SEP 1 4 2011

Jarrinda Austria Ctrie Kansis City, Missous

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

Agency Name:	Bishop Sullivan Center
--------------	------------------------

Program Name: Emergency Assistance

Service Delivery Area

Identify your specific geographic service delivery area for each program.

We serve people who live in zip codes 64120 through 64129.

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.

Our agency requires families requesting assistance to provide a current bill or piece of mail that shows their address. We also require proof of income, a photo ID and social security cards for all persons in the household. Our service area encompasses zip codes that are all located in Jackson County.

RECEIVED

-SEP-1-4 2011

IVANSAS CITY, MESSOUM AUGURIAS CITY AUGURIAS CITY

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

Agency Name:	Bishop Sullivan Center
Program Name:	Emergency Assistance
T-1	
	Approach & Method
	List the top three (3) objectives for each program.
 To assist low-income (water, heat and lights). 	people of Jackson County with basic human needs: food, sheller and utilities
2. To provide employme	ent assistance to those who are able to work to help them become self-sufficient.
3. To refer clients to other	er agencles in the county to obtain help that we cannot provide.
,	
	•
Detai	specific methods you will use to achieve these objectives.
	ars of experience working with low-income people. Consequently, they have
ecome adept at screenir	ng people asking for assistance, separating out those who really need help from
iose who may not. Using	the MAAC database is a great tool for evaluating the legitimacy of client's needs.

RECEIVED

SEP-1-4-2011

inergical decreaty Augusta's office Kansas city, bijssous

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

Agency Name:

Bishop Sullivan Center

Program Name:

Emergency Assistance

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. We keep records of everyone who comes to us for help. That information is recorded in the MAAC database. It helps us to sort out those who truly have an emergency need from those who are in chronic need. Success in emergency assistance is when you help a client who then doesn't return for help for at least a year. This can easily be tracked through MAAC.

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) Since most of our donors ask that their donations remain anonymous, we don't print out an entire list of contributors for publication. However, we do let people know of the county's generous funding on our website.

RECEIVED)

SEP 4 ZUII Section D JACKERY GREATY AUSTRING GREATY