COOPERATIVE AGREEMENT

AN AGREEMENT by and between JACKSON COUNTY, MISSOURI, hereinafter called "the County" and PALESTINE SENIOR CITIZEN ACTIVITY CENTER, 3325 Prospect, Kansas City, MO 64128, hereinafter called "Palestine."

WHEREAS, the County and Palestine desire to enter into an Agreement to provide funding to be used for its Senior Citizen Activity Center nutritional meal service program; 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 Palestine respectively promise, covenant, and agree with each other as follows:

- 1. <u>Services</u>. Palestine shall provide services through its Senior Citizen Activity Center as is more fully set out in the proposal attached hereto as Exhibit A and incorporated herein by reference.
- 2. <u>Terms of Payment</u>. The County agrees to pay to Agency the total amount of \$71,000.00 in quarterly installments of \$17,750.00 each, with the first payment 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, through the Legislative Auditor, may approve adjustments to line items listed in Agency's budget/proposal contained in Exhibit A, in an amount not to exceed 10

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percent of the total amount of the Agreement, so long as there is no additional total cost to the County.

- 3. Reports. Within 30 days after the conclusion of each calendar quarter under this Agreement, Agency 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 conclusion of the first quarter, or within 30 after the execution of this Agreement, whichever comes later. The last quarter's report shall include an annual report which shall summarize all of Agency's activities pursuant to this Agreement. Agency's failure to submit this annual report shall disqualify Agency from future funding by the County.
- 4. <u>Submission of Documents</u>. No payment shall be made under this contract unless the contracting agency shall have submitted to the 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) 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 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 the contract agency is out of compliance on any other County contract.

- 5. **Equal Opportunity**. Agency agrees and assures that no person eligible for services shall on the ground of race, color, religion, national origin, sex, handicap, veteran status, or age be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination for any service funded by this Agreement. Furthermore, Agency agrees and assures that it will provide equal employment opportunities to applicants and employees and will not discriminate against them on the basis of race, color, religion, national origin, sex, handicap, veteran status, or age.
- 6. Audit. The County further reserves the right to examine and audit, during reasonable office hours, the books and records of Agency pertaining to its finances and operations.
- 7. **Default.** If Agency shall default in the performance or observation of any term or condition of this Agreement, the County shall give written notice setting forth the default and the correction required. If said default shall continue and not be corrected by Agency within ten days of its receipt of said notice, the County may, at its election, terminate the Agreement and withhold any payments not yet made. Said election shall not in any way limit the County's right to seek legal redress.

- 8. <u>Conflict of Interest</u>. Agency 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.
- 9. **Severability.** If any covenant or other provision of this Agreement is invalid or incapable of being enforced by reasons 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.
- any 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 Agency 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 Agency during the performance of this Agreement.
- 11. <u>Term.</u> This Agreement shall be effective January 1, 2012, and shall terminate on December 31, 2012. This Agreement may be terminated prior to that date by either party upon written notice, delivered thirty (30) 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 Agency as verified by the County's audit.
 - 12. <u>Incorporation</u>. This Agreement incorporates the entire understanding

and agreement of the parties.

REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this contract 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 \$71,000.00 which is hereby authorized.

(Grid 12,2012 Date)

Director of Finance and Purchasing Account No. 002-7731-56789

77312012001



OUTSIDE AGENCY FUNDING REQUEST FURNI 2012 BUDGET

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

Email: auditor@jacksongov.org

Section A: Organization or Agency Information	page 1
Section B: Agency's 2011 and 2012 Revenue Information	page 2
Section C: Individual Program Budget	page 3
Section D: Program Information	pages 4 - 8
Section E: Summary of Request by Program	page 9

Section A: Organization or Agency Information				
Name:	Palestine Senior	Citizen Activi	ty Center	
Address:	3325 Prospect Ave	e. Kansas City, N	Ло 64128	
Phone No:	816-921-1963		Fax: 816-924-7586	3
Website Addr	ess:			
Federal Tax I	O No: 43-1531200		Fiscal Year Cycle: 1-1-2012 to 1	2-31-2012
Executive Dire	ector:		Jacqueline Hall, Director	
Name and Titl	e of Principal Contact	Person:		
Phone No:	816-921-1963		Email Address: palestinedir2@s	bcglobal.net
Submittal of th	is request has been a	uthorized by:	Jacqueline Hall, Director	
Jacqueline Hall, I	Director	Date:	15-Sep ₁ 11····	

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EXHIBIT

Section B: Agency's 2011 and 2012 Revenue Information

Agency's 2012 Projected Revenue Information				
Agency's 2012 Total Projected Revenu Funding Entity Source You Will Request 2012 Funding F		Projected Amount		% of Total Revenue
Federal	-	\$		0
State		\$	-	0
Jackson County	Food Reimbursement	\$	75,000	32
Other Counties		\$	<u>.</u>	0
City	CDBG	\$	75,000	32
Charity/Donations	Church Assistance & Member Donations	\$	50,000	21
Fundraisers	In-House Fundraisers	\$	2,500	1
Other	Daycare Lease & Membership	\$	32,000	14
	2012 Total Projected Revenue	\$	234,500	

Other (please list) Daycare Lease & Membership 2011 Total Revenue \$ If your agency received funding from Jackson Couplease identify the funding source, amount and progra Jackson County Funding Source Yes No An COMBAT Mental Health Levy Board of Services for Developmentally Disabled Domestic Violence Board Housing Resources Commission Dutside Agency Program 2011 Total Jackson County Funding \$ Did your agency receive funding or resources in 2011 from either	ation	
Federal State Jackson County Other Counties City CDBG Charity/Donations Fundraisers In-House Fundraisers Other (please list) Daycare Lease & Member Donations If your agency received funding from Jackson Couplease Identify the funding source, amount and program Jackson County Funding Source Yes No An COMBAT Mental Health Levy Board of Services for Developmentally Disabled Housing Resources Commission Dutside Agency Program 2011 Total Jackson County Funding \$ 7	Amount	% of Total Revenue
Jackson County Other Counties City CDBG Charity/Donations Fundraisers In-House Fundraisers Other (please list) Daycare Lease & Member Donations If your agency received funding from Jackson Couplease Identify the funding source, amount and program Jackson County Funding Source Yes No An COMBAT Mental Health Levy Board of Services for Developmentally Disabled Domestic Violence Board Housing Resources Commission Dutside Agency Program Did your agency receive funding or resources in 2011 from eith		0
Other Counties City CDBG Charity/Donations Church Assistance & Member Donations Fundraisers In-House Fundraisers Other (please list) Daycare Lease & Membership \$ 2011 Total Revenue \$ If your agency received funding from Jackson Couplease identify the funding source, amount and progrational Health Levy Pomental Health Levy Pomental Health Levy Pomental Violence Board Pomestic Violence Board Pousing Resources Commission Poutside Agency Program Poly Sunday Pousing Resources County Funding \$ 2011 Total Jackson County Funding		o
City Charity/Donations Church Assistance & Member Donations Fundralsers In-House Fundraisers Other (please list) Daycare Lease & Membership 2011 Total Revenue If your agency received funding from Jackson Couplease identify the funding source, amount and progra Jackson County Funding Source Yes No And COMBAT Mental Health Levy Board of Services for Developmentally Disabled Domestic Violence Board Housing Resources Commission Dutside Agency Program 2011 Total Jackson County Funding \$ 7	70,701	28
Charity/Donations Church Assistance & Member Donations Stundraisers In-House Fundraisers Stundraisers Daycare Lease & Membership Stundraisers	-	o
Fundraisers In-House Fundraisers \$ Other (please list) Daycare Lease & Membership \$ 2011 Total Revenue \$ If your agency received funding from Jackson Couplease Identify the funding source, amount and progra Jackson County Funding Source Yes No And COMBAT	39,029	15
Other (please list) Daycare Lease & Membership 2011 Total Revenue \$ If your agency received funding from Jackson Couplease identify the funding source, amount and progra Jackson County Funding Source Yes No An COMBAT Mental Health Levy Board of Services for Developmentally Disabled Domestic Violence Board Housing Resources Commission Outside Agency Program 2011 Total Jackson County Funding \$ Did your agency receive funding or resources in 2011 from either	112,034	44
If your agency received funding from Jackson Couplease identify the funding source, amount and program Jackson County Funding Source Yes No An COMBAT Mental Health Levy Board of Services for Developmentally Disabled Domestic Violence Board Housing Resources Commission Outside Agency Program 2011 Total Jackson County Funding Did your agency receive funding or resources in 2011 from either	2,500	1
If your agency received funding from Jackson Couplease Identify the funding source, amount and prograssing Jackson County Funding Source Yes No And COMBAT Mental Health Levy Board of Services for Developmentally Disabled Domestic Violence Board Housing Resources Commission Outside Agency Program 2011 Total Jackson County Funding \$ 7000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	32,000	12
please identify the funding source, amount and progra Jackson County Funding Source	256,264	
COMBAT Mental Health Levy Board of Services for Developmentally Disabled Domestic Violence Board Housing Resources Commission Outside Agency Program 2011 Total Jackson County Funding \$ 7	am name below.	
Mental Health Levy Board of Services for Developmentally Disabled Domestic Violence Board Housing Resources Commission Outside Agency Program 2011 Total Jackson County Funding \$ 7	mount Prog	gram Name
Board of Services for Developmentally Disabled	-	·
Domestic Violence Board	-	
Housing Resources Commission	-	
Outside Agency Program 2011 Total Jackson County Funding \$ 7 Did your agency receive funding or resources in 2011 from eith	-	
2011 Total Jackson County Funding \$ 7		
Did your agency receive funding or resources in 2011 from eith	70,701 Food Rein	mbursement
-	70,701	
	ner of the following	CENTE
Mid America Regional Council 🔲 🗵 💲	- S	EP 1 5 2011
Harvesters □ ☑ \$		war a manage

Section C: REVISED 2012 Program Budget

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

Agency	Name:
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PALESTINE SENIOR CITIZEN ACTIVITY CENTER

Program Name:

SUPPLIES

F		rsonal Servi		. ,.	1 4
-	salary request belo	w please atta Total Salary	ch a job descr % of Salary to be funded by Jackson Co.	Amou to be	duties. Int of Salary funded by Son County
				\$	_
	Onnead			\$	•
	Vanized	•		\$	
	14 . O hill day	<i>i</i>	_	\$.	-
	DEC 1 2 2011			\$	-
				\$	<u>-</u>
	Sp. to Carlo				
Total Salaries	for territing 1300	•		\$	_
Total Benefits	_			\$	_
		Total Pers	onal Services	\$	-
	Cont	ractual Serv	ices		
		_		\$	
				\$	-
n/a				\$	_
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		Total Contrac	tual Services	\$	_
		Supplies		<u> </u>	
				\$ 71,000.00	
FOOD REIMBURSEMENT ONLY			\$		
			ļ	\$	-
				\$	_
				\$	-
				\$	<u> </u>
		To	otal Supplies	\$71,00	00.00

Total Program Request \$71,000.00

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

Agency Name:

Palestine Senior Citizen Activity Center

Program Name:

SUPPLIES

Proposed Program

Detail functions to be performed by each program.

Palestine promotes the physical, emotional, social and economic well-being in all aspects of seniors daily lives. Offering a comprehensive program to seniors who reside within the Kansas City Community, specifically the Urban Core Area. The current membership is over 100 seniors, ages 55 years and older. Activities are diversified to meet the needs and interest of the members, with nutritional meal service being a core component. The center is surrounded by three (3) Senior Living Complexes, Palestine Gardens, Palestine North and Palestine Commons. Seniors living in these units will be utilizing the meals served at the center. The increasing food prices present a challenge in providing a nutritional meal to the senior population.

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

Agency Name:

Palestine Senior Citizen Activity Center

Program Name:

SUPPLIES

Participants	
Identify the number of participants by County that each pro	ogram serves.
Jackson, MO	1,200
Clay,Platte,	
Cass, MO	
Wyandotte,	
Johnson, KS	
Other	
Missouri	
Target Population	
Describe target population and demographics to be served by	y each program.
The Palestine Senior Citizen Activity Center was designed to respond to the ne	
Missouri seniors, by promoting their physical, emotional, social and economic w	
goal of "aging in place". The changing lifestyle and physical needs of an older a	adult population are rarely
reflected in the dominant neighborhood development pattens of the region.	
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Would you provide these services to anyone at your door?	Answer (Yes or No
s anyone denied services?	Answer Yes or No
What level of indigents (below poverty level) do you serve? //A	
Please classify your program from the following types by percentage of yo	
Senior Program	100%
Indigent Program (Below Poverty Level)	%
Senior Indigent Program	6/4
What criteria do you have for the clients you serve?	RECEIVED
Membership application & fee	·
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ACRETARY COUNTY MARSAN CATY, MISSONIA Section D

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

Agency Name:

Palestine Senior Citizen Activity Center

Program Name:

SUPPLIES

Service Delivery Area

Identify your specific geographic service delivery area for each program.

The majority of members that participate at Palestine Senior Citizen Activity Center live within the Urban Core. Independence Avenue to 47th Street and Van Brunt to Troost.

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.

Each member has completed an application that is on file in the centers office. Application information include the members name, address and telephone number. A membership card is issued for every member and upon entering the building they must show their card and sign in. Funds received from Jackson County are used to defray the cost of the food served. Meals are discounted for members of the center. Seniors that can not pay the reduced cost, complete a Free Meal Application and receive lunch at no charge on the days they come to the center. The funds help to ensure that the nutritonal needs of seniors are addressed through nutritionally planned meals.

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

Agency Name:

Palestine Senior Citizen Activity Center

Program Name:

SUPPLIES

Approach & Method

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

1.The Center provides an affordable and nutritional lunch for seniors ages 55 years and older, that supports the basics of an adequate diet. There are also Free Meals provided upon request or when it is observed that a senior is coming to the center but not eating due to financial reasons.

2.The Center offers a comprehensive program for seniors ages 55 years and older living in Jackson County communities, by addressing established indicators for social and healthy well-being that support the aging. Our stratgies focus on delivering opportunities for diverse socialization that challenge mind and body through classes, discussion groups, physical exercise, excursions, laughter and community involvement activities, followed by lunch and stimulating conversation among friends.

3. The Center provides access to information and services that promote long-term health and well-being for seniors. Along with the daily meals the center provides speakers on services and issues that affect the daily lives of seniors. The objective is to allow seniors to remain functional and in their home.

Detail specific methods you will use to achieve these objectives.

For the past 20 years the Palestine Senior Citizen Activity Center has become a significant part of everyday life for its membership. The center continually works to stimulate this environment by scheduling special activities and events that reach the diverse interest of our participants. Our daily activities include the game room area, which consisit of a wide-screen TV, checkers, dominoes, billiards, ping pong, a sewing room and bingo. The exercise program, health screening and day trips are scheduled throughout the day. The monthly calender and quarterly newsletter help seniors plan their participation at the center in advance. However, many of our members come strictly for the nutritional meals. Guest presentors make presentation during the lunch period on topics geared toward senior needs and interest.

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Section D

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

Agency Name:

Palestine Senior Citizen Activity Center

Program Name:

SUPPLIES

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.

The Palestine Senior Citizen Activity Center members are issued a membership card. Members must show their card and sign-in upon entering the building. Sign-in sheets are used for all activities and events to measure the participation level of the members. A count of lunches served, carry-out meals, visitors and volunteers are taken daily. A yearly survey is taken for member input on existing program and future activites.

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) It is our policy that the funding records of the Palestine Senior Citizen Activity Center are open to the public. Our members are reminded often of the funding from Jackson County through podium announcements and through the quartly newsletter. A footnote has been added to our monthly calender that states that the center receives funding from Jackson County.

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