

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, **GREAT PLAINS SPCA, 5428 ANTIOCH DRIVE, MERRIAM, KS 66202**, hereinafter referred to as "Organization".

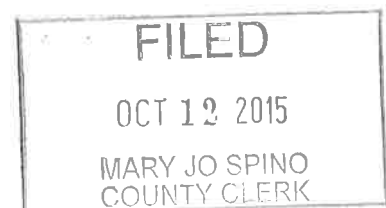
WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used for its spay and neuter programs; and,

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 the HERO Program, a spay/neuter and veterinary care initiative serving residents of Jackson County with limited financial resources, 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 30, 2015. 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 **\$180,000.00** in quarterly installments of **\$45,000.00**, with the payment for the first and second quarters 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 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 examine and audit the books and records of Organization pertaining to its finances and operations as it relates to funding received from Jackson County. 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, 2015, and shall continue until December 31, 2015, 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

**Great Plains SPCA**  
Courtney Thomas, Executive Director  
5424 Antioch Drive  
Merriam, KS 66202  
(913) 590-3060

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 12<sup>th</sup> day of October, 2015.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI

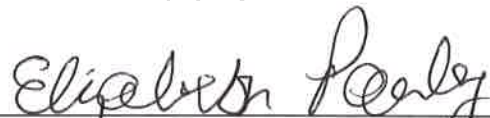
  
\_\_\_\_\_  
W. Stephen Nixon  
County Counselor

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

ATTEST:

GREAT PLAINS SPCA

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

By   
\_\_\_\_\_  
Title Director of Executive Relations  
Federal Tax I.D. 05-0552529

**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 \$180,000.00, which is hereby authorized.

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Director of Finance and Purchasing  
Account No. 002-7761-56789



# OUTSIDE AGENCY FUNDING REQUEST FORM 2015 BUDGET

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

RECEIVED  
AUG 13 2015  
JACKSON COUNTY  
AUDITOR'S OFFICE  
KANSAS CITY, MISSOURI

Section A: Organization or Agency Information . . . . . page 1  
 Section B: Agency's 2014 and 2015 Revenue Information . . . . . page 2  
 Section C: Jackson County Program Budget Request . . . . . page 3  
 Section D: Program Information . . . . . pages 4 - 8

## Section A: Organization or Agency Information

Name:	Great Plains SPCA		
Address:	5428 Antioch Drive	Zip Code:	66202
Phone No:	913-831-7722	Fax:	
Website Address:	<a href="http://www.greatplainssPCA.org">www.greatplainssPCA.org</a>		
Federal Tax ID No:	05-0552529	Fiscal Year Cycle:	January through December
Executive Director/President:	Courtney Thomas		
Phone No:	816-590-3060	Email:	<a href="mailto:cthomas@greatplainssPCA.org">cthomas@greatplainssPCA.org</a>
Name/Title of Principal Contact Person:	Courtney Thomas		
Phone No:	816-590-3060	Email:	<a href="mailto:cthomas@greatplainssPCA.org">cthomas@greatplainssPCA.org</a>

## Section B Agency's 2014 and 2015 Revenue Information

### Agency's 2015 Projected Revenue Information

Funding Entity	Source You Will Request 2015 Funding From	Projected Amount	% of Total Revenue
Federal	<div style="border: 2px solid blue; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0; color: red;">AUG 13 2015</p> <p style="margin: 0; font-size: small;">JACKSON COUNTY AUDITOR'S OFFICE KANSAS CITY, MISSOURI</p> </div>	\$ -	0
State		\$ -	0
Jackson County		\$ 180,000	3
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations		\$ 2,464,201	36
Fundraisers		\$ 870,000	13
Other		\$ 3,370,794	49
<b>2015 Total Projected Revenue</b>		<b>\$ 6,884,995</b>	

### Agency's 2014 Revenue Information

Funding Entity	Source You Received 2014 Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ 180,000	3
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations		\$ 2,144,045	38
Fundraisers		\$ 641,624	11
Other (please list)	Program Revenues- adoption, intake, vet services	\$ 2,641,543	47
<b>2014 Total Revenue</b>		<b>\$ 5,607,212</b>	

**Please identify the Jackson County source(s) your agency received funding from in 2014**

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
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"/>	\$ 180,000	
<b>2014 Total Jackson County Funding</b>			<b>\$ 180,000</b>	

**Did your agency receive funding or resources in 2014 from either of the following?  
If so, in what way did you participate? If not, why?**

Mid America Regional Council	Did not apply
MAAC Link	Did not apply
Harvesters	Did not apply

# Section C

## 2015 Jackson County Program Budget

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

**Agency Name:** Great Plains SPCA

**Program Name:** Spay/Neuter

**Program Request #**  **of**

### Personal Services

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

Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson Co.
HERO Program Director			
Veterinarian			
Vet Tech			
			\$ -
			\$ -
			\$ -
Total Salaries			
Fringe Benefits			\$ -
<b>Total Personal Services</b>			

### Contractual Services

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	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>Total Contractual Services</b>	
	<b>\$ -</b>

### Supplies

Spay/Neuter anesthetic drugs, treatment medications, other supplies	\$ 40,000
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>Total Supplies</b>	
	<b>\$ 40,000</b>

**Total Jackson County Program Budget Request \$ 40,000**

**Section D**  
**2015 Program Information**  
*Complete a separate program information sheet for each program your agency is applying for funding*

**Agency Name:** Great Plains SPCA

**Program Name:** Spay/Neuter

**Program Request #** 1 of 2

**Proposed Program Cost**  
What is the total cost to run your program regardless of the Jackson County funding you are requesting?

Total Program Cost     \$ 729,511

**Proposed Program**  
Detail functions to be performed - limit your response to the space provided

Spay/neuter services will be provided to all shelter pets and subsidized or free spay/neuter services will be provided to Jackson County residents who qualify, as long as funds remain available. Support is provided to owners of cats and/or dogs who have limited financial means to have their pets "fixed." In addition, Great Plains SPCA spays/neuters hundreds of community/feral cat annually as a means to cut down on the community stray cat population and to reduce shelter intakes of cats.

**RECEIVED**  
AUG 13 2015  
JACKSON COUNTY  
AUDITOR'S OFFICE  
KANSAS CITY, MISSOURI



**Section D**  
**2015 Program Information**  
*Complete a separate program information sheet for each program your agency is applying for funding*

**Agency Name:** Great Plains SPCA

**Program Name:** Spay/Neuter

**Program Request #** 1 **of** 2

**RECEIVED**  
 AUG 13 2015  
 JACKSON COUNTY  
 AUDITOR'S OFFICE  
 KANSAS CITY, MISSOURI

**Participants**  
 Identify the number of participants that each program serves

# served with this program	3000 pets
Of the # served with this program, how many are from:	
Jackson County	100%
Other Counties	

**Target Population**  
 Describe target population and demographics to be served by each program

Our HERO Program serves citizens in the community with limited financial means in order to provide their pets with the quality veterinary care they deserve and increase spay/neuter compliance. As a safety net initiative, the program serves those most in need of a helping hand. While our HERO program spans over the entire 15-county-wide Kansas City community, funds being requested from Jackson County are provided only to Jackson County residents or pets at the Jackson County Regional Animal Shelter. A heavy emphasis is placed on eastern Jackson County communities, however all of Jackson County is served through the program.

Estimate of your cost per participant: \$ Approximately \$400

What criteria do you have for the participants you serve? Must income qualify or pet is in urgent need of help, working to gain spay/neuter compliance or feral/community cats

Do you keep a list of participants for each program? For shelter services, a list of those served is maintained. For field work, the list is less comprehensive due to the unplanned occurrences encountered to serve those most in need.

Would you provide these services to anyone at your door? We will provide services to anyone in need as long as there is space in the shelter

Is anyone denied services? Services would be denied if funding wasn't available or space was not available in the shelter. In those cases, we would assess the situation to determine the level of need.

Please classify your program from the following types by % of your agency's overall services:

Seniors Program: 30%

Indigent Program (Below Poverty Level): 60%

Indigent Senior Program: 5%

**Section D**  
**2015 Program Information**  
*Complete a separate program information sheet for each program your agency is applying for funding*

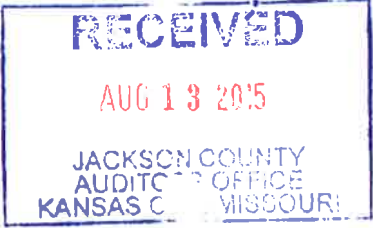
**Agency Name:** Great Plains SPCA

**Program Name:** Spay/Neuter

**Program Request #** 1 **of** 2

**Service Delivery Area**  
**Identify your specific geographic service delivery area for each program**

The HERO and Spay/Neuter Program serves all of Jackson County with an emphasis on Eastern Jackson County and the City of Independence.



**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**

Shelter statistics are collected on a daily basis which tracks how many animals have entered our facility, the city from which they came and their needed services. In addition, our HERO and outreach team tracks the residents and pets they serve in the field (exception would be unplanned cases that come up in the field where the team just addresses the needs of the pet).



**Section D**  
**2015 Program Information**  
*Complete a separate program information sheet for each program your agency is applying for funding*

**Agency Name:** Great Plains SPCA

**Program Name:** Spay/Neuter

**Program Request #** 1 **of** 2

<b>Approach &amp; Method</b>	
<b>List the top three (3) objectives for each program</b>	
1. Increase spay/neuter compliance in Jackson County	<div style="border: 2px solid blue; padding: 5px; text-align: center;"><b>RECEIVED</b> <b>AUG 13 2015</b> JACKSON COUNTY AUDITOR'S OFFICE KANSAS CITY, MISSOURI</div>
2. Reduce the number of pets entering the shelter (particularly felines) and the volume of unaltered stray and community cats in the community.	
3. Be an educational resources for citizens in the community on how they can be better pet owners and can work to drive change to create a more humane community	
<b>Detail specific methods you will use to achieve these objectives</b>	
Our organization will market to the communities we serve that these resources are available. In addition, we receive calls from concerned citizens who identify pets who may be in a distressed situation, be in need of medical attention or pets who need to be spayed/neutered and our team responds to these calls by visiting the location in the field. More than 5,000 pets enter our shelter every year, 2000 of whom spay/neuter services will be provided through this grant.	

**Section D**  
**2015 Program Information**  
*Complete a separate program information sheet for each program your agency is applying for funding*

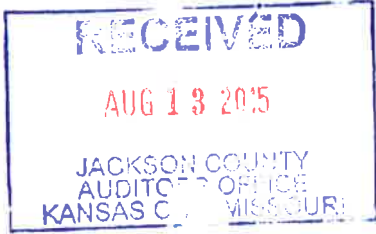
**Agency Name:** Great Plains SPCA

**Program Name:** Spay/Neuter

**Program Request #** 1 **of** 2

**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**

Success will be determined by meeting the targeted goal of providing spay/neuter and medical care to 2,000 pets annually. Success will also be measured in the growing number of pets and families served through our HERO field outreach services in Jackson County.



**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)**

Because a large majority of the spay/neuter services funded through this grant serve the homeless pets who enter our shelter, we will not execute a public campaign around this initiative. In doing so, the result would be more homeless pets entering the shelter. Our preference, which a portion of this grant allows us to provide, is that we provide the resources to families to help them keep their pets versus the pets entering the shelter. We do use our social media platform to highlight and showcase special cases.

# Section C

## 2015 Jackson County Program Budget

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

**Agency Name:** Great Plains SPCA

**Program Name:** HERO Proram

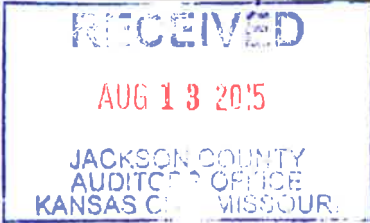
**Program Request #**  **of**

### Personal Services

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

Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson Co.
HERO Program Director	36000	25%	\$ 9,000
Veterinarian	91000	28%	\$ 25,480
Vet Tech	39000	28%	\$ 10,920
			\$ -
			\$ -
			\$ -
Total Salaries			\$ 45,400
Fringe Benefits			\$ -
<b>Total Personal Services</b>			<b>\$ 45,400</b>

### Contractual Services

	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
<b>Total Contractual Services</b>		<b>\$ -</b>

### Supplies

Treatment, Medications, other HERO supplies	\$ 94,600	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
<b>Total Supplies</b>		<b>\$ 94,600</b>

**Total Jackson County Program Budget Request \$ 140,000**

**Section D**  
**2015 Program Information**  
*Complete a separate program information sheet for each program your agency is applying for funding*

**Agency Name:** Great Plains SPCA

**Program Name:** HERO Program

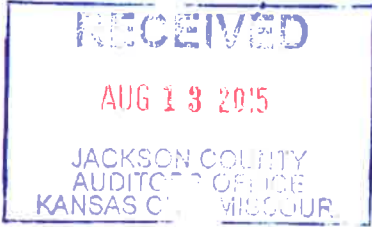
**Program Request #** 1 of 2

**Proposed Program Cost**  
**What is the total cost to run your program regardless of the Jackson County funding you are requesting?**

Total Program Cost     \$ 729,511

**Proposed Program**  
**Detail functions to be performed - limit your response to the space provided**

Spay/neuter services will be provided to all shelter pets and subsidized or free spay/neuter services will be provided to Jackson County residents who qualify, as long as funds remain available. Support is provided to owners of cats and/or dogs who have limited financial means to have their pets "fixed." In addition, Great Plains SPCA spays/neuters hundreds of community/feral cat annually as a means to cut down on the community stray cat population and to reduce shelter intakes of cats. Through our HERO Program, we are hands on in the most disadvantaged areas of Jackson County providing in-the-field education on responsible pet ownership; trap/neuter/return of feral cats; delivering adequate housing for outdoor animals to keep them safe and protected during inclement weather; providing pet food to needy families; replacing the heavy chains with humane tie-outs and transporting animals for spay/neuter or medical care. We are providing a true safety net to the community and supporting/enhancing the services of animal control and other agencies.



## Section D 2015 Program Information

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

**Agency Name:** Great Plains SPCA

**Program Name:** HERO Program

**Program Request #** 1 **of** 2

<b>Participants</b>	
Identify the number of participants that each program serves	
# served with this program	3000 pets
Of the # served with this program, how many are from:	
Jackson County	100%
Other Counties	
<b>Target Population</b>	
Describe target population and demographics to be served by each program	
<p>Our HERO Program serves citizens in the community with limited financial means in order to provide their pets with the quality veterinary care they deserve and increase spay/neuter compliance. As a safety net initiative, the program serves those most in need of a helping hand. While our HERO program spans over the entire 15-county-wide Kansas City community, funds being requested from Jackson County are provided only to Jackson County residents or pets at the Jackson County Regional Animal Shelter. A heavy emphasis is placed on eastern Jackson County communities, however all of Jackson County is served through the program.</p>	
<div style="border: 2px solid blue; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="margin: 0; color: red; font-weight: bold; font-size: 1.1em;">AUG 13 2015</p> <p style="margin: 0; color: blue; font-size: 0.8em;">JACKSON COUNTY AUDITOR'S OFFICE KANSAS CITY, MISSOURI</p> </div>	
<p>Estimate of your cost per participant: \$ Approximately \$400</p> <p>What criteria do you have for the participants you serve? Must income qualify or pet is in urgent need of help, working to gain spay/neuter compliance or feral/community cats</p> <p>Do you keep a list of participants for each program? For shelter services, a list of those served is maintained. For field work, the list is less comprehensive due to the unplanned occurrences encountered to serve those most in need.</p> <p>Would you provide these services to anyone at your door? We will provide services to anyone in need as long as there is space in the shelter</p> <p>Is anyone denied services? Services would be denied if funding wasn't available or space was not available in the shelter. In those cases, we would assess the situation to determine the level of need.</p> <p>Please classify your program from the following types by % of your agency's overall services:</p> <p style="margin-left: 40px;">Seniors Program: 30%</p> <p style="margin-left: 40px;">Indigent Program (Below Poverty Level): 60%</p> <p style="margin-left: 40px;">Indigent Senior Program: 5%</p>	

**Section D**  
**2015 Program Information**

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

**Agency Name:** Great Plains SPCA

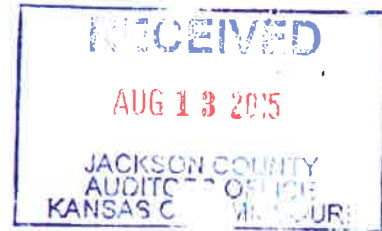
**Program Name:** HERO Program

**Program Request #** 1 **of** 2

**Service Delivery Area**

**Identify your specific geographic service delivery area for each program**

The HERO and Spay/Neuter Program serves all of Jackson County with an emphasis on Eastern Jackson County and the City of Independence.



**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**

Shelter statistics are collected on a daily basis which tracks how many animals have entered our facility, the city from which they came and their needed services. In addition, our HERO and outreach team tracks the residents and pets they serve in the field (exception would be unplanned cases that come up in the field where the team just addresses the needs of the pet).



**Section D**  
**2015 Program Information**

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

**Agency Name:** Great Plains SPCA

**Program Name:** HERO Program

**Program Request #** 1 of 2

**Approach & Method**

List the top three (3) objectives for each program

1. Increase spay/neuter compliance in Jackson County



2. Reduce the number of pets entering the shelter (particularly felines) and the volume of unaltered stray and community cats in the community.

3. Be an educational resources for citizens in the community on how they can be better pet owners and can work to drive change to create a more humane community

**Detail specific methods you will use to achieve these objectives**

Our organization will market to the communities we serve that these resources are available. In addition, we receive calls from concerned citizens who identify pets who may be in a distressed situation, be in need of medical attention or pets who need to be spayed/neutered and our team responds to these calls by visiting the location in the field. More than 5,000 pets enter our shelter every year, 2000 of whom spay/neuter services will be provided through this grant.

**Section D**  
**2015 Program Information**

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

**Agency Name:** Great Plains SPCA

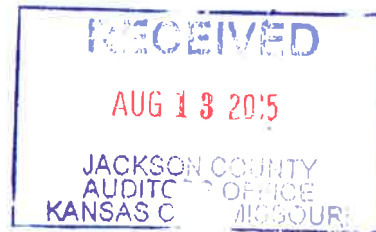
**Program Name:** HERO Program

**Program Request #** 1 **of** 2

**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**

Success will be determined by meeting the targeted goal of providing spay/neuter and medical care to 2,000 pets annually. Success will also be measured in the growing number of pets and families served through our HERO field outreach services in Jackson County.



**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)**

Because a large majority of the spay/neuter services funded through this grant serve the homeless pets who enter our shelter, we will not execute a public campaign around this initiative. In doing so, the result would be more homeless pets entering the shelter. Our preference, which a portion of this grant allows us to provide, is that we provide the resources to families to help them keep their pets versus the pets entering the shelter. We do use our social media platform to highlight and showcase special cases.



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 **Great Plains SPCA**, 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, **Great Plains SPCA**, does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

*[Signature]*  
Authorized Representative's Signature  
President / CEO  
Title

Courtney Thomas  
Printed Name  
10/1/15  
Date

Subscribed and sworn before me this 15<sup>th</sup> day of October, 2015. I am commissioned as a notary public within the County of Johnson, State of Kansas, and my commission expires on 6-2-2019.

*Alisha Thomson*  
Signature of Notary

10-1-2015  
Date

