#### **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, through

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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, 2013. 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. <u>Term.</u> This Agreement shall commence January 1, 2013, and terminate on December 31, 2013. 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

- 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.
- any liability and Indemnification. No party to this Agreement shall assume any liability for the acts of any other party to this Agreement, its officers, employees or agents and 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 Co	ty and MARC have executed this Agreement			
APPROVED AS TO FORM:  W. Stephen Nixon County Counselor	JACKSON COUNTY, MISSOURI  By  Michael D. Sanders  County Executive			
ATTEST:	MID-AMERICA REGIONAL COUNCIL			
Mary Jo Spino Clerk of the Legislature	By 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.

Juste Jane 2013

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

Account No. 002-7902-56789

79022013005





# OUTSIDE AGENCY FUNDING REQUEST FURING 2013 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 2012 and 2013 Revenue Information	page 2
Section C: Individual Program Budget	page 3
Section D: Program Information	pages 4 - 8
Section E: Summary of Request by Program	page 9

# **Section A: Organization or Agency Information** Bishop Sullivan Center Name: 6435 E. Truman Road, Kansas City, MO 64126 Address: Fax: 816-231-3096 816-231-0984 Phone No: Website Address: www.bishopsullivancenter.org Fiscal Year Cycle: July-June Federal Tax ID No: 43-1750848 **Thomas Turner** Executive Director: **Thomas Turner** Name and Title of Principal Contact Person: Email Address: tom.turner@bishopsullivan.org Phone No: 816-231-0984 Submittal of this request has been authorized by: **Thomas Turner**

Date:

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#### Section B: Agency's 2012 and 2013 Revenue Information Agency's 2013 Projected Revenue Information % of Agency's 2013 Total Projected Revenue Projected Amount Source You Will Request 2013 Funding From Total Revenue Funding Entity 5,000 0 **Emergency Food and Shelter Program** Federal 0 State 30,000 2 Outside Agency Jackson County 0 Other Counties 0 \$ City \$ 1,488,000 87 Charity/Donations 150,000 9 Fundraisers Auction, Golf Tournament 30,000 2 Other MAAC Managed

2013 Total Projected Revenue \$

1,703,000

Funding Entity	Agency's 2012 Tota Source You Received		m		Amo	unt	% of Total Revenue
Federal	Emergency Food and Shelter	Program		\$		5,200	0
State	MHDC, LINC			\$		72,250	4
Jackson County	Outside Agency			\$		30,000	2
Other Counties		,		\$			0
City		•	•	\$		-	0
Charity/Donations				\$	1	,661,822	86
Fundraisers	Auction, Golf Tournament			\$		150,000	8
Other (please list)	MAAC Managed			\$		24,000	1
		2012 Total I	Revenue	\$	1	,943,272	
1	please identify the funding so	urce, amou	nt and p	rogi	am nam	e below.	•
Jackson County Fu	•	urce, amou	nt and p		ram nam mount		gram Name
	•	·					gram Name
Jackson County Fu	•	Yes	No	Α			gram Name
Jackson County Fu COMBAT Mental Health Levy	•	Yes	No ✓	\$			gram Name
Jackson County Fu COMBAT Mental Health Levy	nding Source or Developmentally Disabled	Yes	No v v	\$ \$			gram Name
Jackson County Fu COMBAT Mental Health Levy Board of Services fo	nding Source or Developmentally Disabled Board	Yes	No I I I I I	\$ \$ \$	Amount - - - -	· Pro	
Jackson County Fu COMBAT Mental Health Levy Board of Services fo Domestic Violence	nding Source or Developmentally Disabled Board Commission	Yes	No v v	\$ \$ \$ \$	Amount - - - -	· Pro	gram Name
Jackson County Fu COMBAT Mental Health Levy Board of Services fo Domestic Violence Housing Resources	nding Source or Developmentally Disabled Board Commission	Yes	No  V  V  V  V  V  V  V  V	\$ \$ \$ \$ \$	Amount - - - -	Pro	cy Assistance
Jackson County Fu COMBAT Mental Health Levy Board of Services fo Domestic Violence Housing Resources Outside Agency Pro	nding Source or Developmentally Disabled Board Commission gram 2012 Total Jacks	Yes	No  V  V  V  V  V  T  T  T  T  T  T  T  T	\$ \$ \$ \$ \$ \$	30,000 30,000	Pro	cy Assistance
Jackson County Fu COMBAT Mental Health Levy Board of Services fo Domestic Violence Housing Resources Outside Agency Pro	nding Source or Developmentally Disabled Board Commission gram 2012 Total Jacks	Yes	No  V  V  V  V  T  V  S  T  T  T  T  T  T  T  T  T  T  T  T	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30,000 30,000	Pro	cy Assistance
Jackson County Fu COMBAT Mental Health Levy Board of Services fo Domestic Violence Housing Resources Outside Agency Pro	nding Source or Developmentally Disabled Board Commission gram 2012 Total Jacks	Yes	No  V  V  V  V  V  T  T  T  T  T  T  T  T	\$ \$ \$ \$ \$ \$	30,000 30,000	Emergen e following	cy Assistance

# Section C: 2013 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** 

Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County
Pantry Manager	36172	42%	\$ 15,00
Receptionist	28500	53%	\$ 15,00
			\$ 
			\$ 
		<del></del>	\$ 
· · · · · · · · · · · · · · · · · · ·			\$ <del>_</del>
tal Salaries			\$ 30,00
tal Fringe Benefits			\$ 
	Total Perso	onal Services	\$ 30,000
Co	ntractual Servi	ces	•
			\$ -
			\$ -
		·	\$ -
			\$ 
			\$ -
			\$ 
	Total Contrac	tual Services	\$ -
	Supplies	•	
			\$ 
			\$ -
			\$ _
			\$
		j	\$ -
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AUG 3-0 2012	_ To	otal Supplies	\$ 
A) 113 A 11 7 11 17			 · · · ·
JACKSON COUNTY AUDITORS OFFICE KANSAS CITY, MISSOURI			

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.

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

Agency Name:	Bishop Sullivan Center		
Program Name:	Emergency Assistance	· · · · ·	
<u></u>		· · · · · · · · · · · · · · · · · · ·	
I dantifi.	Participants		,
identity	the number of participants by County t	nat each p	rogram serves.
Jackson, MO			15,000
Clay,Platte,		<del> </del>	10,000
Cass, MO			
Wyandotte,		<del> </del>	
Johnson, KS			
Other			
Missouri			<u></u>
<del>-</del>	Target Population	] .	
Describe ta	arget population and demographics to I	oe served l	by each program.
our assistance to the Mid	gh 64129. Their income must be within 1st-America Assistance Coalition (MAAC) are	nd use their	database to qualify applicants
s anyone denied service  Vhat level of indigents  Please classify your pro  Senior Program  Indigent Program	(below poverty level) do you serve? 15 ogram from the following types by perc (Below Poverty Level)		our agency's overall servic % 79 %
Senior Indigent P	•		21%
	ve for the clients you serve?	uet ba u <sup>gg</sup>	in 1/5/19/- of nove-by-
nonto muot live (n the A uidelinee - We sek for	zip codes we serve and their income m	require co	Sial cours ECEVED

everyone in the family.

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

	^ - ·- <del>1</del>
Agency Name: Bishop Sullivan C	<u>senter</u>

Program Name: Emergency Assistance

# Service Delivery Area

ldentify your specific geographic service delivery area for each program.
We serve people who live in zip codes 64120-64129.

## **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.

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

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

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

**Agency Name:** 

**Bishop Sullivan Center** 

**Program Name:** 

**Emergency Assistance** 

least a year. This can easlity be tracked through MAAC.

#### **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

#### **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.

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