#### **AGREEMENT**

AN AGREEMENT by and between JACKSON COUNTY, MISSOURI, 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 Sections 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 the aging and needy 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 a variety of services for the aging and needy of Jackson County including health care, medical expenses, and basic needs such as shelter and food. MARC is expressly authorized to enter into a subcontract with the **Redemptorist Social Services Center** for these services, as more specifically set out in the proposal 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 Redemptorist Social Services Center solely to provide services to the aging and needy of Jackson County.

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- Terms of Payment. Upon the execution of the Agreement, the County shall provide to MARC the lump sum of \$25,000.00 which shall be used for services for the aging and needy in Jackson County. 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. 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 purposes set forth in this Agreement. Said annual report shall be submitted no later than December 31, 2012. Failure to submit this annual report shall disqualify MARC from future funding by the County for this program.
- 4. <u>Submission of Documents</u>. No payment shall be made under this contract unless Redemptorist Social Services Center shall have provided to MARC and MARC shall have confirmed to County's 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. <u>Default</u>. 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. Thereafter, if said default by MARC shall continue and not be corrected within ten days of the notice of default, the County may, at its election, terminate the Agreement and take such action in law or equity to recover all funds given to MARC under this Agreement, but not used for the purposes set forth in the Agreement, as the County deems appropriate.
- 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 Agreement. MARC shall insure that its subcontractor has made this same warranty.
- 8. <u>Term</u>. This Agreement shall be effective as of 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.
- 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 County and MARC have executed this Agreement this \_\_\_\_\_\_\_, 2012.

APPROVED AS TO FORM:

W. Stephen Mixon County Counselor JACKSON COUNTY, MISSOURI

Michael D. Sanders County Executive

ATTEST:

Mary Jo Spino, Clerk of Legislature

MID-AMERICA REGIONAL COUNCIL

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 from which payment is to be made, each sufficient to meet the obligation of \$25,000.00 which is hereby authorized.

Deplumber 3002

Director of Finance and Purchasing

Account No. 002-7902-56789

79022012009





# OUTSIDE AGENCY FUNDING REQUES I FURINI 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: Organizat	tion or Agency Information
Name:	Redemptorist Social Services C	Center
Address:	207 West Linwood Kansas Cit	y, MO 64111
Phone No:	816-931-9942	Fax: 816-531-0583
Website Addr	ess: www.kcsocialservices.org	
Federal Tax II	D No: 26-0054325	Fiscal Year Cycle: 1/1/11-12/31/11
Executive Dire	ector:	Diana Kennedy
Name and Titl	e of Principal Contact Person:	Diana Kennedy, Director
Phone No:	816-931-9942 ex.407	Email Address: dlana@kcsocialservices.org
	•	
Submittal of th	is request has been authorized by:	
	Date:	

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#### 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 FEMA \$ 10,000 1 State \$ 0 Jackson County MARC \$ 17,000 2 Other Counties 0 City 0 Charity/Donations 13 126,000 Fundraisers 50,000 5 Other 757,000 79 2012 Total Projected Revenue \$ 960,000

	Agency's 2011	l Reveni	ie into	rma	ALION		
Funding Entity	Agency's 2011 Tota Source You Received		om		Amo	ount	% of Total Revenue
Federal	FEMA			\$	, ,,,,,	8,435	1
State				s			0
Jackson County	MARC			\$		17,195	2
Other Counties				\$		-	0
City				\$		_	0
- Charity/Donations		•		\$		140,600	į
Fundraisers				\$		50,200	5
Other (please list)	grants, misc. revenue includin	g interest, ir	n-kind	\$		744,070	77
		2011 Total		\$			
q	If your agency received ful please identify the funding so	nding from	Jackson	ı Co			
	lease identify the funding so	nding from	Jackson	n Co rogr		2011, e below.	gram Name
Jackson County Fur	lease identify the funding so	nding from urce, amou	Jackson nt and p	n Co rogr	am nam	2011, e below.	gram Name
Jackson County Fur	lease identify the funding so	nding from urce, amou Yes	Jackson nt and p	n Co rogr	am nam	2011, e below.	gram Name
Jackson County Fur COMBAT Mental Health Levy	lease identify the funding so	nding from urce, amou Yes	Jackson nt and p No ☑	orogr A	am nam	2011, e below.	gram Name
Jackson County Fur COMBAT Mental Health Levy Board of Services fo	olease identify the funding sounding Source or Developmentally Disabled	nding from urce, amou Yes	Jackson nt and p No	or Co rogr A \$	am nam	2011, e below.	gram Name
Jackson County Fur COMBAT Mental Health Levy Board of Services fo Domestic Violence E	please identify the funding sounding Source or Developmentally Disabled	Yes	Jackson nt and p No	A S S S	am nam	2011, e below.	gram Name
Jackson County Fur COMBAT Mental Health Levy Board of Services fo Domestic Violence E Housing Resources	olease identify the funding sounding Source or Developmentally Disabled Board Commission	Yes	Jackson nt and p No I I I	A \$ \$ \$ \$	mount - - - - -	2011, e below.	
Jackson County Fur COMBAT Mental Health Levy	olease identify the funding sounding Source or Developmentally Disabled Board Commission	Yes	No V V V V V V V V V V V V V V V V V V V	* \$ \$ \$ \$	mount - - - - -	2011, e below. Prog	
Jackson County Fur COMBAT Mental Health Levy Board of Services fo Domestic Violence E Housing Resources Dutside Agency Prog	olease identify the funding sounding Source or Developmentally Disabled Board Commission gram 2011 Total Jackso	Yes  Graph Gounty F	No No V V V V V V V V V V V V V V V V V	A S S S S S S S S S S S S S S S S S S S	mount 17,195	2011, e below. Prog	y Client Assisten SEP 1 2 2011
Jackson County Fur COMBAT Mental Health Levy Board of Services fo Domestic Violence E Housing Resources Dutside Agency Prod	olease identify the funding sounding Source or Developmentally Disabled Board Commission gram 2011 Total Jackso	Yes  Yes  On County I	No No V V V V V V V V V V V V V V V V V	A S S S S S S S S S S S S S S S S S S S	mount 17,195	2011, e below. Prog	y Client Assistan SEP 1 2 2011
Jackson County Fur COMBAT Mental Health Levy Board of Services fo Domestic Violence E Housing Resources Outside Agency Prog	olease identify the funding sounding Source or Developmentally Disabled Board Commission gram 2011 Total Jackso	Yes  Graph Gounty F	No No V V V V V V V V V V V V V V V V V	A S S S S S S S S S S S S S S S S S S S	mount 17,195	2011, e below. Prog	y Client Assisten SEP 1 2 2011

# Section C: REVISED 2012 Program Budget

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

**Agency Name:** 

**Redemptorist Social Services Center** 

**Program Name:** 

**Emergency Client Assistence** 

			· · · · · · · · · · · · · · · · · · ·			
Personal Services For each salary request below please attach a job description or duties.						
Position / Title	ease attach a j Total Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County			
Diana Kennedy			0			
Trish Duffy, Dir. Client Services			\$2,000			
Maureen Smith, Staff Attorney			0			
Carol Hookham, Admin. Asst.			0			
		· · · · · · · · · · · · · · · · · · ·				
Total Salaries Total Benefits			\$2,000			
Total Personal Services \$2,000						
Contractu	Contractual Services					
MAAC (Mid America Assistance Coalition)			0			
Revised						
DEC 1 4 2011						
Control of the Contro						
Tot	al Contractual	Services	0			

Supplies	
Client shelter assistance	7,500
Client utility assistance	8,500
Client medical assistance	1,000
Client transportation assistance	4,500
Client-other (work related uniforms & tools; education; crisis)	1,000
Client food	500
Total Supplies	\$23,000

**Total Program Request** 

\$25,000

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

Agency Name: Redemptorist Social Services Center

Program Name: <u>Emergency Client Assistance</u>

#### **Proposed Program**

Detail functions to be performed by each program.

Redemptorist Social Services Center has been a landmark of hope and the first line of defense for people in need in Kansas City for over 25 years. Our programs of assistance stabilize individuals, families and neighborhoods, with long-term results benefiting the entire community: EmergencyClient Assistance: A comprehensive program that meets the basic needs of individuals facing chronic poverty, the working poor, the elderly, the homebound and the homeless, the the long term and newly unemployed. This program provides over 1,900 direct monthly assists with rent, utility and medical payments; food, clothing and transportation, educational and work related needs. It helps stabilize neighborhoods by assisting the residents with a full range of emergency services.

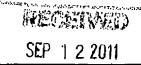
**Senior Services**: This program includes Saturday Meal Delivery to the homebound; Minor Home Repairs; emergency assistance services; free legal counsel; health and wellness screenings.

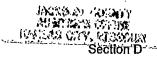
**Legal Assistance:** An attorney specializing in the legal needs and issues of the elderly is on staff to provide free legal counsel to seniors and to all clients of the Center.

Health Maintenance: A free ongoing program staffed by area health care professionals. It provides mammograms; basic health and dental screenings; nutritional and disease prevention education; home health assessment for the homebound; flu shots.

The Center is well positioned to continue serving the needs of the poor and elderly in Kansas City:

- One of the top three agencies providing multiple client services from a single site.
- The only agency providing multiple assists to 21 Kansas City zip codes. This is significant to our clients
  because they can receive the help they need during one visit. There is no need to take time off of work or
  spend money on bus fares by travelling to multiple agencies seeking different services. The Center makes a
  commitment to the client and to the vender during the interview process.
- Provides assistance for 8 of the top 10 most requested needs
- Legal: The only agency with a staff attorney providing free legal counsel.
- Transportation: only agency providing both reduced fare monthly bus passes and one-ride tokens.
- Senior Services: only agency providing Saturday meal delivery to the homebound, minor home repairs and emergency assistance to the elderly.
- Food: Only agency providing bi-monthly food assistance. This is critical with increased unemployment and children not receiving free meal programs when schools are closed for the summer and during holidays.
- Transportation: The only agency providing both reduced fare monthly bus passes and one-ride tokens.





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

Agency Name:

**Redemptorist Social Services Center** 

**Program Name:** 

**Emergency Client Assistance** 

Identify t	Participants Identify the number of participants by County that each program serves.	
Jackson, MO		3,000
Clay,Platte,		
Cass, MO		14
Wyandotte,		
Johnson, KS		39
Other		
Missouri		

### **Target Population**

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

Redemptorist Center serves 21 of the 54 Kansas City zip codes (315,584 individuals). This area includes the top four zip codes having the most requests for assistance... 34% of the population are children, and 20% of the population relies on TANF and child support for their income. Medical Assistance is available to all residents of Jackson and Wyandotte Counties; Victims of Crime assistance is available to all residents of Jackson County. Our service area includes a large population of the elderly (78,069) and the homeless, and the highest concentration of HIV positive residents and the mentally ill; 95% of our clients live below the poverty level of income. Their average annual income of \$3,000 to \$9,600 is immediately consumed with the basic needs of survival for themselves and their families...shelter, utilities and food. The programs and services offered by the Center are available to all persons in our service area regardless of race, ethnicity, age or gender, underserved or underinsured.



Would you provide these services to anyone at your door?

Is anyone denied services?
What level of indigents

Yes (everyone can receive Yes (see criteria for assista

Please classify your program from the following types by percentage of your agency's overall service Senior Program 25 %

Senior Program
Indigent Program (Below Poverty Level)

95 %

Senior Indigent Program

20 %

What criteria do you have for the clients you serve?

Clients seeking emergency assistance must live in our service area; provide a photo ID, income verification and proof of address; submit their most recent bill in their name and dated in the month in which they are seeking assistance; client must participate in a budget and payment plan.

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

**Agency Name:** 

**Redemptorist Social Services Center** 

**Program Name:** 

**Emergency Client Assistance** 

### **Service Delivery Area**

Identify your specific geographic service delivery area for each program.

Redemptorist Center serves 21 of the 54 Kansas City zip codes: 64105, 106, 108, 109, 110, 111, 112, 113, 114, 120, 123, 124, 127, 128, 130, 131, 132, 133, 134, 136, 138. Medical Assistance is available to all residents of Jackson and Wyandotte Counties; Victims of Crime assistance is available to all residents of Jackson County. Rental assistance is available for zip codes 64109, 110, 111. The Center's Saturday Meal Delivery program to the homebound and our Minor Home Repairs program are for zip codes 64109, 110, 111, 112.

### **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.

Required client documentation information includes: proof of address; two pieces of ID (Social Security and photo ID) for client and all persons living in the household; proof of current or recent income. All services the Center provides are carefully documented; detailed, confidential client records are maintained. Case management is the operational format for the Center's work with clients, focusing on the entire family whenever possible. People in need come to the Center seeking help for their immediate crisis. During the client interview process, other needs are revealed such as job loss, chronic illness, death of sole provider, etc., that contributed to the client's visit. We work with each client to address the immediate crisis; access other needs; review client resources; set achievable, measurable goals (short and long term); establish a budget and plan of action; monitor and verify the plan. Client information and all grants received are entered into the MAAC (Mid America Assistance Coalition) Link system, enabling us to track services and expenditures by funder. A key part of attaining projected outcomes is client participation. Whenever possible, each client must participate in payments and in an ongoing budget. This process gives individuals a sense of ownership and pride in achieving and maintaining stability for themselves and their families.

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

**Agency Name:** 

**Redemptorist Social Services Center** 

**Program Name:** 

**Emergency Client Assistance** 

### Approach & Method

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

Shelter assistance

Immediate crisis-eviction

- Review landlord letter....rent, past due, payment history
- Establish payment plan and budget structured to client's income and agreeable with landlord
- Client makes agreed upon payment(s)
- Center pays our commitment to landlord
- · Client remains in home a minimum of 60 days
- 2 .Utility assistance

Immediate crisis-loss of service

- Client presents past due or final notice
- Review client pay history with provider
- Establish payment plan and budget structured to client's income and agreeable with provider
- Client makes agreed upon payment(s)
- Center-pays-our commitment to landlord
- Client sustains utility service a minimum of 60 days
- Medical assistance

Immediate crisis-deteriorating health

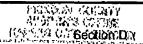
- Review vender invoice (prescription medications, glasses, dental, etc.)
- Establish payment plan and budget structured to client's income and agreeable with medical provider
- Client makes agreed upon payment(s)
- Center pays our commitment to provider
- Client has improved quality of life resulting from assistance with prescription medications and/or durable medical goods.

Detail specific methods you will use to achieve these objectives.

During the client interview process, other needs are revealed such as job loss, chronic illness, death of sole provider, etc., that contributed to the client's visit. We work with each client to address the immediate crisis; access other needs; review client resources; set achievable, measurable goals (short and long term); establish a budget and plan of action; monitor and verify the plan. The Center agrees to a specified payment; the client agrees to a structured payment plan; the provider agrees to continue the service for a specified length of time.

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

**Agency Name:** 

**Redemptorist Social Services Center** 

**Program Name:** 

**Emergency Client 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.

In the coming fiscal year, Redemptorist Center anticipates assisting over 5,000 individuals with shelter, utility and medical needs, food, clothing and transportation. Program success can be measured in the following ways: Shelter-individuals and families remain in their homes for up to 60 days. Utilities --client utilities are kept on for up to 60 days. Medical--clients will realize a better quality of life resulting from assistance with prescription medications and/or durable medical goods.

#### **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) Redemptorist Social Services Center acknowledges the generous funding we receive from Jackson County at our Board of Directors meeting, in our newsletter, in our Donar Edge Profile, in our annual financial statement and in all presentations to grantors.

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