

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 a Missouri not-for-profit corporation, **SETON CENTER, 2816 E. 23 RD STREET, KANSAS CITY, MO 64127**, hereinafter referred to as "Organization".

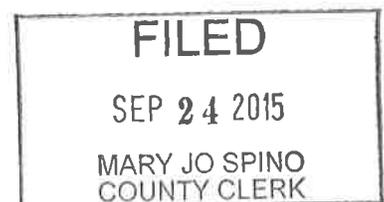
WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used for its dental care program; and,

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 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 oral health care and general dentistry for indigent person in Jackson County, as is more fully set out in the proposal 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 no later than October 30, 2015. Any changes to the budget must be approved by the Jackson County Legislature.



2. Terms Of Payment. The County agrees to pay Organization the total amount of **\$35,000.00** in quarterly installments of **\$8,750.00**, with the payment for the first and second quarters to be made upon execution of this Agreement. The remaining payments shall be made upon the County's receipt of the reports as set forth in paragraph 3 hereof. The County reserves the right to audit all invoices and to reject any invoice for good cause. The County retains the right to deduct from an invoice of Organization any overpayment made by the County on a prior invoice. The County retains the right to make invoice corrections/changes. The County will not reimburse sales tax expense.

3. Reports/Other Documentation. Within 30 days after the conclusion of each calendar quarter under this Agreement, Organization shall submit a quarterly 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

Seton Center
Julie Cogley, Director of Development
2816 E. 23rd Street
Kansas City, MO 64127
(816) 581-4722

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

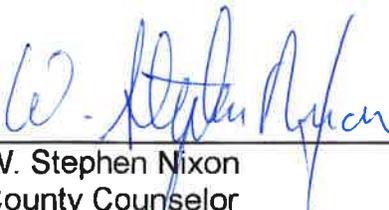
examine said records in performing its audit and review functions, but shall not disclose said identities to any third party in any fashion.

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 24th day of September, 2015.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI



W. Stephen Nixon
County Counselor

By 

Michael D. Sanders
County Executive

ATTEST:

SETON CENTER



Mary Jo Spino
Clerk of the Legislature

By 

SR LORETO MARIE COLWELL
Title EXECUTIVE DIRECTOR
Federal Tax I.D. 43-0926003

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 \$35,000.00, which is hereby authorized.

September 22, 2015
Date



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

79032015001



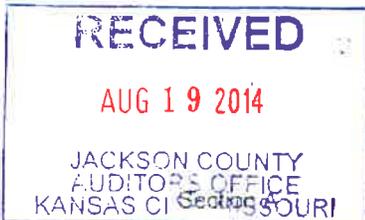
OUTSIDE AGENCY FUNDING REQUEST FORM 2015 BUDGET

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
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Section A: Organization or Agency Information

Name:	Seton Center		
Address:	2816 E. 23rd St., Kansas City, MO	Zip Code:	64127
Phone No:	816-231-3955	Fax:	816-231-3022
Website Address:	www.setonkc.org		
Federal Tax ID No:	43-0926003	Fiscal Year Cycle:	FY15
Executive Director/President:	Sister Loretto Marie Colwell		
Phone No:	816-581-4702	Email:	icolwell@setonkc.org
Name/Title of Principal Contact Person:	Julie Cogley, Director of Development		
Phone No:	816-581-4722	Email:	jcogley@setonkc.org



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		\$ -	0
State		\$ -	0
Jackson County	Jackson County Health Fund	\$ 35,000	2
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations	Donations	\$ 1,881,372	81
Fundraisers		\$ 45,000	2
Other	Fees collected from Dental Patients	\$ 360,434	16
2015 Total Projected Revenue		\$ 2,321,806	

Agency's 2014 Revenue Information

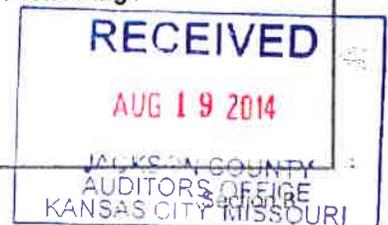
Funding Entity	Source You Received 2014 Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County	Jackson County Health Fund	\$ 35,000	2
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations	Donations	\$ 1,274,520	59
Fundraisers		\$ 30,000	1
Other (please list)	Fees collected from Dental Patients	\$ 831,670	38
2014 Total Revenue		\$ 2,171,190	

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 checked="" type="checkbox"/>	\$ -	
Mental Health Levy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Domestic Violence Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 35,000	
2014 Total Jackson County Funding			\$ 35,000	

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	X	\$ -
MAAC Link - Neighbors Helping Neighbors, NHN.cr	X-Dollar Aid	\$ 16,302
Harvesters - Commodities-all redistributed to clients	X	\$ 73,231



Section C

2015 Jackson County Program Budget Request

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

Agency Name: Seton Center

Program Name: Indigent funds for Jackson County Residents' Dental Care

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.
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Fringe Benefits			\$ -
Total Personal Services			\$ -
Contractual Services			
			\$ -
			\$ -
			\$ -
			\$ -
Indigent funds for Jackson County residents' dental care - to meet demands for services			\$ 35,000
Total Contractual Services			\$ 35,000
Supplies			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Supplies			\$ -
Total Jackson County Program Budget Request			\$ 35,000



Section D 2015 Program Information

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

Agency Name: Seton Center

Program Name: Indigent Funds for Jackson County Residents' Dental Care

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 - \$735,121

Proposed Program

Detail functions to be performed - limit your response to the space provided

Seton Center will provide oral health care and general dentistry for people who live in Jackson County, Missouri who are also indigent. That population includes adults and children with mental illness and/or physical disabilities, and people who are, or whose families are by definition, indigent-poor and unable to pay. Services will include teeth cleaning, extractions, root canals, crowns, full or partial dentures, and other necessary oral health care as appropriate. These services are carried out with what we call "needy funds" - donations that cover the costs of oral health care. Seton Center delivers oral health care at a rate that is generally 40% below traditional and customary charges for our coverage area. Each applicant for needy funds provides information regarding income, demographics, health history, and other pertinent information. We verify all information. The client receives x-rays and a dental assessment that includes an oral exam, to determine the extent of need, potential remedies, and approximate time and costs involved with the services. Patients are scheduled to receive treatment as needed. In accordance with HIPPA regulations and oral health care norms and accepted practices, the dental staff keeps detailed records on each patient. We ask adult clients to make some investment in their treatment and to value the investment others have made on his or her behalf by paying some amount. This is an incentive to take responsibility for maintaining care of one's own teeth.

In the hierarchy of needs, dental care falls far down the list of importance for a person lacking the resources to take care of basic needs such as food, medicine, rent and utility bills. Far too often, the first we see patients is when their oral health problems reach emergency status. Indigent patients often present with compounded health issues such as infection, hypertension, or untreated symptoms of diabetes. Often that requires we delay dental treatment to stabilize the patient prior to treatment. Patients in crises often need costlier procedures requiring more steps and appointments. That is why we continually seek funding to cover the costs of necessary oral health care for people who have no resources. Seton Dental staff serves patients others are reluctant to serve: people who are homeless; people with disabilities; people who are prisoners who come to us in shackles, and people with no money. When sudden, acute oral health illness occurs, these patients often end up in hospital emergency rooms. A Pub Med report (March/April 2011) specifically cites Kansas City emergency rooms as overloaded with oral health patients, costing an average of \$360 per visit. The affordable preventative and oral health treatment provided by Seton Dental is an alternative - improving the lives of people in need and making a healthier community. Seton Dental treats patients from throughout ten counties in Missouri and Kansas.

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JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Section D 2015 Program Information

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

Agency Name: Seton Center

Program Name: Indigent Funds for Jackson County Residents' Dental Care

Program Request # 1 **of** 1

Participants	
Identify the number of participants that each program serves	
# served with this program	226
Of the # served with this program, how many are from:	
Jackson County	226
Other Counties	
Target Population	
Describe target population and demographics to be served by each program	
<p>The target population is people who are unable to purchase oral health care at usual and customary service rates and who reside in Jackson County, Missouri.</p> <p>Dental patients in this program have no insurance; many have no job, or work at jobs that fail to pay a living wage. Some patients are homeless; some suffer other debilitating illnesses (diabetes, heart disease, HIV/AIDS, chronic hypertension). Other patients have urgent care needs -- conditions that are secondary to poor oral health (abscesses, infection, unchecked diabetes or hypertension).</p> <p>Most of our patients are classified minority: 40% are African American; 20% are Latino/Hispanic; 10% self-identify as "other ethnicity," and 30% are Caucasian. Children make up 40% and 30% are classified senior citizens.</p> <p>This Indigent Fund program serves both adults and children of all ages.</p>	
<p>Estimate of your cost per participant: \$155</p> <p>What criteria do you have for the participants you serve? Jackson County residency and indigence.</p> <p>Do you keep a list of participants for each program? Yes.</p> <p>Would you provide these services to anyone at your door? Only eligible Jackson County residents</p> <p>Is anyone denied services? Only indigent Jackson County residents are served by this program.</p> <p>Please classify your program from the following types by % of your agency's overall services:</p> <p style="margin-left: 40px;">Seniors Program: 0%</p> <p style="margin-left: 40px;">Indigent Program (Below Poverty Level): 100%</p> <p style="margin-left: 40px;">Indigent Senior Program: 0%</p>	

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AUDITOR
KANSAS CITY, MISSOURI

Section D
2015 Program Information

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

Agency Name: Seton Center

Program Name: Indigent Funds for Jackson County Residents' Dental Care

Program Request # 1 of 1

Service Delivery Area

Identify your specific geographic service delivery area for each program

This program will deliver services from the Seton Center facility at 2816 E. 23rd Street, located in Jackson County, Kansas City, Missouri 64127 to patients who can show residency in Jackson County, Missouri, and demonstrate need. Dental services are unrestricted geographically. Presently, Seton Center serves patients from a ten-county area, but the majority - about 62% - are Jackson County residents.

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

When funds are granted with restriction (in this case, support is restricted to individuals who are Jackson County residents and who are indigent), those funds are kept separate from general funds. The Director of Dental Services reviews client qualifications, assigning patients who qualify under the fund restriction to have their care supported by/charged against these funds, according to specifications from the funder. Those who qualify for assistance supported by Jackson County, Missouri Indigent Funds for Jackson County Residents' Dental Care program are designated as such and coded as eligible. As they receive treatment and costs are incurred, funds are drawn down from the Jackson County grant to pay for their procedures.

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KANSAS CITY, MISSOURI

Section D 2015 Program Information

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

Agency Name: Seton Center

Program Name: Indigent Funds for Jackson County Residents' Dental Care

Program Request # 1 of 1

Approach & Method

List the top three (3) objectives for each program

1. The Indigent Funds for Jackson County Residents' Dental Care program will identify people residing in Jackson County who lack the resources (funds, benefits) to receive oral health care and get them into the dental program to begin assessment and treatment. We will call upon social service and other medical partners to refer qualified clients to this program for care.

2. The Indigent Funds for Jackson County Residents' Dental Care program will provide complex critical care that is traditionally intensive and expensive for serious oral health issues, care that would be cost prohibitive without this grant.

3. The Indigent Funds for Jackson County Residents' Dental Care program will afford underserved populations quality dental care from our dental professionals who have specific experience with care for this population, including people with physical or cognitive disabilities, people with chronic illness, and children who fear dental procedures and whose families lack resources to afford them compassionate dental care.

Detail specific methods you will use to achieve these objectives

Step One: Get them here. Seton Center draws upon established relationships with various other social service agencies, shelters, correctional facilities, schools, health care facilities, and other community assistance agencies to identify people in need of oral health care. In some cases, caregivers such as ReStart Homelessness Shelter and the Salvation Army have a cooperative arrangement with Seton Center to provide transportation to and from the dental office to ensure the patient arrives for care. Step Two: Establish baselines and records. Ideally, this program is about a lifetime of oral health care not just a one-time intervention. The dental staff sets up a permanent record for the patient, assuring them they are in good hands, and inviting them to make Seton Dental Services their "home" for oral health care.

Step Three: Apply available funds to provide excellent dental care to improve the lives of people in poverty. Seton Dental program staff are conscientious and compassionate; they are dedicated to producing the best possible outcomes for patients who can ill-afford complications or delay. They work as a team and care for those who are indigent with the same level of expertise and consideration that any professional would give a full pay client, scheduling complex procedures up to and including the replacement of missing and/or broken

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JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Section D
2015 Program Information

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

Agency Name: Seton Center

Program Name: Indigent Funds for Jackson County Residents' Dental Care

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

The bottom line in the evaluation of program success is how many people did we help who are residents of Jackson County and indigent? How many oral health issues did we successfully address? And how well will the oral health care intervention improve the overall health and wellbeing of participants as compared to their lives with no intervention in this area?

Quantitative Results: Dental Services keeps individual records on each program participant, marking the folders of those eligible for Jackson County funding assistance, so we can quantify the number of persons to whom assistance was extended and for what procedures. These numbers are often different since one patient can present with a need for multiple services.

Qualitative Results: There is empirical evidence also of improved physical health and emotional wellbeing. It is well documented that poor oral health and infection changes human systemic physiology, exacerbating illnesses like diabetes and hypertension – both prevalent in the population we serve. (See - http://www.deltadentalins.com/oral_health/heart.html and <http://clinical.diabetesjournals.org/content/23/4/171> full). We don't specifically test for those outcomes; however, we do document patient's assertions that they feel better, as well as drastic improvement in appearance as illustrated through before and after photos. Patients' anecdotal testimony to things like the cessation of pain, general feelings of increased wellness, and the willingness and confidence to pursue education, work or advancement indicate positive outcomes from oral health intervention in this population.

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)

Patients are advised that part of their oral health care is due to support from Jackson County funding. They sign a document to attest that they are recipients of said funds, along with permission for their likeness and stories to be shared as testimonials to the benefits of Jackson County program funds. Seton Center shares information about the county funding through our budget and report of actual financial activity with board members and other constituents and funders. The information may also be shared in newsletters and the organization annual report, as well as in reports to governing bodies. Seton Center is open to suggestions for ways to publicize generous funding from Jackson County

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JACKSON COUNTY
AUDITOR'S OFFICE
KANSAS CITY, MISSOURI

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.

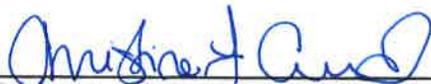
This affidavit affirms that **Seton Center**, is enrolled in, and is currently participating in, E-verify or any other equivalent electronic verification of work authorization operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986 (IRCA); and, **Seton Center**, 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
CHIEF FINANCIAL OFFICER
Title

PAUL D. HOFFMAN
Printed Name
9-14-2015
Date

Subscribed and sworn before me this 14th day of September, 2015. I am commissioned as a notary public within the County of Platte, State of Missouri, and my commission expires on November 30, 2018.


Signature of Notary

9/14/15
Date

