

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 **MID-AMERICA REGIONAL COUNCIL, 600 BROADWAY, SUITE 200, KANSAS CITY, MO 64105**, a regional planning commission operating pursuant to Sections 251.150 et seq., RSMo, hereinafter referred to as "Organization".

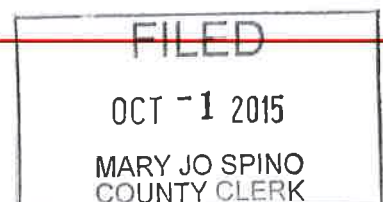
WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used for an emergency client assistance program; and,

WHEREAS, the County deems it to be in the best interest of its citizenry to support such programs and activities as provided by Organization and other agencies under subcontracts with Organization; and,

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

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

1. **Services**. Organization shall provide a variety of services for the aging and needy of Jackson County including health care, medical expenses and basic needs such as shelter and food. Organization is expressly authorized to enter into a subcontract with the **Redemptorist Social Services Center** for these services, as is more fully set out in the proposal attached hereto as Exhibit A, upon such terms and conditions as Organization shall deem appropriate, provided that said subcontractor



shall provide that the County's funds shall be used by the **Redemptorist Social Services Center** solely to provide services to the aging and needy of Jackson County. 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.** Upon the execution of the Agreement, the County shall provide to MARC the lump sum of \$30,000.00 which shall be used for services for the aging and needy in Jackson County. 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 MARC 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, for any reason and at any given time, examine and audit the books and records of Organization pertaining to its finances and operations. 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. 12th Street, Suite 100
Kansas City, MO 64106

Mid-America Regional Council
Dorothy Pope, Director of Financial Affairs
600 Broadway, Suite 200
Kansas City, MO 64105
(816) 474-4240

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 1st day of October, 2015.

APPROVED AS TO FORM:



W. Stephen Nixon
County Counselor

JACKSON COUNTY, MISSOURI

By 

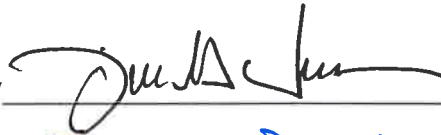
Michael D. Sanders
County Executive

ATTEST:



Mary Jo Spino
Clerk of the Legislature

MID-AMERICA REGIONAL COUNCIL

By 

Title Executive Director
Federal Tax I.D. 43-0976432

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 \$30,000.00, which is hereby authorized.

September 30, 2015

Date



Director of Finance and Purchasing
Account No. 002-7902-56789

PC 79022015008



OUTSIDE AGENCY FUNDING REQUEST FORM 2015 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 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: Redemptorist Social Services Center

Address: 207 West Linwood Zip Code: 64111

Phone No: 816-931-9942 Fax: 816-531-0583

Website Address: www.kcsocialservices.org

Federal Tax ID No: 260054325 Fiscal Year Cycle: 1/1/14-12/31/14

Executive Director/President: Diana Kennedy

Phone No: 816-931-9942 ex 407 Email: diana@kcsocialservices.org

Name/Title of Principal Contact Person: Diana Kennedy

Phone No: 816-931-9942 ex 407 Email: diana@kcsocialservices.org

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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		\$ 12,000	1
State		\$ -	0
Jackson County		\$ 45,000	5
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations		\$ 74,000	7
Fundraisers		\$ 47,000	5
Other	grants, interest, tenant, ATA, In-kind	\$ 818,000	82
2015 Total Projected Revenue		\$ 996,000	

Agency's 2014 Revenue Information

Funding Entity	Source You Received 2014 Funding From	Amount	% of Total Revenue
Federal		\$ 12,000	1
State		\$ -	0
Jackson County		\$ 30,000	3
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations		\$ 94,000	9
Fundraisers		\$ 120,000	12
Other (please list)	grants, interest, tenant, ATA, In-kind	\$ 734,750	74
2014 Total Revenue		\$ 990,750	

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 type="checkbox"/>	\$ -	
Mental Health Levy	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Board of Services for Developmentally Disabled			\$ -	
Domestic Violence Board			\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ -	
2014 Total Jackson County Funding			\$ -	30,000



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	\$ -	30,000
MAAC Link	\$ -	10,500
Harvesters	\$ -	

Section C

2015 Jackson County Program Budget

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

Agency Name: Redemptorist Social Services Center

Program Name: Emergency Client Assistance

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.
Diana Kennedy, Director			\$ 1,500
Trish Duffy, Assistant Director			\$ 2,000
Maureen Smith, Staff Attorney			\$ -
Carol Hookham, Admin. Assistant			\$ 1,000
Ethel Rodriguez, Pantry Coordinator			\$ -
			\$ -
Total Salaries			\$ 4,500
Fringe Benefits			\$ -
Total Personal Services			\$ 4,500
Contractual Services			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Contractual Services			\$ -
Supplies			
Emergency Client Assistance			\$ 25,500
			\$ -
Client utility			\$ -
Client shelter			\$ -
Client medical			\$ -
client transportation			\$ -
Client food, education and work related			\$ 25,500
Total Jackson County Program Budget Request			\$ 30,000

Section D 2015 Program Information

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

Agency Name: Redemptorist Social Services Center

Program Name: Emergency Client Assistance

Program Request # 1 of 1

Proposed Program Cost	
What is the total cost to run your program regardless of the Jackson County funding you are requesting?	
Total Program Cost \$	822,300
Proposed Program	
Detail functions to be performed - limit your response to the space provided	
<p>Redemptorist Social Services Center has been a landmark of hope and the first line of defense for people in need in Kansas City for over 28 years. Our programs of assistance stabilize individuals, families and neighborhoods, with long-term results benefiting the entire community; Emergency Client Assistance: meets the basic needs of individuals facing chronic poverty, the working poor, the elderly, the homebound and the homeless, the newly/long term unemployed. This program provides over 1,900 direct monthly assists with rent, utility and medical payments; food, clothing and transportation, educational and work related needs. Senior Services: This program includes Saturday Meal Delivery to the homebound; Minor Home Repairs; emergency assistance services; free legal counsel; health and wellness screenings. Legal Assistance: A staff attorney specializing in the legal needs and issues of the elderly provides free legal counsel to seniors and all clients of the Center. Health Maintenance: A free ongoing program staffed by area health care professionals providing basic health screenings; hygiene products; nutritional and disease prevention education; home health assessment for the homebound; flu shots.</p> <p>The Center is well positioned to continue serving the needs of the poor and elderly in Kansas City:</p> <ul style="list-style-type: none"> • The only agency providing multiple assists to 23 Kansas City zip codes from a single site. This is significant... clients can receive the help they need during one visit without taking time off of work or spending money on bus fares by travelling to multiple agencies seeking different services. • Provides assistance for 8 of the top 10 most requested needs. • Legal: Only agency with a staff attorney providing free legal counsel. • Senior Services: only agency providing Saturday meal delivery to the homebound, minor home repairs and emergency assistance to the elderly. • Food: Only agency providing bi-monthly food assistance that includes fresh produce, meat/poultry. This is critical with increased unemployment and children not receiving free meal programs when schools are closed for the summer and during holidays. • Transportation: Only agency providing both reduced fare monthly bus passes and one-ride tokens. Without this critical assist, many low income individuals will be unable to find / retain employment, attend school or access medical services. 	

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Section D 2015 Program Information

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

Agency Name: Redemptorist Social Services Center

Program Name: Emergency Client Assistance

Program Request # 1 of 1

Participants	
Identify the number of participants that each program serves	
# served with this program	5,325
Of the # served with this program, how many are from:	
Jackson County	4,360
Other Counties	965
Target Population	
Describe target population and demographics to be served by each program	
<p>Redemptorist Center serves 23 of the 58 zip codes in metropolitan Kansas City, MO. (463,202 individuals). Medical assistance is available to all residents of Jackson and Wyandotte Counties; Victims of Crime assistance is available to all residents of Jackson County. Our service area includes a large population of the elderly and the homeless, and the highest concentration of HIV positive residents and the mentally ill; 95% of our clients live below the poverty level and over 55% live on a fixed income. Their average annual income of \$3,000 to \$9,600 is immediately consumed with the basic needs of survival for themselves and their families... shelter, utilities and food. The programs and services offered by the Center are available to all persons in our service area regardless of race, ethnicity, age or gender, underserved or underinsured. Note: Our 23 zip code service area includes two new zip codes (78,144 individuals) that were recently added at the request of United Way's 2-1-1 Information and Referral Line. There are currently only three agencies providing services to these zip codes and they can't keep up with the demand. We will review this temporary assistance with rent, gas and medical on a monthly basis for any negative impact it might have on our regular service area.</p>	
Estimate of your cost per participant: \$ 118	
What criteria do you have for the participants you serve? See attached	
Do you keep a list of participants for each program? Yes	
Would you provide these services to anyone at your door?	Yes
Is anyone denied services?	Yes
Please classify your program from the following types by % of your agency's overall services:	
Seniors Program: 26%	
Indigent Program (Below Poverty Level): 93%	
Indigent Senior Program: 21%	

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Section D
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Section D
2015 Program Information

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

Agency Name: Redemptorist Social Services Center

Program Name: Emergency Client Assistance

Program Request # 1 of 1

Service Delivery Area

Identify your specific geographic service delivery area for each program

Redemptorist Center serves 23 of the 58 Kansas City, MO zip codes: 64105, 106, 108, 109, 110, 111, 112, 113, 114, 120, 123, 124, 127, 128, 130, 131, 132, 133, 134, 136, 138, 64050, 64052. Medical Assistance is available to all residents of Jackson County, MO, and Wyandotte County, KS; Victims of Crime assistance is available to all residents of Jackson County, MO. Rental and utility assistance are available to all of the Center's 23 zip codes. The Center's Saturday Meal Delivery program to the homebound and our Minor Home Repairs program are for zip codes 64109, 110, 111, 112. Transportation assistance (ATA discounted tokens and monthly passes) is available to anyone. Food and clothing assistance are available to all 23 zip codes. Legal assistance is available to all 23 zip codes. United Way's 2-1-1 Information & Referral line for individuals in need designated the Center as the Open Food Pantry for Jackson County. Residents of all 58 counties may assess the Center's food pantry and clothing/housewares room on a one time basis. We then refer individuals to an agency that is more accessible to them for food, clothing and housewares.

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

Case management is the operational format for the Center's work with clients. During the interview process other needs are revealed such as job loss, chronic illness, etc., that contributed to the client's visit. There is seldom only one issue to address and multiple assists are often required to maintain stability for the client and their family. We work with each client to address the immediate crisis.

- Underlying needs contributing to the initial visit are accessed
- Client resources are reviewed
- Achievable, measurable goals (short and long term) are determined
- A budget and plan of action are established and monitored
- Follow-up visits are scheduled when needed

A key part of attaining projected outcomes is client participation. Whenever possible, each client must participate in payments and in an ongoing budget. This process gives individuals a sense of ownership and pride in achieving and maintaining stability for themselves and their families. Client information and all received grant funding are entered into the MAAC (Mid America Assistance Coalition) Link System enabling us to track services and expenditures. All services the Center provides are carefully documented; detailed, confidential client records are maintained

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Section D
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Section D
2015 Program Information

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

Agency Name: Redemptorist Social Services Center

Program Name: Emergency Client Assistance

Program Request # 1 of 1

Approach & Method
<p>List the top three (3) objectives for each program</p> <p>1. Shelter assistance Immediate crisis-eviction</p> <ul style="list-style-type: none">• Review landlord letter...rent, past due, payment history• Establish payment plan and budget structured to client's income and agreeable with landlord• Client makes agreed upon payment(s)• Center pays our commitment to landlord• Client remains in home a minimum of 60 days
<p>2. Utility assistance Immediate crisis-loss of service</p> <ul style="list-style-type: none">• Client presents past due or final notice• Review client pay history with provider• Establish payment plan and budget structured to client's income and agreeable with provider• Client makes agreed upon payment(s)• Center pays our commitment to landlord• Client sustains utility service a minimum of 60 days
<p>3. Medical assistance Immediate crisis-deteriorating health</p> <ul style="list-style-type: none">• Review vender invoice (prescription medications, glasses, dental, etc.)• Establish payment plan and budget structured to client's income and agreeable with medical provider• Client makes agreed upon payment(s)• Center pays our commitment to provider• Client has improved quality of life resulting from assistance with prescription medications and/or durable medical goods.
<p>Detail specific methods you will use to achieve these objectives</p> <p>During the client interview process, other needs are often revealed such as job loss, chronic illness, death of sole provider, etc., that contributed to the client's visit and must be addressed so that client goals can be accomplished. There is seldom only one issue to address and multiple assists are often required to maintain stability for the client and their family. We work with each client to address the immediate crisis; access other needs; review client resources; set achievable, measurable goals (short and long term); establish a budget and plan of action; monitor and verify the plan. The Center agrees to a specified payment; the client agrees to a structured payment plan; the provider agrees to continue the service for a specified length of time. All payments made by the Center go directly to the service provider.</p>

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Section D
2015 Program Information

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

Agency Name: Redemptorist Social Services Center

Program Name: Emergency Client Assistance

Program Request # 1 of 1

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

Emergency Client Assistance: Works to keep individuals in their homes with the utilities on and food on the table.

- Individuals sustain housing for a minimum of 60 days
- Individuals sustain utility service for a minimum of 60 days
- Individuals receive food, clothing and housewares assistance

Medical Assistance: Individuals realize a substantial improvement in the quality of their life because of prescription medication assistance, and medical goods (hearing aids, eye glasses, prosthetic devices, etc.)

Transportation Assistance: Low income individuals receive reduced fare public transportation assistance to:

- Eliminate a key barrier they face as they try to stabilize their lives.
- Help stretch their financial resources during the process of finding and retaining employment.
- Help them access medical service, education opportunities and service agencies for themselves and families.

Senior Services: The elderly will remain in their homes in a safe and stable environment.

- Receive resources that will improve the security and safety of their home.
- Will maintain independent living (when applicable).
- Home safety issues will be addressed and appropriate service scheduled.

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)

Redemptorist Social Services Center acknowledges to agencies and organizations in metropolitan Kansas City and Wyandotte County the received taxpayer support to in the following ways:

- Notifications to United Way's 2-1-1 Information and Referral line. Note: Redemptorist Social Services Center is one of their top three referral agencies. We provide assistance with 8 of the 10 most requested needs.
- Postings on the MAAC (Mid America Assistance Coalition) bulletin board that targets service agencies in five counties in the metropolitan area.
- Discussed at the monthly Agency Relations meetings which are comprised of social service agencies in Jackson and Wyandotte counties.
- Donor Edge Profile with the Greater Kansas City Community Foundation
- Annual Financial Report
- Board of Directors meetings
- Wyandotte County... notified directors of Salvation Army; MLM Wyandotte (Metropolitan Lutheran Ministries); Catholic Charities-Wyandotte; Family Services.
- The Center works directly with the Director of Dental Services at Seton Center, the optical department at Swope Parkway Medical Center and case workers at Truman Medical and St. Luke's Hospital.

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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 **Mid-America Regional Council**, 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, **Mid-America Regional Council**, 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.)




Authorized Representative's Signature
Director of Financial Affairs
Title

Dorothy Pope

Printed Name
3-17-2015

Date

Subscribed and sworn before me this 17 day of MARCH, 2015. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on 7-28-2017.



Signature of Notary

3-17-2015
Date
NANCY WEITZEL BURRY
Notary Public, Notary Seal
State of Missouri
Jackson County
Commission # 13414121
My Commission Expires July 28, 2017