

COOPERATIVE AGREEMENT

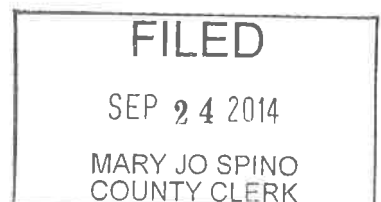
**THIS AGREEMENT**, made by and between **JACKSON COUNTY, MISSOURI**, a Constitutional Home Rule Charter County of the First Class of the State of Missouri, hereinafter referred to as "the County" and a Missouri not-for-profit corporation, **LEE'S SUMMIT SOCIAL SERVICES, 108 SE 4<sup>TH</sup> STREET, LEE'S SUMMIT, MO 64063**, hereinafter referred to as "Organization".

WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used for its emergency assistance program; and,

WHEREAS, the County deems it to be in the best interest of its citizenry to support such programs and activities;

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

1. **Services.** Organization shall provide services for its emergency assistance program including food, utility and rent assistance, clothing, household goods, personal supplies, infant items, and elderly assistance, as more fully set out in the attached proposal designated as Exhibit A and incorporated herein by reference. The budget Organization submitted as part of Exhibit A is considered final and non-changeable. If Organization encounters unforeseen circumstances that require a change to Organization's budget, Organization 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.** The County agrees to pay Organization the total amount of **\$10,000.00** in quarterly installments of **\$2,500.00**, with the payment for the first and second 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 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 Organization 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, Organization 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 Organization's activities pursuant to this Agreement. Organization's failure to submit this annual report shall disqualify Organization from future funding by the County.

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

- a. Organization name, address, telephone number, administration, or board of directors
- b. Organization 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 Organization or toward the Organization

4. **Submission Of Documents**. No payment shall be made under this Agreement unless Organization 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) Organization's IRS Form 990 from the previous fiscal or calendar year; (3) a statement of Organization'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 Organization has previously received funding from the County, to be eligible for future payments, Organization must submit either an audited financial statement for Organization'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 Organization is out of compliance on any other County contract, or has not paid county taxes on all properties owned by Organization and assessed by the County.

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

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

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

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

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

A. Organization 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. Organization 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. Organization 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 Organization 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 Organization 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 Organization to the County within ten (10) days of the termination of this Agreement.

16. **Standard Of Care**. Organization 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**. Organization 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

**Lee's Summit Social Services**  
Matt Sanning  
108 SE 4th Street  
Lee's Summit, MO 64063  
(816) 525-6859

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.



Organization 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.** Organization agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and Organization's failure to do so constitutes a breach of this Agreement. In such event, Organization consents and agrees as follows:

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

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

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

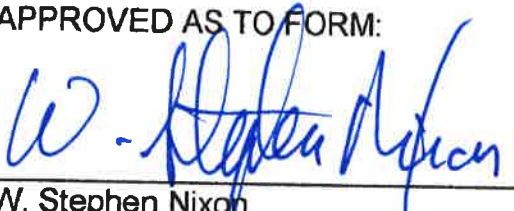
22. **Confidentiality.** Organization's records concerning the identities of those participating in its programs shall be strictly confidential; the County shall be entitled to examine said records in performing its audit and review functions, but shall not disclose

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 Organization have executed this Agreement this 24th day of September, 2014.

APPROVED AS TO FORM:

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


JACKSON COUNTY, MISSOURI

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

ATTEST:

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

LEE'S SUMMIT SOCIAL SERVICES

By   
\_\_\_\_\_  
Title ASSISTANT DIRECTOR  
Federal Tax I.D. 43-1604974

**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 \$10,000.00, which is hereby authorized.

September 19, 2014  
Date

  
\_\_\_\_\_  
Director of Finance and Purchasing  
Account No. 002-7764-56789

PC 77642014001

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 Organization have executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI

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

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

ATTEST:

LEE'S SUMMIT SOCIAL SERVICES

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

By \_\_\_\_\_  
Title \_\_\_\_\_  
Federal Tax I.D. 43-1604974

**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 \$10,000.00, which is hereby authorized.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Finance and Purchasing  
Account No. 002-7764-56789



# OUTSIDE AGENCY FUNDING REQUEST FORM 2014 BUDGET

Res. 18359  
Exhibit A

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 2013 and 2014 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: Lee's Summit Social Services

Address: 108 SE 4th Street Zip Code: 64063

Phone No: 816-525-4357 Fax: 816-525-6859

Website Address: [www.lsocialservices.com](http://www.lsocialservices.com)

Federal Tax ID No: 43-1604974 Fiscal Year Cycle: Jan 1 - Dec 31

Executive Director: Geneva J. High

Name and Title of Principal Contact Person: Matt Sanning

Phone No: 816-525-4357 x 104 Email Address: [matt@lsocialservices.com](mailto:matt@lsocialservices.com)

Submittal of this request has been authorized by:

Matt Sanning

Date:

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OCT 10 2013  
9/20/2013

JACKSON COUNTY  
AUDITORS OFFICE  
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		\$ -	0
State		\$ -	0
Jackson County		\$ 20,000	4
Other Counties		\$ -	0
City		\$ 23,800	5
Charity/Donations		\$ 200,000	41
Fundraisers		\$ 170,000	35
Grant Income		\$ 75,000	15
<b>2014 Total Projected Revenue</b>		<b>\$ 488,800</b>	

### Agency's 2013 Revenue Information

Funding Entity	Agency's 2013 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ 10,000	2
Other Counties		\$ -	0
City		\$ 23,800	5
Charity/Donations		\$ 200,000	44
Fundraisers		\$ 165,000	36
Grant Income		\$ 54,000	12
<b>2013 Total Revenue</b>		<b>\$ 452,800</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"/>	\$	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>OCT 10 2013</p> <p>JACKSON COUNTY AUDITORS OFFICE KANSAS CITY, MISSOURI</p> </div>
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"/>	\$ 10,000	
<b>2013 Total Jackson County Funding</b>			<b>\$ 10,000</b>	

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

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

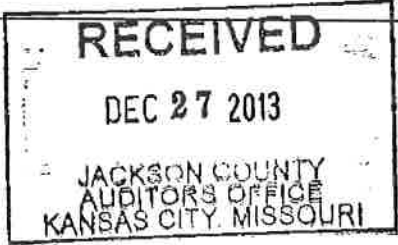
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**Section C: 2014 Program Budget**  
 Complete a separate program budget for each program your agency is applying for funding.

**Agency Name:** Lee's Summit Social Services

**Program Name:** Emergency 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
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Salaries</b>			\$ -
<b>Total Fringe Benefits</b>			\$ -
<b>Total Personal Services</b>			\$ -
<b>Contractual Services</b>			
Direct Assistance with utilities (water, electric, and gas) and rent for clients			\$ 10,000
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Contractual Services</b>			\$ 10,000
<b>Supplies</b>			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Supplies</b>			\$ -



**Total Program Request \$ 10,000**

## Section D: 2014 Program Information

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

Agency Name:

Lee's Summit Social Services

Program Name:

Emergency Assistance

### Proposed Program

Detail functions to be performed by each program.

Our request is for Emergency Assistance funding to assist the growing number of families who are in danger of becoming homeless through eviction, or are threatened with the possibility of losing essential utilities in their household. A growing number of low-income housing units have become more stringent with tenants who are overdue on rent and are now taking legal action and eviction processing much quicker (sometimes around 10 days) than in years past. Due to this factor, LSSS has shifted our primary funding needs to focus on rent and utilities. In 2013, the average amount of assistance given to a household for utilities was only increased by approximately 1% over 2012. However, the increase per household for rent assistance was approximately 37%. In both cases, we were able to serve fewer households with these services because of the increased amount per household that was required to keep from eviction or keep utilities connected. Stable housing and functional utilities are essential to the health and wellbeing of each household. During peak summer months, families without air conditioning are in danger of heat related health issues. In the winter months, with no gas to heat the home, families must solely rely on blankets and layers of clothes to keep warm. Unfortunately, no gas can also mean no hot water as well. Unstably housed families also have many potential health risks. In our community, some of these homeless families live in either motels or their own vehicles. In the instance of the latter, many will park their car and not necessarily heat or cool their vehicle while sleeping overnight in order to conserve gas. The health risks of living in an unstable or unsanitary conditions does pose a great risk to these underserved individuals and families within our community.

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## Section D: 2014 Program Information

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

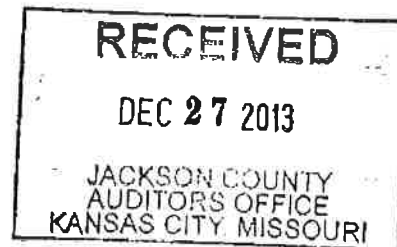
**Agency Name:** Lee's Summit Social Services

**Program Name:** Emergency Assistance

<b>Participants</b>	
Identify the number of participants by County that each program serves.	
Jackson, MO	4,270 in 2012
Clay, Platte, Cass, MO	
Wyandotte, Johnson, KS	
Other Missouri	

<b>Target Population</b>
Describe target population and demographics to be served by each program.

Target population are low-income individuals and families in our service areas of Lee's Summit, Lone Jack, Lake Lotawana, and Greenwood, Missouri. To date, Lee's Summit Social Services has served over 3,144 individuals for a total of \$901,000 in total giving. 1,294 children are served, as well as 210 seniors. A total of 1,014 households benefit from the services that we provide either on a monthly or annual basis. The months of November and December are the highest volume months for the food pantry, Christmas store as well as senior giving. The number of services for seniors nearly double during this time of year.



Would you provide these services to anyone at your door?	No
Is anyone denied services?	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 services:	
Senior Program	16
Indigent Program (Below Poverty Level)	99 %
Senior Indigent Program	15
What criteria do you have for the clients you serve?	



## Section D: 2014 Program Information

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

Agency Name: Lee's Summit Social Services

Program Name: Emergency Assistance

Prospective clients must provide proof of residency, income statements (or bank records), identification of each household member, and any other benefit programs they are currently participating in.

### Service Delivery Area

Identify your specific geographic service delivery area for each program.

Low income individuals, families, and seniors who reside in Lee's Summit, Lone Jack, Lake Lotawana, and Greenwood, Missouri.

### Fund Separation

Indicate what measures your agency will take to ensure that funds received from Jackson County

Lee's Summit Social Services only serves individuals and families of the Lee's Summit, Lone Jack, Lake Lotawana, and Greenwood, Missouri communities. All funds will be used for Eastern Jackson County residents. In addition, Lee's Summit Social Services participates in the Mid-America Assistance Coalitions MAACLink program. We have asked a specific "fund" to be set up and titled "Jackson County Grant". This fund allows the agency or county to have immediate accounting for all funds utilized and specific client information, including location and demographic information as needed.

### Approach & Method

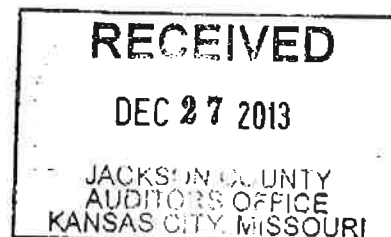
List the top three (3) objectives for each program.

To assist low to moderate income individuals and families in the service areas of Lee's Summit, Lone Jack, Lake Lotawana, and Greenwood, Missouri with basic needs such as, food, utilities, rent, and basic medical supplies.

Bring awareness to the community that there is a growing need within our boundaries and that Lee's Summit Social Services will continue to strive to meet the needs of the residents to the best of our ability.

Continue to secure necessary resources for the increased need that we see in our service area.

Detail specific methods you will use to achieve these objectives.



## Section D: 2014 Program Information

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

Agency Name:

Lee's Summit Social Services

Program Name:

Emergency Assistance

Lee's Summit Social Services continues to maintain a strong working relationship with our community members, businesses, and local government. Our funders and volunteers continue to be the driving force behind our ability to serve our community through in-kind, monetary, and volunteerism. Our community has recognized Lee's Summit Social Services as the only full-service emergency assistance agency in the area and understand that their time and donations are utilized only for those in need. This year, the Lee's Summit Chamber of Commerce awarded Lee's Summit Social Services as Business of the Year in the Sanctimonia category.

### Evaluation

Indicate performance measures or statistics you will use to demonstrate the success of each program.

Lee's Summit Social Services participates in the MAACLink reporting system. MAACLink allows for non-profit agencies to coordinate giving, reduce duplication of services, and allows for immediate accounting of funds and services given. Lee's Summit Social Services utilizes this reporting platform to account for outside funding via United Way and Community Development Block Grants, as well as private foundations and the community-at-large. Determinations of the success of our programs is demonstrated in a number of ways. We first determine how many in our community were served for the first time. We can also determine success by showing an increase in giving per individual based on need, as we know that inflation of goods and services are a significant factor in a family being able to live with or without assistance.

### 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)

Lee's Summit Social Services recognizes donors in a number of ways. First, we do send a periodic newsletter to donors and volunteers, as well as the Lee's Summit Ministerial Alliance, which is distributed to many in our community. Our board of directors are also made aware of the generous support and they, in turn, inform their respective organizations and other networks.

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AUDITORS OFFICE  
KANSAS CITY, MISSOURI

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 **Lee's Summit Social Services**, 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, **Lee's Summit Social Services**, 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.)

MHR  
Authorized Representative's Signature  
ASSISTANT DIRECTOR  
Title

MATT SANWING  
Printed Name  
9-4-14  
Date

Subscribed and sworn before me this 4<sup>e</sup> day of September, 2014. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on 12-4-2014.

Alison E. Randall  
Signature of Notary

9-4-14  
Date

