

COOPERATIVE AGREEMENT

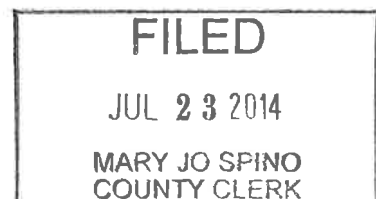
**THIS AGREEMENT**, made by and between **JACKSON COUNTY, MISSOURI**, a Constitutional Home Rule Charter County of the First Class of the State of Missouri, hereinafter referred to as “the County” and a Missouri not-for-profit corporation, **BLACK HEALTH CARE COALITION, 6675 HOLMES #650, KANSAS CITY, MO 64131**, hereinafter referred to as “Organization”.

WHEREAS, the County recognizes the difficulty of accessing health care for indigent persons of the urban core of the Kansas City area and the increased risk of cardiovascular disease among this population; and,

WHEREAS, the County deems it to be in the best interest of its citizenry to support outreach and educational programs to fight cardiovascular disease among this at-risk population;

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**. The Coalition agrees to provide the Healthy Generations project to provide health screenings and programs to preventive and reduce the incidence of cardiovascular disease, 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 31, 2014. 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 **\$40,000.00** in quarterly installments of **\$10,000.00**, with the payment for 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/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 quarter 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, 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 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. 12<sup>th</sup> Street, Suite 100  
Kansas City, MO 64106

**Black Health Care Coalition**  
Melissa Robinson, President  
6675 Holmes  
Kansas City, MO 64131  
(816) 444-9600

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.

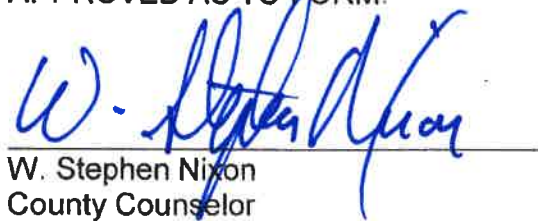
22. **Confidentiality.** Organization's records concerning the identities of those participating in its programs shall be strictly confidential; the County shall be entitled to

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 23 day of July, 2014.

APPROVED AS TO FORM:

  
W. Stephen Nixon  
County Counselor


JACKSON COUNTY, MISSOURI

By   
Michael D. Sanders  
County Executive

ATTEST:

  
Mary Jo Spind  
Clerk of the Legislature

BLACK HEALTH CARE COALITION

By   
Title President  
Federal Tax I.D. 43-1515095

**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 \$40,000.00, which is hereby authorized.

Date July 21, 2014

  
Director of Finance and Purchasing  
Account No. 002-5024-56789



# OUTSIDE AGENCY FUNDING REQUEST FORM 2014 BUDGET

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

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

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## Section A: Organization or Agency Information

Name: Black Health Care Coalition

Address: 6675 Holmes Suite 650 Zip Code: 64131

Phone No: 816-444-9600 Fax: 816-444-9668

Website Address: [bhcckc.org](http://bhcckc.org)

Federal Tax ID No: 43-1515095 Fiscal Year Cycle: Calendar

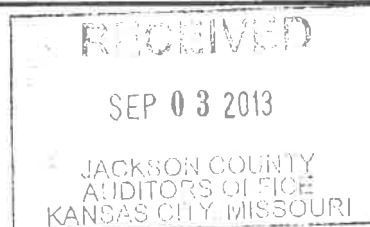
Executive Director: Melissa Robinson

Name and Title of Principal Contact Person: Melissa Robinson, President

Phone No: 816-444-9600 Email Address: [mrobinsonbhcc@yahoo.com](mailto:mrobinsonbhcc@yahoo.com)

Submittal of this request has been authorized by:

Date: 9/3/2013



## 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	EPA	\$ 30,000	6
State	Office of Minority Health	\$ 3,000	1
Jackson County	COMBAT & Outside Agency Funding	\$ 119,870	25
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations	Health Care Foundation; United Way; REACH	\$ 205,000	43
Fundraisers	Special Events	\$ 40,000	8
Corporate	Research Hospital & UMKC	\$ 75,000	16
<b>2014 Total Projected Revenue</b>		<b>\$ 472,870</b>	

### Agency's 2013 Revenue Information

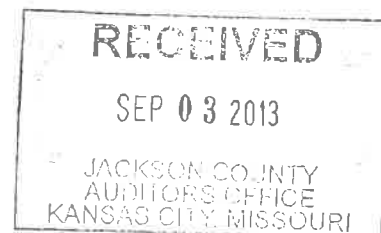
Funding Entity	Agency's 2013 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal	EPA	\$ 30,000	7
State	Office of Minority Health	\$ 3,000	1
Jackson County	COMBAT & Outside Agency	\$ 83,000	20
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations	Health Care Foundation, United Way, REACH	\$ 205,000	49
Fundraisers	Special Events	\$ 27,000	7
Other (please list)	Research Hospital	\$ 67,000	16
<b>2013 Total Revenue</b>		<b>\$ 415,000</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"/>	\$ 33,000	Destination Medical School
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"/>	\$ 50,000	Healthy Generations
<b>2013 Total Jackson County Funding</b>			<b>\$ 83,000</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"/>	\$ -



## Section C: *REVISED* 2014 Program Budget

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

**Agency Name:** Black Health Care Coaliton

**Program Name:** Healthy Generations...Pass it On!

<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
President	71,000	15%	\$ 10,650
Patient Navigator	40,000	30%	\$ 12,000
Registered Nurse	55,000	30%	\$ 16,500
			\$ -
			\$ -
			\$ -
Total Salaries			\$ 39,150
Total Fringe Benefits			\$ -
<b>Total Personal Services</b>			<b>\$ 39,150</b>
<b>Contractual Services</b>			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Contractual Services</b>			<b>\$ -</b>
<b>Supplies</b>			
Medical Supplies			\$ 850
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Supplies</b>			<b>\$ 850</b>

**RECEIVED**

DEC 20 2013

JACKSON COUNTY  
AUDITORS OFFICE  
KANSAS MISSOURI

**Total Program Request \$ 40,000**

## Section D: 2014 Program Information

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

**Agency Name:** Black Health Care Coalition

**Program Name:** Healthy Generations

### Proposed Program

Detail functions to be performed by each program.

Healthy Generations is a program designed to prevent the onset of cardiovascular disease; teach behavior modification with a focus on intergenerational work; increase medical homes for vulnerable populations and train lay health workers on transferring health literacy principles to their peers. The following functions are preformed for program implementation:

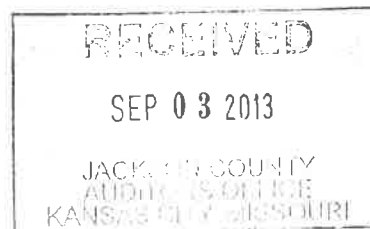
Preventive Screenings- trained volunteer health educators and a supervising nurse will screen 600 clients for blood pressure, glucose, cholesterol, BMI, and other CVD risk factors (stress, physical activity, unhealthy eating habits, family history, etc.). BHCC expects more than 400 clients will exhibit two or more risk factors, however, the agency has the capacity to enroll the first 200 clients in the full Healthy Generations program. Other high risk clients will be referred to Safety Net clinics, receive follow up but are not case managed.

Access to Safety Net care- a nurse will refer clients to Safety Net services. Four Safety Net Clinics have signed a Memorandum of Understanding to accept Healthy Generations clients. Clinics include Samuel Rodgers, Swope Health Services, Southwest Boulevard Family Clinic and the Family Hope Center.

Individualized Care Plans- A nurse and supervising physician will develop individualized client centered care plans for clients that specify risk factors, agreed upon interventions and tracking and monitoring measurements. The client centered approach ensures each participant fully understands their risk, the options for intervention, and the step by step process to reach success. Enrollment in the program requires buy-in from client. Each client signs a covenant of commitment to their individualized care plan.

Case Management- A nurse, with the help of trained volunteers, will assist clients with follow up services, care plan monitoring and ensuring follow through on referrals; with a specific focus on making and keeping medical appointments. Case Management services will vary depending on the client's risk and need for follow up. Intense clients may be managed weekly or bi-weekly while others may be managed monthly. BHCC has found that case management is critical to client's success and the intensity is dependent on unique needs from each client.

Access to medication- BHCC has a confirmed partnership with Medical Assist Pharmacy to help low income



## Section D: 2014 Program Information

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

**Agency Name:** Black Health Care Coalition

**Program Name:** Healthy Generations

### Participants

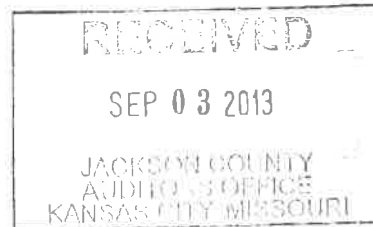
Identify the number of participants by County that each program serves.

Jackson, MO	3,000
Clay, Platte, Cass, MO	100
Wyandotte, Johnson, KS	150
Other Missouri	100

### Target Population

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

The primary demographic is African Americans residing in the urban core of Kansas City, Missouri who are uninsured or underinsured. Following descriptors include: On average, The Black Health Care Coalition screens 200 people monthly; of those screened, nearly 80% have two or more modifiable risk factors for CVD. Nearly 70% do not have health insurance and over 50% have not had a preventive health screening in the previous 12 months. 47% of clients screened do not have a primary care physician and self reported utilizing the Emergency Room when health care services are sought. Overall, almost 3% of total clients screened are referred to the closest Emergency Room for treatment due to extreme abnormal health screening results.



Would you provide these services to anyone at your door?

**Answer Yes**

Is anyone denied services?

**Answer No**

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

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

Senior Program

20 %

Below Poverty

35%

Senior Indigent Program

30 %

What criteria do you have for the clients you serve?

Clients sign a consent waiver and if they have three or more risk factors for Cardiovascular Disease they receive case management services.

### Service Delivery Area

Identify your specific geographic service delivery area for each program.

## Section D: 2014 Program Information

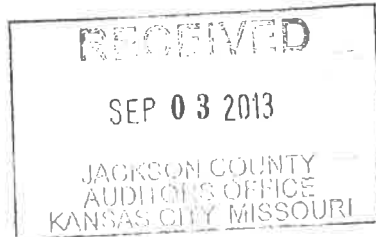
Complete a separate program information sheet for each program your agency is applying for funding.

**Agency Name:** Black Health Care Coalition

**Program Name:** Healthy Generations

1. 55% of Clients will improve knowledge on behavior modification to reduce their risk for cardiovascular disease

2. Improved access to Safety Net Clinics by over 50%. This is measured by the number of clients selecting a clinic as their medical home



3. Increased faith based volunteer involvement by 35%. This requires BHCC to train an additional 25 volunteers

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

The Black Health Care Coalition has a partnership with the University of Missouri- Kansas City School of Nursing to evaluate the program.

BHCC measures pre/post health screenings; behavior modification and what interventions performed by the Healthy Generations program attributed to the success or lack of success of each client.

Each program enrollee will receive a pre health screening to determine their pre health status and risk of acquiring Cardiovascular Disease. After the participant matriculates throughout the program a post evaluation is done to determine their post health status and reevaluate their risk. Indicators include:

- Frequency of doctor's appointment kept
- Frequency of completing preventive health screenings (in addition to pre/post screening)
- Frequency of attendance at behavior modification interventions (e.g. nutrition classes, stress reduction, smoking cessation, etc.)

### 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.



## Section D: 2014 Program Information

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

**Agency Name:** Black Health Care Coalition

**Program Name:** Healthy Generations

The Black Health Care Coalition has a partnership with the University of Missouri- Kansas City School of Nursing to evaluate the program.

BHCC measures pre/post health screenings; behavior modification and what interventions performed by the Healthy Generations program attributed to the success or lack of success of each client.

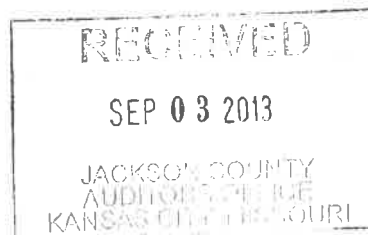
Each program enrollee will receive a pre health screening to determine their pre health status and risk of acquiring Cardiovascular Disease. After the participant matriculates throughout the program a post evaluation is done to determine their post health status and reevaluate their risk. Indicators include:

- Frequency of doctor's appointment kept
- Frequency of completing preventive health screenings (in addition to pre/post screening)
- Frequency of attendance at behavior modification interventions (e.g. nutrition classes, stress reduction, smoking cessation, etc.)
- Consistent behavior modification
- Designation of a medical home
- Utilization of participating Safety Net clinics.

### 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)

The Black Health Care Coalition will put logging information and Jackson County approved language on screening forms that clients take with them; fliers; e-mail blasts, press releases and all marketing material related to revenue received from Jackson County. BHCC staff will comply with awareness standards suggested or mandated by Jackson County. (see attached example from our Dr. Day event)



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.

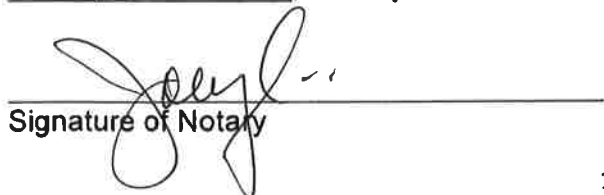
This affidavit affirms that **Black Health Care Coalition**, is enrolled in, and is currently participating in, E-verify or any other equivalent electronic verification of work authorization operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986 (IRCA); and, **Black Health Care Coalition**, 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  
President  
\_\_\_\_\_  
Title

Melissa Robinson  
\_\_\_\_\_  
Printed Name  
7/14/14  
\_\_\_\_\_  
Date

Subscribed and sworn before me this 14<sup>th</sup> day of July, 2014. I am commissioned as a notary public within the County of Clay, State of Missouri, and my commission expires on Mar, 19, 2016.

  
\_\_\_\_\_  
Signature of Notary

7/14/14  
\_\_\_\_\_  
Date

