

RR  
6/29/10

R. 17132

**COOPERATIVE AGREEMENT**

A **COOPERATIVE AGREEMENT** by and between **JACKSON COUNTY, MISSOURI**, hereinafter called "the County" and **SETON CENTER**, 2816 E. 23rd Street, Kansas City, MO 64127, a not-for-profit organization, hereinafter called "Seton."

WHEREAS, the County recognizes its statutory obligations to the indigent under Sections 205.210 et seq. and 205.580 et seq., RSMo, and recognizes the problems associated with the economically disadvantaged in receiving proper access to health care; and,

WHEREAS, Seton currently provides dental services to indigent families and desires to continue providing these services;

NOW THEREFORE, in consideration of the foregoing and the terms and provisions herein contained, the County and Seton respectively promise, covenant, and agree with each other as follows:

1. **Services.** Seton will provide dental services to the indigent in central city neighborhoods in Jackson County as more fully described in the attached proposal marked Exhibit A. As used in this Agreement, the term "indigent person" means a person who is eligible for free care or care at a reduced rate on the basis of income at Truman Medical Center - Lakewood and West.

2. **Terms of Payment.** The County agrees to pay to Seton the amount of \$23,756.00, in quarterly installments of \$5,939.00 each, with the first payment for the first and second quarters to be made upon execution of this Agreement. The remaining

**FILED**

JUN 25 2010

MARY JO SPINO  
COUNTY CLERK

payments shall be made upon the County's receipt of the reports as set forth in paragraph 3 hereof.

3. **Reports.** Within 30 days after the conclusion of each calendar quarter under this Agreement, Seton shall submit a quarterly report, including a statement of budgeted and actual expenditures, 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 reports for the first and second quarter shall both be submitted within 30 days after the conclusion of the second quarter. The last quarter's report shall include an annual report which shall summarize all of Seton's activities pursuant to this Agreement. Seton's failure to submit this annual report shall disqualify Seton from future funding by the County.

4. **Submission of Documents.** No payment shall be made under this contract unless the contracting agency shall have submitted to the County's Budget Director (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) the agency's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the agency's total budget for its most recent fiscal year; and, (4) a detailed explanation of actual expenditures of County funds (pertains to final payments and payments on contracts for future years.) If an agency has previously received County funding, to be eligible for future payments, an agency must submit either an audited financial statement for the agency's most recent fiscal or calendar year, by March 31 of the following year, or a certified public accountant's program audit of County funds, by January 31 of the following year. Any document described herein which was

submitted to the Budget Director as a part of an application for funding need not be resubmitted to qualify for payment. No payment shall be made if the contract agency is out of compliance on any other County contract.

5. **Audit.** The County further reserves the right to examine and audit, during reasonable office hours, the books and records of Seton pertaining to the finances and operations of Seton.

6. **Default.** If Seton shall default in the performance or observation of any term or condition of this Agreement, the County shall give Seton written notice setting forth the default and the correction required. If said default shall continue, and not be corrected within 10 days of the receipt of the notice by Seton, the County may, at its election, terminate the Agreement and withhold any payments not yet made to Seton. Said election shall not in any way limit the County's rights to seek legal redress.

7. **Conflict of Interest.** Seton 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.

8. **Liability and Indemnification.** No party to this Agreement shall assume any liability for the acts of any other party to this Agreement, its officers, employees or agents and Seton shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, costs (including reasonable attorney's fees directly related thereto), including but not limited to violation of civil rights and/or bodily injury to or death of any person, and for damage to or destruction of property if and to the extent caused by the negligence, willful misconduct or omissions of Seton, its officers, employees or agents

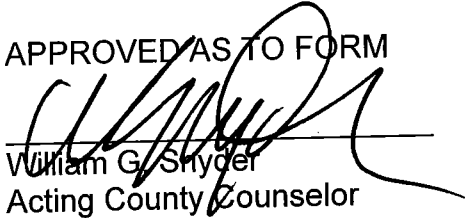
during the performance of this Agreement.

9. **Term.** This Agreement shall be effective January 1, 2010, and shall terminate on December 31, 2010. This Agreement may be terminated prior to that date by either party upon written notice, delivered thirty days prior to the effective date of termination. If this Agreement is terminated by either party, the County shall pay only for those services actually performed by the Seton as verified by the County's audit.


10. **Incorporation.** This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the parties have executed this Agreement this 25 day of June, 2010.

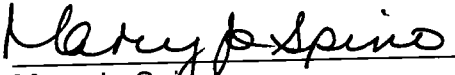
APPROVED AS TO FORM

  
William G. Snyder  
Acting County Counselor

JACKSON COUNTY, MISSOURI

By:   
Michael D. Sanders  
County Executive

ATTEST:

  
Mary Jo Spigno  
Clerk of the County Legislature

SETON CENTER

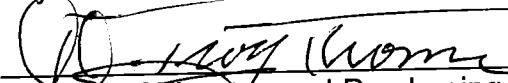
By:   
Executive Director

430926003  
Federal I.D. or S.S. #

### 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 \$23,756.00 which is hereby authorized.

June 22, 2010  
Date

  
Director of Finance and Purchasing  
Acct. No. 002-7903-56789

79032010001



# OUTSIDE AGENCY FUNDING REQUEST FORM 2010 BUDGET

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

Email: [auditor@jacksongov.org](mailto:auditor@jacksongov.org)

**RECEIVED**  
SEP 10 2009  
JACKSON COUNTY  
AUDITOR'S OFFICE  
KANSAS CITY, MISSOURI

Section A: Organization or Agency Information .....	page 1
Section B: Agency's 2009 and 2010 Revenue Information .....	page 2
Section C: Individual Program Budget .....	page 3
Section D: Program Information .....	pages 4 - 8

## Section A: Organization or Agency Information

Name:	Seton Center, Inc.		
Address:	2816 East 23rd Street Kansas City, MO 64127		
Phone No:	816-231-3955	Fax:	816-231-7455
Website Address:	<a href="http://www.setonkc.org">www.setonkc.org</a>		
Federal Tax ID No:	43-0926003	Fiscal Year Cycle:	20
Name and Title of Contact Person:	Sister Loretto Marie Colwell		
Phone No:	816-231-3955, x102	Email Address:	<a href="mailto:lcolwell@setonkc.org">lcolwell@setonkc.org</a>
Submittal of this request has been authorized by:	Sister Loretto Marie Colwell		

Summary of Jackson County Funding Request by Program			
	Program Name <i>(please prioritize with number 1 being most important)</i>		Amount
1.	Indigent Funds for Jackson County Residents' Dental Care	\$	50,000
2.		\$	-
3.		\$	-
Total Jackson County Funding Request for All Programs		\$	50,000

**EXHIBIT**  
          A

## Section B: Agency's 2009 and 2010 Revenue Information

Agency's 2010 Revenue Information			
Funding Entity	Agency's 2010 Total Projected Revenue Source You Will Request 2010 Funding From	Projected Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ 50,000	3
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations		\$ 1,246,513	62
Fundraisers		\$ 70,000	4
Other		\$ 629,912	32
<b>2010 Total Projected Revenue</b>		<b>\$ 1,996,425</b>	

Agency's 2009 Revenue Information			
Funding Entity	Agency's 2009 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ 26,250	1
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations		\$ 1,217,539	63
Fundraisers		\$ 24,670	1
Other (please list)		\$ 665,800	34
<b>2009 Total Revenue</b>		<b>\$ 1,934,259</b>	

**If your agency received funding from Jackson County in 2009, please identify the funding source, amount and program name below.**

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"/>	\$ 26,250	Indigent Funds for Jackson

**2009 Total Jackson County Funding \$ 26,250**

## Section C: REVISED Individual Program Budget

Complete a separate program budget for each program your agency is applying for funding.  
 Program Name, Priority, and Total Program Request Amount from this sheet must match  
 information entered under Page 1, Section A.

Agency Name: Seton Center, Inc.  
 Program Name: Indigent Funds for Jackson County Residents' Dental Care Priority: \_\_\_\_\_

**RECEIVED**

DEC 18 2009

JACKSON COUNTY  
AUDITOR'S OFFICE  
KANSAS CITY, MISSOURI

<b>Personal Services</b>					
For each salary request below please attach a job description or duties.					
Position	No. of Hours		FTE	Rate	Annual Hours
	Per Week	or Annually			x Rate
			-		\$ -
			-		\$ -
			-		\$ -
			-		\$ -
			-		\$ -
			-		\$ -
Total Salaries					\$ -
Total Benefits					\$ -
<b>Total Personal Services</b>					<b>\$ -</b>
<b>Contractual Services</b>					
indigent funds for Jackson County residents unable to afford dental care					\$ 23,756
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Contractual Services</b>					<b>\$ 23,756</b>
<b>Supplies</b>					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Supplies</b>					<b>\$ -</b>

**Total Program Request \$ 23,756**

## Section D: Program Information

Complete each section for each program your agency is applying for funding.  
 All Program 1 information should be entered in the left column, all Program 2 information in the middle column,  
 and all Program 3 information in the right column.

Program 1 Name	Program 2 Name	Program 3 Name
<p><b>Indigent Funds for Jackson County Residents' Dental Care</b></p>	<p style="text-align: center;"><b>Proposed Program</b>                      Detail functions to be performed by each program.</p>	
<p>Seton Center, Inc. is a non-profit human services organization located at 23rd and Benton in the heart of Kansas City's urban core. A community needs assessment in the mid 1990's indicated that accessible and affordable dental care was nearly non-existent in minority neighborhoods of Kansas City. Our adult and mentally ill and disabled population simply cannot afford dental insurance or much-needed dental care. To answer this need, Seton Center Dental Services opened in 1997. The program provides both general dentistry and preventive oral health care. Services offered include: cleanings, fillings, extractions, root canals, crowns and full or partial dentures. Seton dental staff see many adults with advanced periodontal disease and medical complications from chronic infection due in part to poverty-induced neglect and at-risk behaviors. Due to the increased number of patients with periodontal disease, Seton has increased the number of days that a dental hygienist is on site. Another critical need in our community is preventive oral health care for low-income children.</p>		



Participants	
Identify the number of participants by County that each program serves.	
Jackson	57 percent
Clay/Platte	5 percent
Cass	5 percent
Other	
Missouri	
Kansas	33 percent
Target Population	
Describe target population and demographics to be served by each program.	
<p>Seton Dental Services targets those individuals who are in need of dental care and are insured, underinsured, or needy. Most of our clients live in the surrounding zip codes of 64127, 64128, 64129, 64130 and 64131 which house the poorest resident of Kansas City. Children in these areas suffer from acute dental disease because their parents cannot afford to take them to dentists and they are generally unaware of the importance of good oral health with general health. Many adults, too, simply can't afford dental care and are in extreme dental distress when they come to Seton. An increasing number of patients are the "working poor" who, despite working multiple low-paying jobs, are uninsured and fall between the health care cracks. All of the patients we serve are 200% below the federal poverty guidelines.</p>	

**Service Delivery Area**

Identify your specific geographic service delivery for each program:

Seton Center, Inc. primarily serves individuals and families who live in the area of 18th to 43rd Streets, from Troost to Blue River, in the central part of Kansas City. Ninety eight percent of our clients live at or below the poverty level. Approximately 80% of our population is African-American, 15% are Hispanic and 5% are Native American.

**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

Seton Center Dental Services staff members take great measures to ensure that these funds are directed ONLY to Jackson County residents. During the assessment and evaluation of a client's qualification and need, he/she must provide proof of residency in Jackson County. This is achieved by presenting personal identification and two current bills listed in the client's name. If the client resides in a homeless shelter, the participating shelter (i.e. Salvation Army), must supply a letter documenting that the

Approach & Method	
List the top three (3) objectives for each program.	
<p>1. Seton Center Dental Services is committed to providing the best care to meet the needs of the community we serve (poor, minorities, and the uninsured and underinsured).</p>	
<p>2. Seton Center Dental Services is committed to early diagnosis and intervention in our area's low income children so that the effects of dental disease will not plague them into adulthood.</p>	
<p>3. Seton Center Dental Services is committed to providing care for those with physical/cognitive disabilities, the elderly, the mentally ill, and those with HIV.</p>	
Detail specific methods you will use to achieve these objectives.	
<p>Because caring for teeth and gums is important to one's general health, all caregivers are educated on the importance of early intervention and good oral hygiene practices. Seton continues its aggressive outreach program on behalf of low-income children. Despite drastic Medicaid cuts for adults, Seton will continue to work with patients to provide sliding scale patient options and continue to seek "care of the needy" funds from Jackson County and other public and private funding sources.</p>	

**Evaluation**

Describe how the success of each program will be evaluated. Indicate performance measures or statistics you will use to demonstrate the success of each program.

The Seton Dental Services staff meets monthly to review the program. During this time, staff discuss needs, budget and other topics of interest. The success of the program has been measured by the increased number of patients treated, referrals from other agencies, and waiting lists for some procedures. Seton Dental Services documents in photos and through personal stories and anecdotal information how each individual is being helped through "care of the needy" funds from Jackson County.

**Notification**

How will your organization make clients, the taxpayers, and the media aware of the generous funding received from Jackson County? (Please attach any examples)

Each client who receives dental care through funds provided by the Jackson County Indigent Fund is given a form to sign indicating that he/she understand that the funds have been made available through the generosity of Jackson County and gives permission for Seton Center to forward stories, photos, treatment outcomes to Jackson County staff and members of the Legislature to illustrate how the funding has benefitted clients who would otherwise have gone without dental care. Seton Center Dental staff share this information with members of the Seton Center Board of Trustees and Community Support Board every two months in a written report and share information with guests, media and others routinely during tours and visits.