

**COOPERATIVE AGREEMENT**

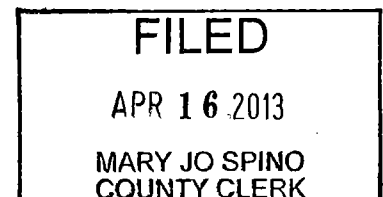
**AN AGREEMENT** by and between Jackson County, Missouri, a Constitutional Home Rule County, hereinafter referred to as "the County" and the **BLACK HEALTH CARE COALITION**, 6675 Holmes, Suite 650, Kansas City, MO 64131, hereinafter referred to as "Coalition."

WHEREAS, the County recognizes the difficulty of accessing health care for indigent persons of the urban core of the Kansas City area and the increased risk of cardiovascular disease among this population; and,

WHEREAS, the County deems it to be in the best interest of its citizenry to support outreach and educational programs to fight cardiovascular disease among this at-risk population;

NOW THEREFORE, in consideration of the foregoing and the terms and provisions herein contained, the County and Coalition respectively promise, covenant and agree with each other as follows:

1. **Services.** The Coalition agrees to provide the Healthy Generations project to provide health screenings and programs to preventive and reduce the incidence of cardiovascular disease, as is more fully set out in the attached proposal marked as Exhibit A.
  
2. **Terms of Payment.** The County agrees to pay to Coalition the amount of \$50,000.00 in quarterly installments of \$12,500.00 each, with the payment for the first quarter to be made upon execution of this Agreement. The remaining payments shall be



made upon the County's receipt of the reports as set forth in paragraph 3 hereof. The County, through 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. **Reports.** Within 30 days after the conclusion of each calendar quarter under this Agreement, Agency 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 report for the first quarter 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 Library's activities pursuant to this Agreement. Agency's failure to submit this annual report shall disqualify Agency from future funding by the County.

4. **Submission of Documents.** No payment shall be made under this contract unless the contracting agency 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) 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. **Equal Opportunity.** The Coalition agrees and assures that no person eligible for services shall on the ground of race, color, religion, national origin, sex, handicap, veteran status, or age be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination for any service funded by this Agreement. Furthermore, the Coalition agrees and assures that it will provide equal employment opportunities to applicants and employees and will not discriminate against them on the basis of race, color, religion, national origin, sex, handicap, veteran status, or age.

6. **Employment of Unauthorized Aliens Prohibited.** Pursuant to §285.530.1, RSMo, Coalition 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, Coalition 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 County further reserves the right to examine and audit, during reasonable office hours, the books, and records of the Coalition pertaining to the finances and operations of the Coalition.

8. **Appropriation of funds.** Coalition and the County recognize that the County intends to satisfy its financial obligation to Coalition 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 Coalition 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.

9. **Default.** If the Coalition shall default in the performance or observation of

any term or condition of this Agreement, the County shall give the Coalition written notice setting forth the default and the correction to be made. Thereafter, if said default shall continue and not be corrected within 10 days of the receipt of the notice by the Coalition, the County may, at its election, terminate the Agreement and withhold any payments not yet made to the Coalition. Said election shall not in any way limit the County's rights to seek legal redress.

9. **Confidentiality.** The Coalition agrees to maintain strict confidentiality of all patient information or records that are developed pursuant to this Agreement. The contents of such records shall be disclosed only in accordance with the Coalition's established policy and procedure, in accordance with Missouri State law, and Jackson County, Missouri written policy.

10. **Conflict of Interest.** The Coalition 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. **Term.** This Agreement shall be effective January 1, 2013, and shall 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 by the Coalition as verified by the County's audit.

12. **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 Coalition 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 Coalition during the performance of this Agreement.

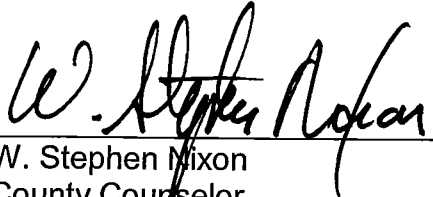
13: **Incorporation.** This Agreement incorporates the entire understanding and agreement of the parties.

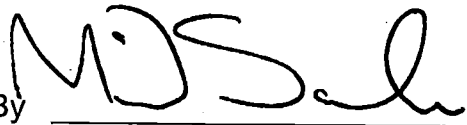
(Signature page to follow)

IN WITNESS WHEREOF, the County and the Coalition have executed this Agreement this 16<sup>th</sup> day of April, 2013.

APPROVED AS TO FORM:

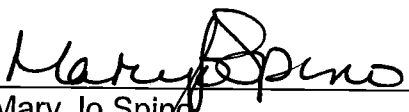
JACKSON COUNTY, MISSOURI

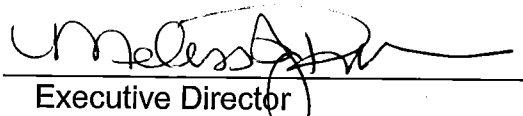
  
W. Stephen Nixon  
County Counselor

By   
Michael D. Sanders  
County Executive

ATTEST:

BLACK HEALTH CARE COALITION

  
Mary Jo Spino  
Clerk of the County Legislature

By   
Executive Director  
Federal I.D. #43-1515095

**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 \$50,000.00 which is hereby authorized.

April 9, 2013  
Date

  
Director of Finance and Purchasing  
Account Number 002-5024-56789

50242013001



# OUTSIDE AGENCY FUNDING REQUEST FORM 2013 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 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

Name: Black Health Care Coalition	
Address: 6675 Holmes, Suite 650	
Phone No: 816-444-9600	Fax: 816-444-9668
Website Address: <a href="http://bhckc.org">bhckc.org</a>	
Federal Tax ID No: 43-1515095	Fiscal Year Cycle: January 1 - December 31
Executive Director:	Melissa J. Robinson
Name and Title of Principal Contact Person:	Melissa J. Robinson
Phone No: 816-444-9600	Email Address: <a href="mailto:grantbhcc@sbcglobal.net">grantbhcc@sbcglobal.net</a>
Submittal of this request has been authorized by: Melissa J. Robinson	
Date:	8/29/2012

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Section A



## Section B: Agency's 2012 and 2013 Revenue Information

### Agency's 2013 Projected Revenue Information

Funding Entity	Agency's 2013 Total Projected Revenue Source You Will Request 2013 Funding From	Projected Amount	% of Total Revenue
Federal	Department of Health and Human Services	\$ 10,000	3
State	Office of Minority Health	\$ 3,000	1
Jackson County	County Auditor's Office	\$ 50,000	14
Other Counties	None	\$ -	0
City	Health Department	\$ 20,000	6
Charity/Donations	Local Foundations	\$ 210,000	60
Fundraisers	Special Events	\$ 35,000	10
Other	Local Corporations/Individuals	\$ 22,000	6
<b>2012 Total Projected Revenue</b>		<b>\$ 350,000</b>	

### Agency's 2012 Revenue Information

Funding Entity	Agency's 2012 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal	Department of Health and Human Services	\$ 10,000	4
State	Office of Minority Health	\$ 3,000	1
Jackson County	None	\$ <del>58,000</del> 59,550	24
Other Counties	None	\$ -	0
City	None	\$ 13,000	5
Charity/Donations	Local Foundations	\$ 81,500	34
Fundraisers	Special Events	\$ 29,000	12
Other (please list)	Local Corporations	\$ 46,675	19
<b>2012 Total Revenue</b>		<b>\$ 241,175</b> <i>242,725</i>	

**If your agency received funding from Jackson County in 2012, please identify the funding source, amount and program name below.**

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 25,000	Destination Med School
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"/>	\$ <del>33,000</del> 34,550	<i>MSR</i>
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 33,000	Healthy Generations
<b>2012 Total Jackson County Funding</b>			<b>\$ 58,000</b> <i>59,550</i>	

**Did your agency receive funding or resources in 2012 from either of the following?**

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

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## Section C: 2013 REVISED Program Budget

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

**Agency Name:** Black Health Care Coalition

**Program Name:** Healthy Generations

<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
President/CEO	71,000	15%	\$ 10,650
Health Educator	40,000	25%	\$ 10,000
Registered Nurse	55,000	35%	\$ 19,250
			\$ -
			\$ -
			\$ -
Total Salaries			\$ 39,900
Total Fringe Benefits			\$ 8,778
<b>Total Personal Services</b>			<b>\$ 48,678</b>
<b>Contractual Services</b>			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Contractual Services</b>			<b>\$ -</b>
<b>Supplies</b>			
Medical Supplies			\$ 1,322
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Supplies</b>			<b>\$ 1,322</b>

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**Total Program Request \$ 50,000**

## Section D: 2013 Program Information

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

**Agency Name:** Black Health Care Coalition

**Program Name:** Healthy Generations

### Proposed Program

Detail functions to be performed by each program.

Healthy Generations is a program designed to prevent the onset of cardiovascular disease; teach behavior modification with a focus on intergenerational work; increase medical homes for vulnerable populations and train lay health workers on transferring health literacy principles to their peers. The following functions are preformed for program implementation:

Preventive Screenings- trained volunteer health educators and a supervising nurse will screen 600 clients for blood pressure, glucose, cholesterol, BMI, and other CVD risk factors (stress, physical activity, unhealthy eating habits, family history, etc.). BHCC expects more than 400 clients will exhibit two or more risk factors, however, the agency has the capacity to enroll the first 200 clients in the full Healthy Generations program. Other high risk clients will be referred to Safety Net clinics, receive follow up but are not case managed.

Access to Safety Net care- a nurse will refer clients to Safety Net services. Four Safety Net Clinics have signed a Memorandum of Understanding to accept Healthy Generations clients. Clinics include Samuel Rodg

Individualized Care Plans- A nurse and supervising physician will develop individualized client centered care p

Case Management- A nurse, with the help of trained volunteers, will assist clients with follow up services, car

Access to medication- BHCC has a confirmed partnership with Medical Assist Pharmacy to help low income c

Healthy Lifestyles Class- Participants are invited to weekly physical exercise and whole nutrition classes. The

Volunteer training- Missouri AHEC (Area Health Education Center) will train up to 25 lay health educators from

General social service referrals will be provided to assist clients overcome challenges that will inhibit their foc

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Section D

## Section D: 2013 Program Information

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

**Agency Name:** Black Health Care Coalition

**Program Name:** Healthy Generations

### Participants

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

Jackson, MO	1,500
Clay, Platte, Cass, MO	50
Wyandotte, Johnson, KS	100
Other Missouri	50

### Target Population

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

The primary demographic is African Americans residing in the urban core of Kansas City, Missouri who are uninsured or underinsured. Following descriptors include: On average, The Black Health Care Coalition screens 200 people monthly; of those screened, nearly 80% have two or more modifiable risk factors for CVD. Nearly 70% do not have health insurance and over 50% have not had a preventive health screening in the previous 12 months. 47% of clients screened do not have a primary care physician and self reported utilizing the Emergency Room when health care services are sought. Overall, almost 3% of total clients screened are referred to the closest Emergency Room for treatment due to extreme abnormal health screening results.

Would you provide these services to anyone at your door?

**Answer Yes**

Is anyone denied services?

**Answer No**

What level of indigents All levels of indigents are served

Please classify your program from the following types by percentage of your agency's overall service

Senior Program	40 %
Indigent Program (Below Poverty Level)	75 %
Senior Indigent Program	35 %

What criteria do you have for the clients you serve?

Clients must sign a waiver indicating their awareness of the services rendered and that screenings and programming is voluntary. There are no income, employment, insurance or other restrictions/criteria to be served.

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## Section D: 2013 Program Information

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

Agency Name: Black Health Care Coalition

Program Name: Healthy Generations

### Service Delivery Area

Identify your specific geographic service delivery area for each program.

Healthy Generations serves primarily the urban core of Jackson County, Kansas City, Missouri; less than 10% of our clients for this program reside in other counties/geographical areas.

### 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.

Jackson County locations will be targeted for outreach. Each client will identify their county and address. BHCC staff will appropriate efforts according to funding guidelines. The staff accountant will separate funds and allocate expenses relative to the budget items associate with Jackson County revenue.

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## Section D: 2013 Program Information

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

Agency Name: Black Health Care Coalition

Program Name: Healthy Generations

### Approach & Method

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

1. 55% of Clients will improve knowledge on behavior modification to reduce their risk for cardiovascular disease

2. Improved access to Safety Net Clinics by over 50%. This is measured by the number of clients selecting a clinic as their medical home

3. Increased faith based volunteer involvement by 35%. This requires BHCC to train an additional 25 volunteers

Detail specific methods you will use to achieve these objectives.

BHCC proposes a comprehensive and integrated recruitment strategy to implement this project. Clients will access services two ways: (1) through Healthy Generations sites throughout the targeted geographic area. Sites include three faith based/social service centers, City of Kansas City Parks and Recreation Gregg/Klice Community Center, Peach Tree Buffet & Niece's Restaurant (soul food restaurants), Carter Broadcast Group (number one rated urban radio station), Satchel Paige School, Genesis School, African Centered Education school and one Boys and Girls Club location. Eight Healthy Generations sites have already been recruited and established. The second point of access includes multiple BHCC staff/volunteer outreach efforts. Approximately, 72% of BHCC clients access services through daily outreach efforts. BHCC utilizes volunteer nurses from the Black Nurses Association and volunteer board certified physicians from the Greater Kansas City Medical Society to oversee screening services and patient case management. Nurses and physicians have donated over 1,000 hours of service since program implementation in 2009. This year, B

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## Section D: 2013 Program Information

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

**Agency Name:** Black Health Care Coalition

**Program Name:** Healthy Generations

### 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.

The Black Health Care Coalition has a partnership with the University of Missouri- Kansas City School of Nursing to evaluate the program.

BHCC measures pre/post health screenings; behavior modification and what interventions performed by the Healthy Generations program attributed to the success or lack of success of each client.

Each program enrollee will receive a pre health screening to determine their pre health status and risk of acquiring Cardiovascular Disease. After the participant matriculates throughout the program a post evaluation is done to determine their post health status and reevaluate their risk. Indicators include:

- Frequency of doctor's appointment kept
- Frequency of completing preventive health screenings (in addition to pre/post screening)
- Frequency of attendance at behavior modification interventions (e.g. nutrition classes, stress reduction, smoking cessation, etc.)
- Consistent behavior modification
- Designation of a medical home
- Utilization of participating Safety Net clinics.

### 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)

The Black Health Care Coalition will put logging information and Jackson County approved language on screening forms that clients take with them; fliers; e-mail blasts, press releases and all marketing material related to revenue received from Jackson County. BHCC staff will comply with awareness standards suggested or mandated by Jackson County. (see attached example from our Dr. Day event)

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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 **Black Health Care Coalition**, 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, **Black Health Care Coalition**, 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.)

[Signature]  
Authorized Representative's Signature  
President  
Title

Melissa Robinson  
Printed Name  
4/4/13  
Date

Subscribed and sworn before me this 4<sup>th</sup> day of April, 2013. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on June 5, 2014.

[Signature]  
Signature of Notary

April 4, 2013  
Date

S. RIZZO  
Notary Public-Notary Seal  
STATE OF MISSOURI  
Jackson County  
My Commission Expires June 5, 2014  
Commission # 10895988

S. RIZZO  
Notary Public-Notary Seal  
STATE OF MISSOURI  
Jackson County  
My Commission Expires June 5, 2014  
Commission # 10895988





**OFFICE OF THE COUNTY COUNSELOR**

JACKSON COUNTY COURTHOUSE  
JACKSON COUNTY COURTHOUSE  
415 EAST 12TH STREET  
KANSAS CITY, MISSOURI 64106

816-881-3355  
Fax: 816-881-3398  
816-881-3355  
Fax: 816-881-3398

**ROUTING**

Date March 20, 2013

By *Tedi Rowland*

**COUNTY COUNSELOR:**

X Originals to Requesting Department Cindy Wallace – Auditor's Office

*(PLEASE OBTAIN CONTRACTING PARTY'S SIGNATURE,  
then return all three (3) originals to County Counselor's Office)*

We will obtain the remaining Jackson County signatures and will mail a fully executed original to the contracting party and scan a copy back to you.

Please return the attached yellow contract circulation form with the signed contracts.

Enc.  
Black Health Care Coalition

**QUESTIONS?**

Call the Office of the Jackson County Counselor X13355