



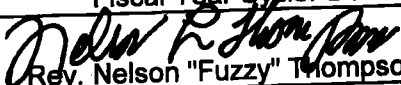

OUTSIDE AGENCY FUNDING REQUEST FORM 2014 BUDGET

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

Email: auditor@jacksongov.org

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Section A: Organization or Agency Information

Name: Southern Christian Leadership Conference of Greater Kansas City	
Address: 1216 Brooklyn Avenue, Kansas City, MO	Zip Code: 64127
Phone No: 816-241-8100	Fax: 816-241-1455
Website Address: www.sclckc.org	
Federal Tax ID No: 43-1389572	Fiscal Year Cycle: Dec. 1, 2013 - Nov. 30, 2014
Executive Director:	 Rev. Nelson "Fuzzy" Thompson
Name and Title of Principal Contact Person:	Mrs. Arlana Coleman, Program Coordinator
Phone No: 913-522-7526	Email Address: ajoycole@att.net
Submittal of this request has been authorized by:	 Rev. Nelson L. Thompson, President
Date:	

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		\$ 60,000	29
Other Counties		\$ -	0
City		\$ 20,000	10
Charity/Donations		\$ 75,000	36
Fundraisers		\$ 5,000	2
Other		\$ 50,000	24
2014 Total Projected Revenue		\$ 210,000	

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		\$ 60,000	29
Other Counties		\$ -	0
City		\$ 20,000	10
Charity/Donations		\$ 75,000	36
Fundraisers		\$ 5,000	2
Other (please list)		\$ 50,000	24
2013 Total Revenue		\$ 210,000	

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 15,000	Artist Tribute
Mental Health Levy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 35,000	Community Luncheon
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Domestic Violence Board	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 10,000	Interfaith Service
2013 Total Jackson County Funding			\$ 60,000	

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"/>	\$ -

Section C 1: 2014 Program Budget

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Community Luncheon

Personal Services			
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
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Total Fringe Benefits			\$ -
Total Personal Services			\$ -
Contractual Services			
Food & Beverage			\$ 15,000
Speaker			\$ 12,500
Media Promotion			\$ 1,500
Entertainment			\$ 500
Ground Transportation			\$ 500
Audio / Visual			\$ 300
Total Contractual Services			\$ 30,300
Supplies			
Program Printing			\$ 2,600
Airfare			\$ 1,600
Awards			\$ 300
Banner			\$ 200
			\$ -
			\$ -
Total Supplies			\$ 4,700

Total Program Request \$ 35,000

Section D 1: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Community Luncheon

Proposed Program

Detail functions to be performed by each program.

This event is designed to prevent participants from engaging in drug abuse and trafficking. We also want to emphasize the elimination of drug and alcohol activity in our community by presenting positive role models to the young people. This event will also promote unity in the community. With special emphasis on young people - college/youth organization - church groups and positive community organizations. Passing the torch, accepting the mantle, encouraging them to dream, creating a sense of community.

Section D 1: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Community Luncheon

Participants

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

Jackson, MO	400
Clay, Platte, Cass, MO	
Wyandotte, Johnson, KS	100
Other Missouri	

Target Population

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

Youth, Young Adults, Adults; Metropolitan Kansas City and surrounding communities

Would you provide these services to anyone at your door?

Yes

Is anyone denied services?

No

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 service

Senior Program

20%

Indigent Program (Below Poverty Level)

40%

Senior Indigent Program

20%

What criteria do you have for the clients you serve?

Registration and an expressed interest in the programs

Section D 1: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Community Luncheon

Service Delivery Area

Identify your specific geographic service delivery area for each program.

Jackson County - Kansas City, MO - Metropolitan Area

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.

Institutions to be invited

Section D 1: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Community Luncheon

Approach & Method

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

1. Youth/Young Adult Involvement

2. Community involvement and education

3. Emphasis on unity

Detail specific methods you will use to achieve these objectives.

Mailing to youth organizations - canvassing, contacting schools and organizations - newspapers - magazines and of course television

Section D 1: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Community Luncheon

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.

Goal of 500 number of youth/ young adults / adults

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)

Display of county logo on all publications, radio ads, newspaper ads, promotions on all materials.

Section C 2: 2014 Program Budget

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Artist Tribute

Personal Services			
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
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Total Fringe Benefits			\$ -
Total Personal Services			\$ -
Contractual Services			
Entertainment			\$ 11,665
Facility Usage			\$ 1,200
Media Promotions			\$ 1,000
Sound & Lighting Equipment			\$ 500
Ticketmaster Setup			\$ 135
			\$ -
Total Contractual Services			\$ 14,500
Supplies			
Refreshments			\$ 500
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Supplies			\$ 500

Total Program Request \$ 15,000

Section D 2: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Artist Tribute

Proposed Program

Detail functions to be performed by each program.

This event is designed to prevent participants from engaging in drug abuse and trafficking. We also want to emphasize the elimination of drug and alcohol activity in our community by presenting positive role models to the young people. This event will also focus on local and national talent involvement in the community and movement, their contribution to the community and struggle, positive exposure for youth and young adults.

Section D 2: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Artist Tribute

Participants

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

Jackson, MO	400
Clay, Platte, Cass, MO	150
Wyandotte, Johnson, KS	200
Other Missouri	

Target Population

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

Would you provide these services to anyone at your door?

Yes

Is anyone denied services?

No

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 service

Senior Program

10%

Indigent Program (Below Poverty Level)

30%

Senior Indigent Program

5%

What criteria do you have for the clients you serve?

Registration and an interest in the program

Section D 2: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Artist Tribute

Service Delivery Area

Identify your specific geographic service delivery area for each program.

Jackson County - Kansas City, Missouri

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.

Artists to be invited to participate with and for county residents.

Section D 2: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Artist Tribute

Approach & Method

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

1. Inspire youth/young adults to involvement in community through positive acts.

2. Inspire to action for self awareness and positive avenues for community improvement.

3. Opportunity to display talent.

Detail specific methods you will use to achieve these objectives.

Section D 2: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Artist Tribute

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.

Goal of 600 number of youth/young adult participants. Quality of program. Involvement of community organizations.

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)

Display of county logo on all publications, radio ads, newspaper ads, promotions on all materials.

Section C 3: 2014 Program Budget

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Interfaith Service

Personal Services			
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
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Total Fringe Benefits			\$ -
Total Personal Services			\$ -
Contractual Services			
Speaker			\$ 3,000
Media Promotions			\$ 2,700
Entertainment			\$ 750
Facility Usage			\$ 500
Ground Transportation			\$ 200
			\$ -
Total Contractual Services			\$ 7,150
Supplies			
Awards			\$ 700
Meals			\$ 600
Airfare			\$ 500
Lodging			\$ 500
Program Printing			\$ 400
Refreshments			\$ 150
Total Supplies			\$ 2,850

Total Program Request \$ 10,000

Section D 3: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Interfaith Service

Proposed Program

Detail functions to be performed by each program.

This event is designed to prevent participants from engaging in drug abuse and trafficking. We also want to emphasize the elimination of drug and alcohol activity in our community by presenting positive role models to the young people. This event will also bring people of all faiths together for the purpose of focusing on the "King Dream" now. How can we work together to prosper. Set an agenda for development and share resources for the next generation. Uniting all around a common theme.

Section D 3: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Interfaith Service

Participants

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

Jackson, MO	600
Clay, Platte, Cass, MO	150
Wyandotte, Johnson, KS	200
Other Missouri	

Target Population

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

Kansas City Metropolitan Area - Jackson County

Would you provide these services to anyone at your door?

Yes

Is anyone denied services?

No

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 service

Senior Program

10%

Indigent Program (Below Poverty Level)

30%

Senior Indigent Program

5%

What criteria do you have for the clients you serve?

Section D 3: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Interfaith Service

Service Delivery Area

Identify your specific geographic service delivery area for each program.

Kansas City Metropolitan Area and surrounding Missouri and Kansas counties.

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.

Open invitation to all wanting to participate.

Section D 3: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Interfaith Service

Approach & Method

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

1. Various faith groups coming together

2. Focus on allowing development of ideas for community building

3. Future agenda and relationships

Detail specific methods you will use to achieve these objectives.

Section D 3: 2014 Program Information

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

Agency Name: Southern Christian Leadership Conference of Greater KC

Program Name: Interfaith Service

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.

Goal of 1,000 participants - with follow up - from multiple faiths

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)

Display of county logo on all publications, radio ads, newspaper ads, promotions on all materials.

Section E: Summary of Jackson County Funding Request by Program

Agency Name: Southern Christian Leadership Conference of Greater Kansas City

Program Name: 2014 King Celebration **Amount**

1. Community Luncheon	\$	35,000
2. Artist Tribute	\$	15,000
3. Interfaith Service	\$	10,000
Total Jackson County Funding Request for All Programs		\$ 60,000

Is there anything Jackson County can do to help your operation run more efficiently?
After funds are appropriated, arrange for one-half (1/2) up front with remainder allocated after all paper work is completed. Rev. Thompson



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER H. W. Sewing & Co., Inc. 636 N 62nd Place P.O. Box 171488 Kansas City, KS 66117-0448	CONTACT NAME: PHONE (A/C, No, Ext): (913) 371-7400 FAX (A/C, No): (913) 334-3821 E-MAIL ADDRESS: huthel@swbell.net
	INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED SCLC 1216 Brooklyn Kansas City MO 64127-	NAIC #

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CL2612502	01/12/2014	01/22/2014	EACH OCCURRENCE \$ 1,000,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,00 MED EXP (Any one person) \$ 5,00 PERSONAL & ADV INJURY \$ 1,000,00 GENERAL AGGREGATE \$ 1,000,00 PRODUCTS - COMP/OP AGG \$ 1,000,00 NOWND \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Martin Luther King Celebration Jan. 12, 2014 to Jan. 23, 2014
City of Kansas City, Missouri is named as an additional insured

CERTIFICATE HOLDER () - () - Planning and Development City of Kansas City Missouri 414 E. 12th Street Kansas City MO 64106-	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Jason Kander Secretary of State
 2013-2014 BIENNIAL REGISTRATION REPORT
 NONPROFIT

File Number: 201324282180
 N00029856
 Date Filed: 08/30/2013
 Jason Kander
 Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

REPORT DUE BY: 08/31/2013

N00029856
 KANSAS CITY SCLC FOUNDATION FOR HUMAN DEVELOPMEN
 DR. HERMAN WATSON
 1216 BROOKLYN
 KANSAS CITY, MO 64127

ORGANIZED UNDER THE LAWS OF:
Missouri

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
1216 Brooklyn Avenue
 STREET
Kansas City, MO 64127
 CITY/STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.
 The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
 The new registered office address
 Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE OFFICER BELOW.</u>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW.</u>	
PRES	.....	A <u>NAME</u>	B <u>Nelson 'Fuzzy' Thompson</u>
STREET/RT	.....	STREET/RT	<u>1216 Brooklyn Avenue</u>
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	<u>Kansas City, MO 64127</u>
V-PRES	.....	<u>NAME</u>	<u>Taylor Fields</u>
STREET/RT	.....	STREET/RT	<u>1216 Brooklyn Avenue</u>
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	<u>Kansas City, MO 64127</u>
SEC'Y	<u>Judy Hellman</u>	<u>NAME</u>	<u>Samuel E. Mann</u>
STREET/RT	<u>1216 Brooklyn Avenue</u>	STREET/RT	<u>1216 Brooklyn Avenue</u>
CITY/STATE/ZIP	<u>Kansas City, MO 64127</u>	CITY/STATE/ZIP	<u>Kansas City, MO 64127</u>
TREAS	<u>Harry Foockle</u>	<u>NAME</u>	.....
STREET/RT	<u>1216 Brooklyn Avenue</u>	STREET/RT	.....
CITY/STATE/ZIP	<u>Kansas City, MO 64127</u>	CITY/STATE/ZIP	.....

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Nelson Thompson (Required)

Please print name and title of signer: Nelson Thompson / President
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___ \$20.00 If filed on or before 8/31
 ___ \$25.00 If filed after 8/31
 Corporation will be administratively dissolved if report is not filed by November 30.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
 MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE
 RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

STATE OF MISSOURI



Jason Kander
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**KANSAS CITY SCLC FOUNDATION FOR HUMAN DEVELOPMENT AND
AFRICAN-AMERICAN ACHIEVEMENT
N00029856**

was created under the laws of this State on the 22nd day of August, 1983, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 16th day of October, 2013

A handwritten signature in cursive script, reading "Jason Kander", is written over a horizontal line.

Secretary of State

