

COOPERATIVE AGREEMENT
(AIDS PROGRAM)

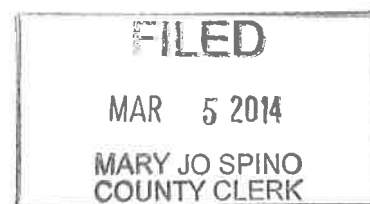
AN AGREEMENT by and between Jackson County, Missouri, a Constitutional Home Rule County, hereinafter referred to as "the County" and the **KANSAS CITY CARE CLINIC**, 3515 Broadway, Kansas City, MO 64111, hereinafter referred to as "Organization."

WHEREAS, the County desires to support the administrative services of a major agency which coordinates services for County residents who are at risk for HIV/AIDS, including food, housing, information, education, counseling, medical services, and emotional support to those individuals; and,

WHEREAS, Organization has the capacity to facilitate and coordinate such services; and,

NOW THEREFORE, the County and the Organization agree, in consideration of the following mutual promises and valuable consideration, as follows:

1. **Services.** Organization agrees to facilitate and coordinate services for clients who have tested positive for the HIV virus by working with the SAVE, Inc. and Good Samaritan Project, individually and jointly, to provide food, housing, community information, emergency assistance, and free medical services to them, as is more fully set out in the attached proposal marked as Exhibit A 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 **\$60,000.00** in quarterly installments of **\$15,000.00** each, 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.** 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 agency's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the agency's total budget for its most recent fiscal year; and, (4) a detailed explanation of actual expenditures of County funds (pertains to final payments and payments on contracts for future years), (5) a paid tax receipt on all properties owned by organization or notice of exemption. If an agency has previously received County funding, to be eligible for future payments, an agency must submit either an audited financial statement for the agency's most recent fiscal or calendar year, by March 31 of the following year, or a certified public accountant's program audit of County funds, by January 31 of the following year. Any document described herein which was submitted to the Director of Finance and Purchasing as a part of an application for funding need not be resubmitted to qualify for payment. No payment shall be made if 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 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
Troy Thomas
415 E. 12th Street, Suite 100
Kansas City, MO 64106

Kansas City CARE Clinic
Sheridan Y. Wood, Executive Director
3515 Broadway
Kansas City, MO 64111
816-777-2763.

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 5th day of March, 2014.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI


W. Stephen Nixon
County Counselor

By: 
Michael D. Sanders
County Executive

ATTEST:

KANSAS CITY CARE CLINIC


Mary Jo Spino
Clerk of the Legislature

By: 
Executive Director
Federal ID No. 43-0967292

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 \$60,000.00 which is hereby authorized.


Date


Director of Finance and Purchasing
Account No. 002-~~7704~~-56789

7704 2014001



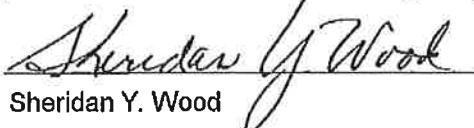
OUTSIDE AGENCY FUNDING REQUEST FORM 2014 BUDGET

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

Email: auditor@jacksongov.org

Section A: Organization or Agency Information	page 1
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Section A: Organization or Agency Information

Name: Kansas City CARE Clinic (formerly the Kansas City Free Health Clinic)	
Address: 3515 Broadway, Kansas City, MO	Zip Code: 64111
Phone No: 816-777-2787	Fax: 816-777-2796
Website Address: www.kccareclinic.org	
Federal Tax ID No: 43-0967292	Fiscal Year Cycle: April 1 - March 31
Executive Director: Sheridan Y. Wood	
Name and Title of Principal Contact Person:	Sheridan Y. Wood, Executive Director
Phone No: 816-777-2763	Email Address: sheriw@kccareclinic.org
Secondary Contact: Kirk Isenhour, VP of Marketing and Development Phone: 816-777-2762 Email: kirkI@kccareclinic.org	
Submittal of this request has been authorized by:	
	Sheridan Y. Wood
Date:	8/28/2013

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AUG 28 2013

JACKSON COUNTY
AUDITOR'S OFFICE
KANSAS CITY, MISSOURI

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	Department of Health & Human Services	\$ 4,123,713	33.6
State	Maintenance of Effort funds (pass through City of Kansas City)	\$ 109,800	0.9
Jackson County	Legislature and Mental Health Levy	\$ 431,470	3.5
City	City of Kansas City Health Levy (Indigent Care)	\$ 508,600	4.1
Corporations	Clinical Trials (Secured and TBD)	\$ 304,429	2.5
Foundations/Corporations	Program Funding (Secured)	\$ 1,005,866	8.2
TBD	Program Funding	\$ 738,933	6.0
United Way	Program Allocations (GenMed/Dental/BH/HIV Prev)	\$ 152,900	1.2
Fundraisers	Corporate Sponsorship & Individual Attendees	\$ 275,000	2.2
Charity/Donations	Unrestricted Donations (Individuals/UW donor/ASF)	\$ 493,500	4.0
Other	Program Income (Patient's contribution to care-sliding fee)	\$ 75,000	0.6
Other	Misc Income (i.e. Interest/medical records fees)	\$ 45,000	0.4
Other	Contributed Goods and Services	\$ 4,000,000	32.6
*2014 Total Projected Revenue		\$ 12,264,211	

Agency's 2013 Revenue Information			
Funding Entity	Agency's 2013 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal	Department of Health & Human Services	\$ 4,650,049	38.7
State	Maintenance of Effort funds (pass through City of Kansas City)	\$ 191,257	1.5
Jackson County	Legislature and Mental Health Levy	\$ 373,691	3.0
City	City of Kansas City Health Levy (Indigent Care)	\$ 451,506	3.6
Foundations/Corporations	Program Funding	\$ 2,635,716	21.2
United Way	Program Allocations (GenMed/Dental/BH/HIV Prev)	\$ 152,900	1.2
Fundraisers	Corporate Sponsorship & Individual Attendees	\$ 227,014	1.8
Charity/Donations	Unrestricted Donations (Individuals/UW donor/ASF)	\$ 472,488	3.8
Other	Misc Income (i.e. Interest/medical records fees)	\$ 22,422	0.2
Other	Contributed Goods and Services	\$ 3,331,368	26.8
**2013 Total Revenue		\$ 12,408,614	

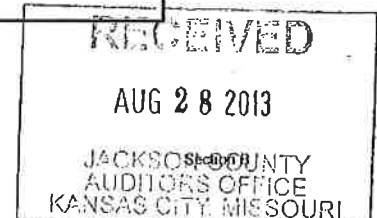
If your agency received funding from Jackson County in 2013, please identify the funding source, amount and program name below.

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Mental Health Levy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 166,470	Behavioral Health Services
Mental Health Levy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 30,000	Behavioral Health Services (HIV+)
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 type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Jackson County Legislature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 140,000	General Medicine/Dental programs
Jackson County Legislature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 60,000	ASO Collaboration
2013 Total Jackson County Funding			\$ 396,470	
Did your agency receive funding or resources in ***2013 from either of the following?				
Mid America Regional Council (Health Care Foundation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 181,605	General Medicine (evening services)
Mid America Regional Council (Health Care Foundation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 150,083	Community Health program
Harvesters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	

*Amounts derived from operating budget for fiscal year 2013-2014 (4/1/13-3/31/14)

**Amounts reflect fiscal year 2012-2013 (4/1/12-3/31/13)

***Amounts reflect funds received during fiscal year 2012-2013 (4/1/12-3/31/13)



Section C: 2014 Program Budget

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

Agency Name: Kansas City CARE Clinic

Program Name: ASO Collaboration

Personal Services			
For each salary request below please attach a job description or duties.			
Positions/Titles	Annual Salary (Avg.)	% of Salary to be funded by Jackson Co.	Amount of to be funded by Jackson County
Kansas City CARE Clinic			
HIV Prevention and Counseling Staff as needed-may include Prevention Specialists, HIV Testing & Outreach Coordinator, Prevention Mgr. and/or VP of Community Services	\$46,497	27.26%	\$ 12,677
Fringe Benefits/payroll taxes (21%)			\$ 2,662
Other (occupancy, equip maintenance, professional insurance, etc.)			\$ 1,094
Good Samaritan Project			
Testing Personnel	\$40,000	6.62%	\$ 2,647
Fringe Benefits/payroll taxes (18%)			\$ 476
Occupancy and communication for dedicated testing room			\$ 1,500
SAVE Inc.			
Residential Care Staff positions (three)	\$114,071	17.24%	\$ 19,667
Total Salaries			\$ 34,991
Total Fringe Benefits			\$ 3,138
Total Other Personnel Costs			\$ 2,594
			Total Personnel Services \$ 40,723
Contractual Services			
Not applicable			\$ -
			Total Contractual Services \$ -
Supplies			
Kansas City CARE Clinic			
Program supplies (risk reduction/HIV rapid test kits/testing incentives/other outreach supplies)			\$ 994
Printing (referral cards/business cards)			\$ 249
Office/copying supplies			\$ 122
Good Samaritan Project			
HIV Rapid Test Kits-Orasure Technologies and Sex kits			\$ 2,442
Office/copying supplies			\$ 150
Emergency assistance (rent/electric/transportation) for HIV/AIDS+ clients			\$ 10,907
			Total Supplies \$ 14,864
Administrative Costs			
Kansas City CARE Clinic			
Indirect cost rate agreement (10.5% of direct program expenses)			\$ 1,868
Other administrative fees			\$ 1,000
SAVE, Inc.			
Administrative/supervisory expenses (in-kind to program)			\$ -
Good Samaritan Project			
Administrative/supervisory expenses			\$ 1,545
			Total Administrative Costs \$ 4,413

Total Program Request \$ 60,000

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JACKSON COUNTY
 Section C - ASO Collaboration
 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:	Kansas City CARE Clinic
Program Name:	AIDS Service Foundation (ASO) Collaboration

Proposed Program

Detail functions to be performed by each program.

The Kansas City CARE Clinic, Good Samaritan Project, and SAVE, Inc. are partners in the AIDS Service Organization (ASO) Collaboration to provide services for HIV positive individuals and those at risk for HIV infection. The Clinic will serve as the lead agency providing grant administration. The Clinic will provide HIV prevention education for HIV positive and negative individuals, risk reduction tools, and testing for those at high risk for exposure to HIV/AIDS. Good Samaritan Project will provide HIV/STD risk reduction counseling and HIV testing, and emergency assistance for individuals who are HIV+ clients who are at risk for homelessness. SAVE, Inc. will provide 24-hour assisted living for homeless individuals living with HIV/AIDS who require intensive support and are unable to live on their own.

Participants

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

Jackson, MO	6,012
Clay, Platte, Cass, MO	120
Wyandotte, Johnson, KS	200
Other Missouri	65

Target Population

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

The target population for the ASO collaboration is Jackson County residents who are either infected with HIV/AIDS or who are at high risk for contracting HIV/AIDS. This includes groups identified in the Kansas City Region Comprehensive HIV Prevention Plan 2011-2015, developed in late 2010. The risk populations noted in the current Plan are White, African American, and Latino Men who have sex with men (MSM); African American women; Latino women; and High Risk Heterosexual African American Men. Of particular concern, are the increasing rates among young MSM of color for HIV/AIDS. To reach this group will require a concerted effort by the Clinic. The target population also includes persons such as those who are homeless; or in substance abuse treatment centers, correctional facilities, and domestic violence shelters.

Level of indigents served by program: The Clinic serves people at risk of HIV infection but does not track income level for prevention and testing services. GSP serves 15-20% indigents and SAVE 100%.

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JACKSON COUNTY
Section D - ASO Collaboration OFFICE
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:	Kansas City CARE Clinic
Program Name:	AIDS Service Foundation (ASO) Collaboration
Would you provide these services to anyone at your door?	Yes
Is anyone denied services?	Yes
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	NA %
Indigent Program (Below Poverty Level)	NA %
Senior Indigent Program	NA %
What criteria do you have for the clients you serve?	
KC CARE and GSP do not have selection criteria for prevention and testing. For GSP emergency support, clients must demonstrate financial hardship, and be HIV+ and in case management. SAVE clients must be homeless, HIV+ and have medical need that requires 24 hour supervision.	
Service Delivery Area	
Identify your specific geographic service delivery area for each program.	
Kansas City CARE Clinic, Good Samaritan Project, and SAVE, Inc. are all headquartered in Jackson County, Missouri and provide services throughout the metropolitan Kansas City area, in both Missouri and Kansas. Our service delivery area for the proposed programming is Jackson County, Missouri.	
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.	
The Clinic has a financial policy manual which is written in accordance with Generally Accepted Accounting Principles. Controls and systems are in place to ensure that grants are used for the purpose for which they were awarded. BKD, LLP has completed the preliminary audit for FY11-12, which will be reviewed and approved by the Board of Directors. For Emergency Assistance distributed through GSP: Requests are reviewed by the client's Case Manager and approved by the Director of Case Management. Checks are written directly to the vendor, not to the client. All requests are supported by documentation which includes copies of the past due bills, rental agreements or other documentation. Clients must also show that they have sought funding from other sources and that they are residents of Jackson County, Missouri, before the request is approved.	
Approach & Method	
List the top three (3) objectives for each program.	
1. The Kansas City CARE Clinic will provide HIV testing, education, and prevention services for people at high risk for transmitting or contracting HIV.	
2. Good Samaritan Project will provide HIV counseling and testing for individuals at high risk for HIV/AIDS and emergency assistance for HIV+ clients.	
3. SAVE, Inc. will provide housing in its residential group home (SAVE Home) for individuals living with HIV/AIDS that cannot live alone and require assistance with their activities of daily living.	

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JACKSON COUNTY
SECTION D - ASO Collaboration
KANSAS MISSOURI

Section D: 2014 Program Information

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

Agency Name: Kansas City CARE Clinic

Program Name: AIDS Service Foundation (ASO) Collaboration

Detail specific methods you will use to achieve these objectives.

The Kansas City CARE Clinic will conduct prevention interventions (CLEAR, Personalized Cognitive Counseling (PCC), Social Marketing, Structured Condom Distribution and d-up: Defend Yourself!), distribute risk reduction materials, and conduct HIV testing in the community. GSP will provide HIV counseling and testing for individuals who are at-risk and emergency assistance for HIV+ clients. Emergency assistance funds are used to pay for HIV+ clients' utility bills, rent, transportation and other necessary expenses when the client is not able to due to loss of a job or other unforeseen circumstances. SAVE, Inc. will house HIV+ homeless persons in its group home; and assist them in managing their condition/challenges (medications, hygiene, housekeeping, meal prep) and accessing medical/other services.

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 Kansas City CARE Clinic will use the following measures to demonstrate the success of the Clinic's program: the number of safer sex kits distributed, the number of drop off sites for condom distribution, the number of evidence-based prevention/education sessions provided, and the number of community sites at which HIV testing is offered. Good Samaritan Project will use the following measures: the number of people who receive an HIV test and the number of people who receive emergency assistance. SAVE, Inc. measures its goals on an annual basis, at a minimum, by reviewing case notes, individual resident files and records maintained in its Homeless Management Information System.

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 Kansas City CARE Clinic's Board of Directors is informed of the funding received from Jackson County in the Executive Director's Report. Essential funding such as support from Jackson County is listed in Clinic social networking and marketing pieces such as the Clinic's re-designed website, www.kccareclinic.org/, its FaceBook page, its Annual Report, and/or its newsletters. Additional publicity is possible but is arranged on a case by case basis. If a funder desires, we can create signage for the waiting room and/or exam rooms and/or disseminate through a media release.

GSP will inform the public of the County's support through its bi-annual newsletter, acknowledgment on its website, www.gsp-kc.org and in various HIV prevention materials.

SAVE, Inc. will inform its Board of Directors and acknowledge this award in its annual report and newsletter which it posts on its website, www.saveinckc.org.

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JACKSON COUNTY
SECTION D ASO Collaboration
KANSAS MISSOURI

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 **Kansas City CARE Clinic**, (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, **Kansas City CARE Clinic**, 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.)

Sheridan Y Wood
Authorized Representative's Signature
CEO
Title

Sheridan Y Wood
Printed Name
2/20/14
Date

Subscribed and sworn before me this 20th day of February, 2014. I am commissioned as a notary public within the County of Clay, State of Missouri, and my commission expires on 3/4/17.

E. H. McCord
Signature of Notary

2/20/14
Date

