

COOPERATIVE AGREEMENT

AN AGREEMENT by and between JACKSON COUNTY, MISSOURI, hereinafter called "the County" and the ADHOC GROUP AGAINST CRIME, 3116 Prospect Avenue, Kansas City, MO 64128, hereinafter called "Organization."

WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used in addressing violence within our community which is a nationally recognized public health issue; and,

WHEREAS, the County deems it to be in the best interest of its citizenry to support such programs and activities;

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:

1. Services. Organization shall provide services relating to addressing violence within the community, as more fully set out in the attached proposal and budget, attached hereto as Exhibit A and incorporated herein by reference. The budget Organization submitted as part of Exhibit A is considered final and non-changeable. If Organization encounters unforeseen circumstances that require a change to Organization's budget, Organization shall submit a written request to the Jackson County Legislative Auditor's Office no later than October 31, 2014. Any changes to the budget must be approved by the Jackson County Legislature.

2. Terms of Payment. The County agrees to pay to Organization the total amount of \$78,000.00 in quarterly installments of \$19,500.00 each, with the payment for

FILED  
FEB 03 2014  
MARY JO SPINO  
COUNTY CLERK

the first quarter to be made upon execution of this Agreement. The remaining payments shall be made upon the County's receipt of the reports as set forth in paragraph 3 hereof. The County reserves the right to audit all invoices and to reject any invoice for good cause. The County retains the right to deduct from an invoice of Organization any overpayment made by the County on a prior invoice. The County retains the right to make invoice corrections/changes. The County will not reimburse sales tax expense.

3. **Reports.** 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 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 contract unless Organization has 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 Organization's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the Organization'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), (5) a paid tax receipt on all properties owned by organization or notice of exemption. If an Organization has previously received County funding, to be eligible for future payments, Organization must submit either an audited financial statement for the Organization'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 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 County further reserves the right to examine and audit, during reasonable office hours, the books, and records of Organization pertaining to its

finances and operations. Organization agrees to establish and adopt such accounting standards and forms as may be recommended by the County's Director of Finance and Purchasing prior to receipt of the County's first distribution of funds under the terms of this Agreement. The forms used to document the expenditure of these funds may be changed from time to time upon mutual agreement.

8. **Default.** If Organization shall default in the performance or observation of any term or condition herein, the County shall give Organization ten (10) days' written notice setting forth the default. If said default shall continue for ten (10) days after written notice thereof, the County may at its election terminate the contract and withhold any payments not yet made to Organization. Said election shall not in any way limit the County's right to sue for breach of contract.

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 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.

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) to the extent caused by the negligence or willful misconduct of Organization or its employees, agents or representatives.

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 as of January 1, 2014, and shall continue until December 31, 2014, 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 obligation 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  
Troy Thomas  
415 E. 12<sup>th</sup> Street, Suite 100  
Kansas City, MO 64106

**Ad Hoc Group Against Crime**  
Rev. Bryan Dial, Jr.  
Executive Director  
3116 Prospect Ave., KCMO 64128  
816-861-5500

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 promises, covenants, and agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and Organization's failure to so observe and perform in accordance with said Agreement represents and constitutes a breach of this Agreement. In such even, Organization consents and agrees as follows:

A. That the County may without prior notice to Organization immediately terminate this Agreement; and,

B. In addition to the foregoing, the County shall be entitled to collect from Organization all payments made by the County for which Organization has not yet rendered services in accordance with this Agreement, and may also be entitled to reasonable attorney's fees, court costs, and other expenses if it is necessary to bring legal action to recover such amount.

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.

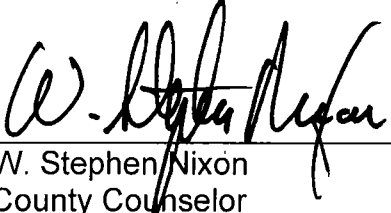
21. **Organization Identity.** If Organization is merged or purchased by another entity, the County reserves the right to terminate this Agreement. Organization shall immediately notify the county in the event it is merged or purchases by any other entity.

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 parties have executed this Agreement this 3<sup>rd</sup> day of February, 2014.

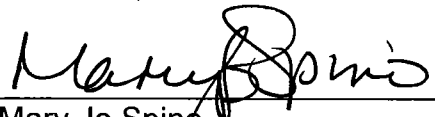
APPROVED AS TO FORM:

  
W. Stephen Nixon  
County Counselor

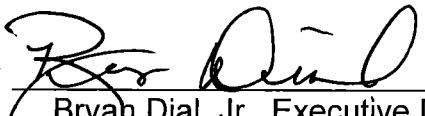
JACKSON COUNTY, MISSOURI

By:   
Michael D. Sanders  
County Executive

ATTEST:

  
Mary Jo Spino  
Clerk of the Legislature


ADHOC GROUP AGAINST CRIME

By:   
Bryan Dial, Jr., Executive Director  
Federal ID No. 30-0455147

**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 \$78,000.00 which is hereby authorized.

January 29, 2014  
Date

  
Director of Finance and Purchasing  
Account No. 002-7705-56789  
77052014001



# OUTSIDE AGENCY FUNDING REQUEST FORM 2014 BUDGET

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

Email: auditor@jacksongov.org

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## Section A: Organization or Agency Information

Name:	AdHoc Group Against Crime		
Address:	3116 Prospect Ave	Zip Code:	64128
Phone No:	(816) 861-5500	Fax:	(816) 861-0003
Website Address:	www.adhocgroupkc.com		
Federal Tax ID No:	30-0455147	Fiscal Year Cycle:	01-01-2014-12-31-2014
Executive Director:	Rev. Bryan Dial, Jr.		
Name and Title of Principal Contact Person:	Rev. Bryan Dial, Jr., Executive Director		
Phone No:	(816) 861-5500	Email Address:	dialb@adhocgroupkc.com
Submittal of this request has been authorized by:	Alvin Brooks, President		
Date:	8/13/2013		

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## Section B: Agency's 2013 and 2014 Revenue Information

### Agency's 2014 Projected Revenue Information

Funding Entity	Agency's 2014 Total Projected Revenue Source You Will Request 2013 Funding From	Projected Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ 75,000	32
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations		\$ 30,000	13
Fundraisers		\$ 75,000	32
Other		\$ 55,000	23
<b>2014 Total Projected Revenue</b>		<b>\$ 235,000</b>	

### Agency's 2013 Revenue Information

Funding Entity	Agency's 2013 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ 68,000	33
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations		\$ 15,000	7
Fundraisers		\$ 60,000	30
Other (please list)	Healthcare Foundation, COMBAT	\$ 60,000	30
<b>2013 Total Revenue</b>		<b>\$ 203,000</b>	

**If your agency received funding from Jackson County in 2013,  
please identify the funding source, amount and program name below.**

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 25,000	
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"/>	\$ 68,000	Support Services for Famil
<b>2013 Total Jackson County Funding</b>			<b>\$ 93,000</b>	

**Did your agency receive funding or resources in 2013 from either of the following?**

Mid America Regional Council	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -
Harvesters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -

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## Section C: **REVISED** 2014 Program Budget

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

**Agency Name:** AdHoc Group Against Crime

**Program Name:** Support Services for Families Surviving Homicides

<b>Personal Services</b>			
For each salary request below please attach a job description or duties.			
Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County
Executive Director	60,000	50%	\$ 30,000
Program Consultant	33,900	100%	\$ 33,900
President	45,000	12%	\$ 5,400
			\$ -
			\$ -
			\$ -
Total Salaries			\$ 69,300
Total Fringe Benefits			\$ 4,200
<b>Total Personal Services</b>			<b>\$ 73,500</b>
<b>Contractual Services</b>			
24 Hour Community Hotline (Jackson County/Kansas City )			\$ 500
24 Hour Youth/Teen Crisis Help Line (Jackson County/Kansas City)			\$ 500
Community Anti-Drug Coalitions of America National Leadership Forum			\$ 2,500
			\$ -
			\$ -
			\$ -
<b>Total Contractual Services</b>			<b>\$ 3,500</b>
<b>Supplies</b>			
General Office Supplies			\$ 1,000
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Supplies</b>			<b>\$ 1,000</b>

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**Total Program Request \$ 78,000**

## Section D: 2014 Program Information

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

Agency Name: AdHoc Group Against Crime

Program Name: Support Services for Families Surviving Homicides

### Proposed Program

Detail functions to be performed by each program.

Homicide and nonfatal injuries resulting from interpersonal violence are significant contributors to the excess early mortality and morbidity of African-American youth. Although there is growing recognition of the need for prevention programs specifically directed to these youth, culturally relevant programs to reduce aggression and victimization in high-risk racial and ethnic groups are virtually nonexistent.

The AdHoc Group Against Crime will provide case management, and mental health services through monthly support group, mothers in charge, individual, and family therapy sessions to all persons affected by violent crime and homicide. In addition substance abuse counseling will be offered to all persons identified by their counselor as needing treatment.

AdHoc will continue to serve a minimum of 50 families that are receiving services currently through the program, and add an additional 55 families as new homicide occur in the Kansas City area in 2013.

Program components include the initial intake, case management, group sessions, referral services, prayer vigils, and evaluation. When a client contacts AdHoc the initial intake is completed, the client shares who has been affected by homicide, and what their desired outcomes are. Each client will receive case management, and is assigned to a grief counselor for assessment, and individual counseling sessions. AdHoc will host group and individual sessions to reduce anger, provide grief support, and offer effective referrals.

In order to remove the stigma faced in the African American community for receiving mental health services, the counselors of AdHoc found the need to provide counseling services in the homes of families and individuals. We have found that some clients have not left their house, since the death of their loved one. The service has been tremendously successful and participation had tripled as a result. We are unique in providing this service to our clients. This also assists the counselors in making a true assessment of the mental health of each individual client served.

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## Section D: 2014 Program Information

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

**Agency Name:** AdHoc Group Against Crime

**Program Name:** Support Services for Families Surviving Homicides

### Participants

Identify the number of participants by County that each program serves.

Jackson, MO	150
Clay, Platte, Cass, MO	
Wyandotte, Johnson, KS	
Other Missouri	

### Target Population

Describe target population and demographics to be served by each program.

The target population of this project is any family who has been impacted by homicide, regardless of age, race, sex, gender, sexual orientation, economic status, or religion.

Clients are accessed through direct client contact with the organization. AdHoc receives, on average 35 calls per month from individuals who have been affected by violent crime and are requesting a prayer vigil, therapy, or other victim services.

In addition to dealing with the loss of life of a loved one, 95% of our clients come from poor, low to no income households. The services provided by AdHoc cannot be afforded outside of the organization on a personal basis. 98% of the clients of the organization are African American and the target group of this particular program.

Would you provide these services to anyone at your door? **Yes**

Is anyone denied services? **No**

What level of indigents (below poverty level) do you serve? **95%**

Please classify your program from the following types by percentage of your agency's overall service

Senior Program	%
Indigent Program (Below Poverty Level)	<b>97%</b>
Senior Indigent Program	<b>3%</b>

What criteria do you have for the clients you serve?

We will not deny services to anyone. We require that all families have been impacted by homicide or violent crime.

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## Section D: 2014 Program Information

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

Agency Name: AdHoc Group Against Crime

Program Name: Support Services for Families Surviving Homicides

### Approach & Method

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

1. African American males enrolled in the program

2. Increased GAF score of each client

3. Positive reengagement in the community and reduced crime

### Detail specific methods you will use to achieve these objectives.

Clients are accessed through direct client contact with the organization. AdHoc receives, on average 35 calls per month from individuals who have been affected by violent crime and are requesting a prayer vigil or victim services. AdHoc will make personal contact with the families and enroll them in care. Grief counseling will be conducted, prayer vigils scheduled, and African American males in each home identified for services.

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KANSAS CITY, MISSOURI



## Section D: 2014 Program Information

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

Agency Name: AdHoc Group Against Crime

Program Name: Support Services for Families Surviving Homicides

### Service Delivery Area

Identify your specific geographic service delivery area for each program.

The AdHoc Group against Crime primarily serves those residents in the Prospect corridor of the urban core of Kansas City. However we have found that homicides are occurring not only on the Eastside of the city, and have been called to Grandview, Raytown, and Independence recently. Our therapist go into the home of the families to help remove the stigma of receiving care that is in place in the African American community.

### 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.

All funds received for this project are allocated for the use of clients in Jackson County only by the organizations accountant. When billing is received for the program, zip codes are tracked to ensure that only those clients who are residents of the county can receive services from those funds.

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## Section D: 2014 Program Information

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

Agency Name: AdHoc Group Against Crime

Program Name: Support Services for Families Surviving Homicides

### 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.

All clients are assessed at intake to determine a baseline score. The individual counselors then assess each individual per session. Some clients meet weekly with their counselor and assessments are taken weekly. A Gaf Score or Global Assessment of Functioning is utilized by a clinician to gauge an individual's overall level of functioning and his/her ability to carry out activities of daily living. This information is useful in planning treatment, measuring its impact, and predicting outcome.

The Global Assessment of Functioning Scale is a 100-point scale that measures a patient's overall level of psychological, social, and occupational functioning on a hypothetical continuum.

The GAF Report decision tree is designed to guide clinicians through a methodical and comprehensive consideration of all aspects of a patient's symptoms and functioning to determine a patient's GAF rating in less than 3 minutes.

The goal of the program is to have 75% of our clients' GAF score to enter the 80th percentile ranking, placing them in a functioning state of mind. Counselors record all data and patient information in the client's treatment plans. The organization has recently moved to an electronic record keeping system to improve efficiency and meet HIPAA regulations.

### 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)

Jackson County will be acknowledged in all printed media and program materials. All advertising, marketing, and promotional events will feature Jackson County as the funder and partner to the program's success. Pursuant to the funding documents Jackson County's logo will be featured with the AdHoc logo. Jackson County officials and staff will be invited to all AdHoc events when appropriate.

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Exhibit B

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 **Ad Hoc Group Against Crime**, (Organization name) 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, **Ad Hoc Group Against Crime**, does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services.

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

*[Signature]*  
Authorized Representative's Signature  
Executive Director  
Title

Bryan Dial  
Printed Name  
1/28/14  
Date

Subscribed and sworn before me this 28<sup>th</sup> day of January, 2014. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on 6-5-2014.

*[Signature]*  
Signature of Notary

January 28, 2014  
Date