

**COOPERATIVE AGREEMENT**  
(Chronic Disease Management)

**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, **SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130**, hereinafter referred to as "Organization".

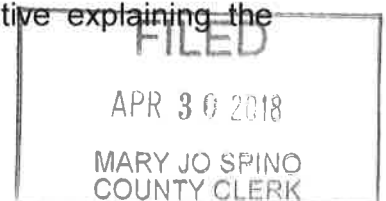
WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used for Chronic Disease Management; and,

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 services Chronic Disease Management, as is more fully set out in the proposal attached hereto as Exhibit A and incorporated herein by reference. The term of this contract is January 1, 2018, through December 31, 2018, and as such, all expenditures must occur within this period. 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 of line item changes limited to contractual services and supplies and a narrative explaining the



circumstances to the Jackson County Legislative Auditor's Office no later than October 31, 2018. The Jackson County Legislature must authorize any changes to the budget. Any changes approved by the Legislature will not take effect until your agency receives written notification from the Jackson County Legislative Auditor's Office.

2. **Terms Of Payment.** The County agrees to pay Organization the total amount of **\$72,561.00** in quarterly installments of **\$18,140.25**, 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 quarterly 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 reconciliation report on forms provided by the County along with documentation that reconciles to the 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 Department 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 submit quarterly reconciliation reports in the format specified by the County before the next quarterly payment will be processed. Any quarterly reports that are incomplete or incorrect will delay payment.

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 Department of Finance and Purchasing through the Jackson County Outside Agency portal accessible on [www.jacksongov.org/auditor](http://www.jacksongov.org/auditor): (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 Department 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 for employment 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 this Agreement. 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, 2018, and shall continue until December 31, 2018, 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  
Department of Finance and  
Purchasing  
415 E. 12<sup>th</sup> Street, Suite 100  
Kansas City, MO 64106

**Swope Health Services**  
Naimish Patel  
3801 Blue Parkway  
Kansas City, MO 64130  
(816) 922-7645

18. **Affirmative Action 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 30<sup>th</sup> day of April, 2018.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI


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

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

ATTEST:

SWOPE HEALTH SERVICES

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

By   
\_\_\_\_\_  
Title President & CEO  
Federal Tax I.D. 43-0957840

**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 \$72,561.00, which is hereby authorized.

4/27/18  
Date

  
Chief Administrative Officer  
Account No.002-7601-56789

76012018001 LA

**2018 Jackson County Outside Agency Funding Proposal  
Swope Health Services  
Chronic Disease Management**

**Swope Health Services**

3801 Blue Parkway  
Kansas City, MO 64130  
(816) 923-5800  
www.swopehealth.org  
fedtaxid: 43-0957840

Swope Health Services  
Chronic Disease Management   
Mar 2, 2018  
Page 1

**Fiscal Year:** January to December

**GuideStar:** 7008186144

**Mission:** Swope Health Services improves the health and wellness of the community by delivering accessible, quality, comprehensive patient care.

**Executive Director**

Chief Executive Officer  
David Barber  
(816) 599-5550  
dbarber@swopehealth.org

**Contact Person**

Chief Financial Officer  
Naimish Patel  
(816) 599-5552  
npatel@swopehealth.org

**Check the Jackson County Legislative District and your At-Large District where your agency is located?**

**District 2:** Yes

**At-large District 2:** Yes

---

**2018 Jackson County Outside Agency Funding Proposal  
Swope Health Services  
Chronic Disease Management**

**Agency Revenue Information**

Swope Health Services  
Chronic Disease Management  
Mar 2, 2018  
Page 2

Funding Entity	Source Description	2017 Actual	2018 Projected
Federal	U.S. Dept. of Health and Human Services	\$10,777,550	\$10,375,186
State	MPCA, DMH, DPH, and KDHE	\$15,615,766	\$23,120,586
Jackson County	Mental Health, COMBAT, & Outside Agency Funding	\$1,259,232	\$1,380,914
City of Kansas City	Health Levy	\$1,698,237	\$1,698,236
Charity/Donations	NA	\$0	\$0
Fundraisers	NA	\$0	\$0
Donations	WHF, MCHCGKC, HCFGKC, and Net Patient Care	\$18,121,469	\$14,136,418
		\$47,472,254	\$50,711,340

**Please check if your agency has cash reserves:  
What is the current balance? \$3,388,958**

**Please check all Jackson County sources your agency received funding from in 2017:**  
COMBAT: Yes  
Mental Health Levy: Yes  
Outside Agency: Yes

**Please check any of the following your agency received funding or resources from in 2017:**

	Goods	Services	Cash	Amount
Harvesters				
Mid America Regional Council		Yes		\$2,000
MAAC Link				
United Way			Yes	\$10,648

**2018 Jackson County Outside Agency Funding Proposal  
Swope Health Services  
Chronic Disease Management**

**Date Program was Initiated:** 2010

Swope Health Services  
Chronic Disease Management  
Mar 2, 2018  
Page 3

**What time period does this program run:** All Year

**Provide program description:** Swope Health Services' Chronic Disease Management (CDM) program provides tailored patient education services by a Chronic Care Nurse Educator to low-income, predominantly uninsured residents of Jackson County. While all persons with a chronic condition can receive services, most program participants experience hypertension, diabetes, heart disease, chronic respiratory disease (COPD, asthma) or a combination of these conditions. The CDM Nurse Educator provides individualized education about techniques for managing the patient's chronic condition(s) during multiple face-to-face encounters. The CDM Nurse Educator also contacts participants by telephone after the initial session and after any medication changes. These education sessions and telephone calls reinforce and emphasize information and recommendations from the patient's primary care provider, as well as clinical practice guidelines used by SHS medical providers. The CDM Nurse Educator currently spends one day per week at SHS' five clinics in Jackson County: SHS-Central, SHS-Northland, SHS-South, SHS-Independence and SHS-Hickman Mills. Participants are initially referred to the CDM Nurse Educator by their provider. Once the patient has accepted services, the CDM Nurse Educator then works with the patient to schedule future appointments. All program participants complete at least three educational sessions, generally three to four weeks apart, with additional education sessions or phone calls occurring at the patient's discretion. Each CDM program participant receives an individualized book that defines what their chronic condition is, its symptoms, an explanation of the medications prescribed and lifestyle change recommendations about nutrition, physical activity and log sheets for patients to enter glucose or blood pressure measurements. Patients with multiple chronic disease diagnoses receive supplemental pages for their book. These "build-a-books" serve as a take home reference manual for participants as well as an easy method for patients to communicate with their provider and the Nurse Educator about their progress. In addition, the CDM Nurse Educator will provide blood pressure home monitors for patients unable to travel to a local pharmacy for checks and glucose monitors, test strips and lancets for diabetic patients who would otherwise not check their glucose at home due to the cost of these items. The Nurse Educator ensures that patients are proficient in using these supplies.

**Describe the benefits of this program to Jackson County Missouri:** According to KC Health Matters, 32% of Jackson County residents report having been diagnosed with hypertension and 11% report having been diagnosed with diabetes. Approximately 40% of adults have high circulating blood lipid levels (hyperlipidemia), a precursor to cardiovascular disease. Furthermore, 12% of County residents have been told that they have high cholesterol. Furthermore, 12% of County residents have asthma and over 7% have COPD. In municipalities within the County, heart disease prevalence is 5.6% in Lee's Summit, 6% in Kansas City and 7.8% in Independence. Heart disease remains the leading cause of death for residents (MO DHSS MICA). While all of these conditions can be treated with medications, the foundation of successful treatment is a change in health behavior. This change takes time, ongoing individualized education and assistance in setting goals as patients master successive steps in changing their lifestyle over time. According to analyses by the Agency for Health Care Research & Quality (AHRQ Statistical Brief 487), average annual per person expense of treating hypertension is \$800. The annual per person expense of treating hyperlipidemia is estimated to be \$728. Diabetes remains one of the most costly conditions to treat, averaging \$2,565 per person annually, while COPD and asthma average \$1500 per person annually. The program cost of \$244 per person served through the Chronic Disease Management program is a small, but effective investment in supporting lifestyle change and improved self-management among persons with chronic illnesses, thereby preventing costly hospitalizations and rehabilitation services, costs likely to be borne by Jackson County's public health system.

**Describe target population to be served:** The Swope Health Services' Chronic Disease management program's target population is low-income patients with chronic illnesses that access care at our Central, Northland, South, Independence and Hickman Mills clinics. Although the clinics serve demographically different populations – for example 71% of Central patients are African American and 66% of Independence patients are Caucasian – many patients at both clinics have neglected their health for years due to poverty and arrive with complex treatment needs. Residents of the areas surrounding SHS clinics continue to have higher rates of emergency department and inpatient hospitalizations related to diabetes, hypertension and asthma compared to other residents statewide.

**What are the qualifications for participants:** Patients must have a diagnosis of hypertension, diabetes, hyperlipidemia, asthma or another chronic disease and be referred by their primary care provider.

**Check if your services are available to anyone:** Yes

**Do you maintain a database of participants:** Yes

**Number of participants from Jackson County:** 559

**Number of participants from Other Areas:** 17

**Total Number of participants: 576**

## **Outcomes**

**Outcome 1:** 25% or more of patients with a hypertension diagnosis seen by the Nurse Educator will demonstrate controlled blood pressure, as evidenced by a reading of 140/90 or lower, during their last visit during the calendar year.

**How will outcome 1 be measured:** By blood pressure data extracted from hypertension patients' electronic medical records.

**Outcome 2:** 35% or more of diabetic patients seen by the Nurse Educator will attain a Hemoglobin A1C of less than or equal to 9% by their last visit during the calendar year.

**How will outcome 2 be measured:** By Hemoglobin A1C results extracted from diabetic patients' electronic medical records.

**Outcome 3:** 80% of patients with hyperlipidemia and/or heart disease seen by the Nurse Educator will have a lipid profile completed during the calendar year.

**How will outcome 3 be measured:** By examination of patients' electronic medical records for the presence of lipid panel results.

**Outcome 4:** 80% of patients with a diagnosis of chronic respiratory disease (asthma, COPD) seen by the Nurse Educator will have a written action plan documented in their electronic medical record by the end of the calendar year.

**How will outcome 4 be measured:** Through examination of asthma/COPD patients' electronic medical record for documentation of an action plan.

**Outcome 5:** 80% of patients with chronic kidney disease – a frequent result of hypertension and diabetes – will have a documented glomerular filtration rate (GFR) test documented in their medical record by the end of the calendar year.

**How will outcome 5 be measured:** Through examination of chronic kidney disease patients' electronic medical record for documentation of a completed GFR test.

## **Please classify your program from the following types of services:**

Health/Wellness: Yes

Indigent Population: Yes

Senior Services: Yes

Youth Services: Yes

## **What Jackson County Legislative Districts are served by this program:**

**District 2:** Yes

**District 3:** Yes

**At-large District 2:** Yes

**At-large District 3:** Yes

---

**2018 Jackson County Outside Agency Funding Proposal  
 Budget as Awarded  
 Swope Health Services  
 Chronic Disease Management**

**Total 2018 Program Budget: \$72561**

Swope Health Services  
 Chronic Disease Management  
 Mar 2, 2018  
 Page 4

**Salaries**

Position/Title	Description	Amount of Salary Requested	Total Salary
RN	Provides chronic disease management care	\$70,900	\$71,222
Fringe Benefits		\$1,661	
<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$72,561</b>	

**Contractual Services & Supplies**

Description	Amount
<b>Total Contractual Services &amp; Supplies</b>	<b>\$0</b>

Program sustainable without Jackson County Funding	<b>No</b>
Total Cost to Run Program WITHOUT Jackson County Funding	<b>\$136,307</b>
Cost/Participant	<b>\$244</b>
JACO Funding/Total Program Cost	<b>%</b>



**2018 Jackson County Outside Agency Funding Proposal  
Swope Health Services  
Chronic Disease Management**

Swope Health Services  
Chronic Disease Management  
Mar 2, 2018  
Page 5

**Reviewed the Non-Allowable Expenses:** Yes

**Reviewed Executive Order 04-18 to deem your agency in compliance if funding is awarded and approved:** Yes

**Include the Jackson County Logo and credit Jackson County in marketing efforts and provide the Auditor's Office with copies:** Yes

**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:**

**Financial Statements (Balance Sheet, Income Statement, Cash Flow Statement):**

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 Swope Health Services, is enrolled in, and is currently participating in, E-verify or any other equivalent electronic verification of work authorization operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986 (IRCA); and, Swope Health Services, does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services.

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

*David R. Barber*  
Authorized Representative's Signature  
President & CEO  
Title

David R. Barber  
Printed Name  
4/25/2018  
Date

Subscribed and sworn before me this 25<sup>th</sup> day of April, 2018. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on October 17, 2019.

*Kimberly A. Guyton*  
Signature of Notary

04/25/2018  
Date

