

**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, **CORNERSTONES OF CARE, 300 EAST 36<sup>TH</sup> STREET, KANSAS CITY, MO 64111**, hereinafter referred to as "Organization".

WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used to provide a nurse case manager for children in foster care; and,

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

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:

**NOW, THEREFORE**, it is agreed by and between the parties as follows:

1. **Services**. Organization shall provide a nurse case manager for children in foster care, as is more fully set out in the proposal attached hereto 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 28, 2016. Any changes to the budget must be approved by the Jackson

FILED  
MAY 20 2016  
MARY JO SPINO  
COUNTY CLERK

County Legislature.

2. **Terms Of Payment.** The County agrees to pay Organization the total amount of **\$47,500.00** in quarterly installments of **\$11,875.00**, 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 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 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 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, or a certified public accountant's program audit of the County's funds. 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 as related to County funds. 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, 2016, and shall continue until December 31, 2016, 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

**Cornerstones of Care**  
Joe Bellinger  
421 East 137th Street  
Kansas City, MO 64145  
(816) 508-1704

Michael Kerr  
300 E. 36<sup>th</sup> St.  
Kansas City, MO 64111  
(816) 508-1718

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 9<sup>th</sup> day of May, 2016.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI


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

By   
\_\_\_\_\_  
Frank White, Jr.  
County Executive

ATTEST:

CORNERSTONES OF CARE

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

By   
\_\_\_\_\_  
Title President/CEO  
Federal Tax I.D. 43-1689138

**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 \$47,500.00, which is hereby authorized.

May 17, 2016  
\_\_\_\_\_  
Date

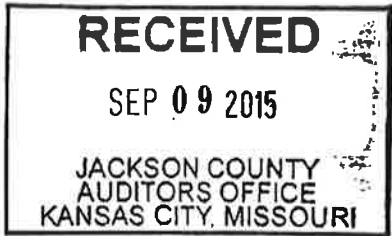
  
\_\_\_\_\_  
Director of Finance and Purchasing  
Account No. 002-7767-56789

PC 77672016001



# 2016 OUTSIDE AGENCY FUNDING REQUEST

415 E 12th Street, 2nd Floor  
Kansas City, MO 64106  
Email: auditor@jacksongov.org



**Exhibit A**  
**Res. 19043**

New Agency Request   
Previously Funded

Name: <b>Cornerstones of Care</b>			
Address:	City:	State:	Zip Code:
<b>300 E. 36th Street</b>	<b>Kansas City</b>	<b>MO</b>	<b>64111</b>
Phone No:	Website:		
<b>(816) 508-1700</b>	<b>www.cornerstonesofcare.org</b>		
Federal Tax ID No:	Fiscal Year:		
<b>43-1689138</b>	<b>01/01/16 to 12/31/16</b>		
Executive Director/President:	Phone No.	Email:	
<b>Denise Cross</b>	<b>(816) 508-1701</b>	<b>denise.cross@cornerstonesofcare.org</b>	
Principal Contact:	Phone No.	Email:	
<b>Joe Bellinger</b>	<b>(816) 508-1704</b>	<b>joe.bellinger@cornerstonesofcare.org</b>	

Please complete the following sections for your 2016 Outside Agency Proposal.  
Section B and Section C must be filled out for each program you are requesting funding for.

- Section A: Agency Revenue Information
- Section B: Program Budget Request
- Section C: Program Information

Total # of Programs Requesting Funding For:

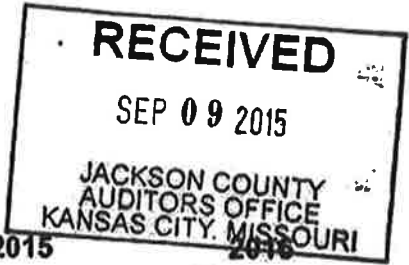
1

Total Amount Requested:

\$ 47,500



# Section A Agency Revenue Information



Funding Entity	Source Description	2015	2016
		Actual	Projected
Federal		-	-
State	Children's Division and Dept. Health	\$ 10,009,515	\$ 16,656,645
Jackson County		-	-
City of Kansas City		-	-
Charity/Donations		\$ 107,164	\$ 109,911
Fundraisers		-	-
Other		\$ 3,662	\$ 4,125
		\$ 10,120,341	\$ 16,770,684

Please check if your agency has cash reserves   
 What is the current balance? \$ 7,402,302

Please check all Jackson County sources your agency received funding from in 2015:

- Board of Services for Developmentally Disabled
- COMBAT
- Domestic Violence Board
- Housing Resources Commission
- Mental Health Levy
- Outside Agency

Please check any of the following your agency received funding or resources from in 2015:

	Goods	Services	Cash	Amount
Harvesters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
Mid America Regional Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
MAAC Link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
United Way	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 93,630
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-



**Section B**  
**2016 Program Budget Request**

**RECEIVED**  
SEP 09 2015  
JACKSON COUNTY  
AUDITORS OFFICE  
KANSAS CITY, MISSOURI

Program Amount Requested  
Request # 1

Agency Name: Cornerstones of Care Program: NCM for Foster Children New Program Request   
Previously Funded

**Salaries**

*attach job description or duties for NEW Program requests only*

Position / Title	Amount	Check Box if 100% Funded by Jackson County
Nurse Case Management (NCM) Intake Nurse, RN @ .75 FTE	\$ 39,420 -	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Fringe Benefits	\$ 8,080 -	
<b>Total Salaries &amp; Fringe Benefits</b>	<b>\$ 47,500 -</b>	

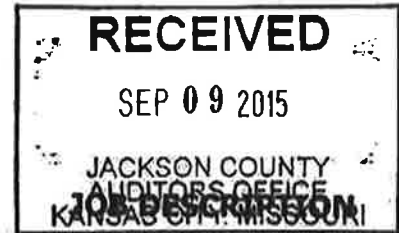
**Contractual Services & Supplies**

Description	Amount	Check Box if 100% Funded by Jackson County
	\$ 0 -	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
	\$ 0	<input type="checkbox"/>

Total Contractual Services & Supplies \$ 0 -

**Total 2016 Program Budget Request \$ 47,500**

Total Program Cost	\$ 0-
<i>Total cost to run your program regardless of the Jackson County funding you are requesting.</i>	
Estimate of Cost Per Participant	\$ 830



<b>Title:</b> Nurse Case Manager, Intake RN	<b>Date:</b> 1/24/2013
<b>Department:</b> Nurse Case Management	<b>Agency:</b> Cornerstones of Care
<b>Reports To:</b> Program Manager – Nurse Case Management	<b>FLSA Status:</b>

**PURPOSE**

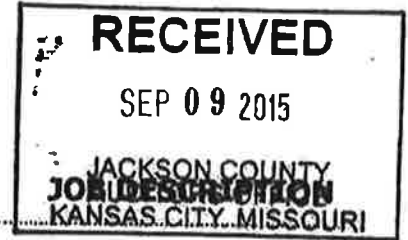
The Nurse Case Manager is responsible for the coordination and delivery of services to children enrolled in nurse case management (NCM) services during the initial 30 day enrollment period. Case management services are provided to ensure the physical, oral health and mental health care needs of children are being met.

**ESSENTIAL RESPONSIBILITIES**

- Serve as initial contact for invitation to 72 hour Family Support Team meeting (foster parent, case worker, etc.)
- Assist in coordinating and/or scheduling 24 hour exam for each child entering state custody
- Assist in coordinating and/or scheduling a full Healthy Children & Youth (HCY) exam (including hearing and vision screenings) and complete dental exam and cleaning within the child's first 30 days in state custody
- Make initial medical records requests from any known historical physical, oral, mental health provider for each child entering state custody within the first 30 days and review such records
- Develop a Child Health Summary, based on an assessment of each child's health, nutritional status, and psycho/social status and medical records received.
- Communicate the Child Health Summary with child's case worker, foster care provider (i.e, foster parent/guardian, residential treatment facility, etc.) to inform them of the child's current health needs or concerns for each child
- Interpret medical findings, and be able to communicate them to non-medical individuals.
- Evaluate progress in accessing appropriate behavioral and physical health medical care and other needed services.
- Maintain face-to-face contact with each child consistent with Cornerstones of Care and Children's Division policy and Nurse Case Management contract.
- Attend FST and Treatment Review meetings for each child consistent with Cornerstones of Care and Children's Division policy and Nurse Case Management contract.
- Maintain regular contact with resource providers and case managers during initial 30 Day enrollment period.
- Disenroll children considered to be "well-child: who require no further NCM intervention.
- Ensure smooth transition of enrolled children that will remain in NCM after the initial 30 day period to a ongoing Nurse Case Manager.

**REQUIRED KNOWLEDGE**

- Understanding of nursing principles and process.
- Knowledge of Child Welfare System including State of Missouri Child Welfare manual, policies, procedures and regulations.
- Computer literate
- Ability to interpret medical records



**REQUIRED SKILLS OR ABILITIES**

- Extended amount of time in field driving car.
- Ability to utilize nursing degree and knowledge to make accurate assessments in a case management environment.
- Relationship building.

**EXAMPLES OF DECISIONS MADE**

- Determines appropriate steps to assist in obtaining needed medical and/or mental health services.
- Determines if a child meet criteria to remain enrolled in the nurse case management program.

**FORMAL POLICY-SETTING RESPONSIBILITIES**

- No formal responsibility

**MINIMUM REQUIREMENTS**

Education Level: Professional licensure as a Registered Nurse (RN)

Other minimum requirements:

Years of Experience: 1 to 3 years

In addition to the above requirements, Incumbent must:

- Complete Sanctuary training in a timely manner;
- Have a valid driver's license and proof of current vehicle insurance;
- Follow all agency policies;
- Be able to pass State Abuse, Neglect and criminal background checks;
- Be able to carry out the essential functions of the position with, or without, accommodation.
- Perform all job duties in a manner which demonstrates a commitment to Sanctuary values and practices.
- Demonstrate awareness and understanding of cultural and ethnic diversity of clients, staff and other community partners.
- Other duties as assigned.

**DIRECT REPORTS**

The Nurse Case Manager is responsible for the following direct reports:

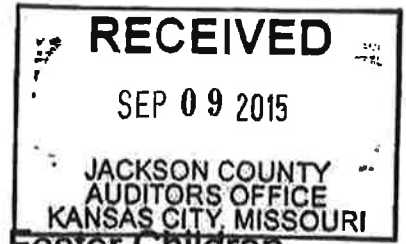
- None

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Section C  
2016 Program Information**



**Agency Name:**  
Cornerstones of Care

**Program:**  
NCM for Foster Children

**Proposed Program**

Detail functions to be performed.

Cornerstones of Care provides Nurse Case Management (NCM) for children in foster care. Cornerstones will add an Intake Nurse (RN) to perform triage of all children entering foster care in Jackson and Cass counties. This nurse will be responsible for the foster children during their initial 30 days in foster care. Functions to be performed include: serving as an initial contact for invitations to 72-hour family support team meetings (including the foster parent/guardian, Foster Care Case Manager, Nurse Case Manager and others as appropriate to the care of the child); assisting in scheduling and/or coordinating the child's 24-hour exam (required for each child within 24 hours of entry into foster care); assist in coordinating a full Healthy Children & Youth (HCY) exam which includes hearing and vision screenings; and

Why is this a priority for your agency?

One of our Strategic Goals is to "partner to transform our communities by reducing the frequency and impact of Adverse Childhood Experiences." Adverse Childhood Experiences, or ACEs, include abuse, neglect, and household dysfunction such as mental illness or incarceration of a parent, substance abuse, divorce, or mother treated violently. Studies have shown that as the number of ACEs increases so too does the risk for negative health outcomes across the lifespan. Regrettably, it takes only a glance at the newspaper to see the negative effects of abuse and neglect in our community. We heard the recent story of a 1-year old that had been injected with methadone (a narcotic drug typically used to reduce opioid addiction) by his mother and her boyfriend when he cried or to put him to sleep. It was only after his foster

Check if this program is sustainable without Jackson County's funding.

**Target Population**

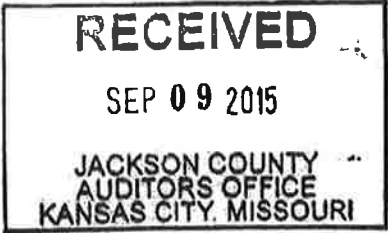
Describe target population and demographics to be served by each program.

The target population is children in foster care in Jackson and Cass counties who are ages birth to 21 years old. These children have been removed from their homes and placed in foster care as a result of child abuse and/or neglect. There were 2,159 children in foster care on 6/30/15; 52% of which are male and 48% are female. The majority (52%) are Caucasian; 40%

What criteria do you have for the participants you serve?

The criteria we have for the children we serve in the proposed program are: child must be under age 21, and child must be in state custody.





**Service Delivery Area**

Identify the number of participants that this program serves.

Total # served	# served from Jackson County	# served from Other Areas
2,159	1,929	230

Identify your specific service delivery area by zip code or geographical boundary.

Zip Code                      Geographical Boundary

Jackson and Cass Counties in Missouri

Check if this is a Countywide Program   
If not, What is the Jackson County Legislative District?      3rd At-Large      6th District

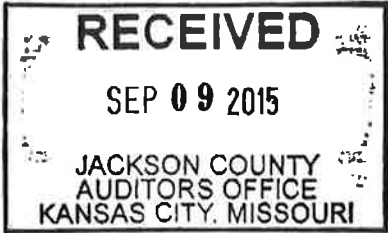
Check if you keep a list of participants for this program

Please classify your program from the following types of services:

- Community Improvement/Outreach
- Food/Emergency Services
- Health/Wellness
- Indigent Population
- Senior Services
- Youth Services

Other: \_\_\_\_\_

Check if your services are available to anyone.



**Outcomes**

List up to 5 outcomes related to this program.

Please check if the outcome is measurable.

- 1. Increase access to 24 hour exams for children entering
- 2. Increase access to dental exams within 30 days of entry
- 3. Increase access to complete physicals, including hearing
- 4. Complete Child Health Summary within 30 days of intake
- 5.

**Summary**

Your application will not be considered complete without answering all questions. All applicants must fulfill the requirements listed below to complete the funding request process.

Please check the box acknowledging you understand your organization's responsibility to the following.

- Reviewed the Non-Allowable Expenses
- Reviewed Executive Order 04-18 to deem your agency in compliance if funding is awarded and approved.
- Include the Jackson County Logo and credit Jackson County in marketing efforts and provide the Auditor's Office with copies.

Your organization will submit the following with the Outside Agency Proposal:

- Certificate of Liability Insurance valued at a minimum of \$1 million per occurrence or \$2 million annual aggregate
- Missouri Secretary of State Certificate of Good Standing
- Missouri Secretary of State Annual Registration Report

Signature: *Dorene Cross*  
Date Submitted: Sept 9, 2015



**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 **Cornerstones of Care**, 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, **Cornerstones of Care**, 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.)

Donna Cross  
Authorized Representative's Signature  
President/CEO  
Title

Donna Cross  
Printed Name  
May 9, 2016  
Date

Subscribed and sworn before me this 9th day of May, 2016. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on 12/25/17.

Frances S. Thomas-Keefer  
Signature of Notary

5/9/16  
Date

